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Nonbinary people living in a binary world: Minority stress in public and gendered places

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**Nonbinary people living in a binary world: Minority stress in public and gendered places**

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***Ethical Approval and Consent to participate***

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. The research was approved by the Ethics Commission of the Department of Developmental and Social Psychology, Sapienza University of Rome (protocol number: 0001088; date of approval: 9 September 2021). Informed consent was obtained from all individual participants included in the study.

***Competing interests***

The authors have no known conflict of interest to disclose.

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## Abstract

**Introduction:** Nonbinary gender identities are widely erased and invalidated in Western societies, due to binary normativity. The segregation by binary gender of public spaces and sports categories may cause unique sources of stress for nonbinary people, manifesting at a structural and interpersonal level. Utilizing the nonbinary minority stress framework this study explores how the dichotomous gender division of public restrooms, store dressing rooms, locker rooms, and sports categories is associated with distal and proximal dimensions of minority stress. **Methods:** The study was conducted in Italy and involved forty nonbinary individuals aged 19 to 36 years in a semi-structured interview. The research team comprised a diverse range of positionalities, including trans, nonbinary, queer, bisexual, lesbian, and cisgender heterosexual allied researchers. **Results:** Through reflexive thematic analysis combining deductive and inductive orientations, themes were organized in two macro-areas representing distal and proximal stressors. Distal stressors encompassed experiences of bullying, harassment, discrimination, social intrusiveness and control, non-affirmation, invalidation, and the burden of powerlessness. Proximal stressors included internalized invalidation, avoidance coping, negative expectations, disclosure negotiation, and gender dysphoria. **Conclusion & discussion:** Findings showed that intrusiveness, control, non-affirmation, and social invalidation represent pervasive elements in the daily experiences of nonbinary individuals, contributing to the internalization of negative emotions referred to the self, including discomfort, shame, and a sense of social inadequacy. Nonbinary individuals may prioritize the comfort of others in social interactions, negotiating the disclosure of their identity to prevent others from feeling uneasy in their presence. Implications for clinical interventions, policy, and future research are discussed.

**Keywords:** nonbinary; minority stress; gendered places; invalidation; disclosure negotiation

## **Nonbinary people living in a binary world: Minority stress in public and gendered places**

Nonbinary people experience their gender as falling outside the gender binary of man or woman. The experience of gender identity and expression among the nonbinary population is notably heterogeneous. For instance, being nonbinary can entail rejecting the gender binary system (e.g., genderqueer), feeling one's gender identity fluctuates between genders (e.g., genderfluid), identifying partially, though not entirely, with one gender (e.g., demiboy/demigirl), identifying with an additional gender (e.g., third gender) or perceiving oneself as lacking a gender identity (e.g., agender) (Hegarty et al., 2018). The exponential increase of people who identify with nonbinary genders is actively challenging binary modes of thinking, including the clear-cut differentiation between cisgender (or cis) and transgender (or trans) categories. Indeed, some nonbinary individuals may identify as trans while others may not. Moreover, some may feel the need to pursue medical intervention on their bodies to align more closely with their perceived gender (Galupo et al., 2020; Richards et al., 2016).

Generally, nonbinary people express their gender identity in ways that do not conform to traditional gender roles. Given that current Western societies and cultures still struggle to fully acknowledge the existence of genders other than those related to being a man or woman, nonbinary individuals may experience specific, everyday forms of stigma and stress. This study investigates how public spaces and gendered environments serve as sources of minority stress exclusively for nonbinary individuals.

Prior research has demonstrated that individuals identifying as nonbinary may manifest precarious health conditions (Lefevor et al., 2019). Compared with the cisgender population, nonbinary people reported higher levels of psychological distress, generalized and social anxiety, eating disorders, depression, and suicidal ideation (Aparicio-Garcia et al., 2018;

Lefevor et al., 2019; Warren et al., 2016). Literature regarding differences in psychological health between trans men and women (i.e., binary trans population)<sup>1</sup> and nonbinary individuals is not univocal: Some studies found higher rates of depressive symptoms, anxiety, and substance use in nonbinary individuals than trans men and women (Clark et al., 2018; Lefevor et al., 2019; Reisner & Hughto, 2019; Stanton et al., 2021) while other studies did not find significant differences (Guy et al., 2020; Kidd et al., 2021; Rimes et al., 2017).

### **Minority stress**

Contemporary knowledge underscores that members of socially marginalized groups, compared to the general population, have worse levels of health due to the damaging effects of stigma engendering minority stress (Dürrbaum & Sattler, 2020). The minority stress model considers prejudice and discrimination as a specific source of psychosocial stress. Therefore, minority stress is unique—as it adds to the sources of stress experienced by the general population—and chronic—because it depends on relatively stable social and cultural structures (Meyer, 1995). Minority stress extends along a continuum from distal to proximal stressors. Distal stressors are defined as external to the individual and objective conditions, such as prejudice events involving (a) violence and (b) discrimination. These factors are independent of the individual’s identification with the marginalized identity. Proximal stressors are more insidious since they relate to the individual’s experience of their sexual or gender identity, whether consciously or subconsciously. These stressors are perceived as integral parts of the self and include (c) expectations of rejection, (d) the practice of concealing one’s sexual identity, and (e) the internalization of stigma (e.g., internalized homo-lesbo-bi-transnegativity). The two sources of stress are strictly interrelated since proximal stressors are often elicited and/or maintained by distal stressors; for instance, the

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<sup>1</sup> We chose to use the terms ‘trans men’ and ‘trans women’ rather than ‘trans binary’ since we believe that the binary vs. non-binary dichotomy constitutes a cisnormative approach to comprehending the more complex experiences of transgender individuals (National Center for Institutional Diversity, 2019).

more an individual encounters discrimination, the more they will develop negative expectations about being discriminated against (Meyer, 2003).

Initially, research on minority stress generalized the experience of sexual stigma, particularly in gay cisgender men, to encompass the entire sexual and gender minority population, including lesbian, bisexual, and trans individuals. Over time, studies have become more rigorous, identifying the specific forms of stigma associated with the different subgroups of this population. Over the past decade, some scholars have underscored the concept of gender minority stress (Hendricks & Testa, 2012; Testa et al., 2015), delineating the stress encountered by trans individuals due to cisgenderism—an ideology that promotes the assumption that everyone conforms to their assigned sex at birth in terms of gender identity and expression, in a binary way—and transnegativity—that is, how cisgenderism manifests itself at the individual level through attitudes and behaviors of discrimination against trans people (Ansara & Berger, 2016; Puckett et al., 2023; Tan et al., 2020).

Alongside the earlier discussed minority stressors (e.g., victimization, discrimination, expectations of rejection, concealment, and internalized stigma), Testa and colleagues (2015) found that gender minority people experience an additional distal stressor labeled non-affirmation. Non-affirmation emerges when an individual's gender identity fails to be acknowledged or validated by others (Parr et al., 2019; Pucket et al., 2023). Common examples of non-affirmation consist of misgendering—employing pronouns incongruent with the individual's gender identity—and deadnaming—utilizing the individual's name given at birth rather than their chosen name (Jacobsen et al., 2023; McLemore, 2018). Experiences of non-affirmation can be categorized as microaggressions: they are subtle forms of discrimination that often occur without malicious intent and are common in everyday interactions (Sue & Capodilupo, 2007).

Recently, scholars have advocated for incorporating gender dysphoria within the realm of proximal stressors, given its profound correlation with occurrences of non-affirmation during social interactions (Galupo et al., 2020; Lindley & Galupo, 2020). Historically, gender dysphoria has been primarily traced to an individual's experience of a sense of suffering resulting from a lack of recognition in one's body. Furthermore, the concept of gender dysphoria within medical and psychological disciplines has often reinforced a transnormative perspective of the transgender experience (Johnson, 2016), which prioritizes binary trans narratives characterized by a desire to conform to the gender considered opposite to the one assigned at birth through the use of medical interventions (e.g., hormone therapies and surgery) (Lorusso et al., 2024). More recent studies have shown that gender dysphoria can be triggered or increased by adverse social experiences, such as misgendering (Galupo et al., 2020; McLemore, 2015) and is associated with adverse health outcomes (Spack et al., 2012), akin to other proximal stressors (Galupo et al., 2021).

Different studies found a higher prevalence of mental health problems among trans compared to cis people (Dhejne et al., 2016; Millet et al., 2017). Furthermore, subsequent investigations have revealed elevated occurrences of minority stress factors, such as harassment, sexual abuse, and traumatic incidents, among nonbinary individuals in contrast to both cisgender population and transgender men and women. These stressors have been associated with adverse mental health outcomes, including heightened levels of anxiety, depression, and eating concerns (Lefevor et al., 2019; Parr et al., 2019; Scandurra et al., 2021). Given the high rates of health disparities among nonbinary people, it is important to discern potential specific stressors and/or additional stressors experienced by this population, which is still underrepresented in the study of minority stress.

