A Psychotherapeutic Exploration of Children and Adolescents presenting as Transgender

By

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Abstract

The aim of the research was to carry out a psychotherapeutic exploration of the issues brought to therapy by young transgender clients. In doing so, this qualitative study explores the experience of the psychotherapists that work with these clients and the impact of the issues brought. Four semi-structured interviews were carried out with psychotherapists who work with this cohort of clients. The issues brought to therapy by young transgender clients centre on fitting in, belonging and support. These issues are similar for any other clients attending therapy, however they are magnified by the transgender issue and accompanied by other challenging concerns these clients experience as a result of their gender non conformity. The work with these clients is challenging however the participants of this research were slow to recognise the challenges in the work. The difficulties emerged as the participants expressed the rewarding aspects of the work.

This current research explored the dynamic of the therapeutic relationship, the transference and countertransference and the journey of the therapist from saviour to enemy. It highlighted an element of advocacy in the psychotherapeutic work with these clients and how the therapists are motivated to contribute to fight against the struggles and injustices experienced by their clients.
Chapter 1: Introduction.

Transgender is defined as ‘describing a person whose gender identity differs from the sex assigned to that person at birth’ (Borden, 2015, p. 1). In the Irish context and with the passing into law of Gender Recognition Act the need for research and training in this area is more apparent and relevant than ever before. The likelihood of working with a transgender client is greater now more than ever and continues to be so. It is impossible to determine the percentage of the population which is LGBT, but estimates puts the range from 5% and 10% of a population. BeLonGTo uses the figure of 7.5%. Figures for a percentage of those who identify as transgender in the general population are limited, however The Gender Trust estimates it could be around 1 in 4,000.

According to the Irish state, transgender children under the age of sixteen do not exist as they are not recognised under the Gender Recognition Act 2015. Irish adolescents aged 16 and 17 years of age are entitled to apply for gender recognition, but must satisfy a number of protective criteria in order to do so. The Bill afforded the right to those over the age of 18 years to self-determination. The requirements for recognition include medical consent, parental consent and a court order proving that recognition is not contrary to a child’s best interests. As a result transgender youth are met with social and legal structures that do not recognise their preferred gender identity.

Speaking from the Margins (2013) a report based on the largest study of transgender mental health and wellbeing in Ireland highlighted that transgender individuals experience high levels of discrimination and stigmatisation which has a significantly negative impact on their lives and mental health. Isolation, family non acceptance, and marginalisation at home, school and work causes stress, anxiety and depression resulting in negative mental health (Speaking from the Margins, 2013). The report found that transgender individuals are at much higher risk of negative mental health, self-harm and suicide than other members of society. Almost half of the respondents of the survey reported having self-harmed at least once and nearly 80% had considered suicide with 40% of those having made at least one attempt.

This current research is relevant as there is a critical lack of support available for Transgender youth in Ireland. Speaking from the Margins (2015) found that 82% of participants had sought help for their feelings around being Trans with one third of those doing so between the ages of eleven and twenty. This highlights the need
for awareness of the issues and difficulties young transgender people encounter and experience in coming out and accessing supports. The report also found that 26% of those who had accessed mental health services were discouraged from exploring their gender identity and 9% had been belittled and ridiculed. 19% were told that they weren’t actually transgender.

This issue is very relevant to psychotherapy as according to the American Psychological Association 75% of transgender individuals go to therapy compared to 3.18% of the general population ‘indicating that transgender clients use therapy at 25 times the rate of the general population (Budge, 2013, p. 356). While this figure represents the American experience, there is evidence to suggest that there is an increasing demand for psychotherapy for transgender individuals in Ireland too. Professor Donal O’Shea, an endocrinologist at St Columcille’s Hospital, in Loughlinstown, South Co. Dublin, which provides hormonal therapies for transgender people said that “In 2002 the average age at which people came from treatment was 34. Now it’s 23 and continuing to fall l… I see people from the age of 16”. (‘Ireland’s transgender children’, n.d.). These figures suggest that this demographic are needing, wanting and seeking help.

**Aims and Objectives**

The purpose of the research was to explore from a psychotherapeutic viewpoint the issues children and adolescents bring to psychotherapy when presenting as Transgender with a view to exploring and understanding the experience of the psychotherapists working in this area. The research will provide a deeper and greater understanding of the young transgender perspective, how they view the world and how they view themselves within it, what is at the core of their feelings as being transgender and what they need the most support and understanding around. Essentially the aim of the research is to carry out an exploration of the issues raised in psychotherapy by transgender children and adolescents to gain a deeper understanding of their experience. Through this, the researcher aims to gain an understanding of and to explore the experiences of the psychotherapists working with these clients and the difficult issues they face. The research aims to explore how the work effects and impacts upon the therapist and understand their experiences.

This study also aims to highlight any areas that may require further research which may be of benefit to psychotherapists, trainee psychotherapists and other professionals working in providing support for young transgender individuals. There is minimal research on psychotherapy with transgender children and adolescents in Ireland. Additionally, there is minimal research on the therapist’s experience of working with young transgender clients. This study aims to contribute to this gap in the literature. The purpose of this study is to
explore the therapist’s experiences of the therapeutic work and the therapeutic alliance with young transgender clients.

The following outlines the key objectives of this current research

- To carry out a comprehensive review of existing and current literature relevant to the research topic
- To explore the issues brought to therapy by children and adolescents presenting as transgender
- To explore the experiences of the psychotherapists working with young transgender clients
- To gain an understanding of how it is for the psychotherapists working with young transgender clients and how the work impacts on them.
- To identify areas of further research.


Chapter 2: Literature Review.

2.1 Theoretical Frameworks.

There have been a number of theorists over the years that have examined transgender or gender deviance. Traditional psychoanalytic theory views the development of gender dysphoria to be a consequence of disturbed development related to problems in managing drives and early developmental phantasies (Winograd, 2014). Freud saw transgender as a psychopathology and as an unconscious denial of homosexuality. On the other hand Jung differed from Freud as he did not psychopathologise the transgender experience. As a result, the Jungian theory of individuation works well with transgender individuals as it is not set in a cultural or societal framework, but focuses more on the individual experience and on the exploration of self. Psychodynamic theory and Winnicott’s true and false self can also be useful in providing a framework for working with transgender experience. Kohut’s theory on mirroring and the consequences of faulty mirroring also provides a framework in understanding the developmental experience of the transgender individual and how they have developed in relation to themselves, their environment, and in relation to others. Kohlberg (1966) developed a theory of gender constancy which argues that children develop their gender identity before the age of 5 years. While his theory was not developed with transgender children in mind, it can be used as a helpful tool and framework in looking at the developmental stages of gender identity, providing a better understanding of the experience of the transgender child.

2.2 Issues brought to Therapy.

Research has shown that a high majority of transgender individuals attend psychotherapy to work through issues they experience on their gender journey. For this reason there is a clear need for psychotherapists to be educated and equipped to deal with the issues that may arise when transgender individuals present to therapy. According to Rachlin (2002) the psychotherapist, when in treatment with a transgender individual, has a multidimensional and complex role. In her research Stephanie Budge (2013) highlights the most common reasons why transgender clients seek psychotherapy, namely, personal growth and help with the gender transition. From her experience she has found that in the first instance, clients come seeking help and support in improving their personal relationships with others or with themselves. The second reason highlighted is specific to the transgender experience as they navigate the transition process and the accompanying issues whether it be
help and support prior to or post medical treatment. In addition Budge (2013) states that substantial support is also required during the coming out process, as fears and actual experiences of rejection are often primary concerns processed in therapy in addition to the high level of discrimination and rejection experienced as they make the transition to becoming their authentic selves. Additional support is required as transgender individuals continue to experience discrimination and rejection just for being true and genuine to who they are. Budge (2013) argues that the types of interpersonal deficits that arise from hiding ones true self for fear of societal rejection do not come from pathology. In order to help correct the years of internalised and experienced rejection and discrimination it is important for the psychotherapist to be able to relate to the client and be aware and informed of the issues occurring in the transgender community using appropriate language and pronouns together with attuned mirroring.

Psychotherapy can provide support for coping with external stressors, treat comorbid conditions, provide increased insight into personal history and motivations, facilitate exploration of the options for living with one’s gender identity and enhance decision-making regarding gender transition options (‘Transgender Individual’s Experiences of Psychotherapy’, n.d.). This highlights the importance of the role of the psychotherapist in the lives of the transgender client. Lin Fraser (2009), with reference to her 37 years of clinical experience in treatment of transgender individuals, states that the issues which emerge in psychotherapy with transgender clients, like with all people, are about the self and self in relation to the other and negotiating inner identity with outer reality. This provides a picture of what is at the essence of the struggle for clients presenting as transgender. While Fraser’s experience and research related to adults, the same can be said for children and young adults. According to Fraser (2009) psychological issues relate to faulty mirroring during the early childhood years of identity construction, because the transgender self is often invisible to the outside world. This is further complicated or aggravated as transgender identity development involves a body and mind mismatch which is further affected by social stigma. For the transgender child who is receiving incorrect mirroring due to lack of knowledge and societal norms this can be an extremely difficult experience given the additional challenge of not having the adequate language or narrative to describe or communicate the feelings they are experiencing at their core. For adolescents these issues and struggles are accompanied with the onset of puberty and body issues which emerge at this stage of life.

