# The therapist's experiential responses to working in psychotherapy with trans- clients

## A Hermeneutic Literature Review

**Sally-Anne Thomson**

---

A dissertation submitted to Auckland University of Technology
in partial fulfilment of the requirements
for the degree of
Master of Psychotherapy

**2017**

Supervisor: Paula Collens

Department of Psychotherapy

## Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which, to a substantial extent, has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Sally-Anne Thomson

31 May 2017

## Acknowledgements

I would first like to thank my supervisor Paula Collens for her insightful and generous support, and her tireless good humour. I looked forward to our weekly conversations and the clarity that she brought to my struggle. Thank you for always pushing me to go as far as I could with the material both intellectually and emotionally.

Thank you to Chris for your loving kindness, support and for your willingness to allow me to bring my feelings of confusion and being overwhelmed to you so that together we could find my equilibrium once more.

To my loved family and friends in New Zealand and the UK who have patiently waited while I hibernated with my writing, you are too many to mention individually, but I thank you for your unshakeable support, encouragement and for always listening.

A special heart-felt thank you to my dear friend J. whose insight into the trans-community has sustained this research.

To Martin my husband, thank you for your tireless patience, support, and understanding, and to my children Delilah and Isaac for their unwavering encouragement. I have finished!

## Abstract

"Transgender is a phenomenon that remains misunderstood, controversial, and anxiety-provoking in the culture at large, especially in the field of psychoanalysis" (Pula, 2015, p. 809)

The aim of this research is to search for understanding to support clinicians who might be grappling with the complexity of working therapeutically with trans- clients. Using a hermeneutic methodology this dissertation seeks to uncover what the psychotherapeutic literature reveals about therapists' experiential responses when working with trans- clients.

A hermeneutic review of the literature explores authors' qualitative observations and conceptual reflections on the nature of the experience of clinicians working with trans- clients. The research reveals the dearth of material that describes the experiential response of the therapist working with this client group. This study identifies a strong argument for further research which encourages participation from trans- clinicians and trans- clients, and the increasing need for trans-affirmative training for clinicians.

The literature revealed an intersubjective world of experiencing which is deeply complex and interwoven between therapist and client. The literature foregrounds the perplexing and disturbing space in which the therapists find themselves. The troubling role of the gatekeeper is identified and thought is given to the way in which this role may impact on the experiential responses of the therapist. The importance of the therapist's somatic responses in the work is considered. A key theme identified across the literature is the imperative for therapists to hold a responsive, reflective space in which to process their troubling and disorientating experiential responses in their therapeutic work with trans-clients.

# Contents

# Chapter 1

# Introduction

The aim of this dissertation is to search for understanding to support clinicians who, like myself, might be grappling with the complexity of working therapeutically with clients who do not fit the normative binary understanding of gender. My hope is that this may be a useful piece of research for therapists and other allied health care professionals working in and outside Aotearoa, New Zealand. Conducting a hermeneutic literature review, I will consider themes that emerge in the process of my exploration of the selected material. I believe it would be helpful to draw together relevant existing literature in order to provide a preliminary understanding for myself and other therapists (trans and non-trans) working clinically with clients who identify as trans-. My research question is:

**What does psychotherapeutic literature reveal about therapists' experiential responses to working in psychotherapy with trans- clients?**

### Why a special interest in this topic?

One of my closest friends identifies as a "trans- man", having fully transitioned from female to male (FtM). He has generously shared his emotional, physical and therapeutic journey with me, providing me with greater insight and deep respect for his courage in the face of social and cultural adversity. I was particularly moved by the visceral loneliness of his experience as a trans- person as he searched for therapeutic support. His experience led me to think about what created this feeling of isolation and how I might make a gesture to address it. He has continued to inspire and support me during this research process.

During my clinical training, I had the privilege of working therapeutically in an agency with clients who identified as "trans-". My decision to select this research question was prompted by my curiosity and desire to find greater understanding of my own perplexing experiential responses to my clients in our therapeutic work, and to support other therapists.

**My standpoint**

Through my process of researching for this literature review I have identified the importance of acknowledging the lens that I bring to this project: that of the cisgender, heterosexual, white, English, feminist, who is educated, trans-positive and an able-bodied woman. As I approached this process of reviewing the literature, I initially attempted to hold a trans-neutral position but I acknowledge that I am committed to a "trans-affirming" disposition in my therapeutic practice and friendships, and cannot separate this out from this review process. By this, I mean that I began this research from a place of deep respect and with a desire to support the trans- community. Carroll, Gilroy, and Ryan (2002), in their peer reviewed article on practice and theory with trans- clients, report their belief clinicians need to adopt a "trans-affirmative" (p. 133) disposition. Holding this trans-affirmative approach necessitates I affirm trans- individuals; advocate for their rights and educate others (Carroll et al., 2002, p. 133). This is done from a place of collaboration and sensitivity, supporting the client to find autonomy. I approached this work from a place of openness, of not knowing and with humility. I believe that it is important to allow the voices of trans- people to speak for themselves, and acknowledge the dearth of psychoanalytic material written by people who identify as transgender during my search for source material. This has been one of the major challenges of the project and strengthened my resolve to gather together the available literature and write what I hope will be a useful study.

