

Experiences of Therapy for Transgender Non-Conforming Individuals:

A Therapists Perspective

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Abstract

The purpose of this research was to explore what occurs in the therapeutic space between transgender clients and their therapists from a psychotherapeutic perspective. Although there has been much research into the experiences of transgender clients, there has been less research into the experience and views of the therapist. This qualitative study explored the experiences of five psychotherapists who work with transgender clients. They talk about accompanying their transgender clients on a journey as they emerge into their authentic selves and assisting them in discovering their true identity and their place in the world. Acknowledging their difficulties, the participants talk honestly about moving from non-acceptance of their clients to acceptance as well as their ongoing fears of making mistakes and getting it wrong. They also discussed the rights and wrongs of expecting their clients to educate them as they learn the language and culture of transgenderism

Chapter 1

Introduction

The term transgender or non-conforming transgender individuals, (TGNC), is an umbrella term for people whose gender identity or gender expression differs from the gender assigned to them at birth. This term includes individuals who present as transsexual, gender queer, androgynous, multigendered, gender nonconforming, or third gender. Transgender identity first appeared in the DSM IV in 1980, where it was described as “gender identity disorder” and this remained unchanged until the end of 2012. In 2013, when DSM V was published, a significant and notable change in the characterisation of transgender appeared, stating that transgender is no longer officially a pathological condition. Rather than being classified as a disorder, transgenderism is now classified as a dysphoria displayed as “a marked incongruence between an individual’s experienced or expressed gender and their assigned gender”, (DSM V, 2013). This was a significant development, as many transgender individuals believed that describing their gender as a disorder was both demeaning and stigmatising, (Erickson-Schroth, 2014).

On July 15th, 2015, the Irish Government passed the Gender Recognition Act which enables TGNC individuals to achieve full legal recognition of their preferred gender. Despite this, Ireland remains a place where it is difficult for TGNC individuals to lead safe, healthy and integrated lives. They are more likely to experience higher forms of depression, anxiety, stress, self-harm and attempted suicide than lesbian and gay people and 75% of them will access some form of therapy rather than the 3% of standard population, (McNeill, Bailey, Ellis & Regan, 2013).

Although some experiences of therapy for TGNC individuals in Ireland have been positive, for many others it has been extremely negative. Ellis, Bailey, & McNeill (2014), report that TGNC people in Ireland, when surveyed in 2013, stated their dissatisfaction with healthcare professionals with one interviewee declaring “Attitudes to transgender people in most mental health services are like attitudes were to gay people 80 years ago”. Several studies in the UK and the US have reported similar issues, (Mizik & Lundquist 2016; Coleman, Bockting, Cohen, Feldman 2012; Ellis, Bailey, McNeill, 2014). There is less evidence of any major studies within the therapeutic community regarding a therapist’s experience of dealing with transgender clients. Bradley (2016), questioned qualified therapists about the challenges they faced when working with TGNC individuals and states the response from her participants was that of surprise to be asked the question. She concludes that there could be an element of denial and a reluctance on the part of the therapists in sharing their views on transgenderism. If this is the case, denial of any issues a therapist could experience with a TGNC client would have an impact on the quality of the therapeutic relationship.

Winnicott, stated that in the therapeutic space the relationship between the client and the therapist is key to the success of the therapy. The therapist must provide a holding environment where the client experiences compassion and empathy rather than authoritative interpretation. This relational approach holds that the transference and countertransference relationship is always co-constructed in the shared experience between client and therapist.

He suggested that in this holding environment, the emotional problems that individuals experience, can be addressed, and the growth process can be reasserted and renewed, (Winnicott, as cited in Phillips, 1988, pg. 98). In a situation where a vulnerable TGNC individual, who has experienced rejection, abuse, trauma, or an overall lack of acceptance by their environment, the provision of a safe, secure and trusting relationship by their therapist, is vital to the success of the therapy. Many TGNC individuals state that there is often too much time taken up in their initial sessions with their therapist educating them on transgender facts, (Ettner, 1999, pg. 109). If a therapist is not properly attuned to their client, whether this be through a lack of knowledge of transgenderism or an unidentified intolerance or disinterest in the concept of transgenderism, the relationship can be irretrievably damaged before it has had time to begin.

There are many studies of TGNC individual's experience of therapy in Ireland, yet little exploration into the experiences of therapists. In one UK study King (2012), gives a brave, intimate account of her own personal experience of therapy with a TGNC individual. On the journey with her client she relates feelings of repulsion, her difficulty in being fully present for her client and her struggle in the countertransference which she believed was amplified when working with a TGNC client. Although many studies have recommended more training for therapists in transgender issues, there is little research that examines the views of therapists and their attitudes to counselling TGNC clients. This is especially important from an Irish context as with the growth of individuals claiming to be transgender, it is more likely that these individuals will present with transgender related issues to therapists in Ireland.

Aims

This study seeks to acquire an understanding of the attitudes of therapists, towards their work with transgender clients to gain a greater insight into why transgender individuals experiences of therapy is often negative and dissatisfying.

Objectives

- To investigate the attitudes of therapists to transgenderism and explore their current knowledge and understanding of the issues TGNC individuals can experience.
- To explore the levels of openness experienced by therapists when considering entering a non-judgemental, working alliance with a transgender individual.
- To explore any challenges that therapists may experience working with transgender individuals.
- To identify how prepared therapists feel about entering a therapeutic relationship with a TGNC individual.
- To identify areas of further research.

Chapter 2

Literary Review

“There exists a range of personal identifications around woman, man, in-between – we don’t even have names or pronouns that reflect that in between place but people certainly live it.”

Minnie Bruce Pratt
Sojourner Interview, 1996

The Gender Debate

The subject of gender has always stimulated great debate between the differing theoretical approaches of psychology. The first major controversial debate on gender commenced when Sigmund Freud published his papers on Sexual Aberrations in 1905. In this publication he postulated that any deviations in respect of the sexual object were perversions, and not something that was innate in humans, and stated that these traits were pathological, (Freud, Strachey, 1905/1962, Vol 7, pg. 123). He did, however, suggest that masculine and feminine dispositions co-exist in every person from childhood, and that the final choice of object depends on the predominance of one of these tendencies over the other, (Freud, Strachey, 1905/1962, pg. 123). In the 1950s, Harry Benjamin, a US endocrinologist, declared that any attempt to cure TGNC individuals through psychotherapy was a futile undertaking. He stated that unlike transvestites, transsexuals belonged to an opposite sex, and wanted to be a member of that sex, rather than merely present themselves as that sex in the way they dressed, (Benjamin, 1966, pg. 11). Benjamin proceeded to become a leading advocate of TGNC individuals when he provided sex change procedures via hormones and surgeries. The debate continued when McKenzie referred to Kate Bornstein who is a former heterosexual male and now a lesbian woman.