According to Fraser (2009) many transgender clients report not knowing exactly but having a feeling from a very young age that there was something wrong in their attempts to identify with same-sex peers. Children with questions around their gender may present and do present to therapy as young as 3 years of age (Menvielle,
In highlighting his experience to date, Menvielle (2012) reports that parents of transgender or gender journeying children and adolescents are increasingly viewing gender variance as a personality attribute not to be interfered with. The issue of concern is the recognition by the parents that gender variance can illicit prejudice, hostility and injustice towards their children resulting in feelings of loss, distress and conversely a desire to normalise the experience socially and publically for their children. Familial support is required for parents of gender variant children as a result. According to Menvielle (2012) key to this is providing a space for open communication, exploration of shame in their own struggle and acknowledgement of their stress. Rogers’ (2004) core condition of acceptance highlights that for a child to fulfil their innate drive towards self-actualisation, they need to be able to express themselves freely. When a child feels securely attached they develop inner sense of control and regulation enabling them to soothe themselves in times of distress and to tolerate difficult feelings. (Gerhardt, 2004).

Research to date has highlighted that transgender individuals have been found to experience higher levels of suicidality, depression and anxiety. A pilot study carried out in the University of Montana, USA, on Group Psychotherapy for Transgender clients emphasised the extent of the issues that were highlighted throughout the course of the study. Heck, Croot and Robohm (2015) found that while the issues varied through the various stages of transition the common themes highlighted included fear of rejection, emotional and financial abandonment, desire to express their true identity, and a felt need to suppress emotions in order to protect relationships. Other dominant themes that arose over the course of the study (Heck et al. 2015) were perhaps more specific to the transgender experience centred around coming out and transitioning. These issues were concerned with personal safety, dressing, passing, discrimination, hate crimes, internalised transphobia and gender related insecurities, thus highlighting the need for psychotherapists to be trained adequately and to be up to date with the social and environmental issues that their clients experience on a daily basis. According to Heck, Croot, and Robohm’s (2001) study carried out by the Human Rights Watch of 900 gay, lesbian, bisexual and transgender youth found that nearly 50% had experienced harassment. 17.9% had experienced physical harassment, 47% had experienced verbal harassment and 45.7% felt unsafe as result of their gender expression (Bernal & Coolhart, 2012).

*The STAD: Stop Transphobia and Discrimination Report* (2014) report derived from the campaign set up to monitor and record hate incidents and crime experienced by transgender people in Ireland. Worldwide 238 murders of transgender and gender variant people were documented in twenty-six countries worldwide and this figure is believed to be significantly higher in reality. In 2013, TENI received 32 reports of transphobic crimes,
15 of which were categorised as hate crimes, including rape and assault. The STAD campaign was launched in February 2013, and reported 32 incidents of crime against transgender individuals between March 2013 and October 2013. Fifteen were categorised as hate crimes such as extreme physical violence, assault and damage to property. (STAD: Stop Transphobia and Discrimination Report, 2014).

Transgender clients experience multiple types of violence, including interpersonal, self-directed and collective violence which results in higher risk of developing psychiatric symptoms and emotional distress (Richmond, Burnes, & Carroll, 2012). In addition they experience insidious trauma resulting from ongoing oppression and discrimination which can include instances such as a doctor asking inappropriate questions, derogatory and transphobic discourse in public forums and being spoken to in a perpetual demeaning manner (Richmond et al. 2012). In combating this Richmond et al. (2012) emphasise the importance of psychotherapists asking transgender clients open questions regarding their exposure to such violence as it provides the space to work through the issues in an open and safe environment. In addition, using correct pronouns, supportive narrative and a transgender affirming clinical environment can help toward alleviating post-traumatic stress. (Richmond et al. 2012).

According to Brill and Pepper (2008) there are six development stages transgender children go through, each with their own psychological and emotional challenges. The first two stages relate to the emergence of a gender identity, while the third phase is a phase of gender awareness bodily and stereotypes. It is often in this stage that transgender children begin to express their gender identity as being different to their birth gender. It is in the fourth stage between the age of 4 and 6 years that behavioural and mental problems or issues may begin to emerge as the child’s awareness and exposure to external environments increases. The fifth stage, as the child begin to hit puberty, is when gender dysphoria can become stronger and feelings of anxiety and isolation increases and the child becomes more distressed. Accompanying the sixth stage according to Brill and Pepper (2008) is a risk of depression, suicidal thoughts and destructive behaviours. This is the time of puberty and hormonal changes which can exasperate the experiences to heightened levels which can lead to feelings of it all being too much to bear.

2.3 Supports Required.

The Disorder of Sexual Development- Gender Management Service (DSD-GeMS) in the USA developed to assist the needs of youth experiencing Disorders of Sexual Development and gender variant youths. Studies carried out have found that the issues presented in psychotherapy are far reaching and varied. Depending on
the developmental stage and the age of the child the emotional supports and requirements can vary. The service provides assistance in helping young children and adolescents clarify their gender identity, families in navigating the issues they may face in the future and how to deal with making the transition socially. According to Tishelman et al. (2015) children often experience anxiety and depression, secondary to social and familial difficulties resulting from their gender questioning or non-conformity and a mental health professional with relevant expertise can provide significant help and support.

Speaking from the Margins (2013), the largest study of transgender mental health and wellbeing in Ireland, identified that there is a critical need for greater education and awareness of transgender experiences. Significantly high rates of mental health issues were reported by the participants of the survey: 83% reported experiencing stress, 82% reported experiencing depression and 73% reported experiencing anxiety. Despite these alarmingly high rates, avoidance of mental health services was reported because of previously negative experiences. 37% of participants had their gender identity treated as a symptom of mental health rather than as a genuine identity, with 26% being discouraged from exploring their gender. Transgender awareness training was reported as being crucial for making individuals feel safe and supported within medical clinics.

The research to date has highlighted that increasing numbers of transgender children and adolescents are seeking psychotherapy thus highlighting the relevance of this research. In addition, the research to date has highlighted the requirement for psychotherapists to become knowledgeable in the discourse of the transgender experience in order to provide a supportive, non-judgemental and secure space for the individual to share their experiences as a transgender youth. From the research carried out thus far, there appears to be many studies carried out in the USA on the experiences of transgender individuals and presenting issues in psychotherapy.

Riley, Clemson, Sitharthan and Diamond (2013) conducted a study to provide insight into the needs of gender variant youth and their parents. The study is based on a survey in which the parents where asked about their needs and the needs of their children. The research found that the most crucial needs of the gender variant children were that of acceptance, love and respect in terms of their gender expression. Another study carried out from the perspective of transgender adults and their experiences as gender variant children further substantiated the results of 2011 study by Riley, Clemson, Sithartham and Diamond. The study retrospectively examined the difficulties experienced with a view to providing a framework and knowledge on which support can be provided for gender variant youth going forward. Love, support and acceptance is key in enabling these children the safety required to express themselves in terms of their gender identity. Highlighted was the need
for information to combat the feelings of being alone, isolated or in some cases feeling like they are ‘crazy’ or a ‘freak’. It was these feelings which commonly led to depression and suicidal ideation. It was highlighted that acceptance by society and by their environment could be improved through public discourse and education. Bringing the transgender experience to the public forum and into the mainstream could alleviate to some extent the stigma and social isolation. Discourse and language which encompasses acceptance, acknowledgment and validity of gender variance could help normalise the experience of transgender children and adolescents. That is, acceptance that gender identity is separate to the genitalia assigned at birth, is not binary but fluid and is one’s internal sense of self and identity.

The It's Time To Hear Our Voices (2015) report derived from the first ever National Trans Youth Forum for discussing the legal, social and political issues which affect transgender youth in modern Ireland. The report highlights and reproduces the opinions and lived experiences of the 55 young participants of the forum. Family support was key in determining a positive or negative experience. Family affirmation was identified as contributing to enhanced quality of life and better mental health. Many accounts of family members becoming equality advocates were reported. The report found that the overwhelming response from educational staff and administrators was negative with 32% of respondents reporting that their education institute expressly did not respect their identity. This was identified as having a significantly negative effect on those who experienced it. Many reported that the healthcare system was insufficient in addressing their needs with 53% expressing that they have educated a healthcare provider. The most pressing issue reported by the transgender youth who took part in the forum was that of the lack of sufficient information available together with the absence of a clear medical pathway to accessing gender confirming treatment.

However, there is evidence to show that there is perhaps a shift and movement in the view of transgender from disorder to diversity. According to Pyne (2014) childhood gender non conformity would appear to be infused with new meaning and shift from treatment to affirmation, from pathology to pride and from cure to community. Key to this, according to Pyne (2014), is a shift in the language discourse used. He refers to the term Gender Independent as a case example of this. In his paper he details how mental health professionals in their work with transgender children and adolescents can impact on the child’s experience with the use of positive discourse and a move away from an obligation to cure or treat with respect of the child’s diversity.
2.4 The Transference and Countertransference.

