THE SOCIETY FOR THE PSYCHOLOGY OF SEXUAL ORIENTATION AND GENDER DIVERSITY

NONBINARY FACT SHEET

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This fact sheet provides basic information for psychologists, psychology students, and others who are interested in understanding nonbinary gender identities. The authors are all psychologists and psychology graduate students with diverse gender (nonbinary, trans, and cisgender), sexual, and racial/ethnic identities. We recognize that the language and information presented here are rapidly evolving and may vary based on individual, social, and cultural factors.

What does nonbinary mean?

The term **nonbinary** is used both as an umbrella term and a gender identity label to refer to people whose gender does not fall within the binary categories of man and woman. It is important to acknowledge that being nonbinary is not a new phenomenon as nonbinary people have been recognized throughout history in many cultures. There are several different identity labels and experiences that fall under the nonbinary umbrella. For example, some people experience an absence of gender (e.g., **agender**, **genderless**), others experience a presence of multiple genders (e.g., **bigender**, **pangender**), others fluctuate between different genders (e.g., **genderfluid**, **genderflux**), or identify with third gender in-between or outside the gender binary (e.g., **genderqueer**, **neutrois**), and some partly identify with being a man or woman (e.g., **demiboy**, **demigirl**). Terms such as gender creative or gender expansive have been used to describe nonbinary or nonconforming children and adolescents. Some nonbinary people also identify as **transgender** or **trans** (referring to their assigned sex differing from their gender identity) or as **cisgender** (referring to their assigned sex being similar to their gender identity) whereas others do not identify with either. However, nonbinary people are often conceptualized as a subpopulation within the greater trans umbrella and make up approximately one third of the trans population.

Who are nonbinary people?

In the largest survey of trans adults conducted in the U.S. in 2015 (N = 27,715), 35% reported their gender was best described as nonbinary or genderqueer. Given the current estimate of the trans population size in the U.S., it is estimated that at least 470,000 adults in the U.S. identify as nonbinary. Nonbinary people are diverse in terms of their gender expression, race/ethnicity, age, size, sex assigned at birth and other demographic factors.

Experiences of nonbinary people

Nonbinary people experience unique forms of stigma compared to other LGBTQ+ people. Many nonbinary people experience distress from hearing others claim that nonbinary people do not exist, that being nonbinary is a form of mental illness, that nonbinary people are seeking attention, or other forms of invalidation. Additional stressors include decisions about if, when, and whom to come out to, educating others about nonbinary identities, frequently being misgendered, feeling the need to prove or defend their identity, and feeling excluded from gendered LGBTQ+ spaces.

Pronouns

Many nonbinary people use pronouns such as they/them/theirs, ze/hir/hirs, among others, whereas other nonbinary people use she/her/hers, he/him/his, alternate between sets of pronouns (e.g., he/him some days and she/her other days), use multiple sets of pronouns (e.g., she/her and they/them) or don't use pronouns at all (referred to by name only). It is important to recognize that a person's pronouns cannot be assumed from their appearance or their gender identity. For more information about pronouns, please refer to the Division 44 Pronoun Factsheet.

Nonbinary mental health

Emerging research indicates that nonbinary populations have mental health risks similar or potentially greater than trans men and trans women, who experience disproportionate mental health concerns compared to the cisgender population. The U.S. transgender survey found that 39% of nonbinary participants had attempted suicide in their lifetime and 49% reported experiencing serious psychological distress. Another study found nonbinary people experienced higher rates of anxiety, depression, and eating concerns compared to trans men, trans women, and cisgender sexual minorities (Lefevor et al., 2019). These risks may be explained by nonbinary people reporting high

KEY TERMS

SAAB and **AFAB/AMAB**: Sex assigned at birth and assigned female/male at birth. Terms like "born female", "natal male", or "female-bodied" are less accurate & may be considered microaggressions.

Deadnaming: Using a person's name given to them at birth when they use a different name.

Enby (Enbies): a gender identity term used by some nonbinary individuals that is derived from the phonetic pronunciation of the short-hand for nonbinary, NB. Is used as a noun (e.g., I'm not a man or a woman, I'm an enby).

Gender Dysphoria: Gender dysphoria can refer to the clinical diagnosis in the DSM-5 or can be used to describe the feeling of distress associated with the incongruence between one's gender and sex assigned at birth. Gender dysphoria can be related to one's body or to how one's gender is perceived socially.

Gender Euphoria: A feeling of comfort or joy when one feels their gender is affirmed or congruent.

Gender Nonconforming: A term used to describe people who do not conform with the prescribed social expectations associated with a person's sex assigned at birth and typically refers to gender expression. This term can reference cisgender, transgender, and nonbinary individuals. Given that the term is often used in many different ways and can have the connotation of "non-normative" it is used less frequently.

Misgendering: Using gendered language or pronouns that are inaccurate.

Non-Western Gender Diversity Terms: Latinx/Latine (gender-neutral alternatives to Latina/Latino; have become part of a larger political movement); Two Spirit (indigenous North American term for an individual who fulfills a third gender or gender variant role), Fa'afafine (third gender in Samoan culture), Hijra (third gender in India that has obtained legal recognition), Māhū (Hawaiian) or Maohi (Tahitian; individuals of an undetermined or third gender). Individuals from these various cultures are sometimes considered to comprise a 'third' gender, but may or may not identify as nonbinary or transgender.

rates of harassment, family rejection, sexual abuse, and other traumatic events. Risks may also be heightened among nonbinary people of color.