**Beginnings of a research question**

My close friendship with a person who identifies as a "trans- man", my clinical experience with trans- clients, and my preliminary research, initially provided me with a proliferation of possible avenues for exploration in terms of a research question. I approached the literature with an open and curious mind, and eventually decided to focus upon the experiential dimension of therapeutic interactions with trans- clients.

**Language and lens**

I have found myself struggling with the choice of appropriate language and identified that each person reading this will hold a different perspective. I turned to my friend who identifies as a "trans- man" for guidance. I attempt to learn from the experiences

and perspectives of others, both trans- and non-trans-, who share their insight and clinical experiences. For this reason, I have provided a brief definition of key terms which are used throughout this study in the following chapter.

I wondered what impact my own gendered position would have on this piece of qualitative research. I imagined this was important to consider as I approached the material. I found an article by Levy (2013) helpful in which she reflects on the experience of being a heterosexual cisgender qualitative researcher: "On the outside looking in?".

**Cultural context**

The last decade has witnessed an explosion of media and public interest in trans- people, resulting in issues surrounding gender identity moving into the spotlight in Aotearoa, New Zealand, and globally. The psychological therapy professions are responding with the creating of standards of care and with guidelines that encourage therapists to adopt a trans-affirmative approach to the individual's personal experience of gender (Applegarth & Nuttall, 2016; American Psychiatric Association [APA], 2013; World Professional Association for Transgender Health [WPATH], 2012). Carroll et al. (2002) discuss the importance of ensuring mental health professionals are prepared for the "important challenge" this change brings to their clinical practice. Yet, I discovered a paucity of current, relevant literature which can be used to educate and inform clinicians who hope to work with this client group. I will discuss this in greater depth in the discussion chapter.

I found myself wondering what has precipitated the explosion. Why have trans- issues so visibly found their way into the public domain? One answer is suggested by Carroll et al. (2002) who report their understanding that the emerging consciousness and increased political activism within the transgender community may have impacted the way in which gender identity is considered. Their paper is over fifteen years old, but I imagine their suggestion is still relevant

**Overview of the structure of the dissertation**

Chapter 2 will provide a literature review of key terms used in this study. Chapter 3 describes the qualitative methodology and method used in the research as well as

narrating some of the challenges I faced during the research process. Chapters 4 and 5 present the findings of the review process. Chapter 4 is focused upon the theme I have named “The therapist’s experience of incongruence when working therapeutically with the trans- client”. Chapter 5 is focused upon a second related theme called “The therapist’s experiential response to the body of the trans- client”. Chapter 6 provides a summary and discussion of the findings, and the possible value of the research for the field of psychotherapy. The limitations of this study, implications and my own personal learning are discussed.

**Chapter Summary**

In this chapter I have briefly introduced my question for this study. I have described my motivation and special interest in the topic. I have outlined my stand point and considered the importance of language and identified my lens. I have described the way in which I began to conceptualise my question and offered a cultural context for this. Finally, I have described the overview of this dissertation.

# Chapter 2

# Contextual and historical overview

I will begin this chapter by explaining my rationale for referring to the client group as *trans-*, and define *transgender*, *transsexual*, *gatekeeper* and *cisgender*. Then, a historical and cultural context of transgender identity will be given, beginning with a reference to the work of Benjamin (1967). I will then briefly consider the shifting societal acceptance of gender diversity and the new Diagnostic and Statistical Manual of mental disorders (DSMV) category for Gender Dysphoria (APA, 2013). Finally, I will give a brief definition of *experiential response* and *countertransference,* as they have been referenced in this literature review.

## Transgender, transsexual, trans or trans-?

I found myself feeling confused and anxious that I may alienate readers by not using the appropriate language to reference this group of peoples who do not identify with the heteronormative gender binary. I discovered there is much debate about this contentious issue in which the term *transgender* has a history that reflects multiple and contested meanings. Within our contemporary context, individuals who identify as "transgender" are understood as a cohort of people who may express a diverse range of gender identities (Lev, 2013; Currah, 2006). As I reviewed the literature, I was struck by the proliferation of possible identifying terms under the label of "transgender" including: transsexual, transgenderist, bi-gendered, drag queen, drag king, cross-dresser, and a wide array of other possible identities (Carroll, et al. 2002).

I looked for trans- voices who could guide me and found respected gender studies academics Stryker and Currah (2014), co-editors of Transgender Studies Quarterly (TSQ) journal, who invite their readers to imagine the *T* in *TSQ* stands for "whatever version of trans- best suits you" (Stryker, Currah, & Moore, 2008). This idea resonated with me. For that reason, I chose the term trans-, using the "little hyphen" (p. 12) thus leaving the word open-ended rather than the word *transgender*. The authors note that in a world characterised by fixity, and boundedness, it must be considered important to remain open and inclusive (Stryker et al., 2008). Langer (2016) explains the term *trans* (without the hyphen) may be used to include people within the

community who feel they need to modify their body in some gendered manner, including individuals who identify as genderqueer, or anyone fitting along the gender spectrum. Perhaps it is important to note that although terms may be utilised as self-definition or definition by others, such points of identification may change during the life-time of an individual.

Some authors use the term "transsexual" (Lemma, 2012a, p. 277) when discussing case material and research participants. The people to whom they refer are individuals who are in the process of, or who have chosen to have body reassignment. I will use the abbreviations of MtF to denote a person who has transitioned from male to female, and FtM to denote transition from female to male as used across the reviewed literature.