The extremity and intensity of feeling is palpable in reading the accounts of the childhood experiences in Pynes’ study (2014). Many of the children that will present for psychotherapy have lived according to Tishelman et al. (2015) in a persistent state of conflict between self-understanding and physical being combined with constant misalignment between others perceptions of them and their internal self-perception in terms of their gender identity. The intensity of anxiety and distress is what will be brought in to the therapeutic space and the therapeutic relationship. According to Mohr et al. (2015) clinical research has shown that the therapeutic process and relationship in work with lesbian, gay and bisexual clients is influenced by the degree to which the client has accepted their sexual orientation and developed a social network which is accepting and supportive of their sexual orientation. While this research does not relate to transgender, the aspect of social stigma and rejection is common to the transgender experience and therefore it can be argued that this is true of the work with transgender clients. According to Moher et al. (2015) psychotherapists have reported that low integration levels such as internalised stigma, fear of rejection and lack of support for one’s sexual orientation impacts on the therapeutic process. It is argued that if the client has little acceptance of oneself, a deep rooted fear of rejection and internalisation of the stigma then the client is unable to form an open, meaningful and honest therapeutic relationship. This impacts on the therapeutic work as it slows the process and impedes the client’s ability to open up and trust the therapist which effects the ability to do good, deep and meaningful work. This represents the negative transference that occurs within the therapeutic relationship as the client’s perception of the therapist mirrors the client’s experience of the world outside of the therapeutic space. McHenry and Johnson (1993) found that a lack of self-acceptance fuelled internal conflicts that negatively impact the process of self-understanding and accurate perceptions of the therapist. Longhofer (2013) argues that in the psychotherapy of LGBTQ client’s engagements with shame around sexual desire, orientation and gender identity is a foremost conflict and area of significant focus in producing and protecting the therapeutic alliance. Longhofer (2013) characterises shame as a social emotion that produces a somatic response and is related to stigma and internalised stigma. Shame is extremely significant as it results from viewing the self from the perspective of the other in a negative manner and leads to disconnect with others and self. Longhofer (2013) identifies that the sense of disconnect in working with clients struggling with their gender identity and sexual orientation or desire must be addressed in the transference, but also in the real relationship between the client and therapist.
The relationship between client and psychotherapist is key in successful psychotherapy. Both client and therapist bring themselves to the relationship, their conscious and unconscious selves in conjunction with their internalised relational patterns. Lothestein (1977) argues that to establish a therapeutic alliance when working with a transgender client it is essential to have an open mind about the possibility of surgery, a willingness to partially gratify some of the client’s narcissistic needs and recognition of the need to immediately handle the countertransference by interpreting the therapist’s emotional reactions to the client. According to King (2012) the therapeutic relationship in the relational psychotherapeutic approach is co-constructed and therefore there are two scripts and two sides to the story in psychotherapeutic process. Lothestein (1977) emphasises that the initial contact when working with transgender clients provides crucial information as the verbal and non-verbal reactions to the outward appearance of the client alternatively reveal and conceal the specific affects which will either hinder or enable therapeutic work. King (2012) notes in her account of working with a transgender client Dawn, previously David, that ‘internally, I was screaming silently with both horror and sympathy as I met what felt like the full force of Dawn’s loathing toward the genitalia with which she had been born and her envy of the woman/mother/therapist’ (King, 2012:39). She also discusses the deep feelings of repulsion that were always with her while working with Dawn which she later identified as the connection with the revulsion Dawn felt towards her male genitalia.

Malawista (2004) in her research on countertransference and transference enactments in therapeutic work with children identifies that the treatment situation by its nature provides an atmosphere where rescue phantasies would be common. The child seeks the idealised or good parent in the therapist, seeking to be rescued and often this is supplemented with the therapist’s unconscious phantasies to rescue the child. Malawista (2004) from her experience working with children in a psychotherapeutic setting states that when the focus of treatment with children is based on the therapist as the real and good object, a therapist/client countertransference/transference alignment can emerge in the form of rescue phantasies. However, that in being aware of the countertransference and bringing it into the room real work can be done.

According to Bowlby (2005) attachment theory can be used as a guide within the therapeutic setting and relationship. The therapist acts as the secure base from which the client can explore difficult and painful material that may well be impossible to do so outside of the therapeutic space. Bowlby (2005) highlights that the client may look for the therapist to provide all that they yearned for and to make up for whatever deficits they experienced in their early childhood and beyond which may result in positive transference. Conversely, when the client is seeking to navigate the hurt and pain they have experienced this can result in negative
transference in which the therapist will become the bad object. As a result of the therapist providing the secure base, the client is able to express or work through what would otherwise be too dangerous or too painful experiences (Gelso, Palma, & Bhatia, 2013).

Pizer (2014) explores how anger can serve as both unlinking and relinking functions in her therapeutic work with teenagers. Highlighting how intense and surging anger has the potential to move a client forward towards personal freedom and growth or can destroy and break the client. West's (2013) paper explores the relationship between early childhood trauma and the transference/countertransference. While his work doesn’t directly relate to transgender clients, it highlights an aspect of trauma called the violation of the core self which mirrors the transgender experience. He identifies the work with clients, whose core self has been violated, as powerful and moving as the level of hurt and pain is so profound that when triggered their reaction towards the therapist will be enormous. Winograd (2014) in her account of her work with a 16 year old female to male transgender adolescent, named B, details the depth of B’s hatred and anger towards her breasts and of the female body which emerged in the transference. In her account Winograd (2014) details finding herself feeling angry towards B’s mother and in the countertransference wishing that she could be the mother B never had.

2.5 Advocacy and Psychotherapy.

Significant work needs to be done to educate the public and improve the lives and safety of transgender people. (Rowell, 2009). The struggle and injustice experienced by the Transgender community has motivated many to fight back and to fight for social, structural and human right equality. One such group is a collective of Canadian academic parents of transgender kids who due to the social injustice, discrimination and daily hardships they have encountered were motivated to become academic-activists. The group’s objective is to educate the public about childhood gender diversity and to create new gender expansive possibilities in educational, social and structural arenas while allying with their children and with others to better understand, explain and undo structural transphobia. (Manning, Holmes, Sansfaçon, Newhook, & Travers, 2015). Psychological practice has traditionally emphasised change on the individual level. Ali and Lees (2013) present an approach, Anti-Oppression Advocacy (AOA), as a means of addressing poverty in a psychotherapeutic context. While their work focuses on combating poverty, its emphasis on advocacy can be applied to other marginalised groups. The importance of speaking out and working outside of the dyadic relationship is key in combating externalised self-perception where one’s judgement of self is based on how others view them rather than one’s own authentic self-perceptions. This leads to a silencing and hiding of one’s true and authentic self.
According to Ali and Lees (2013) this is where changing public discourse and normalising the transgender experience can empower the client to self-actualise outside of the therapeutic space. Richmond et al. (2012), motivated by their work with transgender survivors of trauma, have become advocates and highlight approaches for doing so. Strategies for psychotherapists dealing with social injustice and discrimination include advocating on behalf of transgender survivors of trauma at systemic levels, training of graduates to work as advocates, educating mental health providers through continuing education, training and outreach presentations, engaging in prevention services and advocating for the rights of transgender individuals with policy makers. (Richmond et al. 2012). Advocacy is a beneficial tool for psychotherapists in advancing the well-being of their clients but also the field of psychotherapy (Stewart, Semivan, & Schwartz, 2009).
Chapter 3: Methodology.

Research Design.

The aim of qualitative research is to ascertain and discover what things mean to people (McLeod, 2003). Therefore qualitative research was the chosen approach for this study, which is a psychotherapeutic exploration of young transgender clients presenting to therapy. The research set out to explore the experiences of the young clients that present to therapy and the issues they bring with a view to subsequently uncovering the experiences of the psychotherapists that work with these clients. Qualitative research seeks to develop theory from the experiences of the individuals who personally live through the phenomena under investigation by highlighting their experiences and exploring what this means to them. The aim is to explore the issues and experiences of transgender children and adolescents who present to psychotherapy.

Thematic Analysis was carried out to identify and analyse patterns and themes that emerge in the data. A theme captures important aspects of the data in relation to the research topic and represents elements of patterned responses and meaning within the yielded data. Therefore, thematic analysis is appropriate for this research as it enables an emphasis on the therapist’s professional experience together with their personal experience of the issues that arise in the work, the transference, countertransference and the therapeutic relationship. This facilitates various issues and themes to emerge creating a rich basis of information to explore and embed theory. Emanating from a phenomenological standpoint which centres on subjective experiences, thematic analysis provides the opportunity to understand and explore the experiences of the psychotherapists participating in the research which is the overall objective of this study.