Bornstein stated that the main problem with gender begins at birth when the first question is about the sex of the child with only two possible answers, boy or girl, (Bornstein as cited in McKenzie 2006, pg. 3). From the moment that decision is made, the expectations of their gender are mirrored back to the child by their primary caregivers, (McKenzie 2006 pg. 4). Fraser concurs with McKenzie's view and states that for TGNC individuals, there is no mirroring from birth, as the self is often invisible to the outside world. She concludes, these individuals live in a world, where gender is binary which results in tension, between their desire to be authentic and their wish to avoid stigma and judgement. The development of a gender non-conforming identity, therefore, can have a profoundly destabilizing effect on the individual, because their inner representations of self are in direct conflict with the social sphere (Fraser, 2009, pg. 131). McKenzie and Fraser are advocates for the recognition and acceptance of TGNC as a gender of itself, however, other modern psychoanalytic theorists have condemned TGNC individuals.

Chiland (2000), advised against acquiescing to client's demands by using appropriate pronouns and described transgender individuals as being enclosed in narcissistic shells, with no care for their analyst's inner reactions to what they say. Hansbury (2005) stated TGNC individuals are narcissistic, emotionally immature, impulsive, obsessive, schizoid and borderline. Gherovici (2011), a Lacanian psychoanalyst, acknowledged the fraught relationship between TGNC individuals and psychoanalysis and recognised the subtle and brutal ways through history that psychoanalysis treated these individuals. She stated that the probable cause of this treatment was the transphobic views of the therapists, however she remained cautiously optimistic and called for the de-pathologisation of transgenderism and a broader dialogue on gender and sexuality.

Other influential voices, outside of the world of psychology, have also spoken out against transgenderism. In 1999, Germaine Greer, a high-profile feminist and intellectual, stated that sex change surgery was mutilation and rejected the concept of transwomen. She argued that removing the physical attributes of a man and replacing them with the physical attributes a woman does not make an individual a woman, as it merely makes them 'not male' (Greer 1999, pg. 145). In 2017, the debate continued in the UK, when Jenni Murray, the presenter of *Woman's Hour*, a popular UK radio programme, stated in an interview with the *Sunday Times*, that whilst not being transphobic or anti-trans, she refused to accept that an individual born into the male sex, socialised into expectations of masculine gender, can decide to take hormones and have surgery, and become a woman, (Murray, 2017). Although transgenderism is now listed in DSM V (2013), as being a dysphoria rather than a disorder, there still appears to be conflicting, controversial and brutal views about transgenderism, played out across a range of media platforms. This high profile, public debate could contribute to transgender individuals experiencing a higher rate of poor mental health when compared to cisgender individuals.

Transgender Mental Health

Coleman, *et al.* (2013), stated that in their US study they found a disproportionately high rate of depression, anxiety somatization, and overall psychological distress amongst TGNC individuals, when compared to cisgender individuals, hence their study supported the minority stress model (Meyer, 2003, pg. 5). Lombardi, Wilchins, Priesing, and Malouf (2001, pg. 91) state that TGNC individuals were at a heightened risk of psychological distress and substance use and many experienced transphobic harassment, discrimination, violence and stigmatisation.

In the largest study of the mental health of TGNC individuals in Ireland, McNeill, *et al.* (2013, pg.9), stated that TGNC individuals experienced discrimination and stigmatisation which had a negative impact on their lives. The study found that almost half of the respondents of the survey reported having self-harmed and 80% reported having considered suicide. Erickson-Schroth published *Trans Bodies, Trans Selves* in 2014, which is a resource for transgender individuals globally, which includes contributions from authors who come from various backgrounds, with expertise in law, health, culture and policy. In a chapter on mental health, Carmel, Hopwood and Dickey (2014, pg. 291) stated that, as with many marginalised populations, TGNC individuals are at an increased risk of various mental health issues such as depression, anxiety, substance abuse, and suicidal thoughts. They encouraged TGNC individuals to seek out mental health services [for their conditions]. They also stated that the mental health field had evolved with many sensitive providers available to assist TGNC individuals with mental health difficulties, (Hopwood and Dickey as cited in Erikson-Stroth, 2014). However, consistently over the past ten years, studies have highlighted a very different scenario, where TGNC individuals reported negative experiences when in psychotherapy.

In Therapy

In the UK, Ellis, Bailey and McNeill, (2015, pg. 2), highlighted the difficulty many TGNC individuals had when they considered accessing therapy. To be eligible for costly treatments such as hormone therapy, or gender confirmation surgery, in both the UK, US and Ireland, TGNC individuals must undergo a psychiatric assessment to be diagnosed with Gender Dysphoria.

Chyten-Brennan stated that the role of gatekeeper on behalf of the therapist, can affect the authenticity of the therapeutic relationship. Because of the perceived power of the therapist by the client, they could feel pressurised to convey a textbook story to ensure the gate to further treatment is opened, (Chyten-Brennan as cited in Erickson-Stroth, 2016, pg. 274). Mizock and Lundquist (2016, pg. 149), carried out their study of treatment of TGNC clients in psychotherapy in the US and identified key psychotherapist missteps which were experienced by many of their participants. Some of the negative experiences described in the study state that the key issues were, education burdening, where the client had to educate the therapist on TGNC issues for the psychotherapy to proceed. Another issue highlighted was gender inflation, where the therapist only focused on gender, rather than other aspects of their client's life. Alternatively, other therapists used gender avoidance, by not concentrating enough on gender. Gender generalising was also discussed, where therapists assumed a universal narrative that all TGNC individuals are the same. Finally, gender repairing and gender pathologising were also common issues, where some psychotherapists identified transgender identity as something that required fixing.

In the UK, Hunt (2014, pg. 295), identified that there are barriers that transgender people face when considering attending therapy. These barriers included a fear of not being understood, uncertainty that the therapy would work, fear of judgement, prejudice and a fear of exploring gender issues for the first time. In this study, although a high percentage of participants said that they felt accepted by their therapists, a much lower percentage felt understood.