### **Nonbinary minority stress**

In a recent study, Matsuno and colleagues (2022) found that nonbinary individuals face gender minority stress (Testa et al., 2015), albeit in specific ways. For instance, non-affirmation emerges as a frequent and pervasive stressor due to the lack of acknowledgment of nonbinary gender identity among most Western societies. Common examples of the lack of acknowledgment of nonbinary identities include the absence of legal frameworks recognizing a third gender or providing alternatives to binary categorizations related to the M/F options; the absence of representation of nonbinary individuals in children's and adult literature, including school curricula; and the pervasive genderization of public spaces used for restroom and locker rooms. Moreover, nonbinary people often have a gender expression that does not conform to societal expectations, leading them to a high risk of being misgendered and invalidated regarding their gender.

Furthermore, the study unveiled the presence of additional and unique stressors associated with nonbinary identities, including: (1) binary normativity, which is embodied in social structures and systems that endorse gender dichotomy as the sole viable option, thus perpetuating the invisibilization, discrimination, and exclusion of nonbinary people from public space; (2) interpersonal invalidation, which occurs when another person more or less explicitly assumes that nonbinary gender does not exist; (3) burdening, when nonbinary individuals are asked to educate others about nonbinary issues, necessitating cognitive and emotional work, including providing reassurance to cisgender people. These stressors relate to specific proximal stressors such as gender dysphoria and extra mental and emotional labor.

In Italy, as in most other Western societies, pervasive manifestations of binary normativity are evident within social and interpersonal domains. Some examples of structural binary normativity are: the absence of legal acknowledgment, which prevents the option to attain legal recognition of a gender other than male or female; the lack of social recognition, resulting in the absence of cultural references related to nonbinary gender and the pervasive

ignorance of the same by the majority of the population; the requirement to repeatedly specify one's designated sex, limited exclusively to the binary choices of either "M" or "F", during the completion of bureaucratic documentation; the segregation by binary gender of public spaces such as bathrooms, dressing rooms, and locker rooms; the segregation by binary gender of sports categories and activities.

An additional example of binary normativity consists of gendered languages. Using gendered suffixes, articles, and pronouns in Italian is pervasive and unavoidable. This results in a considerable risk of misgendering during spoken interactions, particularly when compared to languages without such gendered linguistic structures (Baiocco et al., 2023). Transfeminist and queer movements claimed the adoption of specific solutions for gender-inclusive language, such as incorporating the "schwa" (ə) suffix in both written and spoken communication. Unfortunately, resistance from conservative factions poses challenges to the official adoption of this proposal (Sulis & Gheno, 2022).

Binary normativity has direct and concrete consequences for the lives and health of nonbinary people. First, they may experience severe difficulties in being understood and affirmed in their gender in different contexts (e.g., sociality, school, work, sports, family), and thus receive less support from significant figures, especially family members (Scandurra et al., 2019). In addition, they may incur experiences of daily microaggressions, including frequent misgendering and deadnaming, even within institutional settings such as educational institutions and medical and psychological services (Morris et al., 2020; Rosati et al., 2022). Finally, the social invalidation resulting from binary normativity can culminate in a state of individual overwhelm, characterized by the perpetual necessity to elucidate one's own identity and confront skepticism, which can lead the person, among other things, to experience feelings of confusion and resignation (Matsuno et al., 2022).

### **Purpose of the Current Study**

Research conducted in the domain of gender minority stress has tended to aggregate the trans men and women and nonbinary populations within surveys targeting the trans population. However, nonbinary people do not always identify with the trans category, and, as a result, a portion of them is often left out of the studies (Scandurra et al., 2019). In addition, although some stressors may be shared by trans men and women and nonbinary people (e.g., cisnormativity, transnegativity, gender dysphoria) (Ansara & Berger, 2016) others may be specific (e.g., binary normativity, identity invalidation, burdening) (Johnson et al., 2020; Matsuno et al., 2022) or higher in nonbinary people (e.g., non-affirmation, misgendering) (Jacobsen et al., 2023; McLemore, 2015; Poquiz et al., 2021).

Utilizing the nonbinary minority stress framework (Matsuno et al., 2022), this study explores the experiences of stress encountered by nonbinary people in public and gendered places. Specifically, we aim to understand whether and how binary normativity and, consequently, nonbinary erasure—encompassing elements such as social invalidation, dichotomous gender division of public restrooms, store dressing rooms, locker rooms, and sports categories—is associated with distal and proximal dimensions of minority stress (Meyer 2003; Galupo et al., 2020; Testa et al., 2015).

### **Method**

#### **Participants and Procedure**

Participants were recruited through snowball sampling. The acquaintances of the first and second authors and of those who conducted the interviews were first interviewed, and then, when appropriate, they facilitated the identification of additional participants. The study was also promoted across the interviewers' social media profiles. The fact that the research team primarily consisted of individuals who identify as queer, with nonbinary individuals leading the research, allowed for greater access to the target population. Certain participants

specifically requested nonbinary researchers as interviewers, as they perceived less likelihood of encountering attitudes of invalidation and cisnormativity.

The study involved 40 participants aged 19 to 36 years ( $M = 26.81$ ,  $SD = 4.95$ ). All participants self-identified as nonbinary and shared Italian and White ethnic backgrounds. Further demographic details are presented in Table 1, while information pertaining to aspects of gender identity can be found in the Results section. Ethical approval for the research was granted by the Department of Developmental and Social Psychology, Sapienza University of Rome (protocol number: 0001088; date of approval: 9 September 2021). Participants were provided information regarding the interview's objectives and their guaranteed anonymity. Informed consent was procured before starting the interviews, whose duration averaged 90 minutes each.

### **Instruments**

First, sociodemographic information such as age, assigned sex at birth, ethnicity, education, socio-economic status, and employment were collected through a brief questionnaire. Subsequently, the Gender Diversity Questionnaire (GDQ; Mirabella et al., 2022; Twist et al., 2018) was employed to elicit details concerning participants' gender identity, such as preferred pronouns, identification with the trans experience, engagement with social and medical gender-affirming paths, as well as feelings and perceptions related to their gender identity in social interactions. Finally, participants responded to a semi-structured interview that was created *ad hoc* for the present study by the research team (*blinded for peer review*). The interview protocol was divided into several sections aimed at deeply investigating the experiences of nonbinary people, including (1) gender identity development, (2) experiences of coming out in meaningful contexts, (3) social and community relationships, (4) romantic and sexual life, (5) experiences related to gender identity in public and gendered spaces.

The present study will refer to the fifth section of the interview. The interview structure encompassed an initial broad inquiry followed by one or more specific questions (e.g., “Tell me how you feel when you walk down the street”, followed by “Have you ever had problems related to your identity or expression of gender?”; “How do you feel about the idea of interacting with people you don’t know, for example, shopkeepers, shop assistants, waiters, etc.?” followed by “Are you generally recognized as the gender you identify with?”; “Describe how you feel when you find yourself in a public space that strongly emphasizes gender, such as public toilets, sports locker rooms, or dressing rooms in shops”, followed by “Have you ever had an unpleasant, stressful, or dangerous experience for your safety in these places?”. The interviews were conducted in Italian, and the quotes were translated into English for this article with back translation to ensure accuracy.

### **Researchers’ Positionality and Analytical Approach**

The first and second authors, who correspond with the principal investigators, embody a transmasculine nonbinary identity. They actively engage in activism within the realm of trans and nonbinary health. Consequently, they are part of informal and political networks of nonbinary individuals. The rest of the research team consists of cisgender individuals, some identifying as queer, lesbian, and bisexual. The last author is the director of the clinical and research center “Be as you are” (Baiocco & Pistella, 2019; Baiocco et al., 2023), an institution renowned in Italy for its dedicated efforts in supporting the self-determination of trans and nonbinary individuals in their gender-affirming medical and social paths. All authors are established psychologists and researchers engaged in promoting the well-being of trans and nonbinary individuals. Their approach is rooted in recognizing the pervasive impact of cisnormative stigma on the mental health of those belonging to gender minorities.

Acknowledging our positionalities and theoretical assumptions is crucial, as they have influenced both the design of the interview and the data interpretation. As suggested by Braun

and Clark (2022), we believe that our embodied subjectivities have represented a resource rather than a research bias, “[...] as knowledge generation is inherently subjective and situated” (p. 8). Our subjectivities facilitated the development of a comprehensive interview framework characterized by affirmative language and a nuanced acknowledgment of factors pertinent to the unique stigma encountered by nonbinary individuals, such as binary normativity. After being interviewed, some participants reported feeling seen and recognized for the first time within a mental health-related setting.

