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Introduction to the Special Issue on Feminist Therapy with Transgender, Nonbinary, and Gender Expansive People

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INTRODUCTION

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ABSTRACT
Transgender, nonbinary, and gender expansive (TNBGE) people have been historically excluded from feminist approaches broadly, including in the realm of therapy. This special issue examines the utility of feminist therapy with TNBGE people, along with its potential and limitations. Contributors focus on specific issues affecting TNBGE people, such as migration and citizenship status, sexual well-being, trauma and violence, neurodiversity, and developmental context. Feminist approaches are explored using intersectional and strengths-based lenses in a diversity of clinical settings and across various aspects of the therapeutic process with TNBGE people.

KEYWORDS
Feminist; gender expansive; intersectional; nonbinary; transgender

While scholarly literature on feminist therapy has grown notably over the last 50 years (Brown, 2018), its applications with transgender, nonbinary, and gender expansive (TNBGE) people have been largely unexplored. The tenets of feminist therapy, including power-sharing, egalitarianism, and working intentionally across differences (Brown, 2018), are directly relevant to work with all marginalized populations who face societal and cultural stigma. However, feminist approaches with TNBGE people also require nuance to effectively address the specific, unique concerns and contexts of this population. The roots of feminist therapy were focused on sexism, yet it has evolved to incorporate an understanding of oppression and social location more broadly as these contextual factors influence individuals and the psychotherapeutic process (Brown, 2018). The history of feminist therapy as centering white, heterosexual, middle- and upper-class women (Brown, 2018) has been historically critiqued by Black feminist scholars (Collins, 1999; Crenshaw, 1991) as well as TNBGE scholars (e.g., Serano, 2007). Feminist therapy continues to be re-visioned (e.g., Singh & Burnes, 2011), decolonized (Polanco, 2022), and trans-affirming (Upadhyay, 2021). This special issue builds on the evolution, and critiques, of feminist therapy over the past five decades by highlighting the possibilities of feminist therapy beyond a gender binary and on the gender-based oppression faced by TNBGE people. By looking at gender and gender-based oppression in a more expansive and nuanced way, feminist therapy approaches become more relevant and applicable to the unique needs, challenges, and strengths of TGNBE people in therapy. By "centering the margins" (hooks, 2000), this re-visioning of feminist therapy also holds potential benefit for all feminist therapists and their clients, regardless of their gender and other identities, to better understand and dismantle the harmful impacts of the gender binary and gender-based oppression on their lives and communities.

This special issue aims broadly to address several questions. How is feminist therapy clinically relevant to diverse gender identities broadly and to TNBGE people specifically? What are the strengths and limitations of feminist therapy and supervision when working with TNBGE clients? How might intersectional feminist approaches apply when working with TNBGE people of color, people of diverse sexual orientations, people of varying abilities and neurotypes, and people with diverse migration statuses? Given the dearth of published work in this area to date, this special issue provides practitioners with empirically informed, theoretical, and applied strategies for using feminist therapy with TNBGE people in a variety of clinical settings.

Co-Editors' Positionalities

Consistent with feminist therapy principles (Brown, 2006; Collins, 1999; Crenshaw, 1991), the co-editors' positionalities provide helpful context for understanding the tone and approach of the special issue. The first author (JE) is an Associate Professor at Alliant International University, San Diego, whose scholarship focuses on issues related to the provision of culturally responsive training and supervision of trauma therapy. They respond to all pronouns and encourage people not to default to she/her. They are a queer, trans-masculine, nonbinary Filipinx American person with able-bodied and middle-class privileges. JE runs a private practice focused on trauma recovery for queer and TNBGE people of color. They are also a consultant to the Avellaka Program, a federally funded anti-violence program serving the La Jolla Band of Luiseño Indians.

The second author (KB) is a Professor of Psychology at Palo Alto University, where they also serve as the Director of the LGBTQ Area of Emphasis in the Clinical Psychology Ph.D. program and as the Director of the Center for LGBTQ Evidence-Based Applied Research (CLEAR). Dr. Balsam uses she/her and they/them pronouns interchangeably and identifies as a queer, femme, woman/nonbinary person who is white, Jewish, disabled, and has cisgender and middle-class privileges. Dr. Balsam has a 20-year history of clinical practice working in a wide range of settings within a feminist, intersectional framework. They have published numerous empirical and theoretical articles and book chapters focusing on topics within LGBTQ + psychology and are the Project Director of the LGBTQ + Clinical Academy, an innovative and intensive cultural competence training program in partnership with Santa Clara County Behavioral Health Services Division.