In Ireland, the Transgender Equality Network Ireland report, (2013, pg. 25), *McNeill, et al.* explained that 37% of TGNC individuals reported dissatisfaction with their experiences of counselling, and were discouraged from seeking crisis support or counselling by previous experiences.

Even those who had positive experiences of counselling, reported that their therapist was not knowledgeable about transgenderism and saw being transgender as an issue in itself, (even if the respondent did not feel it was). *McNeill, et al.* (2013, pg. 25), stated that TGNC individual's experiences of mental health services have been mixed, with similar levels of satisfaction and dissatisfaction. The main barrier that many of the respondents identified in their study, was the lack of trans awareness training and subsequent knowledge among mental health professionals, with many respondents recalling particularly difficult interactions with mental health professionals. Many reported feeling judged and thirty seven percent reported that their gender identity was treated as a symptom of ill mental health rather than as a genuine identity dysphoria.

Israel, Gorcheva, Burnes and Walther, (2008, pg. 301), asked TGNC participants in their study, which situations in therapy were helpful and which situations were not. The unhelpful situations included experiences of therapist appearing distant or disrespectful. Participants found that the therapist attempted to impose their own values on their clients and refused to focus on the client's concerns, reacting negatively to their sexuality or gender identity. When describing helpful situations, participants said that when they felt heard and respected, they trusted their therapist. They also stated that having a therapist who was knowledgeable and affirming towards their gender and sexual identity was most helpful.

In a similar study in the UK, Hunt (2014, pg. 295), found that TGNC individuals experience of therapy were similar to studies that came from the US. However, her participants stated that although they felt accepted and able to trust their therapists, they did not feel understood. Other findings replicated the findings in the US study of Israel, *et al.* (2008, pg. 301), where negative experiences were characterised by participants feeling rejected by a distant therapist. Positive therapeutic experiences were linked with the participants feeling accepted and affirmed by their therapist. However, over half of the participants experienced their therapist as not being supportive and fewer still experienced an encounter with a therapist who had a good knowledge base and displayed competency around gender issues. They concluded stating that the quality of the relationship with the therapist, where the client felt affirmed and listened to was essential for these individuals to have a good therapeutic experience.

Recent studies have not demonstrated any improvement in the experiences of TGNC individuals in therapy. McCullough, *et al.* (2016) state that in a study of TGNC individuals experience of therapy, mental health practitioners, though often well intentioned, through lack of competence or knowledge, inadvertently harmed their clients. They stated that their participants viewed trans affirmative counselling by their therapists as being accepting, validating and advocating, rather than pathologising. Participants felt more aligned with their therapists and comfortable in the process when they felt more accepted, cared for and when their therapist used language that made the client understand that their therapist understood TGNC culture. Many participants experienced a trans negative approach, where therapists misunderstood their issues, lacked knowledge of TGNC culture, expressed personal bias and demonstrated 'transgender microaggression', where they asked insensitive questions.

An example of an insensitive question was provided by one participant as being when the therapist asked them their birth name or referred to them, 'in error' using this birth name. Freud (1901), stated that mistakes and slips of the tongue is the return of the repressed and a clue to the secret functioning of the unconscious mind, (Freud and Brill, 1901/2010, pg. 35). This error by the therapist, of calling their TGNC client by their original birth name could be considered as a repressed, unconscious signal of non-acceptance by the therapist. Other participants experienced 'experiential invalidations' where they felt therapists refused to take them seriously, refused to use correct gender pronouns and assumed that TGNC was pathological. These therapists were unsupportive of their clients when they mentioned they were considering disclosing their TGNC identities to family and friends. Other participants, elucidated their concerns of being unable to bring all aspects of their identities to counselling. Instead they felt a need to compartmentalise and omit parts of themselves more often for the comfort of the therapist rather than themselves, (McCullough, *et al.* 2016).

To highlight concern for TGNC individuals and how they were ill-treated in the National Health Service in the UK, in 2016, eighty therapists, mental health professionals, students and LGBTQ+ associations published an open letter to the British Association of Counsellors and Psychotherapists. In the letter they called for TGNC individuals to be added to the memorandum of understanding on conversion therapy and for better training on LGBTQ issues. They stated that the evidence shows, both in practice and perception, that trans people experience the talking therapies as a negative, hostile and transphobic space. It called on the BACP to send a clear message to therapists that to comply with the ethical framework members must not offer conversion therapy, (therapy to change an individual's feeling around their gender identity so that they conform with their gender assigned at birth, (Pollack, 2016).

The need for provision of training and upskilling in TGNC issues has been recommended in most studies. In response to many of the TGNC individual's negative experiences of therapy, the American Psychological Association developed 'The Guidelines for Psychological Practice with Transgender and Gender Nonconforming People' in 2015. The intention was to assist mental health providers in developing and improving the competencies required to promote these exacting standards.

Not all transgender individual's experiences of therapy are negative. In Ireland, McNeill *et al.* (2013, pg. 25), stated that 34% of participants had an entirely positive experience of mental health services. These participants said they did not feel judged and some stated that they found the counselling helpful for uncovering the source of their difficulties. However, the negative experiences in therapy for TGNC individuals are higher than any other cohort and have led respondents to avoid returning for follow up appointments. Although there are no statistics on the number of TGNC individuals who attend therapy in Ireland, the American Psychological Association state that 75% of TGNC individuals attend therapy compared with 3% of the general population. Although the study is from the United States, it is indicative that there is a high demand for quality therapy for these vulnerable individuals.

A Therapist's View

There are many studies of TGNC individual's experiences of therapy, yet little exploration into the experiences therapists who work with this cohort, either for gender identity, transitioning or general mental health issues.

In one study King, (2012) gave a brave, intimate account of her own personal experience of therapy with a TGNC individual. She stated that, as both client and therapist bring something of themselves and much of their own past emotional experiences to the therapeutic relationship, this ensures that both are attentive to the dynamics in the therapeutic space. In the journey with her client she recalled feelings of repulsion, her difficulty in being fully present for her client and her struggle in the countertransference which she believed was amplified when working with a transgender client. She went on to describe the working alliance created with her client, where they went on a journey filled with confusion, conflict, guilt, panic and a sense of her client purging the false male self to embrace the true female self.