Gender affirming medical care

Outdated medical models view medical transition procedures as methods to help people transition from one binary gender to another and rely on the notion that trans people experience the feeling of "being trapped in the wrong body", which does not apply to many trans and nonbinary people. As a result, nonbinary people report more barriers to accessing gender-affirming medical care (e.g., hormones, surgery etc) compared to trans men and trans women. Nonbinary people have varying degrees of gender dysphoria and desire for gender affirming medical procedures. For example, some may feel distress related to their chest, but not their voice or body hair.

RECOMMENDATIONS FOR CLINICAL PRACTICE

Explore your values, attitudes, and beliefs about nonbinary individuals. By living in a cissexist society all of us have internalized transnegative messages that can manifest in automatic ways (e.g., quick thoughts or appraisals about someone we see). It is important for clinicians to explore and question these messages and become aware of how their own biases may impact therapeutic work with nonbinary clients.

Educate yourself and embrace cultural humility. Seek information about nonbinary populations in professional literature and in clinical consultation or supervision. This will help ease the burden on nonbinary clients of having to educate their provider. In addition to acquiring basic knowledge about nonbinary identities, it is recommended that clinicians demonstrate an openness to learning about each client's experience and recognize that each client is the expert on their own experience.

Show nonbinary clients that you are affirming. It is important to visibly identify yourself and your practice setting as affirming of nonbinary people (e.g., through stickers, signs, brochures, statements on a web page or intake forms). It is important to earn client's trust by engaging in affirming practices such as having gender inclusive restrooms and intake forms.

Create inclusive forms. Intake/client forms should include a question about pronouns and should inquire about gender including nonbinary gender labels (e.g., nonbinary, genderqueer, agender etc.) with a write-in option. This will signal to clients that the clinician is aware and supportive of nonbinary identities and can serve as a springboard for discussion of gender identity. It is important to include place for "current name" if the client's legal name is required.

Ask about pronouns and mirror the client's language. Ask your clients what name and pronouns they use, and use the client's language when talking with them about their gender. For example, a clinician may introduce themselves by saying "Hi, my name is Dr. X, and I use she/her pronouns. What name and pronouns do you use?" Some clients may use different names and pronouns in different contexts, so it is important and empowering to ask clients what name and pronouns to use before talking with parents, other providers, or any other third party.

Practice using gender inclusive pronouns. Using pronouns beyond he/him or she/her (e.g., they/them and ze/hir) can feel awkward at first. Practicing using these pronouns outside of the therapy room will allow clinicians to get more comfortable and fluent in doing so. It is critical to use the client's correct pronouns in clinical notes and when consulting with colleagues.

Remain open to gender exploration. Sometimes clients may wish to explore their gender in therapy. It is important to keep in mind that there is no intended "end goal" for the client's identity. Remaining open to many possibilities and affirming the client's identity and expression that may change over time will allow the client to fully explore their options and reduce shame.

Destigmatize case conceptualizations. Clinicians should consider how stigma and other unique stressors impact symptom development in nonbinary clients. They should also consider how gender dysphoria does (or does not) influence presenting concerns. It is important for the clinician to avoid assumptions and instead approach considerations of the impact of stigma and dysphoria with curiosity and openness.

RECOMMENDATIONS FOR RESEARCH

Provide nonbinary options when assessing gender. Every research project that assesses gender should include nonbinary gender options. When possible, use a check all that apply format and include several trans and nonbinary identities.

Be inclusive with fill-in options. It is helpful to include a fill-in gender option to capture every participant's gender correctly. We suggest using "Another Identity:_____ or "Not listed: _____" instead of including the phrase "Other:_____" to avoid further "othering" nonbinary people.

Only ask about sex assigned at birth (SAAB) if the research questions warrant the knowledge. In most research projects, knowledge about SAAB is unnecessary. This question can perpetuate additional binary thinking. There are some instances where knowledge of SAAB may be important, including research topics about childhood gender socialization or medical concerns. If SAAB is assessed, it's important to include a "decline to state" option.

Order of asking demographic questions. Ask about the participants' gender before asking about SAAB. It can also help to provide the participant some context for why the question is being asked as part of the research study.

Review all measures for binary language prior to administration. Read each survey instrument you are going to use very carefully for binary language such as he/she or "opposite sex" etc. Researchers should be using the generic "they" (as recommended by the new APA Manual 7th Edition) in all of the research materials and can use these guidelines for survey instruments as well.

REFERENCES

Chang, S. C., & Singh, A. A. (2016). Gender and sexual orientation diversity. In A. A. Singh & l. m. dickey (Eds.), Trans-affirmative counseling and psychological practice. Washington, DC: American Psychological Association.

James, S., Herman, J., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. A. (2016). The report of the 2015 US transgender survey.

Lefevor, G. T., Boyd-Rogers, C. C., Sprague, B. M., & Janis, R. A. (2019). Health disparities between genderqueer, transgender, and cisgender individuals: An extension of minority stress theory. Journal of counseling psychology, 66(4), 385 - 395.

Matsuno, E. (2019). Nonbinary-affirming psychological interventions. Cognitive and Behavioral Practice, 26(4), 617-628.

Matsuno, E., & Budge, S. L. (2017). Non-binary/genderqueer identities: A critical review of the literature. Current Sexual Health Reports, 9(3), 116-120.

McLemore, K. A. (2018). A Minority Stress Perspective on Transgender Individuals' Experiences With Misgendering. Stigma and Health, 3(1), 53–64.

Reisner, S. L., & Hughto, J. M. (2019). Comparing the health of non-binary and binary transgender adults in a statewide non-probability sample. PLoS one, 14(8).