Definitions and Terminology

To explore any topic related to TNBGE people, it is first important to define basic terminology and concepts and to discuss, transparently, our own use of terminology for the special issue. First of all, it is important to distinguish *gender identity*, which is a deeply held internal sense of one's gender, from *gender expression*, which is the multitude of ways in which one expresses their gender outwardly. Gender identity and gender expression are unique for each individual, and one cannot be assumed or inferred by the other. Relatedly, *gender pronouns*, such as she/her, they/them, or he/him, are used by individuals in unique ways that may or may not be related to their gender identity and expression.

In conceptualizing the special issue, we wanted to be broadly inclusive of all populations who experience their gender identity and/or expression as outside of cisgender,

binary normative expectations. We intentionally selected the acronym *TNBGE* in an attempt to achieve this inclusivity at the outset of our work, while also acknowledging that in a rapidly evolving socio-historical context, terms and acronyms are inherently limited and may quickly become outdated. Within the acronym is a focus on *transgender* or *trans* populations. This term is both a specific gender identity label for some people and an umbrella term that may encompass a broad range of diverse gender identities, such as trans man, trans masculine, trans woman, trans feminine, nonbinary, genderqueer, gender non-conforming, and others. *Non-binary or nonbinary* is also a specific identity label for some and an umbrella term for others, one that may encompass a range of identity labels, such as genderqueer, agender, bigender, and genderfluid as well as others. Some nonbinary people also identify as trans and consider themselves to be under the trans umbrella, whereas others do not. *Gender expansive* is a term often used in clinical work and advocacy with youth, but also may be an umbrella term for any person who views their gender outside of the binary of man and woman.

In discussing TNBGE identities, it is always important to contextualize these identities within an intersectional framework. Many indigenous cultures historically and contemporarily include explicit affirmation of genders beyond man and woman, and we acknowledge at the outset of this special issue the trauma caused by colonialism that has been passed down intergenerationally and caused harm to TNBGE people worldwide (Iantaffi, 2020). We approach the topic of feminist therapy with TNBGE people with an explicit intersectional framing that takes into account the complex ways that TNBGE identities are experienced depending upon race/ethnicity, immigration status, age, disability status, and other identities. We also note that gender identity and expression are often not static, but instead may be fluid over the lifespan and across social contexts. Many people will use more than one gender identity label, for example, in ways that defy the normative expectations that individuals fit into one category.

In sum, our approach to this special issue is to take the broadest approach possible to explore and stimulate dialogue regarding feminist therapy, gender, and people who experience gender-based oppression. The articles in this special issue should be considered a starting point, and we also encourage the reader to explore the numerous helpful resources for therapists, such as Chang et al. (2019), Conover et al. (2021), and Matsuno et al. (n.d.). Culturally competent, feminist practice with TNBGE populations requires continual learning and updating of terminology and concepts, as well as cultural humility and ongoing responsiveness to feedback.

Unique Issues Facing TNBGE People

TNBGE people face several challenges that may influence their experiences in clinical settings. TNBGE people are at an elevated risk of exposure to discrimination and violence relative to their cisgender peers over the lifespan (Casey et al., 2019; Messinger et al., 2022; Sterzing et al., 2019). In one study, 10% of transgender people reported experiencing violence from a family member due to their gender identity (James et al., 2016). The risk of violence is even higher for transgender women broadly and for Black transgender women specifically (Sherman et al., 2022). Transgender people are uninsured at higher rates than their counterparts and report bias and refusal of care from their medical providers (Bakko & Kattari, 2021). TNBGE people of color are at

higher risk for sexual assault (Staples & Fuller, 2021) and for experiencing discrimination when accessing medical services (Alizaga et al., 2022).

The Gender Minority Stress model (Testa et al., 2015) contextualizes negative mental health outcomes among TNBGE people as responses to both external, discrimination-related stressors and subsequent internalized beliefs. This model expands upon Meyer's (2003) earlier work on minority stress among sexual minority populations, using a data-driven approach to expand and tailor the model to include TNBGE-specific stressors, such as gender non-affirmation (Testa et al., 2015). This is an important conceptual framework for feminist therapy with TNBGE populations, as it de-pathologizes the TNBGE client and locates the source of distress in the sociocultural environment. Minority stressors are rooted in systemic oppression experienced by TNBGE people, including housing and employment discrimination (Grant et al., 2011) and unsafe environments in schools (Feijo et al., 2022). Nearly one in three transgender people reported experiencing homelessness at some point in their lifetime (James et al., 2016).