**Cisgender**

In this research, I have adopted the definition of "cisgender" offered by Drescher (2015): Members of the trans- community coined the term "cisgender" to identify those whose psychological gender is concordant with their anatomical sex and who think of their gender identity as being "normal".

**Gatekeeper**

According to the current Standards of Care (SOC) which are the guidelines for treatment based on the Harry Benjamin Gender Dysphoria Association, a transsexual person wishing to pursue a physical transition must obtain two referrals from qualified mental health practitioners. These practitioners independently assess the client, and must approve their application to move forward for gender reassignment surgery (Colebunders, Cuypere, & Monstrey, 2015). The practitioner who has the power to give approval on the process of transformation for the transsexual client has been referred to as "gatekeeper" (May, 2002, p. 460).

**Historical and cultural context**

Transgender presentation has been met by differing degrees of social acceptance (Benjamin, 1967). One of the first works to fully explore, describe and explain the phenomenon of transsexualism was a paper written by a German born, sexologist and

endocrinologist, Harry Benjamin, M.D. in 1967. He is considered the founding father of the concept of contemporary western transsexualism (Ekins, 2005). He wrote this paper at a time when individuals who openly identified as transsexual might be pathologised, persecuted, punished and imprisoned. His paper "The transsexual phenomenon" became the baseline for standards of care (SOC) for the World Professional Association for Transgender Health (WPATH), with the first publication in 1979 (WPATH, 2012). The goal of the SOC is to provide clinical guidance for health professionals to assist gender nonconforming people with effective and safe pathways to achieving lasting personal comfort with their transgendered selves (WPATH, 2012).

Prosser (1997), who identifies as transsexual FtM, explains the term *transgender* was first used in the late 1980s by men who did not feel the label transvestite fully described their desire to live as women. The term *transsexual* was felt inappropriate because many individuals, who did not fit the binary definition of gender, did not necessarily want to reconfigure their bodies with surgical procedures or hormones. They did not need to "pass", or to fit the culturally accepted male or female role (Carroll et al., 2002). My use of these terms is discussed in the section below.

Bockting (2014), a clinical psychologist and co-director of the Initiative for LGBT Health at the New York State Psychiatric Institute and Columbia University Psychiatry identifies that transgender expression became medicalised in the twentieth century as sexual reassignment became available. He considers this enforced a binary understanding of gender as either masculine or feminine, male or female. Transgender individuals were encouraged to live within the binary division. Bockting (2014) explains that social stigma was pervasive, and continued long after an individual may have fully transitioned (2014).

Carroll et al. (2002) explain that since the 1990s transsexual and transgender individuals began to advocate for their rights and found support amongst each other, and gradually there has been a move towards a greater societal acceptance of gender diversity. But, when I consider our society in Aotearoa, New Zealand, although there may be a shift towards acceptance, I have witnessed that trans- people feel far from being understood and treated as equals.

In a collaboratively written resource manual that involved interviews with New Zealand and Australian mental health practitioners who work with lesbian, gay, bisexual, transgender and intersex people (LGBTI), the authors acknowledged a continuing level of bullying, rejection, discrimination and marginalisation within communities who publicly acknowledge cultural acceptance and equality (National LGBTI Health Alliance, 2014). I think it is likely the level of social stigma is more pronounced and takes more disturbing forms in different socio-cultural contexts. Gender non-conforming people in these settings may fear for their safety and are forced to remain hidden (LGBTI Health Alliance, 2014).

In the latest DSMV there have been changes to the Gender Identity Disorder (GID), (APA, 2013) classification after arguments that a GID diagnosis for a transgender person reinforces an outmoded perception of gender as binary (Butler, 2004). In the DSMV the new category of *Gender Dysphoria* refers to the distress an individual may experience accompanying the sense of incongruence, between a person's expressed or experienced gender and their assigned gender (APA, 2013).

**Experiential response and countertransference**

Experiential response refers to a dynamic change therapists feel, physically and emotionally in response to clients. This response is immediate and there is a nonverbal sense of the client's patterns of relationship to others, to the world, and to the self. This is intuitively understood, but may not easily be put into words (Gendlin, 1968). Countertransference is a psychodynamic concept that includes the experiential response. *Countertransference* may be defined as the therapist's *total response* to their client, both unconscious and conscious (Tansy & Burke, 1989, p. 41). I have included material in this study where authors discuss their affective and somatic *countertransferential* responses, as these are part of the experiential response.

**Chapter summary**

I have outlined the term trans- and indicated how I will be utilising it throughout this study. I examined the contested and changing nature of this term and how it related to social context and changes in societal attitudes and medical discourses. In the next chapter, I will describe my chosen methodology of a hermeneutic literature review.

# Chapter 3

# Methodology and Method

In this chapter I will give a brief overview of my selected methodology and method. I have chosen to conduct a hermeneutic literature review and will give an explanation of the philosophical and epistemological underpinnings of my research. I aim to give a brief description of this methodology, and the philosophical theories of Heidegger and Gadamer, thus highlighting the epistemological foundations of this research. I will identify my approach to the search for material and my methods of gathering, processing and collating my understandings. I will describe challenges I faced during this experience.