Data were interpreted through reflexive thematic analysis (Braun & Clark, 2006; 2022), with the lead researcher as a single coder. Collaborative discussions with the research team influenced code generation and thematic definition. Nonetheless, this procedure did not occur within the confines of a standardized codebook or a strict consensus among authors. The analysis unfolded through a prolonged immersion process, spanning interviews, transcription, and analysis. The analytical orientation combined a deductive approach, structuring the interview around the hypothesis of unique nonbinary stress experiences, with inductive elements, allowing for exploration of participants’ reported experiences.

Specifically, the data analysis involved several steps. Initially, transcripts were systematically reviewed to ascertain the manifestation of minority stress at both distal and proximal levels. Then, stressful episodes and their characteristics were pinned down as preliminary codes, associated with the excerpt of interest and a brief description of it. Representative examples of these preliminary codes include ‘bullying in sports’, ‘street harassment’, ‘misgendering’, ‘deadnaming’, ‘discomfort in locker room usage’, ‘resignation due to lack of recognition’, and ‘avoiding sports activities’. From the identified codes and along with a parallel reading of the relevant literature, specific topic areas were defined following the more traditional minority stress model (Meyer, 2003) and its subsequent applications to trans (Lindley & Galupo, 2020; Testa et al., 2015) and non-binary (Matsuno et

al., 2022) populations. The proposed codebook was discussed with the research team who agreed or redefined some dimensions; for example, the dimension of burden initially categorized under proximal stressors due to its impact on self-perception, was later reclassified as a distal stressor because of its close association with external social interactions. Finally, the principal coder undertook a comprehensive review of the selected excerpts, systematically re-categorizing them to ensure saturation within the identified thematic categories.

## **Results and Discussion**

### **Descriptive statistics**

Most of the participants (75%) were assigned female at birth. Half (50%) self-recognized in the trans category. The majority (82%) were socially affirmed in their gender, while only a few (7%) engaged in a medical gender-affirming pathway. Many participants perceived their gender identity as fluid, with 65% indicating that it fluctuates based on contexts and 75% noting its variability over time. Within social interactions, participants mostly declared being perceived based on their assigned sex (72%), with a minority stating that they were perceived uncertainly (20%) or according to the gender considered opposite to their assigned sex (8%). Twenty-eight (70%) participants declared they were not at ease with how other people perceive their gender identity, and thirty-one (77.5%) participants reported having experienced discrimination for their gender expression. These data highlight how the concept of passing or blending—being perceived in one’s gender by others—is heterogeneous and more complex for this population (Flynn & Smith, 2021).

### **Reflexive thematic analysis**

Through reflexive thematic analysis (Braun & Clark, 2006; 2022) combining deductive and inductive orientations, we have outlined thematic categories related to nonbinary minority stress within public and gendered places (Matsuno et al., 2022). Themes were

organized in two macro-areas representing distal and proximal stressors, as reported in Table 2. Distal stressors involve four themes: (1) bullying, harassment, and discrimination; (2) social intrusiveness and control; (3) non-affirmation and invalidation; (4) burden of powerlessness. Proximal stressors encompass five themes: (1) internalized invalidation; (2) avoidance coping; (3) negative expectations and vigilance; (4) disclosure negotiation; (5) gender dysphoria. Themes are not mutually exclusive; frequently, they interconnect and intersect. The interplay and consequential relationships between distal and proximal stressors are particularly evident in specific quotes. Results and discussions are combined in a single section, as recommended by some qualitative approaches to research (Flick, 2014), and consistent with prior studies addressing similar themes (Anzani et al., 2019).

### **Distal stressors**

Participants describe different distal stressors, encompassing a spectrum of severity, ranging from experiences of overt *discrimination, harassment, and bullying* to instances of *social intrusiveness and control*, further extending to dimensions of microaggression that are rooted in *non-affirmation and invalidation* and, finally, in *burden of powerlessness*.

#### ***Bullying, harassment, and discrimination***

Numerous participants report experiencing bullying, harassment, and discrimination in educational, sports, public, and institutional settings, highlighting the pervasive social and institutional violence faced by the nonbinary community (Harrison et al., 2012). Bullying occurred mainly during physical activity hours, in the use of bathrooms and locker rooms through giggles as well as more severe acts of aggression, and was often associated with avoidance or abandonment of places and activities (Vidourek et al., 2016):

When I was younger, I used to play basketball. I was the only person assigned female but I used to act like a little boy, and I remember it happened that one day, I was thrown on the floor and kicked... and I never played basketball anymore (U. 35 yo).

More recent instances of harassment and violence involve explicit physical or verbal assaults in public spaces. One participant shared a personal experience of enduring an assault, which was subsequently followed by institutional discrimination. Law enforcement refused to acknowledge and follow up on the participant's complaint, using the absence of an anti-discrimination law related to gender identity as an excuse (Reineck, 2017):

I was beaten once; yes, I had just parked my car in front of my house. I was crossing the street, and I heard a car coming and stopped. I thought they were trying to let me pass. As I was crossing, I heard the little comment, the laughter, so I turned around, told them to fuck off, then the one closest to me got out and punched me in the face [...] the next day I went to the police because I wanted to file a complaint. Let's say they didn't want to do anything, although I insisted, they told me 'there is no law that protects against discrimination and we are not required to do additional things just because it's you', essentially (M., 21 yo).

Other times, harassment is distinguished by elements of sexualization:

Once I noticed that a guy was spying on me while I was taking a shower [in the locker room]. He was looking at me for quite a long, but I didn't notice, so when I saw him I screamed 'Ah!', I was shocked and he walked away laughing (J., 32 yo)

At times, the experiences of street harassment and assault are marked by a dual valence, which reflects the double effect of visibility or erasure (Ryan & Rivers, 2003). On the one hand, participants experience negative feelings related to the assault; on the other hand, they experience euphoria given by feeling seen and affirmed in their gender:

Once, an old woman called me 'faggot!' and spat at me [laughs]. By the way, it's also, I mean, it was also a strange moment of gender euphoria because I thought 'But then I'm passing as a gay guy!' (B., 30 years old)

Finally, some participants reported forms of sports discrimination, which highlighted a cis-suprematist attitude to enforce a binary gendered order in sports environments (Sharro, 2021). An illustrative case of such discrimination involves requests for documentation

verifying an individual's assigned sex, often occurring when they possessed a notably high level of physical performance, as elucidated by L. (24 yo): "I used to play basketball and I had times when during games the opposing team's coach would look at me and said 'he can't play'. Many coaches were asking for IDs to attest that I could play there".

### ***Social intrusiveness and control***

The dimension is specific to the experience of stress concerning public and gendered places. Indeed, it emerges due to a binary and cisnormative social need to categorize people as men or women where their gender expression is perceived as "uncertain", delegitimizing their understanding of genders and bodies (Ansara & Berger, 2016). Social intrusiveness manifests as invasive behavior like staring at a person for a long time or feeling entitled to ask if they are "male or female", as reported by P. (31 yo): "Once I was on the streetcar. When I got off a guy followed me to ask me if I was male or female". Steady gazes can trigger negative feelings in the person being observed:

I think I throw people off in society. It makes me super anxious, especially since I'm not easily categorized as just a guy or a girl. Everybody is looking at you, staring at you, laughing, making jokes. Happens a lot. (M., 24 yo).

Social intrusiveness often translates into acts of social control, such as barring individuals from public restrooms and changing rooms or subjecting them to public scrutiny to verify their gender (meant as sex assigned at birth) (McGuire et al., 2022).

I was like 17 years old, and I remember for the first time they didn't just look at me wrong, they kicked me out and said 'This is the women's restroom!' and I was like 'I know!'. And then actually I was kicked out many other times (K., 26)

Social intrusiveness and control are related to the dominant cisgenderist frameworks that permeate Western societies, which legitimize cisgender people to exert power and control over the bodies and lives of trans and nonbinary people (Billard, 2019; Sharrow, 2021). While emerging as a "new" dimension compared to past models of minority stress (Meyer, 2003;

Testa et al., 2015) and proposed in reference to nonbinary stressful experiences, it is important to acknowledge that such mechanisms of control and intrusiveness may extend to other individuals, including trans men and women as well as cisgender individuals with gender expressions diverging from societal norms (e.g., butch lesbians) (Doan, 2010).