Related to elevated rates of stressors over the lifespan, TNBGE people experience staggering rates of negative mental health symptoms and outcomes. This is perhaps most evident in terms of suicidality. For example, in one study, almost 82% of TNBGE people endorsed having suicidal thoughts, and 39% reported attempting suicide over their lifetime (Kachen et al., 2022). Transgender people are more likely to be diagnosed with depression or anxiety at younger ages than their cisgender counterparts and are more likely to be diagnosed with diagnoses co-occurring with depression, anxiety, and attention deficit hyperactivity disorder than their cisgender counterparts (Dawson et al., 2017).

A growing body of research supports the Gender Minority Stress model and establishes links between anti-TNBGE stressors and mental health outcomes. Gender-based stigma is positively associated with mental health problems (Valente et al., 2022). Exposure to anti-transgender bias and non-affirmation experiences were related to increases in PTSD symptom severity, even after controlling for potentially traumatic events (Barr et al., 2021). Results from a systematic review examining the impact of anti-TNBGE stigma, discrimination, and bias on health outcomes found that internalized stigma-related beliefs were associated with poorer psychological health, including increased risk for substance use and eating disorders (Drabish & Theeke, 2021). The daily experiences of existing as a TNBGE person, including interpersonal and systemic discrimination, have a notable impact on the mental health experiences of TNBGE people.

Therapy with TNBGE People

Given the documented high levels of psychosocial stressors and associated high levels of mental health problems experienced by TNBGE, it is particularly important for clinicians to be prepared to meet their unique clinical needs in a culturally competent way. Unfortunately, scholarly work on clinical approaches with this population is still in its infancy. To date, the majority of clinical research on therapy approaches does not include an assessment of gender identity beyond the binary of male and female and does not explicitly recruit TNBGE participants for clinical trials. The publication of APA's "Guidelines for Psychological Practice with Transgender and Gender Nonconforming People" (APA, 2015) was a first step in creating consensus within the field of psychology regarding basic information and recommendations for conducting culturally competent practice with TNBGE populations. These guidelines were set to

sunset in 7 years and are currently under revision. Since their publication, several books have been published that draw upon empirical literature, including *A Clinician's Guide to Gender-Affirming Care* (Chang et al., 2019), *The Gender Affirmative Model* (Keo-Meier & Ehrensaft, 2018), and *Affirmative Counseling for Transgender and Gender Diverse Clients* (dickey & Puckett, 2022). Therapists who work with this population may also be called to interface with medical systems to support TNBGE clients' efforts to obtain gender-affirming medical procedures, such as hormone replacement therapy or surgery, and an integral part of any clinical work with this population is competence in interdisciplinary collaboration.

Holt et al. (2021) provided a systematic review of the state of evidence-based practice with transgender and gender diverse adults. As they point out, the lack of "gold standard" clinical trials does not mean that there is no evidence from which to draw on in doing this work. Instead, these authors use the broader framework of evidence based practice as a "three legged stool," incorporating results from (a) clinical trials with (b) clinical judgment and (c) patient characteristics, values, and contexts. Through a systematic literature review, they conclude that the three-legged stool is "wobbly at best" (p. 196) and that much of the published literature relies too heavily on clinical judgment in the absence of funding and support for clinical trials and other forms of research. The authors stress the urgency and importance of greater efforts to develop new approaches and adapt existing approaches to meet the needs of this high risk, marginalized population that has often been neglected by the mental health professions.