## Methodology

I have selected a hermeneutic literature review. I will first explore the philosophical underpinnings of the methodology, then explore the notion of hermeneutics. I have chosen this methodology to guide me because I believe it is a good match with psychotherapy process. This quote by French philosopher Merleau-Ponty (1945/2000) resonated with me, in which he theorised that experience is never atomistic, gathered together from pieces of sense data, but is inescapably holistic:

> In the experience of dialogue…..we are collaborators for each other in consummate reciprocity. Our perspectives merge into each other, and we co-exist through a common world. (Merleau-Ponty, 1945/2002, p. 413)

Hermeneutics resists containment, becoming generative, with growing horizons and offering greater possibilities (Moules, 2002). Using the hermeneutic methodology invites me as researcher to remain open to new possibilities and deeper understanding of the research, while exploring the legacies that inform the philosophy of practice I hold. I feel that I am brought to a place where I might be able to speak about the understanding I have uncovered for myself, while acknowledging that whatever I chose to say will be "full of people, territory, history, and of myself" (Moules, 2002, p. 2). This methodology invites me as researcher to listen to the conversation of others with respect, deference, earnestness and openness (Moules, 2002).

Gadamer's philosophy acknowledges our strengths as hermeneutic researchers, lies in a belief in the interpretability of the world and in our openness to allow ourselves to be "read back to us" (Moules, 2002, p. 12). Just as the therapist uses their subjective selves as their tool, interpreting their countertransferential responses, so too does the interpretative hermeneutic researcher. This is done with thoughtful care and wholeheartedness, "as a result of what we study, we carry ourselves differently, and we live differently" (Moules, 2002, p.12).

**Interpretation and hermeneutics**

Using a hermeneutic lens the researcher can be likened to the therapist who does not simply reflect back to participants what they have reported, but offers an interpretation of the "significance of their self-understanding in ways the participants may not have been able to see" (Grant & Giddings, 2002, p.16). As therapists, we learn to process what we see, hear and feel, and to notice what is not said or defended against, in ourselves and the client. Using a hermeneutic methodology has demanded this same careful, complex response, demanding I listen carefully to the way in which the texts speak to me as I read the author's words, noticing my experiential responses to what is said, and what is left unspoken. I found myself reflecting upon the influence of my own locatedness, around my gendered position as a cisgender female therapist. As a researcher within the interpretive paradigm I have been challenged to interact and relate with the texts and attempt to understand the experiences and meanings they offer (Grant & Giddings, 2002). This understanding is intertwined throughout the body of the research project.

From the moment that I began this research process, I found myself preoccupied with finding out the gendered position of the author, hoping for deeper understanding of the material by locating their possible viewpoint. I believe this desire to locate the author's links with what Grant and Giddings (2002) describe as an imperative of interpretative hermeneutic research: to make explicit our position in relation to the phenomenon under scrutiny (p. 17). It makes sense to me that our different theoretical and cultural perspective will impact the lens through which we see the world and make sense of our experiences. Throughout this process I have tracked my

own changing lens as I have found a more complex understanding of my experiential responses. I have discussed this in greater detail in the discussion chapter.

**Heidegger and Gadamer**

Modern hermeneutics deals with the question of human understanding and was developed by Heidegger and Gadamer. Heidegger developed a "philosophy of being" which was considered an ontological revolution (as cited in Grondin, 1994). Heidegger theorised that our Western tradition of separating the inner and outer experiences, the subjective and object experiences, is misleading and unrealistic. Heidegger takes the Greek word *aletheia*, choosing to name the 'truth' as "unconcealment", "drawing something forgotten into visibility (as cited in Harman, 2007, p. 92).

Our challenge as the researcher, according to Heidegger, is not to attempt to prove or disprove, but rather to provoke thought about the mystery of what "is" (as cited in Harman, 2007). Thus, thinking becomes the interpretation of moving towards an understanding which is already drawn from personal experiences and conversations, through dialogue, thinking, reading and writing with others (Smythe et al., 2008). These authors suggest it is important that we offer our thinking with humility, understanding it is as good as we can make it, but it will be lacking. The hope is that others will continue to think on, just as we ourselves must. There will not be a yes or no answer, but rather tentative suggestions with open questioning (Smythe et al., 2008). I believe this stance of not knowing, holding the reflective space, and being aware of the intersubjective experience parallels the experiences of the questioning therapist.

Gadamer was a student of Heidegger and elaborated upon his ideas. Gadamer suggested human existence may be considered closely related to language (as cited in Boell & Cecez -Kecmanovic, 2010). As researchers using this methodology, we are not looking for understanding literally in the words, but searching for multi-layered understanding and interpretation behind the words. Gadamer explains our comprehension of prior works helps shape the understanding of ourselves with the echoes of our past always either deliberately or inadvertently inviting us into both the past, and new ways of being in the present (as cited in Moules, 2002).

**The hermeneutic circle of understanding**

Boell & Cecez-Kecmanovic (2010) explain the process of understanding is open ended and circular in nature. As we read each new paper, we bring our learnings from previously read material, which in turn influences our meaning making. Using the hermeneutic methodology, we are encouraged to think about how the different parts of our comprehension might come together to support our overall understanding. This movement back and forth between the parts and the whole during the process of meaning-making is described as the hermeneutic circle (Boell & Cecez-Kecmanovic, 2010).