Bradley (2016, pg.18), interviewed psychotherapists about working with transgender teenagers in therapy. When she questioned the therapists on the challenges of working with TGNC clients, she stated that she encountered a non-recognition amongst the therapists of any sort of challenge in their work. Some were even taken aback and shocked at the question, which Bradley suggested demonstrated that they were unsure how to answer the question and were possibly in denial of experiencing any challenges. Harmon (2016, pg. 4), experienced a slightly more open approach when interviewing his psychotherapist participants. They stated that they experienced confusion, sometimes, when dealing with TGNC clients. One participant described an experience where they felt a brain disconnection between the individual she saw sitting in front of her and the contradictory gender identity concealed within the individual. Another participant, admitted to a struggle within, where she found it difficult to understand what it must be like to inhabit a body that she did not belong to.

Alluding to a misstep, one participant recalled an occasion when she assumed about the sexuality of a TGNC client based on their name and presentation, only to experience confusion later, when she realised that her assumption was incorrect. Lev (2013, pg. 289), stated that she believed, as a therapist, that lesbian and gay individuals, receive competent care when seeking therapy, however, she expressed concern about the quality of care that TGNC individuals experienced. She described her own initial experiences of working with TGNC individuals, stating she had little training and lacked any understanding to transgender issues.

Summary

The TGNC community have gained recognition and a legal right to their own gender. They have successfully campaigned to have their gender de-listed as a pathological illness in DSM V. Alternatively, TGNC individuals have been identified as a vulnerable group, who are more likely to suffer abuse, intimidation and violence in society. In many studies their experience of the mental health services and their experience in the therapeutic environment has not been consistent. Many TGNC individuals reported positive therapeutic experiences with supportive and empathic therapists, whilst others reported negative experiences. This, they stated, was mainly because their therapists were incompetent, lacked training, were insensitive and uninformed about transgender culture or they were simply transphobic.

Hunt (2014, pg. 295), states that the overriding experience for a TGNC person in therapy must be the same as any other person's.

Ehrensaft, (2009) stresses the key aims of psychotherapy with TGNC individuals should be fostering the emergence of an authentic self, helping to restore cohesion of self by modelling acceptance and empathy to restore relational integrity. Ultimately the psychotherapist is the professional in the relationship with a duty of care for their very vulnerable client. Yet many of the findings conclude that the provision of therapy for TGNC people remains fragmented and inadequate.

Chapter 3

Methodology

Research Design

McLeod, (2012, pg. 17), suggests that the relationship between counselling/therapy and society is one where therapy is continually reconstructed in response to changes in culture and society. He also states that qualitative research is best suited for identifying these societal shifts and hence challenge prevailing therapeutic language and assumptions. With this approach in mind the research methodology for this study took the form of qualitative research. In the exploration of the views of psychotherapists to transgenderism a qualitative mode facilitated, as in a therapeutic session, an ebb and flow between the paradigmatic and the narrative way of knowing. This assisted in revealing a nuanced, multi-layered thinking that the participants were experiencing around the subject. Rather than merely give voice to their views, this model enabled the researcher to gain a deeper understanding of the attitudes of psychotherapists towards a vulnerable group in Ireland's ever-changing society.

Sample

This research approach required a small sample group of psychotherapists who have experience of working with cisgender and transgender individuals. They had a minimum of three years' experience of working with clients. It was anticipated that a therapist with over three years' experience would have a broad range of experience and may be more at ease with revealing negative as well as positive episodes in the therapy.

All the participants met the inclusion criteria with some having more than the required three years working with TGNC clients of all ages, (See Appendix C). The number of therapists working with TGNC clients has grown over the last five years, hence finding five participants to take part in the study was not a challenge. The preference was to have a mixture of male and female interviewees.

The interviewees were recruited from therapeutic practices who offer a range of counselling services, including gender counselling. The author approached some of these practices and emailed the therapists requesting that they take part in the research, (see Appendix D). The participants were informed about the structure of the interviews as well as the fact that the interviews would be recorded and transcribed verbatim. They were also informed that the interviews would last up to one hour and all elements of the content would be confidential, with no reference to names of participants.

Limitations

This was a qualitative piece of research hence a small sample was required. Of these five participants four were gay. It may have been more beneficial to have an equal number of cisgender and gay participants. However, all therapists were highly experienced and provided very meaningful data.

Data Collection

The interviews were in a semi-structured format. Each participant was interviewed on a one to one basis for up to one hour in as calm and open an environment as possible, to assist the participant to relax. To ensure that there was sufficient framework and some consistency in the gathering of the data, questions were specific, yet open-ended to allow freedom for a narrative to develop. This approach also assisted in encouraging some exploration of the participant's perspectives on the concept of transgenderism. This open-ended approach provided some rich and in-depth data for analysis. Some statements were used separately in the study to highlight different views; however, this was with the permission of the interviewee.

Data Analysis

As the research was qualitative, a thematic analysis was employed as a method for identifying, reporting and analysing any patterns or themes that occurred within the data, (Braun & Clarke 2001, pg. 7). The researcher listened to the recordings and analysed them again during the transcribing process. The themes and patterns were identified using an inductive or 'bottom up' approach and were strongly linked to the data produced from the interviews. Each piece of data was separated and coded and combined to produce the final themes. As it stems from a phenomenological approach which centres on a more subjective experience, thematic analysis presented the researcher with an excellent opportunity to explore these psychotherapist's experiences in therapy with transgender individuals.

Ethical Issues

The research followed all the ethical principles and guidelines of the Belmont Report, (1978). Each participant was provided with information regarding the subject of the research. All identities were disguised, and each participant was ascribed a unique number. The participants were informed about the confidentiality of the interviews and their rights as interviewees. These rights include the fact that their participation is voluntary, they can decide not to disclose certain pieces of information and they can withdraw from the interview at any time. They were informed that the information they provided would be stored on the researcher's PC and access would only be possible by using a password which is only known to the researcher. Before the interview each participant received a written outline of their rights and details of confidentiality. The document also required their consent and confirmation that they had read the document. The document was signed by both the interviewer and interviewee.