Feminist Therapy with TNBGE People

To date, very little published literature has explicitly taken a feminist approach to clinical work with TNBGE populations (Budge & Moradi, 2018). While some clinical texts regarding affirmative therapy with TNBGE populations mention feminist therapy as one of their theoretical influences (e.g., Chang et al., 2019), and some clinical texts on feminist therapy mention TNBGE clients (e.g., Brown, 2018), the potential for synergy between affirmative approaches and feminist therapy have largely been unexplored in the clinical, theoretical, and empirical literature to date. Dalton et al. (2021) provide a feminist framework for clinical supervision to improve clinician supervisees' cultural competence in working with transgender clients. In this approach, feminist concepts, such as exploration of gender socialization, intersectionality of identities, and power are explicitly examined in the supervisory relationship and used as a lens to deepen clinicians' sensitivity to the unique experiences of their transgender clients. However, a review by Budge and Moradi (2018) found no randomized trials of clinical work with TNBGE populations that focused explicitly on feminist concepts, such as gendered systems of power, oppression, and privilege. A discussion of the applications of feminist therapy with TNBGE populations would not be complete without mention of some of the historical tensions between feminist movements and transgender rights movements. These tensions were especially prominent during the 1980s when essentialist, biologically-based views of "gender differences" between women and men predominated in feminist communities (e.g., the Michigan Womyn's Music Festival; Brown, 2018). Serrano (2003), in her seminal work *Whipping Girl*, identifies these tensions as well as the exclusion of TNBGE people and their unique concerns from feminist communities that centered the needs of cisgender women within a binary gendered framework. Serrano argues that misogyny is at the root of anti-TNBGE stigma and that necessarily, these movements are allied in purpose. At the same time, it is not

surprising that many scholars and practitioners who focus on TNBGE communities would be reluctant to embrace an approach that, on the surface, has been focused on the needs of cisgender, White women.

Building upon critiques from both transgender and Black feminist activists and scholars, this special issue posits that feminist therapy can be expanded to enhance the efficacy and relevance of affirmative approaches and evidence-based approaches with TNBGE clients. In fact, given the explicit focus on systems of power and privilege, attention to gender, and self-reflective aspects of feminist therapy, it may be uniquely positioned to be culturally responsive to the needs of this marginalized population within the context of a society in which anti-TNBGE stigma continues to pervade and influence the mental health and well-being of this population. Given that this is a small but growing area of literature, it is important to build the knowledge base through a wide range of scholarly papers. The breadth of manuscript types in this special issue thus enhances the current status of the literature in a uniquely feminist manner. Theoretical papers, clinical case examples, and qualitative research in under-researched areas are particularly helpful for identifying emerging issues and exploratory areas for future clinical trials and other types of research.

Wellness *vs.* Deficit Model

A highlight of this special issue is the focus on strengths and wellness rather than deficits among TNBGE people. In "A Sexual Wellbeing Framework to Address Sexuality in Therapy with Transgender, Nonbinary, and Gender Expansive Clients," Dickenson et al. (2023) highlights the importance of addressing sexual well-being in therapy with TNBGE people. The authors' framework offers 14 principles essential to the sexual health of TNBGE people and intervention strategies therapists can use to address each principle. The framework from Dickenson et al. (2023) gives therapists both conceptual and concrete tools to address these issues in ways that center TNBGE people's experiences.

Joseph and Chavez's (2023) article, "Binding and Queer Embodiments," discuss how therapy can address the range of ways TNBGE people may relate to their bodies. The authors use queer theory, feminist principles, and psychoanalytic foundations to address these complexities using binding as a launch point. Joseph and Chavez examine both the limitations of feminist therapy (i.e., "the moral imperative of body positivity," p. 18) with the possibilities of feminist approaches (i.e., the client as expert in their own lives) to support clients pursuing embodiments beyond cisgender and binary defaults. Joseph and Chavez offer clinical recommendations for therapists, including welcoming ambiguity to meaning-making, that support how TNBGE people wish to relate to their bodies.

Intersectionality

Based on the theoretical frameworks offered by Black feminist scholars (Collins, 1999; Crenshaw, 1991; Lorde, 1984), the experiences of TNBGE people must be situated within the contexts of their multiple identities. This special issue highlights intersecting identities related to race and ethnicity, neurodiversity, and immigration status. This intersectional approach is in line with core feminist values and provides valuable information for understanding the nuance and complexity of clinical work with diverse TNBGE clients.

LaMartine et al. (2023) examine the impact of different forms of violence against Black transgender women and their clinical implications. The authors offer a critique of current trauma-informed treatment interventions that may fail to address the needs of Black transgender women's experiences with violence. Effective feminist therapists would acknowledge not only the sequelae of violence and trauma but also the potentially ongoing exposure to unsafe environments. LaMartine et al. suggests that trauma-informed feminist therapists would emphasize particular components of feminist approaches, such as collaboration and empowerment. This study offers both an in-depth qualitative analysis of the violence experienced by Black transgender women and corresponding, culturally responsive clinical recommendations.