**Method**

My first question when deciding to conduct this qualitative research was what approach I should use. Initially I considered conducting a thematic analysis, as I had previous experience of this research methodology and had found it effective for the extraction of themes in the data. But I wondered if I might potentially "miss" the meaning behind the words. I have a special interest in gender locatedness and how this might impact the interpretation process. I also considered using the heuristic methodology, but decided that my main interest lay in understanding what other therapists have said about their experiences. I wanted a process that would allow me to subjectively reflect upon my own clinical experiential responses to the trans- client and the way in which the research material impacted me personally. But I did not wish to pursue an in-depth analysis of my own gendered identity position or my own experiential responses to working with trans- clients.

I found myself captivated by the research material I selected to review, but noticed my struggle to engage with the philosophical reading required to familiarise myself with the hermeneutic approach. My focus was on the goal of understanding the experiential response of the therapist working therapeutically with the trans- client, but I came to understand that without the necessary investment of my time in securing my understanding of my methodology, my attempts to remain open and receptive to the material would have been constrained.

**My process of searching, gathering and reading**

I began my process with an extensive search of psychotherapeutic literature identified through the databases: PsychINFO, PEP, and OVID. I used a multi-field search using "trans" "transgender" OR "transsexual" AND "therapist". In further searches, I added "countertransference" and "experiential responses". I found Google Scholar an extremely fruitful database as the research progressed. I approached my material with openness and followed each lead as it arose. I looked through the reference bibliographies at the end of papers I was interested in, and using these references searched for further papers. All abstracts were reviewed, and I applied exclusion criteria that emerge through this process. The exclusion criterion was any literature which did not address or contribute to understanding of my question. I found translations of texts which had originally not been written in English. I searched for sources from recommendations from my supervisor, therapist and peers. For each text that I included in this review, I kept detailed notes about the themes uncovered, a summary of the information, and my own critical responses based on the relevance to my research question. I focused on material which I believed to be trustworthy: I checked the qualifications and expertise of the writers, and also checked the reference lists of each paper. I gave preference to academic, peer reviewed material.

I attempted to collate my papers into different subgroups in a thematically organised manner, but found this challenging as many of the papers focused on more than one theme and fitted into several subgroups. My focus was always the qualitative observations and conceptual reflections on the nature of the experience of clinicians working with these trans-. When I felt overwhelmed by the written material and was struggling with the complexity of theories offered by authors, I turned to art, poetry, social media and the internet, where I searched for the stories of the trans- individual and community. I explored my troubling dreams linked to my responses to the material. I found inspiration through my immersion within this material, and was reminded that each individual's knowledge incorporates a multitude of different life experiences and unique perceptions of gender identity, in relationship to the sexual appearance of the body (Di Ceglie, 2012).

I approached the literature with an open mind, not looking for answers, rather seeing what understandings could emerge. The hermeneutic paradigm searches for

understanding with the assumption that in order to understand, one must also interpret (Schwandt, 1999). I acknowledged the philosophical hermeneutic assumption that my socio-cultural identity impacted my understanding. To remain self-reflective and to help me to attempt to find my pathway through the overwhelming volume of material, I used supervision and other relational spaces to reflect on my influences and assumptions. I accept the belief that in the hermeneutic literature study the interpretation will be my own (Smythe, 2012, p. 7).

**Holding a reflective space**

One of the first things I noticed during the research process was a creeping feeling of being an "outsider" as I immersed myself in the material. I was curious about the origins of this feeling, and wondered what it might illuminate in a clinical context. Smythe et al. (2008) explain researchers must remain willing and open to be self-reflective as we approach the literature, suggesting "to work on the data is to listen for the ideas that jump out" (p. 1395). I reflected upon the dynamics that might emerge around the tension of holding an outsider perspective. I became aware of the importance of identifying my positionality as a researcher and holding open my own space to reflect. Interestingly, once I identified this theme of 'holding a reflective space', this became a seminal theme which I found reported by many authors. I actively searched for clinical material describing the experiential responses of both cisgender and trans- therapists in their clinical work with their trans- clients.

Levy (2013) explains that as researchers we may view ourselves as both outsiders and insiders during the journey of the work. Although I view myself as an outsider, by nature of my gender status, I believe myself to be an ally who seeks to foster understanding and social justice. Levy (2013) asks what ethical dilemmas might we experience as outsiders? She questions how we can ensure sensitivity to the needs of a marginalised, disenfranchised or underrepresented group? She raises concerns that as outsiders we may unintentionally say something offensive or misrepresentative. I have firmly held these questions in mind as I have conducted this hermeneutic literature review.

**Two themes emerged**

I found two papers by Lemma (2012a & 2012b), who identifies as a female, cisgender clinical psychologist and psychoanalyst, an inspirational starting point for my hermeneutic literature review. In her first paper, she outlines the findings of a qualitative study with "transsexual" (2012a, p. 277) participants, who had volunteered to take part in a television documentary series about transsexuality. In her second paper, the author gives an account of her clinical experience with a transsexual MtF (Lemma, 2012b) client. From her papers two key themes emerged. The first theme is about the therapist's experience of incongruence, when working therapeutically with the client. The second theme focusses on the therapist's experiential response to the body of the trans- client. I will write up my research findings in chapters 4 and 5.

**Overview of the chapter**

In this chapter I have outlined the epistemological underpinnings of the hermeneutic literature review and outlined my methods of data collection and literature search. I have identified my inclusions and exclusions. A description was given of my method and the process of conducting this, together with a description of the evolution of my research question. I identified my need to hold a reflective space as I approached this research project and my thinking about this was explored. In the following chapter I will discuss my findings, and the implications and limitations of the research. I will finish with concluding comments.