Chapter 4

Results

This chapter reports on the findings of the data collected from the semi-structured interviews that were carried out during the research process. Five qualified psychotherapists took part in the research, three men and two women and all have a minimum of three years' experience working with transgender individuals. Four of the therapists are gay and one therapist is cisgender. Using a humanistic and integrative approach assisted the researcher in analysing the experiences and views of the psychotherapists who took part in the research. The researcher identified three principal themes which emerged.

These themes are:

1. The journey from non-acceptance to acceptance
2. Mistakes, confusion and the fear of getting it wrong.
3. Education, culture and learning a new language.

The Journey from Non-Acceptance to Acceptance

When asked about their experiences from the early days of working with transgender individuals to the present day, the theme of a journey of non-acceptance to acceptance emerged in the interviews. The therapists seemed at ease talking about their negative experiences with clients as there was space to discuss the positive experiences also. All participants stressed the importance of deep acceptance especially with transgender clients who have a heightened sensitivity to criticism.

Several suggested the slightest indication of non-acceptance by a therapist is quickly amplified and picked up by these individuals and can destroy the relationship even before it begins. (T1) related his early experiences of transgenderism which, he believed, made him very lucky.

(T1) *'I am a gay man and I received a call from an old friend five years ago who wanted to talk to someone because he was planning to transgender, to go on the journey from male to female. I was very dismissive and told him it was madness.'*

(T1) went on to talk of how he met his friend weekly to convince him not to embark on the transgender journey and how instead it was him who changed.

(T1) *'Because of the generosity of my friend I realised this was real and this person absolutely understood who they were. I was lucky to have such a patient friend to accompany me on my journey of acceptance. Just imagine if I had a transgender client before this experience. Yeah, I was so lucky.'*

The reaction was similar from the second respondent (T2)

(T2) *'We are all taught in training as long as you're empathic you can surmount any difference, but you can't accept what you don't understand. Initially I really didn't understand at all.'*

When the third respondent was questioned he also reacted similarly (T3)

(T3) *'Doesn't surprise me in the slightest, acceptance for me was a long journey. I just didn't get it initially.'*

The response from the two female therapists differed to their male counterparts when relating their early experiences of dealing with transgender individuals.

(T4) *'Being bluntly honest, I thought I was being authentic, but my reaction was quite real and so strong. It was visceral like a vomit. I thought, if you think this is OK you are full of s**t.'*

The second female therapist's reaction was quite similar (T5)

(T5) *'I found the countertransference very difficult. They [the women] would come in and they are pristine and beautifully dressed. I just could not accept that this man in women's clothes was a woman. I became very self-conscious and very aware of my appearance. Sometimes my reaction was so strong, and I was so nervous, I felt I was going to laugh'.*

For both female participants when they finally acknowledged the very real, disturbing feelings they experienced. With a little time and reflection, they moved to greater acceptance.

(T4) *'I gave myself a little bit of a hard time for having these feelings, but I didn't tell myself not to have that reaction. You know what I did with it? Absolutely nothing, and you know where it went - out. It was great.'* (T4 makes a shoving gesture from her stomach out into the room.)

Mistakes, Confusion and Fear of Getting It Wrong

When the participants were asked about mistakes when dealing with transgender clients, a common theme that emerged was a fear of getting it wrong. The origins of this fear seemed to come from confusion and a nervousness at asking a question that would insult or irritate their client and demonstrate an ignorance on the part of the therapist.

An eagerness and urgency to try harder with their transgender clients and to get it right created a tension which led to nervousness and this was apparent in all participants. (T2) described the experience of confusion when dealing with a transgender client

(T2) *'I had a recent experience of totally mis gendering my client and I saw the mistake. I apologised and said I was embarrassed and told them this was supposed to be their space where they should feel completely comfortable and I interfered with that. I felt awful.'*

Similar incidents were expressed by (T3)

(T3) *'Certainly, this whole 'he', 'she', 'them' and getting all the pronouns right and then I can get confused separating transgender from sexuality and I know I get that wrong myself.'*

(T3) further explained.

(T3) *'Yeah well what I mean by that is I may have a young man sitting in front of me, who was a female at birth, and they may have an interest in girls and that causes issues around intimacy and sex and it's an area that's slightly delicate and unless I know the client long enough I wouldn't go into it because you could say is there lesbianism here? I actually feel socially awkward talking about it.'*

(T5) said that her biggest problem with transgender clients is at the beginning of the therapy and stated that names can be a problem

(T5) *'They tell you this is what I want to be called and sometimes I find it very easy and sometimes I don't. I really don't know what happens between myself and some clients, but I know I find it easier when clients don't tell me their birth names.'*

All participants agreed that once the therapy moved onto a different level the relationship between both therapist and client became deeper, trusting and more exploratory. Mistakes and confusion are unusual at that stage of the therapy. (T5) described this journey

(T5) 'Once we get into the relationship and survive a number of sessions, other stuff starts coming in and the transgender stuff doesn't disappear but it's almost like it isn't an issue anymore.'

Most of the participants interviewed talked about the difficulty of remaining congruent and being with the client, yet at the same time being aware of not making a mistake. This seemed to be especially evident during the early weeks of the therapeutic relationship. (T5) discussed the pull between getting it right and being authentic.

(T5) 'You see that's the issue, being authentic and real and at the same time being conscious and nervous of not making an error. That's difficult to manage and some people step back from that and sometimes they step too far back and appear cold and distant.'

Several participants used the approach of discussing the possibility of making mistakes early in the relationship with their clients as a way of easing their way into the therapy. However, all agreed that mistakes later in the therapy were less easy to understand or to manage with a client and are best made outside of the therapy room.

(T2) summarised late errors

(T2) 'Yes, once at the end of about a year of therapy I realised that I had made an assumption about a non-binary client as I had assumed they were gay.'

I think that the most important thing is that I don't make the mistake with the client in the therapeutic space and I think anything else is my own learning and that's my own business and not the clients.'

Education, Culture and Learning a New Language

When the participants were asked about their greatest challenges when dealing with transgender individuals, education and learning a new language of communication was a strong theme. Although all participants stated that their own research into the subject of transgenderism is important, all agreed that every transgender individual's experience is different in terms their presenting issues, physicality and where they are in their journey of change. Hence to understand their client fully, it was necessary to ask questions and probe their clients more, to ensure they understood. (T4) described the difference between being educated by your client and questioning to understand a client's inner world better

(T4) 'If I sit in openness with my client the first thing I have to realise is that it is not their job to educate me, but I do just hope that they will talk to me and give me their story and their experiences so that I can help them. I will ask questions for clarification but that's not education.'