McConnell and Minshew (2023) analyze the intersections of neurodiversity and gender identity to provide clinical recommendations when working with TNBGE people with autism. The authors make compelling arguments about the parallels of oppression between the two experiences, such as over-pathologizing both disability and TNBGE gender identities in the context of the medical model. McConnell and Minshew address clinical recommendations on two levels. First, they offer Brown's (2018) four-pillar model of feminist therapy as a framework to apply directly in the clinical setting. Second, they suggest that therapists support TNBGE autistic people at systemic levels from their intake paperwork to their community engagement.

Staples (2023) presents a case study using feminist therapy and DBT therapy with a first-generation, Latino transgender man. Staples' analysis of the possibilities and limitations of this hybrid framework highlight the nuance required when working with intersecting identities. For example, Staples describes her adapting the concept of an invalidating environment in DBT to not only include the more traditional familial circumstances, but also the socio-political environment faced by the client contributing to their trauma symptoms. Staples' analysis offers a helpful model for intersectional feminist therapy with TNBGE people of color.

Scott et al. (2023) provide a model for multicultural feminist group therapy practices for college students broadly, and for BIPOC students specifically. Their framework, grounded in feminist theory, queer theory, and trans theory, calls for thoughtful suggestions to best serve TNBGE people broadly and BIPOC TNBGE, particularly from recruitment to termination of the group therapy. Scott et al. discuss helpful case examples demonstrating the use of an intersectional, culturally responsive practice in group therapy with TNBGE college students.

Developmental Level, Treatment Setting, and Clinical Supervision

An additional highlight of this special issue is its attention to the ways feminist approaches can be applied to various contexts. These include developmental stages (Conlin & Douglass, 2023; Scott et al., 2023), utility with other evidence-based approaches (Staples, 2023), and integration into clinical supervision (Heitz & Rappaport, 2023).

Developmental issues in this special issue are primarily focused on working with adolescents and transitional-aged youth. Conlin and Douglass (2023) use a case example to illustrate the use of feminist therapy with a biracial, bisexual adolescent client questioning his gender identity. The developmental issues that arise, including clarification of adolescents' values in relation to those of their families (Branje, 2022), can greatly impact gender identity issues broadly and gender questioning more specifically. An egalitarian therapeutic relationship served the purpose of emphasizing both

the client's expertise in his own life (Brown, 2018) and also the independent (yet supported) decision-making typical for teens (Albert Sznitman et al., 2022).

Scott et al. (2023) analyze feminist group therapy approaches with LGBTQ+, TNBGE, and LGBTQ + students of color at a university counseling center. Their framework addresses developmental aspects experienced by many college students, especially if they have multiple marginalized identities (Duran & Jones, 2019). For example, Scott et al. review the importance of acknowledging the complexities of oppression, which served as an empowering experience (feminist therapy) that was normalizing for other group members (group therapy) and is consistent with college student identity development (see Duran & Jones, 2019).

Feminist therapy with TNBGE people can be integrated with other evidence-based treatments. Staples (2023) offers seven considerations for using dialectical behavior therapy, exposure therapy, and feminist approaches with TNBGE people. A nuanced examination of possible avoidance with session rescheduling, for example, showed that a collaborative exploration between the therapist and client could more accurately identify the function of the client's behavior (avoiding unwanted feelings elicited in treatment *vs.* not affording sessions due to sending money to his family in his country of origin). Staples offers concrete and relevant examples of considerations for adapting evidence-based treatments using feminist therapy values.

Feminist therapy principles are not only relevant in the therapeutic room with the client but also in the supervision process. Heitz and Rappaport (2023) provide a model for gender-affirming supervision practices when working with nonbinary clients. Their use of analytic ethnography revealed that the consistent examination of supervisor and supervisee power and privileges (upper middle class, white, cisgender women, in this case) would likely benefit nonbinary clients. Intersectional power dynamics throughout the supervisory triad (supervisor and supervisee, supervisee and client, supervisor and client) would require close examination throughout both therapy and supervision.