Sample

In order to obtain relevant data for the research question and the purpose of the current research, the researcher sought the participation of professional and qualified psychotherapists who work in the area of gender. The researcher sought participants who had a minimum of three years’ experience of working with young transgender clients. The reason for this was that it was anticipated that they would have significant experiences of the issues of Transgender youth and gender non-conformity. All participants satisfied the inclusion criteria with most of them having well in excess of three years’ experience working with this cohort of clients (See Appendix D). Qualitative research requires a small sample as it involves considered exploration of personal
experience with the aim of producing descriptive accounts (Mcleod, 2014). Six psychotherapists were sought as participants for the research however given the limited number of psychotherapists with experience working in this area the researcher was unable to recruit that number. The researcher interviewed four psychotherapists, comprising three females and one male with varying years’ experience of working in the area of gender together with other areas of expertise including sexuality, attachment and family therapy.

Recruiting participants involved approaching organisations working with the transgender community such as LGBTI, The Irish Trans Group Alliance, and Transgender Equality Network Ireland among others. In addition, the researcher carried out internet searches to identify psychotherapists that fulfilled the participant criteria. After identifying potential candidates the researcher made contact by way of telephone in order to directly communicate the research topic, objectives and to determine suitable participants. The participants were informed that a semi-structured interview would be conducted face to face, that the interview would be recorded so that it could later be transcribed. All the interviews were conducted in a location convenient to the participants and each of the interviews were no more than one hour in duration.

**Data Collection**

Four separate semi-structured interviews were conducted with one male and three female participants. Each of the interviews were recorded using an audio-recording device and were later transcribed by the researcher. Semi-structured interviews provides the best method of exploring perspectives and experiences on the issue. The questions used by the researcher were open ended to encourage the interviewee to communicate their experiences fully, providing more in-depth and rich data. The open-ended questions employed in this current research (Appendix C) were drawn up by the researcher and then discussed, revised and approved by the research supervisor prior to the commencement of the interviews. The semi-structured nature of the interview and the open ended questions provide the researcher the opportunity to elaborate and explore different issues and experiences of the participants as the information emerged throughout the interview also facilitated rich and in-depth data.

**Data Analysis**

Upon completion of each interview, the researcher wrote brief notes on initial findings, areas of interest and first impressions. The researcher listened to each interview a number of times prior to commencing the transcription of each interview. The objective of this was to become very familiar with the data collected and to get a felt
sense of the experiences of the participants. Thematic analysis was undertaken as the method of identifying, highlighting and examining the themes. This initially organises and describes the data set in detail thus yielding rich and more in-depth research (‘braun_clarke_using_thematic_analysis_in_psychology.pdf’, n.d.).

Subsequently, an extensive coding process was employed by the researcher providing the capabilities of identifying the main themes running through the data (See Appendix E). Firstly, the researcher began by identifying descriptions, comments and words that re-occurred throughout the data. Secondly, the researcher moved to identifying categories within the re-occurring data indicating repeated emerging themes. Finally, the researcher, from this, identified three superordinate themes from the transcribed data.

**Limitations**

As this was a qualitative research a small sample was required. The researcher sought to obtain six participants however, given the small number of psychotherapists with significant and sufficient experience in working with transgender youth the researcher was unable to recruit six participants. Four participants were recruited and participated in the research study. The participants were highly experienced in the area of the current research and able to provide rich and meaningful data.

**Ethical Considerations**

Given that this research piece is qualitative a purposefully selected sample group was used. The current research obtained ethical approval from the ethics committee at Dublin Business School. The researcher independently contacted each of the participants individually to invite them to take part in a psychotherapeutic research project. Each of them were informed of the purpose and objects of the research and that a face to face interview of less than sixty minutes duration would be required. It was highlighted to each of the participants that as part of the research they would be asked about their professional and personal experiences in working with young transgender clients. Participants were informed that participation was voluntary and that the information collected would be stored on a computer that was password protected by using passwords known only to the researcher. The participants were requested to provide their written and informed consent (Appendix A and B). Given the sensitivity of the data, the researcher has protected the identity of the participants by ascribing a unique number to their data.
Chapter 4- Results

This chapter reveals the findings of the data collected from the semi-structured interviews. Four interviews were held with qualified psychotherapists who have a minimum of three years’ experience in working with transgender clients. The transcripts were coded using thematic analysis and several themes emerged regarding issues brought to therapy by children and adolescent transgender clients. The psychotherapists’ personal and individual experience was analysed and interpreted by the researcher through the lens of humanistic and integrative approach. The researcher identified three subordinate themes which aim to give a comprehensive overview and understanding of the experience of the therapists in working with young transgender clients.

The three principal themes are:

1) Non-Recognition of the challenges of the work.

2) Therapist as Saviour to the enemy (Transference and the countertransference)

3) The Therapist as Advocate in the struggles for acceptance.

1) Non-Recognition of the challenges of the work.

All four of the participants were slow to acknowledge or identify that they experience the work with young transgender clients as challenging. The common reaction from all the therapists interviewed was their non-recognition or denial of experiencing challenges in the work.

When each of the therapists were asked if they found this work challenging they were taken aback, shocked at the question and unsure how to answer, demonstrating denial or non-recognition of challenges and difficulties experienced as a result of the work. Each of them acknowledged that while many of the issues are the same as for any other client, they are heightened and magnified. When asked what they found to be challenging about the work all of the therapists were slow to answer with long pauses and hesitation as they spoke.

(T1) [Long pause] … *emmmmmmm* … [Long pause] … well [Long pause] *I’m not really sure about that one because everybody is different* emmm

When the question was rephrased and the therapist was asked for an example, or two, of times when they had found the work challenging (T1) responded
[Long Pause] ... I’m not too sure because... [Long Pause] ... Sometimes... cos teenagers talk and sometimes teenagers don’t talk but... that’s not transgender... that’s because they are teenagers ... I’m not sure about that... Hmm... no I’m not sure how to answer that one’.

The reaction was similar from the second participant (T2)

_Hhmmm ...[Long Pause][... see this is not as challenging for me as some stuff I’ve heard that would be related to child sex abuse... stuff around that ... that can be traumatic’

(T2) further clarified by saying that for him he doesn’t see it as anything but a human being sitting in front of him that just needs to be heard and respected and that is something he finds very easy to do. He added

’so in a strange way I was caught off guard when you asked me that because I have had far more challenging situations and issues... FAR more than this’

Similarly (T3) responded

’Nothing... I love it! ... I don’t see it as difficult and challenging ... I suppose realistically there are difficulties and challenges ... emmm I just don’t seem to see them’.

This reaction was common among all the participants in that they were slow to recognise or identify the challenges experienced in the work. However as each of the interviews progressed and other questions were asked the difficulties and challenges experienced were identified and discussed. For example, (T3) explained:

’realistically I suppose working with teens is ... I suppose having to look at someone who is 15 or 16 years old and they are SO sure of what it is they want ... and they have to wait until they are 18 years cos no one is treating them as if they are capable of making a decision’

(T4) identified what she finds challenging in her work with Transgender children and adolescents after a lengthy pause by expressing

‘I suppose, it’s always hard to see such a young person struggling so hard. It’s really hard, you just can’t believe they have to take the world on at that age and it’s so hard’.

(T4) detailed the difficulties these young children have to face in coming out as transgender in that they have to take on school, they have to take on classmates, they have to take on the whole issue. Finishing her answer to the question with a heartfelt and sincere acknowledgment of their struggle and difficulties, (T4) stated

‘It’s just really hard. So that, I find it a bit heart-breaking. Mmm yea’.

As the interview progressed great insight was given into the difficulties and to the extent of the client’s issues with non-acceptance, lack of support and the struggle for validation. This allowed further insight into the extent of the issues and struggles experienced and the impact of that on the therapist. (T2) spoke of how most of his clients would come in the unknown and the anxiety around the unknown and the care and concern around the process of that.
‘so you bring in the anxiety of not being good enough ... you bring in the self-harm situation ... you bring in the suicide ideation’

He then went on to talk of the Mc’Neill’s report carried out by TENI that found that 78% of Trans people that took part in a survey reported that at one stage in their lives that they would have tried to take their own lives or had suicide ideation and that there were a significant number of those that did so more than ten times. When asked how best these clients can be supported (T1) responded that by showing up, being available and being engaged and present were key. Adding

‘no matter how painful it is ... being with them, containment. Holding the space so that they can ... for wherever they go for whatever their fear is ... down to the pits’.

Thus, he highlighted the challenges experienced in the work which can be difficult to hold and stay present for.

When asked about the rewarding aspects of the work, the extent of the difficulties and challenges became more apparent. A number of the therapists reported the difficulty of witnessing someone not being accepted for who and how they are at their core. (T1) expressed

‘I think just ... helping them in a struggle ... [Long Pause] ... yeh ... you know for me ... not that I’m changing their life ... I’m not ... [Long Pause] ... but I am there in their struggle ... a support ... and that’s it’.

(T3) identified seeing the young clients blossom into who they are and how they want people to see them, not as how people may have seen them before as being hugely rewarding adding

‘It’s difficult but I think if you love what you do ... it is easier to deal with’.