(T5) expanded on this point

(T5) 'Most of the trans community have spent their lives educating people around them but the risk is if you pretend that you have it all figured and make a mistake and not learning that you have got it wrong because they don't come back. My experience is that most trans clients are obliging if you tell them up front that you might need a little help along the way.'

Several participants suggested that the language and culture of the transgender community was very different and sometimes their clients assumed that they knew the meaning of descriptors and names for objects, experiences and feelings. (T2) gave some examples

(T2) *'I never knew that transgender individuals do not use the word period, instead they call menstruation their shark week, and breast surgery is called top surgery. They want as neutral a label as possible. Oh, and never ask their birth name, that's a definite no-no.'*

(T3) spoke of how overwhelming the new language was in his first year of dealing with transgender clients

(T3) *'I was a little overwhelmed and thought I had better change or do something different to get on top of all the jargon and I quickly became aware I was losing myself and all the years of experience just to accommodate my new client base.'*

(T3) went on to say that he took his issues to supervision and came to a realisation

(T3) *'What came out of my supervision was that all they want more than anything is to be loved for who they are, and I realised that in the countertransference I wanted to change just as they wanted to change.'*

Most participants acknowledged that a therapist could not expect a client to spend a session educating them and then hand over a fee, however all had developed an ease with their clients with, what they believed was an appropriate level of 'education'. (T1) spoke of how his sporadic requests for education helped his clients

(T1) *'I think occasional education by my transgender clients empowers them. Sometimes they refer me to a transgender you-tuber who they follow, and I learn by watching and listening to these people. It's very 'now' and occasionally I refer some of my other transgender clients to these sites, if I feel it's appropriate.'*

(T4) elaborated on this

(T4) *'If I want to really understand about a culture I talk to someone from that culture and if I want to really understand the experience and culture of transgenderism, I talk to trans people and yeah sometimes that might be my trans clients.'*

Chapter 5

Discussion

This research set out to acquire an understanding of the attitudes of therapists, towards their transgender clients. It also sought to gain a greater understanding of why transgender individual's experiences of therapy is often more negative and dissatisfying when compared to any other social cohort. Taking a psychotherapeutic approach, the research involved five psychotherapists who work with transgender individuals at various stages of their transition. Firstly, the research identified the difficulties that these therapists experienced, especially at the initial stages of their work with transgender clients, in accepting the whole concept of transgenderism. Secondly, the research explored the fear on the part of these psychotherapist when dealing with transgender clients, which is mainly about making mistakes and getting it wrong. Finally, the research explored the component of education and how therapists felt about the concept of being educated by their clients. This discussion subsequently moved into understanding transgender language and culture.

The Journey from Non-Acceptance to Acceptance

Bradley (2016, pg. 18), states that when she questioned psychotherapists about the challenges of working with TGNC individuals, she encountered therapists who seemed taken aback and shocked by the question. She suggests that this could infer that they were unsure how to answer the question and were possibly in denial of experiencing any challenges. In this study it may have been easier for participants to answer a question that inferred a 'from to' response, which allowed more room to pause and reflect for the participants.

This reflection is evident in one of the main themes of the findings, which is that of a move from non-acceptance to acceptance of their TGNC clients for the participants. Fraser (2009, pg. 131), states that for TGNC individuals, there is no mirroring from birth, hence their world consists of a tension between their desire to be their authentic selves and their wish to avoid stigma and judgement. In the therapeutic relationship between client and therapist this mirroring is provided by the therapist, often for the first time for many TGNC individuals. All participants acknowledged that TGNC clients are especially vulnerable and sensitive and that the slightest indication of non-acceptance by a therapist is quickly amplified and picked up. Picking up on non-acceptances would destroy any hope of a therapeutic alliance between client and therapist. (T2) talked about occasions when he experienced non-acceptance and felt unauthentic. He spoke, with regret, about the fact that these feelings could have emerged in the therapeutic space with one of his clients. This non-acceptance could be evident in the McNeill, *et al.* (2013, pg. 25), which refers to fact that 37% of TGNC individuals reported dissatisfaction with their experiences of counselling and were discouraged from seeking further counselling because of these negative experiences.

Embracing the metaphor of a journey to acceptance (T3) stressed the importance of authenticity in this acceptance. The struggle between acceptance and non-acceptance is reflected in the competing views of psychotherapists. Chiland, (2000), advised against acquiescing to TGNC client's demands of therapists to use appropriate pronouns and described TGNC individuals as being enclosed in narcissistic shells. Hansbury, (2005) rejected transgenderism and stated that TGNC individuals are immature, impulsive, obsessive, schizoid or borderline.

Gherovicci, (2011), refuted this approach stating that the cause of negative treatment was the transphobic views of the therapists and advised a broader dialogue on sexuality and gender. Although DSM V, (2012) changed the characterisation of transgender from a gender identity disorder to a dysphoria, the struggle to accept remains an issue for some therapists.

The experiences of the female participants in this study were stronger than their male counterparts. (T4) related one experience of dealing with male to female TGNC client where the countertransference resulted in extreme, visceral and physical reactions in her countertransference. King (2012), stated that she recalled feelings of repulsion and had great difficulty in being fully present with her client. Like the two female participants in the study, she recalls a journey filled with confusion, conflict, guilt and panic in her struggle to accept her TGNC client. This rejection is reflected in the views of high profile feminists like Germaine Greer, (1999, pg. 145) and Jenni Murray (Murray, 2017) who reject the possibility that a man can become a woman by taking hormones and having surgery. Although the two female therapists acknowledged their strong reactions, after much work and personal reflection, they became advocates for their transgender clients. (T4) acknowledged the disturbing feelings she experienced and worked through them via self-reflection or within the safety of discussions with her supervisors.

In the UK Hunt (2014, pg. 295), identified that a high percentage of TGNC individuals felt accepted by their therapists, and that a much lower percentage felt understood. The participants in this study were aware of therapists who are still confused and cannot accept the concept of transgenderism and because of this have no interest of working with TGNC individuals as clients.

(T3) stated that for real understanding, there must be total acceptance and he expressed concern and anger that there are still some therapists that work with TGNC clients who do not accept these individuals. (T3)'s reaction was synonymous with the other participants as when discussing the journey to acceptance all therapists displayed great compassion. (T1) spoke about the privilege of accompanying his clients on a journey to becoming their authentic selves.