### ***Non-affirmation and invalidation***

Non-affirmation and invalidation emerge as relatively common stressful dimensions among participants (Barr et al., 2022). These experiences can be categorized as microaggressions, that is subtle forms of discrimination because they occur within mostly harmless or insignificant interactions, making them difficult to identify (Meyer, 2015; Sue & Capodilupo, 2007). Microaggressions are common among trans and nonbinary people (Chang & Chung, 2015), they manifest with a very high frequency through different forms of nonverbal and verbal communication. Previous research showed that microaggressions severely impact mental health (Parr et al., 2019). Specifically, non-affirmation is characterized by all those experiences in which a person's gender is not seen, recognized, and validated (Testa et al., 2015). Non-affirmation can be read as strictly depending on social invalidation, reflected in the cultural invisibility of nonbinary gender identity and the lack of a "third option" other than male/female to self-determine one's gender in Western societies. The recurring and daily experience of non-affirmation and invalidation entails a profound sense of invisibilization, as U. (34 yo) highlighted: "The feeling of being invisible... that's always there... sometimes it's very impactful".

Misgendering is one of the most prevalent forms of non-affirmation (Jacobsen et al., 2023; Matsuno et al., 2022), as described by one participant as an "everyday occurrence" (P., 31 yo). A few participants emphasize that what they find most disturbing, beyond the incorrect use of pronouns, is the deployment of gendered titles such as "Signora" (Madame) or "Bella"

(Pretty girl) (Spiel, 2021). These terms are commonly employed in Italian social interactions among strangers, such as when getting coffee at a café or shopping.

Again, some recount distressing experiences stemming from using their assigned name instead of their chosen name (Anzani et al., 2023). Unfortunately, in Italy, the law does not provide for the possibility of changing one's name on official documents unless through protracted legal processes that require the person to be placed on a standard binary gender affirmation path, so many nonbinary people find themselves unable to use their chosen name officially:

Apart from the misgendering, the biggest hassle for me is my name, it's just the use of the deadname which then, actually, is not a deadname; because unfortunately, on my identity card, institutionally, that's what it is and that's what it will be (B., 22 yo).

Not all nonbinary individuals aim to appear as what is traditionally conceived as the opposite gender, but that doesn't mean they want to be seen as their assigned gender. To date, a "nonbinary blending" is not yet conceivable: for many nonbinary people blending means being recognized as fluid or androgynous (Galupo et al., 2021) which, in contemporary Western societies, means being seen as nonconforming (Young, 2019). For that reason, some participants experience "not passing" as a kind of privilege because it exposes them to a lower risk of aggression:

Fortunately, I have never experienced any aggression related to gender identity. But because people don't see me as nonbinary. Compared to other trans people who maybe are more nonconforming I have a bit of a privilege. Even though I don't identify with being female, people still see me that way (T., 20 yo).

Finally, invalidation can manifest at an interpersonal level, where individuals explicitly deny the existence of nonbinary identity or reject the possibility that a person can have a nonbinary gender identity (Johnson et al., 2020):

I've heard things like 'nonbinary people don't exist', so, denying our identity, or criticism about using certain pronouns. And then there's also someone saying 'These things don't make sense'. Yes, it happens all the time when it comes to interactions with others. (T., 20 yo).

### ***Burden of powerlessness***

As in the model of Matsuno and colleagues (2022), the burden is characterized by having repeatedly to explain oneself to be affirmed in one's gender identity. The dimension of burden exemplifies the blurred boundary between distal and proximal stressors. As a dimension linked to social interaction, it encompasses traits of both external events (distal), such as invalidation stemming from others' lack of understanding, and internal impacts (proximal), manifested through feelings of overwhelm, powerlessness, and devaluation associated with one's nonbinary identity. The burden is often accompanied by a sense of overload and fatigue and, sometimes, by resignation (Barbee & Schrock, 2019):

Every time I introduce myself it's a struggle, both for my name and pronouns. People ask for my "real name", and then use the wrong pronouns. Most of the time, I don't even correct them. Every time, I'm like, "Should I tell them? Should I correct them? How will they react? Then I have to explain everything?" It's like, emotionally and energy-wise, it's a pretty hefty effort. So, a lot of times, I just let it go (T., 20 yo).

The burden may entail the necessity of repeatedly coming out or requesting multiple times for the use of accurate names and pronouns before others begin to do so (Young, 2019). This can lead the person to avoid talking about themselves so as not to get into tiring or embarrassing situations and to burden others' (cisgender) people emotions:

I went to dinner with a friend and her boyfriend the other night. My friend was referring to me using feminine terms and pronouns, and he noticed. And then there was another friend, who also didn't know me, who used my old name. When my friend's boyfriend had to greet me, he didn't know what to call me. I'm not at ease with the idea of making others uncomfortable (M., 24 yo).

This comment underscores the prevalent tendency among nonbinary individuals to perceive their own needs as less valid and their well-being as less significant compared to others. Several participants report that they prefer to put themselves in the background by managing their sense of discomfort internally (with themselves) rather than embarrassing the other person and then managing the discomfort of the interaction. The recurrent messages of invalidation from society place nonbinary individuals in the position of feeling powerless and less valuable than others.

### **Proximal stressors**

The proximal stressors we identified related to crossing public and gendered places consist of *internalized invalidation*, *avoidance coping*, *disclosure negotiation* strategies, and aspects related to *gender dysphoria*.

### ***Internalized invalidation***

Closely related to the theme of burden, internalized invalidation is exemplified by feelings of social inadequacy and shame related to one's gender identity. This is coupled with inner confusion and intrusive thoughts, such as doubts about one's nonbinary identity, often due to societal invalidation. Aligned with prior research, the present findings show how the repeated experiences of invalidation within multiple contexts affect cognitive functioning, thus eliciting confusion, self-doubt, rumination, and the internalization of shame (Johnson et al., 2020):

At this very moment in my life, I suddenly feel confused after coming out in some places. I find myself thinking, 'I don't know, I'm not sure'. I don't know what's right and wrong anymore, what I want or don't want. And I think this is due to the fear of being disappointed (C., 35 yo).

Moreover, as found by Matsuno et al. (2022), some participants reported sentiments of being a burden or causing inconvenience to others due to their nonbinary identity:

I also find it a little difficult, like introducing myself to people, saying my name and pronoun. Because I always feel like the weirdo in the situation anyway, I'm afraid of making my friends uncomfortable. I mean in the end, I always feel at fault (W., 26 yo).

### *Avoidance coping*

Feelings of embarrassment, burden, and discomfort arising from non-affirmation and social invalidation can result in various avoidance mechanisms. This illustrates how distal stressors influence the internalization of negative emotions and the adoption of avoidant behaviors representing proximal stressors, as discussed by H. (24 years old): "I avoid using the locker room mainly for fear that my presence and body might cause...ehm... discomfort or harassment for others". It is remarkable how frequently the theme of abandonment of sports activities and avoidance of gym locker rooms and public bathrooms arises (Greedy, 2023; Lerner, 2021):

I would love to start playing rugby again, however, I'm always a little bit in a crisis because I don't know where to play, with whom, and where to change. Also because I don't want to clash with cis men [laughs], however, I would also feel uncomfortable being in a women's team. So, in a way, it seems like I might not end up playing at all (F., 35 yo)

Some participants recount refraining from cleaning and changing after physical activities, as well as holding back essential physiological needs for extended periods:

I never used a locker room, like even when I work out, I just keep my sweaty clothes on instead of changing. Many times, I avoid going into bathrooms; I'd rather hold it in. And I skip out on a lot of activities I might enjoy because of this [gendered] divide (B., 22 yo).

At times, avoidance coping is accompanied by strategies that participants perceive as potential solutions to structural obstacles. For example, it is a common experience among participants to use public toilets by having friends accompany them or by using the toilets for people with disabilities:

I only go to the bathrooms accompanied by my friends [laughs] or, recently, I've been using the disabled bathroom. Then I feel guilty because I think I wouldn't have the right to use it, but I don't know what else to do. (H., 24 yo)

### *Negative expectations and vigilance*

Consistent with previous studies, many participants report fear, anxiety, and worry about interacting with others and navigating public and gendered places. Nonbinary people are particularly at risk of experiencing negative expectations due to social invalidation and experiences of scarce support from family and friends (Scandurra et al., 2021). Participants fear that embracing a nonconforming gender expression could lead them into dangerous or embarrassing situations of social intrusiveness and control (Levitt et al., 2023):

Most of the time I am afraid. I'm afraid of ending up in situations where people can't figure out my gender, and then they ask me 'Are you male or female?' or that, indeed, my voice betrays me, because my appearance suggests something else (P., 31 yo).