When asked about what they found challenging about the work the therapists were initially slow or unable to recognise what they found challenging. Each of the participants expressed their passion for the work they do with these clients. Through highlighting and exploring what they experience as the most rewarding aspects of the work the challenges and difficulties were identified and recognised.

2) Therapist as Saviour to the Enemy (Transference and the Countertransference)

The majority of the participants reported from their experience the most common issues brought by the clients are that of not fitting in and of not belonging. They described how some of the most common difficulties reported by their clients are not being accepted by their families, of not being taken seriously in their feelings of who they are and how they are in the world. All of the therapists spoke of how important it was for them to use the correct pronouns, to meet the clients as they are and to provide a non-judgemental space enabling the clients to explore their gender journey in whatever format that may take. They added that from their experience an
intrinsic part of the work is to provide corrective mirroring and form secure attachments to provide a stable base
to allow and enable the clients to explore what is happening to them.

All the therapists identified the countertransference as being their desire to mind, mother, protect, save and
nurture.

(T1) *Hmm ... [laughing] ... I think it could be the countertransference where I can be quite maternal... I think there might be that ... [laughing].*

When asked about their experience of the countertransference the therapists were able to identify their
experience very clearly. (T1) responded

‘Oh that would ... I know ... It’s maternal ... yeah I know that. And I think that the more vulnerable that the child is yeah ... but I’m aware of that one’

(T1) identified that she really feels for the clients and she understands that they are going into the unknown and
that that is scary.

(T2) expressed his experience of the countertransference as ‘I want to hold you, hug you, mind you and all that
type of stuff’. The experience of (T3) was also very similar ‘Oh certainly I have to try and manage me not
wanting to take care of them.’ Similarly (T4) reflected

‘I suppose, you know, you are very. I’d be very conscious of it. You know, so, you’d be very aware
that you are the adult in the situation and handling, handling that, and not adding anything, you know, to the kid’.

Each of the therapists expressed experiences of wanting to be the protector, the adult and the good mother figure
providing the support and nurture to the client.

When asked about the transference it was expressed that providing a safe and secure space for the client enabled
them to open up and feel safe enough to bring the hurt and pain they feel into the therapeutic space. The
transference of the outside world, of the anger, hurt and hatred of their bodies manifests in the relationship with
the therapist as they then become the negative experiences encountered in their lives.

(T1) ‘I do think with the transference, you, when they actually come to trust you and know you are a
good person you are going to turn into the very bad person as well and that’s okay cos that’s all a part of it’

The therapist went on to identify that

‘if they can trust you enough to become the bad person and survive it... that’s what it is about’.
From (T1)’s experience this is a very important part of the journey for the clients as it enables them to process hurt, rejection and anger they experience outside of the therapeutic relationship. (T1) went on to further identify that she can come to represent the outside world for the clients.

‘when someone is with you and you are their saviour you know cos you understand ... and I think as well ... the more they actually trust you the more they will kinda relax into ... actually no ... I didn’t say that or ... who do you think you are? Or I’m not looking at you today ... or whatever. And you could be ... whoever it is ... the negative for them’.

(T2) had similar experience of becoming the negative for the clients. Adding that in those moments he would

‘actually ask a client particularly when they get aggressive or annoyed ... kinda that sense of ooh ... you have to remind yourself and realise that this is not personal ... and I would say ... just spontaneously ... I would say ... who am I to you right now?’.

He expressed that he would see himself as a facilitator of the client’s journey, to provide the safe space to give themselves permission or experience to test the waters, to explore what it is like for another human being to hear what they have to say. He explained that they don’t recognise it at the time, the bigger journey is their self-acceptance of that adding

‘I usually feel I might represent someone that has pissed them off ... someone they might hate or an authority figure ... that they haven’t managed’.

(T3) expressed how she often has experienced feeling the client’s anger, while the client is saying they are not angry and of feeling the emotions of their story. (T3)

‘cos you get stuff projected and then you are going away with their hurt, their fear, their anger ... ehhh you have to learn very early on to give it back ... name it, you know name it in the room and be able to say I’m feeling really angry now and you are sitting there telling me that you don’t seem angry you know so then you discussing it and talking about it ... that’s what I find not just with trans with any client...’.

Similar experiences were expressed by (T4)

‘so for example, if a kid can’t be really angry at their mother, they are a single parent, or something, you know, that transference will happen and just to be very understanding of that. Mm. And cognitive of that, as of course, it will happen’.

The participants identified part of the journey within the therapeutic relationship involves the therapist representing both the positive and the negative. In providing the secure, nurturing and non-judgemental space for the clients they can facilitate the journey in which they become in the transference the bad object. The therapist expressed experiencing the anger, hatred, hurt, disgust and all the negatives that the client experiences from the outside world, their families, and society but also towards their own bodies and genitalia.
‘I suppose, I think that the same issues that arise in all kinds of work, you know, confidence, emm, body dysmorphia, hating your body and that disclosure, that you have to disclose who you are, which, I think, for any human being is a huge thing, but definitely has to happen with these kids, so, you know, acceptance, and ridicule and all of those things. But look, they are not, I think they are human issues totally magnified by this’.

3) The Therapist as Advocate in the Struggles for Acceptance.

The therapists interviewed were clearly passionate about the work they do with young transgender clients. It was highlighted throughout the interviews that these therapists are some of the few that are providing help and support for this cohort of clients. They reported that often clients come to them looking for knowledge, for diagnosis and for support. It was reported by the participants that often clients come to them after being referred by other therapists who feel they are unable to work with the clients in their gender journey.

The participants expressed that as a result of this each of them are doing their best to provide the knowledge and support these clients so evidently need and require. They train up, attend workshops and ensure they are aware of what is going on in the Trans community in terms of the issues and also the narratives, correct pronouns and language to use.

Each of the therapists detailed how they came to work with Transgender clients. (T1) spoke of how after her initial training in the UK she became a therapist with the LGBT community and then did additional training to work with transgender clients. Adding ‘a lot of it goes back to attachment … I had done a lot on attachment so made sense to me. How to connect and how to fit in’.

(T2) worked as a counsellor for many years before doing his degree in Counselling and Psychotherapy. While also working as a student support key worker he came across a number of clients who were on a gender journey. ‘it would have been life experience around that it would have been sitting with these people, would have been wanting to be better at my job that I finally decided that I was going to do my degree’.

After completing his degree he did additional training by attending gender related workshops. He went on to discuss the figures from a report carried out by TENI and the high number of transgender people who have suicide ideation or have attempted to take their lives. ‘So it is SHOCKING … when you see those statistics … and of course I would be moved … to go to that direction from having just a so called research interest in it to saying I want to do more for this cohort of people because there is so little being done’.
As a result of the hardship and difficulties he has witnessed through his work with Trans clients and the
awareness of how little support there is for these clients he was motivated to do more. Adding

‘And I run the only group therapeutic process that’s available in Ireland for Transgender people’

Similar experiences were expressed by (T1)

‘I actually run a lost cost for ... for ... people who are unemployed or students so that is why they are
coming to me ... Transgender issues’.

(T1) expressed that there was such little support available for these clients who in addition to the emotional
struggles they face also have financial hardships, as medication is so expensive, and high rates of
unemployment.

‘they are just ordinary people emm its harder, and I think that they really need ... They NEED support.
So em I do that so ... Anyway I do my bit’.

Each of the therapists reported that clients come to them in search of knowledge as well as support. Each of
them expressed how clients have come to them looking for an official diagnosis and for information akin to
citizens’ information. This too has motivated them to spread their knowledge and get more accurate
information out into the public sphere by addressing different organisations and writing newspaper articles for
example. (T2) reported

‘but I mean if you look at an invisible line between Dublin and Galway and travel North there is
nothing at all available in terms of services ... not a thing ... available ... not a GP with an
understanding for this ... no psychotherapist ... no psychologist ... no ... no anything’

He continued by emphasising the importance of providing a non-judgemental space, of being in tune and
providing correct mirroring.

‘The issue for me is to get them in front a person that does not tell them you are off the wall ... in any
way ... neither non-verbal communication or verbal communication ... and understands the language
that they are using ... and accepts the language they are using ... and doesn’t try to say ... okay I’m
going to try fix you’.

All the therapists identified the importance of keeping up to date with what is happening in the Transgender
community and of knowing the correct language, terminology and pronouns to use. (T2) added

‘I made it my business to be very tuned in to the language ... that’s acceptable and that’s not
acceptable’

(T3) expressed

‘I think there is a lot more support needed for families ... emmm I think greater awareness of ... gender
and how we talk about gender ... higher level of visibility I think works ... we see more trans people ...
but conversely why should trans people have to be out there going hey look at me I’m trans ... you know?’

She continued to speak of the need for training colleges to do more, as she gets a lot of people referred to her because the therapist doesn’t know about transgender or gender and sexuality issues. They are fearful of their lack of knowledge and so they refer the clients on to therapists that they feel are more experienced or specialised. While expressing that she agrees that this is the right thing to do she went on to add ‘but we all start at a place of not knowing anything’.