Future Directions for Feminist Therapy with TNBGE Populations

Practice

The articles in this special issue highlight the value of feminist therapy approaches with TNBGE people with a range of presenting problems, intersectional identities, and social contexts. It is our hope that these articles contribute to the ongoing re-visioning of feminist therapy to become more inclusive, nuanced, and relevant in this third decade of the 21st century by centering a population that has long been on the margins of all approaches to therapeutic work—TNBGE people. At the same time, so much more work remains to be done to make mental health professions responsive to the unique needs of this population. For example, assessment is a crucial part of any therapy relationship, yet is often fraught in work with TNBGE clients. For example, a client-centered assessment approach like therapeutic assessment (Durosini & Aschieri, 2021; Finn & Tonsager, 2002) likely offers opportunities for applying feminist therapy tenets, particularly when the domain of assessment can be tenuous in many ways for TNBGE people (Keo-Meier & Fitzgerald, 2017) given the binary gendered nature of most assessments and the potential for bias and over-pathologization in the interpretation of assessment data. Within a feminist framework, these sociocultural issues and

the power differential issues could be addressed and incorporated into a more affirming and empowering approach to assessment.

Some articles in this special issue (Conlin & Douglass, 2023; Heitz & Rappaport, 2023; Scott et al., 2023; Staples, 2023) specifically offered considerations for cisgender therapists or supervisors using feminist approaches when working with TNBGE people. Indeed, much of the published literature on therapy with TNBGE implicitly takes this framework. One area for future consideration is to understand feminist therapy issues when both the therapist and the client are TNBGE. For example, the emphasis on addressing power and privilege within feminist therapy, and the value of egalitarian relationships, would necessarily bring up unique issues to explore between a TNBGE therapist and a TNBGE client as they are developing the therapeutic alliance. This will also include an exploration of the wide range of intersectional identities that both therapist and client bring to their work. The opportunities for examination of intersecting identities in the therapeutic relationship widen. As the fields of psychology and other mental health professions diversify, the clinical conversation about issues facing TNBGE therapists is likely to deepen.

Research

Finally, it is important to note the importance of ongoing research regarding feminist approaches to therapy with TNBGE populations. While this special issue provides relevant qualitative data (LaMartine et al., 2023), case studies/clinical examples (Heitz & Rappaport, 2023; Scott et al., 2023; Staples, 2023), and theoretical frameworks (Dickenson et al., 2023; Joseph & Chavez, 2023; McConnell & Minshew, 2023) on the utility of these approaches, there is a need for more empirical research data on the efficacy, real-world effectiveness, and dissemination and training of these approaches with this marginalized and understudied population. Topics that could be considered in the future include examining the components of feminist therapy that are most effective for these populations, examining how feminist therapy can be integrated with other evidence-based approaches for specific mental health concerns, and developing further adaptations of feminist approaches to better meet the unique needs of TNBGE clients and help ameliorate the impact of the negative sociopolitical environment on mental health and well-being. To do this, funding agencies will need to be convinced of the value of tailored approaches for this population, and feminist therapy researchers will need to be creative in their approach to seeking funding for their work. Additionally, it will be important for clinicians who are already practicing feminist therapy with TNBGE populations to integrate data collection and evaluation of both the therapy process and therapy outcomes into their existing work. Greater attention to this integration of research and practice is in line with the core values of feminist therapy.

Conclusion

In sum, this special issue is one of the first comprehensive volumes to examine the utility and specific approaches to feminist therapy with TNBGE people. As Laura Brown concluded in her 2018 revision of her seminal text:

> *Feminist therapy and feminist therapists face the next 8 decades of the 21st century wondering how transformations of our understandings of sex and gender, of power and*

> *relationships, and of the social and political context of therapy will transform our practice … .In a world increasingly affected by new and subtle ways of stealing personal and political power, feminist therapy offers a theory that scrutinizes the distress that will inevitably arise in response to these cultural currents, as well as a paradigm for creating relationships in which empowerment occurs.* (p. 193)

The articles in this special issue add innovative, nuanced, intersectionally-informed perspectives to the ongoing revision and re-imagining a more inclusive feminist therapy. And even more importantly, they provide tools and perspectives to therapists and therapy trainees to better meet the diverse needs of TNBGE clients. Even in the five years since Brown published these words, the social and political context for TNBGE people has worsened, and the need for affirmative and empowering approaches to address TNBGE clients' distress has intensified. Thus, the articles in this special issue hold promise for both feminist therapy as a field as well as TNBGE people as a segment of the population. Singh and Burnes (2011) begin their exploration of feminist therapy with a simple quote from Black feminist scholar Audre Lorde: "Life is very short and what we have to do must be done in the now" (Hall, 2004, p. 72). Despite the multitude of barriers faced by TNBGE people and the therapists who serve them, it is our hope that the articles here are of benefit, in the here and now, toward TNBGE healing and liberation.

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