The fear of being attacked or harassed leads many to maintain a state of vigilance and exert environmental control (Bauerband et al., 2018). For some, the negative expectations and state of alertness become so pervasive that it affects their physical posture, as well as the way they relate to others:

I'd say I pretty much always feel anxious about public spaces and people in general. Then it depends on the circumstances of course. Until a while ago I was terrified of leaving the house. My way of traversing the space was as a hunchback, enclosed in myself, trying to dodge any possible danger (T., 30 yo).

Negative expectations are related to the anticipation of stigma, which has been found as a mechanism that severely interferes with social interactions (Hughto et al., 2015) determining psychological distress and chronic hypervigilance (Bockting et al., 2013; Rood et al., 2016).

### *Disclosure negotiation*

Participants' narratives reveal a daily process of navigating the disclosure of their gender identity. Negotiating disclosure may manifest through refraining from disclosing or clarifying one's gender identity to practicing selective coming out—that is, disclosing one's gender identity and/or using the chosen name and pronouns only when the context is perceived safe (Barbee & Schrock, 2019; Bower-Brown et al., 2023):

I didn't feel comfortable with the idea of coming out at the gym. I feel like it's an important thing to do, however, I didn't feel very safe... also because in some situations it's just me without supportive people by my side (Y., 29 yo).

Negotiating disclosure often becomes an automatic process, marked by a rapid assessment of the environment and a subsequent unconscious choice concerning “how much to be out” (Tan et al., 2020). This is particularly evident when participants recount exercising control over language, such as using non-gendered terminology and expressions to refer to themselves:

Let's say I use strategies to make myself feel good... in some situations, I try not to give myself feminine, maybe I make neutral sentence formulations, or I cut out the last vowel (U., 34 yo)

Occasionally, participants negotiate disclosure by adopting strategies aimed at reducing the risk of being read by others as nonconforming (Levitt et al., 2023), such as acting and dressing in ways that are interpreted as conforming with their assigned sex:

There are times when I'm tired, my defenses are low, so I dress low profile, you know? I would say 'cis' because it attracts little attention; I decide to dress this way, because at that moment, being unnoticed, is the thing that makes me most comfortable (B., 22 yo)

### ***Gender dysphoria***

Gender dysphoria emerges as closely related to social situations (Galupo et al., 2020; 2021). Participants recount negative feelings toward their gender or body as a result of interpersonal invalidation, non-affirmation, and microaggressions, confirming findings that body dysphoria is often triggered by situational and gendered expectations and becomes more

salient during the social negotiation of gender identity (Pulice-Farrow et al., 2019). Hence, it constitutes a stressor that originates at the structural-social level, subsequently manifesting on the individual level through intrusive thoughts and ruminations (Galupo et al., 2020). For example, C. (35 yo) shares: “Like most of the times that they identify me as a woman, sometimes it makes me angry, it makes me go in front of a mirror and think ‘what did they see as feminine in me today?’”. Binary genderization of public spaces encompassing settings like bathrooms, locker rooms, and store fitting rooms is also identified as a trigger for gender dysphoria:

The experience of fitting rooms in stores is one of the things that has always elevated gender dysphoria for me, the fact that you never know if someone is going to come up and say something to you because you are in the ‘wrong fitting room’ (Z., 28 yo)

Our findings confirm the insights established in prior research conducted within the trans community, which show a direct relationship between distal stressors (e.g., misgendering) and increased gender dysphoria, highlighting how this relationship goes on to impact people’s ability to traverse social contexts (Galupo et al., 2020). Indeed, some participants are strongly affected by gender dysphoria to the point of disrupting some aspects of their social functioning:

How is my relationship with public space? Well, it’s sort of a mess. Public space creates extreme levels of dysphoria in me. I always feel awkward and ashamed. I appear as if I’m just a shy, embarrassed person when I am not; instead, I am constantly distressed, as if I were always wearing a mask (M., 33 yo).

Some minimize social interactions to reduce the risk of experiencing harassment, invalidation, or misgendering: People can avoid conversations or eye contact with others, and at times, it may lead to experiencing a state of estrangement and alienation (Colizzi et al., 2015; Jones, 2018):

When I go through public space I feel quite lost. It's like I begin to dissociate. Maybe I'm on the bus, I'm starting to stare off into space, or I'm staring at stops, or I start writing or drawing something, but without really realizing it. I think it's more of a way to not interact with people, to prevent potential misgendering (A., 20 yo).

### **Conclusion**

The findings of this study demonstrate alignment with the construct of nonbinary minority stress (Matsuno et al., 2022), highlighting its relevance when navigating public and gendered spaces. It is important to emphasize that the results of this study are not generalizable, as they refer to a cohort of predominantly young, non-disabled, white European individuals.

Furthermore, protective factors that could potentially mediate the relationship with stressors and mitigate their impact were not explored in the current study. We encourage future research endeavors to validate the minority stress model proposed herein by extending its scope to individuals across diverse age groups, with varying disabilities, and representing diverse cultural backgrounds. Additionally, investigations into protective factors are warranted to provide a comprehensive understanding of minority stress experiences within the nonbinary population.

A direct link emerges between distal and proximal stressors (Galupo et al., 2020; Meyer, 2003; Testa et al., 2015). Proximal stressors, such as internalized invalidation and gender dysphoria, emerge as particularly significant factors in showing how distal stressors, such as interpersonal invalidation, non-affirmation, and microaggressions, influence self-perception and sense of comfort with gender identity (McLemore, 2018; Puckett et al., 2023).

Coherently with previous research, participants' narratives vividly illustrate how invalidating interactions contribute to feelings of identity invalidation and discomfort with one's body (Kozee et al., 2012; Galupo et al., 2020; McLemore, 2015), often leading to the adoption of avoidance behaviors in anticipation of negative situations. Proximal stressors represent the

internalization of direct and indirect experiences of discrimination and victimization (Puckett et al., 2023).

Episodes of harassment and bullying manifest from childhood, aimed at punishing the transgression of cisnormativity that nonbinary people often embody through their gender expressions (Doan, 2010). Intrusiveness, control, non-affirmation, and social invalidation represent pervasive elements in the daily experiences of nonbinary individuals, contributing to the internalization of negative emotions referred to the self, including discomfort, shame, and a sense of social inadequacy (Johnson et al., 2020). The accounts provided by participants shed light on the inclination of nonbinary individuals to prioritize the comfort of others in social interactions, often managing their discomfort internally to prevent others from feeling uneasy in their presence.

Unconsciously, nonbinary people may feel less valued by others, thereby feeling less validated in expressing their needs. In addition, the persistent pattern of social invalidation and structural erasure, which fails to acknowledge the existence of nonbinary genders, leads nonbinary people to experience a paradox related to blending: the more they are recognized in their authentic gender, the more they run the risk of harassment; conversely, the less they are affirmed in their gender, the safer they are (Young, 2019). Although visibility for nonbinary people has positive effects, such as being affirmed and validated in one's gender, it also increases the risk of verbal and physical victimization (Ryan & Rivers, 2003).

It is evident from the participants' accounts that experiences of gender dysphoria and internalized invalidation are caused and reinforced by turning off social interactions and not by intrinsic malaise unrelated to the context (Galupo et al., 2020; 2021). The sense of social discomfort and inadequacy may result in avoidance of gendered places and activities (e.g., bathrooms, fitting rooms, sports activities). In more severe cases, individuals may even refrain from leaving their homes or encounter alienation when they attempt to do so (Jones,

2018). It is possible to hypothesize that nonbinary erasure and ongoing, daily experiences of interpersonal invalidation impact nonbinary people's mental health at various levels (Parr et al., 2019), up to the occurrence of defense mechanisms to face state of anxiety, such as estrangement and alienation.

The phenomenon of gendered places exerts its influence across all genders, leading to the development of spaces traditionally perceived as masculine (public spaces such as streets and squares) and feminine (private spaces like homes). The binary system of gender norms associated with public space creates distinct categories of space that legitimize distinct possibilities of activities and existences, failing to create safe environments for both women (Bastomski & Smith, 2017) and people who transgress gender norms (Doan, 2010).

### **Implications for Practice**

This study has several potential practical implications. First, it highlights the need for structural changes to enhance the accessibility of public spaces for individuals with nonbinary gender identities. In practical terms, public restrooms, store fitting rooms, and sports locker rooms should always include a "gender-free" option, enabling individuals of any gender to move through spaces not heavily tied to traditional categories of man or woman. In addition, public facilities, stores, and educational institutions should train their staff to avoid incidents of harassment, discrimination, or invalidation against nonbinary people (Baiocco et al., 2023). Staff members should be sensitized to the nuances of respectful interactions, including but not limited to the correct use of names and pronouns, refraining from making assumptions about an individual's gender identity based on their gender expression, and ensuring affirmative language and behavior.