Expressing a need for more workshops to be available for both trained and qualified psychotherapists on the issues, T3 noted that this would make it easier for people that don’t fit our gender norms. (T3) added

‘it could take a very long time before some people will talk about their sexuality or their gender issues and you have developed a really good relationship and you think things are going really really well and then you go into your therapist and you say the BIGGEST thing in your life to them and then ... you say I have to refer them on’

While acknowledging that ethically it is the right thing to do, she expressed the impact this may have on the client

‘ you know I haven’t told anybody cos I’m afraid of being rejected and here is the person I tell and I trust and then I’m rejected ... well while they may not have been rejected its going to be seen as rejection’.

(T4) expressed

‘There is a lot of support needed. Emm. I’m not sure the therapy world is ready to ... you know people are afraid in case they do damage, of course. Emm ... I’m now a family therapist so I would think that family therapists need to be much more confident and open about this because families need huge support’.

The importance of providing family support was highlighted by two of the therapists as being essential in the support for Transgender clients. Mentioning a group called Transparency which operates in three parts of Dublin, for parents to come together and discuss the issues and their experiences, (T4) added

‘we need you know more of that in the HSE, more training , more support, more consciousness, so that people aren’t suffering unnecessarily. I mean there is no reason why being transgender should be equal to mental health difficulties, there’s no reason for that’.

Psychotherapists spreading the word to ensure greater awareness in society and great understanding is very important to the participants I interviewed.

(T4) ‘the question for me would always be about activism...you know...about how to raise the issue and how to normalise it. And how not to keep it on such an individual basis...and that’s something I try to do in my own way...I’ve written an article in the Irish Times about it’.
Continuing to express her passion and conviction of this (T4) added

‘I think it’s something we should all be doing that...I think we should all be talking about it...em and if we all did a bit then it would raise it to a much more...really conscious level and that would be really fantastic...so I suppose I think we should all be at it...ALL of us’.

Each of the therapists expressed a desire to be better at their job and to be better equipped to provide the supportive space, the client’s need and desire for that which they are not experiencing outside of the therapeutic space. Their activism is demonstrated by the actions they have taken to increase social awareness of the issues facing young transgender clients. They expressed how they have been influenced by their experience of the lack of support available, the struggles and injustice experienced by these clients and the desire to normalise their experience. The therapists also reported that this has often resulted from them being put in a position of specialist by other therapists who refer these clients on and also by their experience of not having support systems to refer to for information.
Chapter 5: Discussion and Conclusion

Introduction

The research set out to explore the issues brought to therapy by young children and adolescents presenting as transgender and to gain a deep understanding of their experiences and the issues they face. In doing so the research aim was to obtain an accurate perspective of the role of psychotherapy in the work with this cohort of clients. The research has conducted a psychotherapeutic exploration of working with transgender youth by exploring the experiences, perceptions and attitudes of psychotherapists in relation to their work with their clients. There is little research on the experiences of psychotherapists and it was an area of interest for this research to explore the impact of the work on the psychotherapists themselves. Firstly, the research identified that the practitioners were slow to recognise the challenges in the work with young transgender clients. Secondly, the research explored the transference and countertransference within the therapeutic relationship, revealing the journey of the therapist from saviour to the enemy. Finally, the research identified the component of advocacy in the work and how the practitioners have been motivated to raise the consciousness of the issues presented to them in the work.

1. Non Recognition of the challenges of the work.

A common reaction from all the therapists interviewed was their initial non-recognition or denial of experiencing challenges in the work with transgender children and adolescents. When the researcher asked the participants specifically about what they found to be challenging about the work each of them were taken aback, shocked at the question and unsure how to answer. This was of great interest to the researcher as evidently there are very difficult issues brought by these clients to therapy.

Research to date has highlighted that transgender individuals have been found to experience higher levels of suicidality, depression and anxiety. In terms of the Irish experience the 2013 report, Speaking from the Margins, found that 78% of the 210 transgender people interviewed had considered suicide and 40% had attempted suicide at least once. In addition to this there are issues centred around coming out and transitioning which centred around personal safety, dressing, discrimination, hate crimes, internalised transphobia and gender related insecurities. Speaking from the Margins (2013) highlighted that transphobia had resulted in despair, 6% of those who had taken part in the research had been raped, 16% sexually assaulted and 36% sexually harassed.
This highlights the difficult and challenging issues brought to therapy and for which clients come to therapy seeking support. Despite this the participants were slow to recognise the challenges in the work.

However, equally as interesting was that once the participants were asked specifically what they found rewarding about the work the challenges began to emerge. The participants’ passion for the work and compassion for their clients exposed the challenges. (T1) identified that helping her clients ‘in a struggle’ was one of the most rewarding aspects of the work, (T2) expressed that he found it to be a privilege to witness the client’s journey to acceptance and expression of their authentic selves. The discrimination, injustice and challenges experienced by their clients as a result of a desire to express themselves was highlighted and recognised by the participants’ to be as (T4) identified ‘heart-breaking’.

According to Rachlin (2002) the psychotherapist, when in treatment with a transgender individual, has a multidimensional and complex role. Research shows that there are many difficult and challenging issues brought to therapy and that while often the issues brought are similar to those brought by other clients, they can be magnified by the fact that the clients are transgender. Riley et al (2013) highlighted the need for information to combat the feelings of being alone, isolated and an oddity.

Budge (2013) states that substantial support is required during the coming out process as fears and actual experiences of rejection are concerns processed in therapy, in addition to the high level of discrimination and rejection experienced as they make the transition to becoming their authentic selves. Budge (2013) argues that the types of interpersonal deficits that arise from hiding one’s true self for fear of societal rejection have a damaging impact. In order to help correct the years of internalised rejection and discrimination it is important for the psychotherapist to be able to relate to the client and be aware and informed of the issues occurring in the transgender community using appropriate language and pronouns together with attuned mirroring. Therapists are working with clients that have not only been exposed to societal discrimination and prejudice, but also years of denial of the self and internalised shame and disconnect from their true and authentic selves resulting in emotional deficits. The work is clearly complex and far reaching. Attachment issues, which can make the formation and creation of a strong therapeutic alliance slow and challenging, require significant work focusing on the creating of a safe and non-judgemental space and resourcing of the client essential. This was substantiated by the experience of the participants of this research. (T1) expressed that the work centres on attachment and providing the safe and secure space in which the client can explore their issues.
Menvielle (2012) discusses internalised shame which can have a huge impact on one’s emotional and psychological well-being. Key to providing support and overcoming this is for the therapist to provide open communication and exploration. This too adds another important and challenging component to the work which a psychotherapist working with Transgender clients must be able to provide. Richmond, Burnes and Carroll, (2012) highlight insidious trauma resulting from ongoing oppression and discrimination which can include instances such as a doctor asking inappropriate questions, derogatory and transphobic discourse in public forums and being spoken to in a perpetual demeaning manner. In combating this, they emphasise the importance of psychotherapists asking transgender clients open questions regarding their exposure to such violence as it provides the space to work through the issues in an open and safe environment. In addition, using correct pronouns, supportive narrative and a transgender affirming clinical environment can help toward alleviating post-traumatic stress. The importance of psychotherapists being aware of transgender issues and the discourse was highlighted by the participants of this research who all expressed that they have purposefully kept themselves in touch with what is happening in the Transgender community. Tishelman et al. (2015) write that for many part of the transgender experience is living in a persistent state of conflict between self-understanding and physical being combined with constant misalignment between others’ perceptions of them and their internal self-perception in terms of their gender identity. The intensity of anxiety and distress will be brought in to the therapeutic space and the therapeutic relationship. (T4) spoke of the heart break she felt when witnessing her clients struggle to be accepted for who they are, and the challenges they have to take on at such a young age to be recognised as their true selves. (T2) spoke of witnessing the anxiety he clients experience around not being ‘good enough’ and the fear of being a disappointment to their family.

Research highlights the complexity and intensity of the work with transgender clients. The serious and traumatic issues brought by these clients is commonly recognised in the research to date. For this reason, it was of interest to this present research that the participants were initially slow to acknowledge and recognise the work as challenging. (T3) expressed how she did not find the work challenging, (T1) was unable and unsure as to how to answer the question and (T2) was shocked by the question. It was only in discussing what they found to be the most rewarding aspect of the work that the challenges began to emerge and the participants began to express what they found to be challenging. The complexity of the role the therapist has in working with Transgender clients has been highlighted by research to date and perhaps this may be an aspect as to why the participants did not initially recognise the challenges. The passion for the work, the compassion for the clients and the multi-faceted role of the therapist in working with these clients could perhaps attribute to the non-
recognition of the challenges. However, further research into this aspect of the psychotherapists experience would be required beyond this dissertation to gain a deeper understanding of the dynamic at play.

