



Master of Social Work (MSW) Thesis Defence
Tuesday, August 25, 2026, 2:00-4:00pm, BMH 108

MSW Candidate: **Carmen Adria Jean Matheson** (School of Social Work)

Thesis Title: *“Transing” Healthcare: A Qualitative Critical Analysis of New Brunswick Transgender and Non-Binary Healthcare Experiences in Contemporary Social Life: Implications for Social Work, Social Justice, and Human Rights, Theory, Practice, and Praxis*

Examination Committee:

Thesis Supervisor: Dr. Arielle Dylan, Social Work

Reader: Prof. Valerya Edelman, Social Work

Committee Chair: Dr. Carey Watt, Associate Vice-President (Research)

Thesis Abstract: Transgender and non-binary people experience significant barriers to healthcare access and discrimination within the healthcare system (Cicero et al., 2019; Ogarrio et al., 2025; Reisner et al., 2016; Scheim, 2026; Winter et al., 2009), yet no study to date has examined the lived healthcare experiences of transgender and non-binary adults in New Brunswick specifically. This qualitative study addresses that gap by exploring how transphobia, cisgenderism, and structural barriers operate within a regional healthcare context. Using a critical-interpretivist-constructionist epistemology, a critical realist ontology, and a theoretical framework drawing on late/liquid modern theory (Bauman, 2000; Giddens, 1991), queer theory (Argüello, 2016; Rifkin, 2025), intersex theory (Orr, 2022), transfeminist theory (Koyama, 2003), and intersectionality theory (Crenshaw, 1991, 2016, 2018) this thesis explicates findings from semi-structured, qualitative interviews with 16 transgender and non-binary people (aged 19+) living in New Brunswick. Data were analyzed using reflexive thematic analysis (Braun & Clarke, 2006, 2019, 2022, 2023).

Two overarching themes were generated: cisgenderism and allyship. Cisgenderism encompassed institutional, interpersonal, and embodied dimensions of marginalization within healthcare systems, including administrative violence (Spade, 2011/2015), cisgenderist assimilation and delegitimization, reproductive control, voyeuristic medical curiosity, practitioner ignorance, DIY hormone therapy as a marker of systemic failure, and the anticipatory effects of the contemporary anti-transgender moral panic. Allyship captured the sources of care, community, and joy participants navigated alongside these barriers, including instances of affirming practitioner care, the transgender and non-binary community functioning as de facto healthcare infrastructure, and trans joy and flourishing. These findings illuminate both the structural and administrative violence transgender and non-binary people encounter in New Brunswick healthcare and the forms of resistance and joy that emerge in response. The thesis concludes with recommendations for social work practice, education, and training, and a proposal for a centralized, multidisciplinary, informed-consent gender-affirming healthcare clinic, intended to inform policy, advocacy, and the pursuit of transgender liberation in New Brunswick and beyond.