From a clinical perspective, this study serves to raise awareness among mental health experts to understand the psychological burden that binary spaces have on non-binary people and the potential negative effects on mental health. Mental health experts may, in fact,

underestimate these aspects, perceiving them as inconsequential. Such a perspective not only risks invalidating individuals and their lived experiences, creating the condition for secondary victimization, but also hinders mental health experts from gaining a more profound insight into the individual and the profound influence that diverse social contexts may exert upon their lives.

Finally, the interview protocol of this study can be used in the context of psychological counseling, especially for conducting initial assessments and gaining a comprehensive understanding of the life stories of nonbinary clients (*blinded for peer review*). Many participants expressed their profound appreciation for the accuracy and relevance of the questions posed during the interview. Through affirming language, the interview protocol covers various aspects of life, providing clinicians with a comprehensive view of the person, including gender identity development, coming out experiences, emotional relationships, sexuality, management of stigma, and resilience factors. This approach enables clinicians to offer culturally competent and affirming treatment (Pezzella et al., 2023), allowing individuals to explore their unique experiences and identities openly.

### **Strengths and limitations**

One notable strength of this study consists in the recruitment, specifically focusing on nonbinary individuals, without asking to identify as trans to take part in the study. This approach has allowed us to capture the specific instances of the nonbinary population that, generally, are mixed within the broader trans population. Furthermore, we believe that a strength of the study lies in the researchers' positionalities. The fact that nonbinary and queer people led the team allowed greater access to the target population and established a supportive environment where participants felt comfortable sharing various aspects of their lives in greater detail. Lastly, it's important to highlight that this study identified new and unique dimensions of nonbinary minority stress related to public and gendered places, such as

intrusiveness and social control, disclosure negotiation, gender dysphoria, and internalized invalidation.

Concerning the limitations of this study, several points should be acknowledged. First, it is important to point out an imbalance in the participant group, with a predominant representation of White and Italian, mostly middle-class people. This implies a lack of attention to intersectionality and, consequently, an underrepresentation of nonbinary poor, disabled, and/or racialized people, who may have complex and significantly different experiences compared to those who incorporate more privilege. Again, unlike the original minority stress model (Meyer 2003; 2015; Testa et al., 2015) this study did not investigate protective factors that might elicit aspects of resilience, empowerment, and/or posttraumatic growth (Jones et al., 2022). Investigating these protective factors is crucial for a more comprehensive understanding of the experiences of nonbinary individuals in the context of minority stress.

To conclude, given the qualitative nature of this study, specific findings should be interpreted as inferences and would benefit from validation through quantitative or mixed methods research. Future research should further investigate the relationship between everyday stressors like social invalidation and experiences of gender dysphoria and alienation, verifying the relationship between such dimensions. Further research is needed to build upon the limited existing studies regarding blending among nonbinary individuals.

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The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this article

## References

- Ansara, Y. G., & Berger, I. (2016). *Cisgenderism. The Wiley Blackwell encyclopedia of gender and sexuality studies*. 1–3.
- Anzani, A., Morris, E. R., & Galupo, M. P. (2019). From absence of microaggressions to seeing authentic gender: Transgender clients' experiences with microaffirmations in therapy. *Journal of LGBT Issues in Counseling, 13*(4), 258–275.  
<https://doi.org/10.1080/15538605.2019.1662359>
- Anzani, A., Rucco, D., Lorusso, M. M., & Prunas, A. (2022). Identity values of chosen names in transgender and non-binary youth: A qualitative investigation. *LGBTQ+ Family: An Interdisciplinary Journal, 1*–18. <https://doi.org/10.1080/27703371.2022.2149656>
- Aparicio-Garcia, M. E., Díaz-Ramiro, E. M., Rubio-Valdehita, S., López- Núñez, M. I., & García-Nieto, I. (2018). Health and well-being of cisgender, transgender and nonbinary young people. *International Journal of Environmental Research and Public Health, 15*(10), 2133. <https://doi.org/10.3390/ijerph15102133>
- Baiocco, R., & Pistella, J. (2019). “Be as you are” clinical research center at the Sapienza university of Rome. *Journal of Gay & Lesbian Mental Health, 23*(4), 376–379.  
<https://doi.org/10.1080/19359705.2019.1644572>
- Baiocco, R., Rosati, F., & Pistella, J. (2023). Italian proposal for non-binary and inclusive language: The schwa as a non-gender-specific ending. *Journal of Gay & Lesbian Mental Health, 248*–253. <https://doi.org/10.1080/19359705.2023.2183537>
- Barbee, H., & Schrock, D. (2019). Un/gendering social selves: How nonbinary people navigate and experience a binarily gendered world. *Sociological Forum (Randolph, N.J.), 34*(3), 572–593. <https://doi.org/10.1111/socf.12517>

- Barr, S. M., Snyder, K. E., Adelson, J. L., & Budge, S. L. (2022). Posttraumatic stress in the trans community: The roles of anti-transgender bias, non-affirmation, and internalized transphobia. *Psychology of Sexual Orientation and Gender Diversity*, 9(4), 410–421. <https://doi.org/10.1037/sgd0000500>
- Bastomski, S., & Smith, P. (2017). Gender, fear, and public places: How negative encounters with strangers harm women. *Sex Roles*, 76, 73–88. <https://doi.org/10.1007/s11199-016-0654-6>
- Bauerband, L. A., Teti, M., & Velicer, W. F. (2019). Measuring minority stress: invariance of a discrimination and vigilance scale across transgender and cisgender LGBQ individuals. *Psychology and Sexuality*, 10(1), 17–30. <https://doi.org/10.1080/19419899.2018.1520143>
- Billard, T. J. (2019). “Passing” and the politics of deception: Transgender bodies, cisgender aesthetics, and the policing of inconspicuous marginal identities. In T. Docan-Morgan (Ed.), *The Palgrave handbook of deceptive communication* (pp. 463–477). Springer International Publishing. [https://doi.org/10.1007/978-3-319-96334-1\\_24](https://doi.org/10.1007/978-3-319-96334-1_24)
- Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health*, 103(5), 943–951. <https://doi.org/10.2105/ajph.2013.301241>
- Bower-Brown, S., Zadeh, S., & Jadv, V. (2023). Binary-trans, non-binary and gender-questioning adolescents’ experiences in UK schools. *Journal of LGBT Youth*, 20(1), 74–92. <https://doi.org/10.1080/19361653.2021.1873215>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>

Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis.

*Qualitative Psychology (Washington, D.C.)*, 9(1), 3–26.

<https://doi.org/10.1037/qup0000196>

Chang, T. K., & Chung, Y. B. (2015). Transgender microaggressions: Complexity of the heterogeneity of transgender identities. *Journal of LGBT Issues in Counseling*, 9(3), 217–

234. <https://doi.org/10.1080/15538605.2015.1068146>

Clark, B. A., Veale, J. F., Townsend, M., Frohard-Dourlent, H., & Saewyc, E. (2018).

Nonbinary youth: Access to gender-affirming primary health care. *International Journal of Transgenderism*, 19(2), 158–169. <https://doi.org/10.1080/15532739.2017.1394954>

Colizzi, M., Costa, R., & Todarello, O. (2015). Dissociative symptoms in individuals with gender dysphoria: Is the elevated prevalence real? *Psychiatry Research*, 226(1), 173–180.

<https://doi.org/10.1016/j.psychres.2014.12.045>

Doan, P. L. (2010). The tyranny of gendered spaces-reflections from beyond the gender dichotomy. *Gender, Place & Culture*, 17(5), 635–654.

<https://doi.org/10.1080/0966369x.2010.503121>

Doan, P. L. (2010). The tyranny of gendered spaces-reflections from beyond the gender dichotomy. *Gender, Place & Culture*, 17(5), 635–654.

<https://doi.org/10.1080/0966369X.2010.503121>

Dürbaum, T., & Sattler, F. A. (2020). Minority stress and mental health in lesbian, gay male, and bisexual youths: A meta-analysis. *Journal of LGBT Youth*, 17(3), 298–314.