Mistakes, Confusion and Fear of Getting It Wrong

The second theme that emerged from the study was the concern that the participants had about getting the therapy wrong by making mistakes in the therapeutic space with their clients. Mizock and Lundquist (2016, pg. 149), in their study of treatment of TGNC individuals in psychotherapy in the United States, identified that therapists do make mistakes when working with their TGNC clients. These mistakes include gender inflation where a therapist only focuses on gender rather than other aspects of a client's life. Alternatively, they demonstrate another extreme of gender avoidance where the therapist refuses to approach the subject of gender with their client. In this study, (T3) talked about occasions when he experienced fear and nervousness and as a result tended to avoid talking about gender early in the relationship with some clients. McCullough, *et al.* (2016) stated in their study that TGNC individuals found therapists, though often well intentioned, through a lack of competence or knowledge inadvertently harmed their clients with their clumsy missteps. (T2) recalled an incident where he experienced confusion and in attempt not to make an error, he inadvertently misgendered his client. Although embarrassed and apologetic, he stated he was lucky that the relationship with his client was strong however, he acknowledged if this had happened earlier in the relationship his client may not have returned to therapy.

Israel, *et al.* (2008, pg. 301) state TGNC individuals in their study recalled situations in therapy that they found unhelpful including experiences of a therapist appearing distant. (T3) suggested that the danger for many therapists, including himself, was in the attempt to be authentic and real in the relationship with their client whilst at the same time being conscious of not wanting to make a mistake. This difficulty in managing this complex relationship can be overwhelming and some therapists can step back and appear cold and distant. If a client is aware of this stepping back by their therapist, especially in the early stages of the relationship, it could end the therapy. Several participants stated that they discussed the possibility of making mistakes with their clients at the beginning of the relationship to avoid unnecessary tension and uneasiness. This approach, almost asking for forgiveness before the mistake occurs, enables them to be more congruent in their interactions with their clients from the beginning.

Harmon (2016), stated when interviewing psychotherapists, some said they experienced confusion when dealing with TGNC clients. One participant described an experience where they felt a disconnection between the individual sitting in front of them and the contradictory gender identity concealed within the individual. (T3) stated experiencing a similar confusion when dealing with a male to female TGNC client and although the confusion made him feel awkward, he did not believe his client was aware of it in the moment when it occurred. Other participants recalled similar mistakes where they assumed something about their client, only to reach a point in the therapy where they realised their mistake. (T2) stated after a lengthy period of therapy with, what he believed was a gay client, during a discussion on sexuality, he realised this client was non-binary.

All participants believed it is better, especially later in the therapy, that these mistakes are not made with the client and dealt with in supervision outside the therapeutic space.

Making quiet assumptions with the knowledge of the client is easier for therapists to handle than making a definite blunder in the moment with their clients. The use of the correct pronouns has been identified by many TGNC individuals as one of the greatest mistakes a therapist can make. McCullough, *et al.* (2016), state TGNC individuals view a therapist using incorrect pronouns as ‘experiential invalidations’ which demonstrate that their therapists are refusing to take them seriously. In this study pronouns were referred to on several occasions by different participants. (T2) described one occasion where he misgendered a client and his face coloured with embarrassment when this happened. Freud (1901), stated that mistakes and slips of the tongue is the return of the repressed and a clue to the secret functioning of the unconscious mind, (Freud and Brill, 1901/2010, pg. 35). Though not discussed during the research, the embarrassment of the therapist could be evidence of an internal struggle that remains unresolved.

Discussing positive therapeutic experiences for TGNC clients, Israel, *et al.* (2008, pg. 300), state the quality of the relationship with the therapist where the client feels, understood, affirmed and listened to, was essential for a good therapeutic experience. Many of the therapists stated that most mistakes occur with their TGNC clients early in the relationship. (T5) stated that if both client and therapist can survive the first sessions, they become more aligned and other elements of the client’s life come into the discussion and the transgender element is less to the fore.

Education, Culture and Learning a New Language

In Ireland, McNeill, *et al.* (2013, pg. 25), stated that although TGNC individuals had positive experiences of therapy they also reported that their therapist was not knowledgeable enough about transgenderism. Many stated their therapist viewed being transgender as an issue even though their clients did not feel this way. Mizock and Lundquist (2016, pg. 149) identified 'education burdening' where the client had to educate the therapist on TGNC for their sessions to proceed. In this study participants discussed the different elements involved in being fully educated in transgenderism, to assist them in working better with their TGNC clients. When the subject of 'education burdening' was discussed, all participants stated that a therapist could not expect a client to spend a session educating their therapist and then be expected to hand over a fee. (T4) stated that it is not the client's job to educate the therapist however she believed that questions for clarification are a reasonable expectation. However, in discussions with other therapists, they differed in their views. (T1) stated he believed appropriate requests for education empowered his TGNC clients. The exchange of certified blogs and 'You tube' pieces on transgenderism assisted him in connecting to what TGNC individuals relate to, and this often leads to deeper discussions and explorations with his clients.

Part of the new language of transgenderism is the adaptation of a new first name that is different from the name assigned at birth. McCullough, *et al.* (2016) stated that participants in their study experienced trans-negative approaches when therapists demonstrated 'transgender microaggression' where they asked insensitive questions. One of the most sensitive questions is asking a TGNC client their birth name.

(T2) stated that one of his most important learnings was that asking a TGNC client their birthname was a 'definite no-no'. (T5) suggested she preferred that her clients only tell her their chosen name rather than their birth name, as knowing both names tended to confuse her as she reverted to the birth name, which, much to her regret, caused great upset for her client.

McCullough, *et al.* (2016) stated that participants in their study felt more comfortable, accepted and cared for when their therapist used language that made their clients understand that their therapist understood TGNC culture. (T3) stated that using more gender-neutral language with terms like 'shark week' for menstruation or 'top' surgery for breast surgery were both new terms he learned from his clients. He stated although his TGNC clients assumed he knew what these descriptors meant, they did not have a problem educating him on occasions. On several occasions, during the discussion with the participants the subject of TGNC culture emerged which expanded beyond language and education. (T4) stressed the importance for a TGNC therapist to immerse themselves in TGNC culture rather than ensuring they ticked a box and just used correct descriptive words. For (T4) the best way this could be achieved was talking to TGNC individuals which occasionally included their TGNC clients.