2. Therapist as Saviour to the Enemy (Transference and the Countertransference).

The most common issues brought by Transgender clients are that of not fitting in and of not belonging. Encompassed in this is the experience of not being accepted by their families, of not being taken seriously in their feelings of who they are and how they are in the world. All of the therapists in this present research spoke of how important it was for them to use the correct pronouns, to meet their clients as they are, to provide a non-judgemental space to enable their clients explore their gender journey in whatever format that may take. In addition, they highlighted that more commonly, in recent times and with younger transgender clients, it is essential to provide a space for the client to explore all options of gender and sexuality so as to not put them in a box and allowing an open exploration of the wide and varied facets of the gender journey or fluidity. Key in this is providing corrective mirroring so to form secure attachments to provide the stable base to allow and enable them to explore what is happening for them.

Malawista (2004), in her research on countertransference and transference enactments in therapeutic work with children, identifies that the treatment situation, by its nature, provides an atmosphere where rescue phantasies would commonly emerge. In her experience, the child seeks the idealised or good parent in the therapist, seeking to be rescued and often this is supplemented with the therapist’s unconscious phantasies to rescue the child. This was substantiated by the participants who identified their experience of the countertransference of wanting to mother, protect, and hold the clients. This element of the work was distinctly recognised by the psychotherapists as they vividly identified their experience of the countertransference. All therapists in this study identified the countertransference as being their desire to mind, mother, protect, save and nurture. In her account Winograd (2014) details finding herself feeling angry towards her client B’s, mother and in the countertransference wishing that she could be the mother B never had.

According to Bowlby (2005) attachment theory can be used as a guide within the therapeutic setting and relationship. The therapist acts as the secure base from which the client can explore difficult and painful material that may well be impossible to do so outside of the therapeutic space. Bowlby (2005) highlights that the client may look for the therapist to provide all that they yearned for and to make up for whatever deficits they experienced in their early childhood and beyond which may result in positive transference. (T1) spoke of how she had experienced becoming the saviour, the one who understood and recognised the clients as their true
selves. This marked the formation of the therapeutic relationship and alliance in which the clients were then facilitated to explore in a safe and secure environment the negative emotions, the hurt, anger, frustration that they may not have the opportunity to address or recognise in other aspects of their lives. Thus, in the negative transference the therapist becomes the bad parent or the bad object. All of the participants highlighted experiences of becoming the negative at some stage throughout the therapeutic relationship and that this was an essential and very important part of the journey.

In their research Moher et al. (2015) found psychotherapists have reported how low integration levels such as internalised stigma, fear of rejection and lack of support for one’s sexual orientation impacts on the therapeutic process. This represents the negative transference that occurs within the therapeutic relationship as the client’s perception of the therapist mirrors the client’s experience of the world outside of the therapeutic space. McHenry and Johnson (1993) found that a lack of self-acceptance fuelled internal conflicts that negatively impact the process of self-understanding and accurate perceptions of the therapist.

Longhofer (2013) identifies that the sense of disconnect in working with clients struggling with their gender identity and sexual orientation or desire must be addressed in the transference but also in the real relationship between the client and therapist. (T2) spoke of how when the client in the negative transference becomes aggressive, angry or hostile will ask ‘who am I for you right now?’ (T3) also spoke of the importance of bringing the unconscious enactments into the room and to acknowledge them in order to further the work.

King (2012) notes in her account of working with a transgender client Dawn, previously David, that she struggled with the intensity of the negative transference. At times she found it intolerably difficult to stay present as she felt the full impact of the hatred Dawn had towards her male genitalia and her envy of the female body. However, she recognised that she represented the bad for the client in the transference and this was an essential part of the work. Winograd (2014) in her account of her work with a 16 year old female to male transgender adolescent, named B, details the depth of B’s hatred and anger towards her breasts and of the female body which emerged in the transference. Difficulties in the work appear to include the anger, hatred and becoming the bad object.

Research (Malawista, 2004; Bowlby, 2005; Longhofer 2013) shows that the psychotherapist has a very important role to play in the lives of their transgender clients. In terms of the supports required, non-judgement, good object, supportive language and so forth. Difficulties include the anger, hatred and becoming the bad person, as well as welcoming it as an essential and integral part of the work. However, acknowledging it and
bringing it into the room is key to successful therapy as it provides a safe space enabling the truth to occur and to unfold. This provides the opportunity of healing through the experience of corrective mirroring and being the good object and mother. (T1) and (T3) spoke of their experiences of being the mother figure to their clients throughout different stages of the therapeutic relationship. They come to represent the good object in the lives of their clients, the one who understands, accepts and sees them as they are.

3. The Therapist as Advocate in the Struggles for Acceptance.

Manning, Holmes, Sansfaçon, Newhook, and Travers (2015) spoke of how they were moved to activism by bearing witness to the discrimination their children faced solely because of their gender non-conformity. They formed a group with the objective to educate the public about childhood gender diversity and to create new gender expansive possibilities in educational, social and structural arenas while aligning with their children and with others to better fight and undo structural transphobia. Research indicates that there is a distinct place for advocacy in psychotherapy. This is further substantiated by the participants and their years of experience in the field of Psychotherapy as (T4) expressed ‘we should all being doing our bit’.

Ali and Lees (2013) present an approach, Anti-Oppression Advocacy (AOA), as a means of addressing poverty in a psychotherapeutic context, while this is not directly related to the Transgender experience it does relate to marginalised groups. Advocating on behalf of marginalised groups can be integrated into the role of the psychotherapist publically through social activism. Richmond et al. (2012) motivated by their work with transgender survivors of trauma have become advocates and highlight approaches for doing so. Some of those highlighted have been undertaken by the participants interviewed for this current research. Activism does not have to be done exclusively in the public sphere. Other examples include providing Transgender affirming literature in the practice waiting room, while becoming more aware of the issues and the accurate narratives also contributes to furthering the support for these clients.

Significant work needs to be done to educate the public and improve the lives and safety of transgender people. (Rowell, 2009). The struggle and injustice experienced by the transgender community has motivated many to fight back for social, structural and human rights equality. The participants in this research present passion for the work they do with transgender clients, something which was clearly evident in the way they spoke. Each of the participants highlighted their awareness of the injustices experienced by their clients, the prejudice and the difficulties their clients face in their expression of their true selves. This being further evidenced in the case of the Canadian parents who only through their role as parents to Trans children became aware of the structural
injustice and were motivated to advocacy. (T1) motivated by her client’s financial hardships, difficulties around employment and expense of the medication offers a low cost counselling service specifically for transgender clients. (T2) was so shocked by the lack of supports available for transgender clients and the hardship they experience was motivated to set up the first low cost group therapy service for transgender clients and their significant others in Ireland.

An awareness of the degree of injustice and discrimination motivates and activates people to take action on behalf of this marginalised group and, as (T1) expressed, ‘to do their bit’. (T4) was especially passionate in her belief that more needs to be done and should be done in providing supports for these clients and for increasing awareness of the issues they experience. (T4) expressed how everyone should be doing their bit and that for her it was about activism and raising awareness in the public sphere to generate discourse by writing newspaper articles.

Research (Ali & Lees, 2013; Rowell, 2009) highlights that this can help both the clients and the field of psychotherapy as a whole. This has motivated many psychotherapists to do more, to move outside of the dyadic relationship and to bring the issues to a more socially conscious level. There is another aspect to this advocacy to be explored. Research (Speaking from the Margins, 2013; Riley et al, 2013; Its Time to Hear Our Voices, 2015) shows that there is a lack of support available for transgender youth and this is substantiated by the participants interviewed. Each one expressed how this has motivated them in terms of educating others who lack knowledge and experience in dealing with these issues within the psychotherapeutic world.

Each of the participants recalled experiences of clients being referred to them by other psychotherapists who do not feel able to work with this cohort of clients. The research in exploring this experience questions the impact this has on a psychotherapist. The experience of being referred clients that other psychotherapists do not want to work with or feel unable to work has an impact on the psychotherapist on some level. Perhaps this too is a motivating factor in advocating on behalf of transgender clients. Encompassed in this is bearing witness to the impact on the client of being referred on after disclosing such a personal and difficult aspect of the self. This can again mirror the client’s experience outside of therapeutic environment. There may be many motivating factors, but it is evident the psychotherapists interviewed as part of this research have been motivated to advocate on behalf of their transgender clients.
Conclusion.

The aim of the research was to obtain a psychotherapeutic understanding of the work with young transgender clients. To do this, the research aimed to identify and understand the issues brought to therapy by transgender clients. The research has shown that the issues brought are far reaching and all encompassing. The main issues brought are that of not fitting in, not belonging and of the self in relation to the other. This is common for all people attending therapy however, the research identified that these issues are magnified by transgender experience. There are additional issues brought which focus on the discrimination, injustice and prejudice experienced by transgender individuals in society today. It would appear from the research that young transgender clients have experiences of being accepted and supported in many aspects of their lives however, there is continual battles to be fought in many areas in their quest to express their true self and to be authentic to how they feel in the world.