## Chapter 4

## Research findings: The therapist's experience of incongruence when working therapeutically with the trans- client

In my therapeutic interactions with trans- clients I have, on occasion, experienced a feeling of incongruence, uncertainty and vacillation. It is a sense that I am sitting with a person presenting as one gender, but with a very strong feeling of a presence of someone of another gender in the space. I have struggled to encapsulate in words what this experience of "incongruence" feels like to me, identifying I do not have the language to fully describe my experiential response. I discovered in my review that other therapists have experienced this experiential response linked to their clinical work with trans- clients. This chapter focuses on my investigation of research describing the experiential response of both the trans- and cisgender therapists.
My review of the literature revealed an intersubjective world of experiencing which is deeply complex and interwoven between client and therapist. I found a dearth of pertinent literature and identified very few therapist authors who self-identify as trans-. I have noted where I was able to identify authors' gendered positionality, from their writing or from other sources. In this chapter I will introduce each paper and their authors and identify themes within the literature.

### Responding to visible "otherness"

Lemma's (2012a & 2012b) papers (as described in chapter 3) based on her qualitative research with "transsexual" (2012a, p. 277) participants, and upon her own clinical experience with a "transsexual" (2012b, p. 277) MtF client, were an invaluable starting point in my exploration.

Lemma (2012a) explained the aim of her qualitative research was to attempt to contribute to the ongoing debate about how therapists can better understand "transsexuality" (2012b, p. 1). One theme which Lemma (2012a) identified in her research, she called "Mind(ing) the gap" (p. 267). This referred to what the transsexual participants who she interviewed describe as a feeling of "a 'gap', 'disjoin' or 'incongruity'" (Lemma, 2012a, p. 267), between the body they have, and the body they identify to be their "true physical home" (Lemma, 2012a, p. 267) I was particularly

interested in the author's hypothesis that for either psychological and/or biological reasons, *some* transsexual individuals experience disturbing and profound *incongruence* at the level of their body-self in early childhood. Although I will not expand about this in this review, I imagine this may then be experienced in the countertransferential response of the therapist.

The theme of "incongruity" (Lemma, 2012a, p. 263) was carried through into her second peer reviewed paper, in which she describes her psychoanalytic psychotherapy work with a client, Ms A, who identifies as a transgender MtF. I was intrigued to read Lemma's (2012b) description of feeling confronted by her countertransferential response to the Ms A's disorientating "visible" (Lemma, 2012b, p 278) otherness in the therapeutic work. The author described the transferential experience of being ardently and *forcefully* (Lemma, 2012b, p. 282) offered an invitation by her transsexual clients "to be seen" (Lemma, 2012b, p. 277). Her understanding of this, is that her transsexual clients need to be taken into the mind of her as analyst, both visually and mentally, in their state of *incongruity*. She as therapist, needed to accept the trans-client as they are in their entirety, not seeing them as they "ought to be" (Di Ceglie, 2012, p. 291).

**Feeling destabilised**

Staying with Lemma's (2012b) paper, I appreciate the way in which she interweaves a limited selection of personal responses to her client. For instance, I particularly noted her description of feeling 'hit' by Ms A's physical presentation at their first meeting, mirroring my own experience with trans- clients. She explains she selected the word 'hit' to again denote the powerful visual dynamic present in their therapeutic work (p. 280). When I think of being 'hit' I imagine myself feeling unsteady after receiving a blow. Lemma (2012b) describes reeling from the effects of the Ms A's exaggerated manner of presentation that *drew attention to* the "*incongruity* between the biologically assigned gender and *her* gender of identification" (p. 280). Linked to this experience, Lemma (2012b) describes a countertransferential response to her client of feeling acutely aware of her own visual presentation as therapist, and of the need to be careful in her choice of words. She describes feeling that if she were not able to take the client in with her gaze, or understand her it "would be catastrophic" (p. 281).

I wonder at her choice of the word "catastrophic" (Lemma, 2012b, p. 281). Is the author alluding to a countertransferential response to the intensity of feelings which the client holds during this transitional process? Lemma (2012b) described a resulting exaggerated care and vigilance around her own behaviour, presentation and use of language.

I continued to search for authors who shared the experiential responses of feeling destabilised during in their clinical work with trans- clients. I found a peer-reviewed paper by Quinodoz, (2002) a Swiss psychoanalyst, who reflected this experience linked to her clinical work over seven years with a MtF client 'Stephanie'. In the paper the author does not state her gendered position, but other authors referred to her as female. Her client "Simone" had undergone "sex change surgery" over twenty years previously and then lived as a woman thereafter (Quinodoz, 2002, p. 783).

Quinodoz (2002) explains that at the beginning of the therapy she felt "troubled" (p. 784), at not having a spontaneous sense of whether her client was a woman or man. She described with honesty how "at first I did not know what to do with this countertransferential feeling" (Quindoz, 2002, p. 784) and reported a resulting inner hesitation whenever she spoke to her/him. I believe this echoes the feelings described by Lemma (2012b) in the paragraph above. Quinodoz (2002) reported she found herself addressing her client as a woman, giving her the social status "she wanted, and whose appearance she presented" (p. 783). I was intrigued to read that the author learnt to believe that she had to accept her feeling of *not knowing* whether she was addressing a male or female, and simply allow herself to fully experience the discomfort of this feeling of uncertainty. The author suggests this *acceptance* allowed her to take in the countertransferential experience of the client's own anxiety and feelings of ambiguity around his/her identity. This literature highlights the confusion and unsettled state that therapists report experiencing and that learning to accept is part of the therapeutic understanding of the client's experience.