<https://doi.org/10.1080/19361653.2019.1586615>

- Flynn, S., & Smith, N. G. (2021). Interactions between blending and identity concealment: Effects on non-binary people's distress and experiences of victimization. *PloS One*, *16*(3), e0248970. <https://doi.org/10.1371/journal.pone.0248970>
- Frost, D. M., & Meyer, I. H. (2023). Minority stress theory: Application, critique, and continued relevance. *Current opinion in psychology*, *51*, 101579. <https://doi.org/10.1016/j.copsyc.2023.101579>
- Galupo, M. P., Pulice-Farrow, L., & Lindley, L. (2020). "Every time I get gendered male, I feel a pain in my chest": Understanding the social context for gender dysphoria. *Stigma and Health*, *5*(2), 199–208. <https://doi.org/10.1037/sah0000189>
- Galupo, M. P., Pulice-Farrow, L., & Pehl, E. (2021). "There Is Nothing to Do About It": Nonbinary Individuals' Experience of Gender Dysphoria. *Transgender Health*, *6*(2), 101–110. <https://doi.org/10.1089/trgh.2020.0041>
- Greey, A. D. (2023). "It's just safer when I don't go there": Trans people's locker room membership and participation in physical activity. *Journal of Homosexuality*, *70*(8), 1609–1631. <https://doi.org/10.1080/00918369.2022.2038968>
- Guy, A. A., Yoder, W., Manser, K., Ramos, S. D., & Du Bois, S. N. (2020). Comparing the health of transgender women, transgender men, and gender non-conforming individuals using population-level data. *Annals of LGBTQ Public and Population Health*, *1*(1), 43–62. <https://doi.org/10.1891/LGBTQ.2019-0002>
- Harrison, J., Grant, J., & Herman, J. L. (2012). A gender not listed here: Genderqueers, gender rebels, and otherwise in the National Transgender Discrimination Survey. *LGBTQ Public Policy Journal at the Harvard Kennedy School*, *2*(1), 13–24.

Hegarty, P., Ansara, Y. G., & Barker, M.-J. (2018). Nonbinary gender identities. In N. K.

Dess, J. Marecek, & L. C. Bell (Eds.), *Gender, sex, and sexualities: Psychological perspectives* (pp. 53–76). Oxford University Press.

Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Professional Psychology: Research and Practice, 43*(5), 460–467.

<https://doi.org/10.1037/a0029597>

Hughto, J. M., Reisner, S. L., & Pachankis, J. E. (2015). Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Social Science & Medicine (1982), 147*, 222–231. <https://doi.org/10.1016/j.socscimed.2015.11.010>

Jacobsen, K., Davis, C. E., Burchell, D., Rutherford, L., Lachowsky, N., Bauer, G., & Scheim, A. (2023). Misgendering and the health and wellbeing of nonbinary people in Canada. *International Journal of Transgender Health*. Advance online publication <https://doi.org/10.1080/26895269.2023.2278064>

Johnson, A. H. (2016). Transnormativity: A new concept and its validation through documentary film about transgender men. *Sociological Inquiry, 86*(4), 465–491. <https://doi.org/10.1111/soin.12127>

Johnson, K. C., LeBlanc, A. J., Dearnorff, J., & Bockting, W. O. (2020). Invalidation experiences among nonbinary adolescents. *Journal of Sex Research, 57*(2), 222–233. <https://doi.org/10.1080/00224499.2019.1608422>

Jones, A. K., Wehner, C. L., Andrade, I. M., Jones, E. M., Wooten, L. H., & Wilson, L. C. (2022). Minority stress and posttraumatic growth in the transgender and nonbinary community. *Psychology of Sexual Orientation and Gender Diversity*. <https://doi.org/10.1037/sgd0000610>

- Jones, Z. 2018. “Depersonalization in Gender Dysphoria: Widespread and Widely Unrecognized.” *Medium*. <https://zinniajones.medium.com/depersonalization-in-gender-dysphoria%02widespreadand-widely-unrecognized-baaac395bcb0>
- Kidd, J. D., Jackman, K. B., Barucco, R., Dworkin, J. D., Dolezal, C., Navalta, T. V., Belloir, J., & Bockting, W. O. (2021). Understanding the impact of the covid-19 pandemic on the mental health of transgender and gender nonbinary individuals engaged in a longitudinal cohort study. *Journal of Homosexuality*, 68(4), 592–611.  
<https://doi.org/10.1080/00918369.2020.1868185>
- Kozee, H. B., Tylka, T. L., & Bauerband, L. A. (2012). Measuring transgender individuals’ comfort with gender identity and appearance: Development and validation of the Transgender Congruence scale. *Psychology of Women Quarterly*, 36(2), 179–196.  
<https://doi.org/10.1177/0361684312442161>
- 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.  
<https://doi.org/10.1037/cou0000339>
- Lerner, J. E. (2021). Having to “hold it”: Factors that influence the avoidance of using public bathrooms among transgender people. *Health & Social Work*, 46(4), 260–267.  
<https://doi.org/10.1093/hsw/hlab027>
- Levitt, H. M., Kehoe, K. A., & Hand, A. B. (2023). Beyond minority stress: Toward a multidimensional psychology of trans/nonbinary gender. *Current Opinion in Psychology*, 49(101515), 101515. <https://doi.org/10.1016/j.copsyc.2022.101515>

- Lindley, L., & Galupo, M. P. (2020). Gender dysphoria and minority stress: Support for inclusion of gender dysphoria as a proximal stressor. *Psychology of Sexual Orientation and Gender Diversity*, 7(3), 265–275. <https://doi.org/10.1037/sgd0000439>
- Lorusso M. M., Rosati F., Loopuijt C., Pistella J., Baiocco R., Albanesi C. (2024). Navigating the Gap: Unveiling the Hidden Minority Stressors Faced by Trans and Nonbinary Clients in Gender Affirming Pathways. *International Journal of Transgender Health*. <https://doi.org/10.1080/26895269.2024.2335519>
- Matsuno, E., Bricker, N. L., Savarese, E., Mohr, R., & Balsam, K. F. (2022). The default is just going to be getting misgendered’: Minority stress experiences among nonbinary adults. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication. <https://doi.org/10.1037/sgd0000607>
- McGuire, J. K., Okrey Anderson, S., & Michaels, C. (2022). “I don’t think you belong in here:” The impact of gender segregated bathrooms on the safety, health, and equality of transgender people. *Journal of Gay & Lesbian Social Services*, 34(1), 40–62. <https://doi.org/10.1080/10538720.2021.1920539>
- McLemore, K. A. (2015). Experiences with misgendering: Identity misclassification of transgender spectrum individuals. *Self and Identity*, 14(1), 51–74. <https://doi.org/10.1080/15298868.2014.950691>
- McLemore, K. A. (2018). A minority stress perspective on transgender individuals’ experiences with misgendering. *Stigma and Health*, 3(1), 53–64. <https://doi.org/10.1037/sah0000070>
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36(1), 38–56. <https://doi.org/10.2307/2137286>

- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, *2*(3), 209–213. <https://doi.org/10.1037/sgd0000132>
- Mirabella, M., Piras, I., Fortunato, A., Fisher, A. D., Lingiardi, V., Mosconi, M., Ristori, J., Speranza, A. M., & Giovanardi, G. (2022). Gender identity and non-binary presentations in adolescents attending two specialized services in Italy. *The Journal of Sexual Medicine*, *19*(6), 1035–1048. <https://doi.org/10.1016/j.jsxm.2022.03.215>
- Morris, E. R., Lindley, L., & Galupo, M. P. (2020). Better issues to focus on”: Transgender Microaggressions as Ethical Violations in Therapy. *The Counseling Psychologist*, *48*(6), 883–915. <https://doi.org/10.1177/0011000020924391>
- National Center for Institutional Diversity (2019). *Not Another Gender Binary: A Call For Complexity Over Cis-Readability*. Retrieved September 12, 2023 from <https://medium.com/national-center-for-institutional-diversity/>
- Parr, N. J., & Howe, B. G. (2019). Heterogeneity of transgender identity nonaffirmation microaggressions and their association with depression symptoms and suicidality among transgender persons. *Psychology of Sexual Orientation and Gender Diversity*, *6*(4), 461–474. <https://doi.org/10.1037/sgd0000347>
- Pezzella, A., Pistella, J., Baiocco, R., Kouta, C., Rocamora-Perez, P., Nielsen, D., & Papadopoulou. (2023). IENE 9 project: Developing a culturally competent and compassionate LGBT+ curriculum in health and social care education. *Journal of Gay & Lesbian Mental Health*, *27*(2), 118–124. <https://doi.org/10.1080/19359705.2021.2012733>

Poquiz, J. L., Coyne, C. A., Garofalo, R., & Chen, D. (2021). Comparison of gender minority stress and resilience among transmasculine, transfeminine, and nonbinary adolescents and young adults. *The Journal of Adolescent Health, 68*(3), 615–618.

<https://doi.org/10.1016/j.jadohealth.2020.06.014>

Puckett, J. A., Aboussouan, A. B., Ralston, A. L., Mustanski, B., & Newcomb, M. E. (2023). Systems of cissexism and the daily production of stress for transgender and gender diverse people. *International Journal of Transgender Health, 24*(1), 113–126.