The research highlights the harassment and violence transgender people are experiencing together with high levels of suicide ideation and self-harming. These are all very traumatic experiences which are likely to emerge in the work. The aim of this research was to identify the issues brought to therapy and to explore the impact of these on the psychotherapist and to obtain an understanding of how it is for the therapist working with these clients and these issues. The difficulty in obtaining six participants for the research further highlighted the lack of psychotherapists experienced in working with this cohort of clients in Ireland. The participants interviewed for this research are some of the few who are experienced in this area and who are providing support to these clients.

Many areas of interest were highlighted in terms of the experience of these psychotherapists. Their passion for the work and their compassion for their clients was palpable and apparent. The difficulties and challenges in the work were slow to be recognised and perhaps this is because these psychotherapists are so passionate about their work and protective about their work. This could be because there are so few of them providing it. A deeper exploration of this is beyond the limits of this research, however the researcher highlights it as an area of further interest and potential exploration. The gender journey is complex and multifaceted, the research identified the journey for the psychotherapist as that of becoming both the saviour and the enemy in the countertransference and the transference. This was substantiated by other research carried out to date and also of the experiences of the participants in this research piece. It was identified as an essential and important aspect of the work.
Transgender individuals are a marginalised group in today’s society. Research has shown the discrimination they encounter daily due to lack of knowledge, awareness and understanding of what it means to be transgender and to be gender non-conforming. More information, public discourse and exposure of the transgender experience has been highlighted as part of this research to be key and essential in normalising the transgender experience and combating discrimination. This was further substantiated by the participants of this research who, as a result of being exposed to the discrimination of their clients, have been mobilised to advocacy and activism. Each of the participants have been motivated to do more for transgender clients by way of offering low cost counselling services and increasing social awareness through writing newspaper articles and addressing workshops and public groups.

To conclude, the research has highlighted the issues brought to therapy by transgender clients providing a deeper understanding of the transgender experience. In addition to this, the research has explored the experience of the psychotherapists who work in this field and the impact of the work on them. The research is limited to the experience of the psychotherapists working in this area and it is a recommendation of this research that more research is required to provide a deeper understanding and exploration of the impact of the work with this cohort of clients on psychotherapists.
References

95628615-9aea-4abb-86f4-5687da0e7335.PDF. (n.d.). Retrieved from http://www.teni.ie/attachments/95628615-9aea-4abb-86f4-5687da0e7335.PDF


Transference and insight in psychoterapy with gay and bisexual male client...: Discovery Service for DUBLIN BUSINESS SCHOOL. (n.d.). Retrieved 10 December 2015, from http://eds.a.ebscohost.com/eds/detail/detail?sid=a31f51f0-b17b-4d3a-8ef9-874d871e0158%40sessionmgr4003&vid=0&hid=4111&bdata=JkF1dGhUeXBlPWlwLGNIc3R1aWQsY29va2llLHVybCxhdGhlbnMmY3VzdGlkPXMsMTc1OTYzJnNpdGU9ZWRzLWxpdmU%3d#AN=86745627&db=sih


http://doi.org/10.1111/j.1468-5922.2013.02018.x

http://doi.org/10.1080/15228878.2013.840245
Appendices

Appendix A

INFORMATION FORM

My name is Sinead Bradley and I am currently undertaking an MA in Psychotherapy at Dublin Business School. I am inviting you to take part in my research project which is concerned with a Psychotherapeutic Exploration of Children and Adolescents presenting as Transgender. I will be exploring the views of people like yourself who work with clients who are Transgender or who are suspected to be transgender. All of my participants will have a minimum of two years experience working with transgender clients.

What is Involved?

You are invited to participate in this research along with a number of other people because you have been identified as being suitable. If you agree to participate in this research, you will be invited to attend an interview with myself in a setting of your convenience, which should take no longer than an hour to complete. During this I will ask you a series of questions relating to the research question and your own work. After completion of the interview, I may request to contact you by telephone or email if I have any follow-up questions.

Confidentiality

All information obtained from you during the research will be kept anonymous. Notes about the research and any form you may fill in will be coded and stored in a locked file. The key to the code numbers will be kept in a separate locked file. This means that all data kept on you will be de-identified. All data that has been collected will be kept in this confidential manner and in the event that it is used for future research, will be handled in the same way. Audio recordings and transcripts will be made of the interview but again these will be coded by number and kept in a secure location. Your participation in this research is voluntary. You are free to withdraw at any point of the study without any disadvantage.

DECLARATION

I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time without disadvantage. I agree to take part in this research.

I understand that, as part of this research project, notes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project and used in scientific publications.

Name of Participant (in block letters) ________________________________

Signature___________________________________________________________

Date / /
CONSENT FORM

Protocol Title:
A Psychotherapeutic Exploration of Children & Adolescents Presenting as Transgender.

Please tick the appropriate answer.

I confirm that I have read and understood the Information Leaflet attached, and that I have had ample opportunity to ask questions all of which have been satisfactorily answered.

☐ Yes
☐ No

I understand that my participation in this study is entirely voluntary and that I may withdraw at any time, without giving reason.

☐ Yes
☐ No

I understand that my identity will remain anonymous at all times.

☐ Yes
☐ No

I am aware of the potential risks of this research study.

☐ Yes  ☐ No

I am aware that audio recordings will be made of sessions

☐ Yes  ☐ No

I have been given a copy of the Information Leaflet and this Consent form for my records.

☐ Yes  ☐ No

Participant ___________________                  _____________________

Signature and dated  Name in block capitals

To be completed by the Principal Investigator or his nominee.

I the undersigned, have taken the time to fully explained to the above participant the nature and purpose of this study in a manner that he/she could understand. We have discussed the risks involved, and have invited him/her to ask questions on any aspect of the study that concerned them.

_________________  ________________________
Signature                  Name in Block Capitals                 Date
Appendix C

A Psychotherapeutic Exploration of Children & Adolescents Presenting as Transgender.

Interview Questions

1. How long have you been working as a Psychotherapist?
2. What are the most common presenting issues?
3. Generally do clients present knowing or having being diagnosed as Transgender?
4. Have you ever had the experience of the client in your mind being transgender but it not being confirmed? Or of being out of the clients awareness?
5. Are the clients aware or understand what is happening for them?
6. What are the most common issues that arise in the work?
7. From your experience, what do you believe is the client’s experience of being transgender?
8. From your experience to date, can you tell me what your sense of their experience is?
9. From your experience, can you tell me how the term transgender is brought into the therapeutic space?
10. The main area in which support is needed? What do you think is key in providing support for these clients?
11. What have you found to be the most difficult or challenging aspect of the work?
12. What have you found to be the most rewarding aspect?
13. As a therapist how do you manage the transference?
14. As a therapist how do you manage the countertransference?
15. Can you tell me, in your experience if you have found a difference in the issues brought to therapy than that of other clients? Is there specific issues?
16. Can you tell me about some common issues that you have observed in clients presenting as transgender?
17. Can you describe how the work has impacted on you? How you felt during or after a session?
18. As a therapist in Ireland what training if any do you feel would better equip psychotherapists for working with these clients?
19. Is there anything else you would like to add or any area you feel we haven’t covered?
Appendix D

Participant Details

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<th>Gender</th>
<th>Years Practising</th>
<th>Orientation</th>
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<td>15 years</td>
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<td>Gender &amp; Attachment</td>
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<td>Male</td>
<td>3 years</td>
<td>Humanistic &amp; Integrative</td>
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<td></td>
<td></td>
<td>Gender</td>
</tr>
<tr>
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<td>Female</td>
<td>4 years</td>
<td>Humanistic &amp; Integrative</td>
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<tr>
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<td></td>
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<td>Gender &amp; Sexuality</td>
</tr>
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<td>Female</td>
<td>11 years</td>
<td>Humanistic &amp; Integrative</td>
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<tr>
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<td></td>
<td></td>
<td>Gender, Sexuality &amp; Family Therapy</td>
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Appendix E.

Themes

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<th>Initial Themes</th>
<th>Middle-stage Themes</th>
<th>Final Themes</th>
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<td>Belonging / fitting in.</td>
<td>Support</td>
<td>Non Recognition of Challenges</td>
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<td>Supports (family)</td>
<td>Fitting in</td>
<td>Hate and anger in transference, Mother, saviour and protector in countertransference</td>
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<td>Desire for Acceptance as they are</td>
<td>Increasing Awareness</td>
<td>Therapists moved to activism and advocacy.</td>
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<tr>
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<td>Mother figure/Saviour</td>
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<td>Very rewarding</td>
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<tr>
<td>Fitting in/belonging</td>
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<td>Information/Familiarity with issues/Trans community</td>
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<td>Attitude and openness of psychotherapist</td>
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<td>Protecting/holding/saving</td>
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<tr>
<td>Advocacy</td>
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<td>Very Rewarding</td>
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<tr>
<td>Anger</td>
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<td>Fitting in</td>
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<tr>
<td>Familial Support</td>
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<td>Protecting/Maternal</td>
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<tr>
<td>Anger</td>
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<td>Maternal</td>
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</tr>
<tr>
<td>No challenges</td>
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</tr>
<tr>
<td>Very Rewarding</td>
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