**Shame, fear and anxiety**

In Silverman's (2015b) paper written for a peer-reviewed journal, in response to Drescher's critique of her earlier article, "The colonized mind: Gender, trauma and mentilization" (Silverman, 2015a), the author who self-identifies as lesbian, clarifies

and elaborates on her experiential response and countertransference experienced when working therapeutically with her FtM trans- client. Silverman (2015b) describes the experience as intense and often unsettling, and explains these feelings are felt within the transference-countertransference relationship. She reports her experience of deep feelings of shame, fear and anxiety, and her understanding these are stirred up because her client is struggling to make the decision about transitioning and is seeking her support to do so. The author foregrounds the magnitude of the irreversible decision that weighs heavily upon them both.

**Contradiction and ambiguity.**

I was interested to note the way in which the therapist's response to the client altered as the work deepened. Quinodoz (2002) identified that her developing experiential response appeared to be inextricably linked to Simone's own movement during their long-term therapy, from a place of feeling "uncomfortable" (p. 784) about her identity, to a new awareness of difference and complexity. From this, I imagine that the therapist's response to the countertransferential feeling of incongruity shifts, as the client is able to tolerate and accept their own experience of incongruity linked to their identity. I imagine this is a slow process and one only possible from within a robust working therapeutic alliance.

I was reminded of the unique journey of each therapeutic relationship. One example of this is as follows: Quinodoz's (2002) reported that her client Simone began to question her justification for surgery. The author explained that the "crisis" (p. 784) peaked when Simone simultaneously realised that she could no longer disavow reality and believe she was a woman, and yet nor could she live as a man. The author described the "impossible choice" she now experienced sitting with Simone, who unconsciously presented her with this question: "Which one of us is deluded? Me, for thinking I am a woman? Or you, for thinking I am a man?" (Quinodoz, 2002, p. 785). I was curious about the author's choice of the word 'deluded' and wonder if this might suggest the degree to which she too feels disconcerted and that both she and Simone are losing touch with a sense of continuity in their shared reality. This word evokes in me a notion of the surreal, and of fantasy. I believe it links in with the theme of feeling *destablised* previously discussed.

Suchet (2011), who self-identifies as a lesbian therapist, leads the reader through a ten-year analysis in which "Rebecca" transitions to become "Raphael". I found Suchet's (2011) paper to be valuable to my research: heartfelt and intellectually rigorous. The author shared her personal transition, as a therapist and person, within her psychoanalytic understanding of the meanings and processes which impact her during this journey. My appreciation of this paper was shared by others, and is referenced in various papers I reviewed, including by Goldner (2011) in her review of transgender subjectivities. Goldner (2011) is an internationally respected psychoanalyst. She describes Suchet and Rebecca's analytic partnership as arduous, intimate, disciplined and rigorously mutual, in which both the analyst and patient grow. Suchet (2011) describes herself "working hard" in her search for ways to hold a reflective space to explore with Rebecca the possibility of holding the feminine and masculine together, not giving up on either and finding a way to live with both.

Suchet (2011) describes her experiences after three years of work with the client, when she begins to "feel the internal changes" (p. 177) in Rebecca, correspondingly feeling their relationship "deepening" as Rebecca is able to "allow more intimacy" (p. 177). Suchet (2011) shares her experience of anxiety in the countertransference, as Rebecca approaches the time for surgery. As her client lives in the transitional world of in between, the author explores her own parallel experience of *contradiction* and *ambiguity* while struggling with unanswerable questions. Together they share a reflective space to explore their shared feelings about the unknown, and discuss how things may change between them. Rebecca voices her concern that the author will respond to something strange and "other" between them in the room. Suchet (2011) in turn, reveals her fear that she may not know the "other" person, describing her feeling that "everything will be turned upside down" (p. 180).

I found myself attempting to imagine what this experience was like for the author: the words "turned upside down" made me think of entering an unfamiliar territory, of feeling a loss of orientation. Her writing evoked in me a feeling of grief, loss and of approaching an ending. Rebecca acknowledges that what they have co-created in therapy is as close to "safe" as she has ever known, and both acknowledge their fear of the change, describing this as one of the greatest barriers to the client's process of transition.

Another author that identified experiential responses of confusion and ambiguity was Hakeem (2008). He writes a paper based on his experiences running a specialist psychotherapy service for trans- clients in London. He does not identify his gender position but is referred to as male by other authors. He reports a belief that therapists must tolerate a significant level of confusion and ambiguity relating to their clients' genders. He identifies this allows space for trans- clients to discuss their feelings about their dilemmas regarding their "mind body splits without being (or experienced as being) forcibly pushed into either male or female *solutions*" (p. 187). His writing highlighted the importance of the reflective space. It prompted my reflection about the role of gatekeeper, the cultural context and time frame of the therapeutic work, and how this might impact this vital reflective therapeutic space.