<https://doi.org/10.1080/26895269.2021.1937437>

Reineck, K. (2017). Running from the gender police: Reconceptualizing gender to ensure protection for non-binary people. *Michigan Journal of Gender & Law, 24.2*, 265.

<https://doi.org/10.36641/mjgl.24.2.running>

Reisner, S. L., & Hughto, J. M. W. (2019). Comparing the health of nonbinary and binary transgender adults in a statewide non-probability sample. *PLoS ONE, 14*(8), e0221583.

<https://doi.org/10.1371/journal.pone.0221583>

Richards, C., Bouman, W. P., Seal, L., Barker, M. J., Nieder, T. O., & T'Sjoen, G. (2016). Non-binary or genderqueer genders. *International Review of Psychiatry (Abingdon, England), 28*(1), 95–102. <https://doi.org/10.3109/09540261.2015.1106446>

Rimes, K. A., Goodship, N., Ussher, G., Baker, D., & West, E. (2017). Nonbinary and binary transgender youth: Comparison of mental health, self-harm, suicidality, substance use and victimization experiences. *International Journal of Transgenderism, 20*(2–3), 230–240.

<https://doi.org/10.1080/15532739.2017.1370627>

Rood, B. A., Reisner, S. L., Surace, F. I., Puckett, J. A., Maroney, M. R., & Pantalone, D. W. (2016). Expecting rejection: Understanding the minority stress experiences of transgender

and gender-nonconforming individuals. *Transgender Health*, 1(1), 151–164.

<https://doi.org/10.1089/trgh.2016.0012>

Rosati, F., Lorusso, M. M., Pistella, J., Giovanardi, G., Di Giannantonio, B., Mirabella, M., Williams, R., Lingiardi, V., & Baiocco, R. (2022). Non-binary clients' experiences of psychotherapy: Uncomfortable and affirmative approaches. *International Journal of Environmental Research and Public Health*, 19(22), 15339.

<https://doi.org/10.3390/ijerph192215339>

Ryan, C., & Rivers, I. (2003). Lesbian, gay, bisexual and transgender youth: Victimization and its correlates in the USA and UK. *Culture, Health & Sexuality*, 5(2), 103–119.

Scandurra, C., Carbone, A., Baiocco, R., Mezzalana, S., Maldonato, N. M., & Bochicchio, V. (2021). Gender identity milestones, minority stress and mental health in three generational cohorts of Italian binary and nonbinary transgender people. *International Journal of Environmental Research and Public Health*, 18(17), 9057.

<https://doi.org/10.3390/ijerph18179057>

Scandurra, C., Mezza, F., Maldonato, N. M., Bottone, M., Bochicchio, V., Valerio, P., & Vitelli, R. (2019). Health of non-binary and genderqueer people: A systematic review. *Frontiers in Psychology*, 10, 1453. <https://doi.org/10.3389/fpsyg.2019.01453>

Sharrow, E. A. (2021). Sports, transgender rights and the bodily politics of cisgender supremacy. *Laws*, 10(3), 63. <https://doi.org/10.3390/laws10030063>

Spack, N. P., Edwards-Leeper, L., Feldman, H. A., Leibowitz, S., Mandel, F., Diamond, D. A., & Vance, S. R. (2012). Children and adolescents with gender identity disorder referred to a pediatric medical center. *Pediatrics*, 129(3), 418–425.

<https://doi.org/10.1542/peds.2011-0907>

- Spiel, K. (2021). “Why are they all obsessed with Gender?” (Non)binary Navigations through Technological Infrastructures. In *Designing Interactive Systems Conference 2021* (pp. 478-494). <https://doi.org/10.1145/3461778.3462033>
- Stanton, A. M., Batchelder, A. W., Kirakosian, N., Scholl, J., King, D., Grasso, C., Potter, J., Mayer, K. H., & O’Cleirigh, C. (2021). Differences in mental health symptom severity and care engagement among transgender and gender diverse individuals: Findings from a large community health center. *PLoS ONE*, *16*(1), e0245872. <https://doi.org/10.1371/journal.pone.0245872>
- Sue, D. W., & Capodilupo, C. M. (2007). Racial, gender and sexual orientation microaggressions: Implications for counseling and psychotherapy. In D. W. Sue & D. Sue (Eds.), *Counseling the Culturally Diverse: Theory and Practice* (pp. 109–131). Wiley.
- Sulis, G., & Gheno, V. (2022). The debate on language and gender in Italy, from the visibility of women to inclusive language (1980s–2020s). *The Italianist*, *42*(1), 153–183. <https://doi.org/10.1080/02614340.2022.2125707>
- Tan, K. K. H., Treharne, G. J., Ellis, S. J., Schmidt, J. M., & Veale, J. F. (2020). Gender minority stress: A critical review. *Journal of Homosexuality*, *67*(10), 1471–1489. <https://doi.org/10.1080/00918369.2019.1591789>
- Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the gender minority stress and resilience measure. *Psychology of Sexual Orientation and Gender Diversity*, *2*(1), 65–77. <https://doi.org/10.1037/sgd0000081>
- Twist, J., & de Graaf, N. M. (2019). Gender diversity and non-binary presentations in young people attending the United Kingdom’s National Gender Identity Development Service. *Clinical Child Psychology and Psychiatry*, *24*(2), 277–290. <https://doi.org/10.1177/1359104518804311>

- Vidourek, R. A., King, K. A., & Merianos, A. L. (2016). School bullying and student trauma: Fear and avoidance associated with victimization. *Journal of Prevention & Intervention in the Community*, 44(2), 121–129. <https://doi.org/10.1080/10852352.2016.1132869>
- Warren, J. C., Smalley, K. B., & Barefoot, K. N. (2016). Psychological well-being among transgender and genderqueer individuals. *International Journal of Transgenderism*, 17(3–4), 114–123. <https://doi.org/10.1080/15532739.2016.1216344>
- Young, E. (2019). *They/them/their: A guide to nonbinary and genderqueer identities*. Jessica Kingsley.

Table 1. Participants' demographic characteristics.

Variable	N (%)
Education	
High School	18 (45%)
Bachelor	19 (47.5%)
Ph.D.	3 (7.5%)
Socioeconomic	
Low	6 (15%)
Average	32 (80%)
High	2 (5%)
Occupation	
Student	18 (45%)
Employed	14 (35%)
Student worker	3 (7.5%)
Unemployed	5 (12.5%)

Table 2. Nonbinary minority stress domains in public and gendered places

Type of stressor	Description
Distal stressors	
Bullying, harassment, and discrimination	Being excluded from sports activities because one's gender expression is not clear; being insulted, laughed at, and/or beaten for one's gender expression in street, stores, bathrooms
Social intrusiveness and control	Being persistently observed in public and gendered places because one's gender expression is not clear; being asked unwanted or invasive questions about one's gender; being chased by strangers who want to figure out one's gender identity; being turned away from public restrooms; being forced or asked to dress a certain way by family members, colleagues/boss, friends
Non-affirmation and invalidation	Feeling invisible and not affirmed in one's gender in social and institutional contexts; being called by a name (deadnaming) and pronoun (misgendering) that does not represent one's gender identity; being socially invalidated by other people who claim that nonbinary identities do not exist
Burden of powerlessness	Having to explain oneself constantly in order to be understood in one's gender identity; having to come out repeatedly before being affirmed in one's gender; having to remind people of one's name and pronoun(s); taking on the emotions of others, such as embarrassment and/or disease of cisgender people; feeling overwhelmed and resigned
Proximal stressors	
Internalized invalidation	Feeling socially inadequate and ashamed of one's gender identity; experiencing confusion and intrusive thoughts (e.g., "I don't really know what I want; maybe I'm exaggerating; my gender identity doesn't exist; I'm making it up") because of non-affirmation and social invalidation
Avoidance coping	Avoiding social situations due to fear of discomfort with one's gender identity; avoiding gendered places such as locker rooms and public restrooms to the extent of neglecting basic physiological needs like washing and urinating; choosing to quit or not participate in a sport because there is no category that aligns with one's gender
Negative expectations and vigilance	Being alert and afraid of incurring negative experiences (harassment, non-affirmation, misgendering) and/or of facing scrutiny and social control; being afraid of disappointment from others for coming out
Disclosure negotiation	Refraining from disclosing or clarifying one's gender identity; practicing selective coming out (only in some contexts/with

Gender dysphoria	selected people); exercising language control (e.g., employing extended expressions to avoid explicit gender references and/or using right pronouns only in some contexts/with selected people); adopting strategies to not be read as nonconforming (e.g., dressing and behaving in a way that can be perceived as conforming to one's assigned sex) Feeling uncomfortable with one's body and/or gender expression; experiencing estrangement and alienation as a result of social intrusiveness, invalidation, and non-affirmation
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