Throughout the discussions with the therapists about education, culture and language a deeper layer of complexity emerged. The participants are relational therapists and in the matrix of relating with their clients they acknowledged elements of conflict and co-creating as part of the ebb and flow of the intersubjective dialogue. This is the essence of relational therapy for individuals of any gender however, when a therapist lacks knowledge or understanding about transgender language and culture it can create conflict and hurt which is often magnified with TGNC clients.

During discussions with the participants there was a sense of the therapists walking a fine line when working with their transgender clients, endeavouring to hold them in a safe, therapeutic space whilst at the same time gently exploring their client's world by gaining an understanding of their culture, language and their ways of being.

Conclusion

More than half of transgender individuals, despite high rates of stress, depression and anxiety tend to avoid seeking support when distressed due to prior negative experiences with mental health providers, McNeill, *et al.* (2013, pg.9). The aim of this research was to acquire an understanding, from a therapist's perspective, of their experiences of working with transgender clients. It was envisioned that taking this approach in the research may assist in identifying occurrences that cause difficulty and upset for transgender clients in therapy. The research highlighted some additional elements of complexity that are present when a therapist is working with a TGNC individual.

Three main themes emerged from the research; therapists fear of making mistakes, the journey from non-acceptance to acceptance and finally how the therapist learns about the language and culture of transgenderism. The therapist's passion for their work was evident from the onset. When the therapists were approached to take part in the study, all responded with great enthusiasm and many participants stated they wanted to help the TGNC community as they were a much neglected and important group of people. During the frank and open discussions about their experiences with TGNC clients, incidents which could have caused ruptures in the therapy were evident and acknowledged by all participants.

It became apparent that the therapists were more open and honest about their experiences, whether they were positive or negative, because they felt they have moved on a more positive trajectory of experience. They began as inexperienced therapists who sometimes lacked understanding and acceptance of transgenderism and they emerged in a better place, with more experience, understanding and with more respect for their transgender clients. Many are now passionate advocates and activists for transgenderism.

Each of the participants had put in place mechanisms to assist them in providing good therapy for their clients. These include signalling the possibility of making a mistake with their client early in the therapy and requesting that their client correct them, if they did make an error. Also, if they made assumptions about their clients and those assumptions were incorrect, they kept the mistake to themselves and reflected on it privately or dealt with it in supervision. Finally, not knowing the birth name of their clients assisted some therapists against making errors with their client's names. However, it could be suggested that more formal training could have assisted these therapists more constructively. A more formal training approach rather than 'learning by doing' would protect the client and the therapist and assist in sustaining the therapeutic relationship, as mistakes occur more often when working with this vulnerable cohort. Some of the difficult and negative experiences of TGNC individuals in therapy would appear to be caused, on some occasions, by therapists who are not equipped to deal with vulnerable clients. Psychotherapists who plan to work with TGNC clients should engage with and be examined on 'The Guidelines for Psychological Practice with Transgender and Gender Nonconforming People,' (APA, 2015). This would ensure a solid framework for the therapists to work with.

Ireland has changed dramatically over the past fifty years and when considering the rights of TGNC individuals, much of the change has been for the better. In 2015, the Irish Government passed the Gender Recognition Act which enables TGNC individuals to achieve full legal recognition of their preferred gender. However, the concept of transgenderism can still be confusing for many when compared with other gender types like lesbian, gay and cisgender. (T3) closed his interview saying, *‘sometimes I sit there [with the client] and I think thank God I was gay because trying to be transgender in my family would have been a whole other ball game’*. As a transgender therapist, he is a witness to his client’s difficulties and his statement embodies the challenges that TGNC individuals face when trying to find a place where they can be their authentic selves find a place where they belong in the world.

It was evident in the discussions with these therapists that at no point were they discouraged during their early days. Their participation in this research was viewed by all therapists as an opportunity to encourage would-be transgender psychotherapists. Many believed being honest and transparent about their experiences may inform a more transgender sensitive approach by other therapists setting out to work with TGNC individuals. All of the participants demonstrated great compassion for their clients, and like many therapists, only had one measure of their success which was whether or not their clients returned to therapy.

Areas for Further Research

The reaction of the female participants in this study, when confronted with male to female TGNC clients was very similar in strength and had an element of gut-like primitiveness.

Although there were only two females amongst the participants, these responses have been mirrored in the media by high profile feminists and in other areas of research such as King, (2012). Further research into exploring female attitudes and their experiences of working with male to female transgender clients and male attitudes to working with female to male transgender clients would enhance the body of knowledge in this area.

Finally, some of the male participants felt that there was a benefit in being gay when working with transgender individuals. They believed their own journey in finding their gender identity assisted them in being better equipped to work with TGNC individuals. It would be interesting to conduct further research into this aspect with a larger cohort of participants.

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Appendix A

Interview Guideline

1. Generally, when working with transgender individuals, what are the presenting issues?
2. Looking back on when you started working with transgender clients, can you tell me about mistakes or misunderstandings that took place during your time working with transgender clients, especially in the early years.
3. What have you found to be the most challenging element of the work?
4. What have been the most rewarding elements of the work?
5. As a therapist how have you handled transference and counter-transference issues?
6. If you were advising a therapist who was beginning to work with transgender individuals, what kind of advice would you give them?
7. There has been a lot of research with transgender individuals where they state that their experiences in therapy have been quite negative, why do you think that could be?

Appendix B

INFORMATION FORM

My name is Mary Clarke and I am currently undertaking a BA in Counselling and Psychotherapy at Dublin Business School. I am inviting you to take part in my research project which is concerned with exploring a therapist's experience of working with transgender individuals. I will be exploring the views of people like yourself, all of whom work as psychotherapists.

What is Involved?

You are invited to participate in this research along with several other people because you have been identified as being suitable, in having experienced transgender individuals in therapy. 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 one 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.

Anonymity

All information obtained from you during the research will be 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. All data stored will be de-identified. Audio recordings and transcripts will be made of the interview 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 / /

Appendix C

Gender	Years Practicing	Experience
T1	20	Gender and Cisgender
T2	4	Addiction, Gender, Cisgender
T3	4	Gender and Cisgender
T4	3	Gender and Sexuality
T5	20	Gender, Cisgender and Addiction

Appendix D