**A feeling of pressure to demonstrate the relevance of therapy**

I consider the impact of longer term therapy on the experiential response to the client. Although this is not an experiential theme it is an interesting factor in influencing the thematics of experiential response. I found an article by May (2002) who self-identifies as a female, reflexive psychosexual therapist working in the UK's National Health Service (NHS) with clients moving between transgendered identities. She writes about her experience of offering clients ongoing support for up to eighteen months, while simultaneously carrying out assessments of suitability and stability for sexual reassignment surgery (SRS). As I read this I wondered if eighteen months is enough space for the client to fully explore their gendered position. I imagine *a feeling of pressure* being exerted on both therapist in her role as gatekeeper for SRS, and the client who needs to "prove" they may be considered ready to transition. I wonder if the trans- individual may modify their behaviour and what they may choose to share with their therapist to safeguard their future plans for gender modification**.**

In May's article (2002) she does not detail her changing relationship with longer-term clients, but she describes the developing pressure she feels to demonstrate that what she offers the client is "relevant and tailored to the needs of current treatment packages" (p. 452). Although I imagine there would be a deepening therapeutic relationship during this time frame, in which the experiential response of the therapist may mirror the client in the countertransferential experience, I wonder how much

space there is for the feelings of ambiguity and anxiety written about by other authors. I wonder if this time constraint may be considered counter therapeutic, presenting an irresolvable tension felt by both. May's (2002) paper prompted me to consider what impact, if any, the role of gatekeeper may have on the therapist's experiential response to the client.

**The troubling nature of the gatekeeping role**

I searched for relevant literature and found only one paper which was written by Budge (2015), who is identified as an assistant professor in the Department of Counseling Psychology at the University of Wisconsin-Madison. She does not self-identify her gendered position. In associated literature, she is referred to as female. In her case study, published in a peer reviewed journal, she explores psychotherapists' roles as gatekeepers. I am curious about the last lines of her paper where she states: "Even if the gatekeeping or learning a new skill in working with transgender clients can feel daunting, it is a *beautiful* process to assist someone in becoming their authentic self" (p. 294). She is referring here to the process of writing permission-giving letters allowing clients to have their SRS. It is interesting that she uses the word 'daunting' which hints at the anxieties and felt responsibility of such a decision. This links with previous authors who foreground the anxieties that are evoked in the work, but it is also interesting to hear her use of the word 'beautiful' in talking about her role as gatekeeper. Does this word indicate the possibility that she feels a positive felt sense, maybe highlighting the value and importance of this work? But I wonder too if it may also hide some of the problematic tensions inherent in gatekeeping i.e. the power of the therapist to say yes or no. This could be experienced by the trans- client as profoundly disempowering and thus the notion of beauty with the role of gatekeeping is interesting.

May (2002) explains her belief that the role of gatekeeper is "sometimes an unenviable one; usually an uncomfortable one" (p. 460). The author alludes to the feeling of discomfort in a position that is not desirable. So, what was this "uncomfortable" (May, 2002, p. 460) experience like for the author and how did she come to understand it? I was struck by her forthright willingness to describe her own personal experiential response to the transitioning clients. She described a feeling of "unease" when

working with men transitioning to women, in terms of the frequency with which she internally registers she is speaking with a man and not a woman (May, 2002, p. 457). I was interested in her reflection that this occurs even though she consciously positions herself as a therapist, sensitive to issues of gender. The author links her feelings of unease to her conflicted experience while working therapeutically (this links to the theme of contradiction above). She explains that at the same time as she is attempting to affirm her clients for their gender specific behaviour, she finds herself feeling personal discomfort at their "keenness" to identify themselves with stereotypes of womanhood (May, 2002, p. 457). Reading this made me consider the power of social discourse and media representation of gender, and question what stereotypes of women she refers to.

I wondered if other therapists in this *gatekeeping* role had reported a troubling experience in their therapeutic work. I found an interesting and informative article by Wright (2006), the author of a peer-reviewed paper on transsexuality, psychodynamics and the NHS. Wright does not self-identify his gender, but is referred to as male in related articles. As a psychoanalytic psychotherapist, Wright draws on his own therapeutic engagement with his transsexual client "Stephanie", to highlight his own personal experience of difficulty within the countertransferential relationship. He describes experiencing a need to act to contain and consolidate in his role as therapist, rather than sit with an experience of not knowing or *incongruence.* Linked to this reported feeling of incongruence, Wright (2006) describes his experience of feeling forcefully "compelled" (p. 145) by Stephanie to "see" (p. 145) him as a girl/woman within this relationship, yet he finds himself instead seeing the boy/man. This brought to mind Lemma's (2012a) writing discussed above in which she describes being compelled to "see" the other.

**Feeling frustrated and confounded in the face of gender fluidity**

May (2002) voices her concerns about the shared feelings of frustration and of being confounded reported by therapists working within the NHS, when confronted by transgender clients who experience an unstable and fluid self-identity. I imagine these experiential responses make it challenging for the therapist to hold the open reflective therapeutic space and sit with a feeling of incongruence and not-knowing. May (2002)

reports her belief that these "gatekeeping" therapists may equate mental 'robustness' of trans- clients with notions of the 'stable self', which must remain a fixed, unchanging entity. She suggests that gatekeeping therapists may feel that fluidity of gender exhibited by trans- clients could denote a lack of authenticity in their intentions? Her writing indicates she sees this as problematic. I wonder if this could be thought of as the psycho-social work that therapists need to achieve, in order to be able to work with trans- clients? Is the description of the therapist's frustration and confused states, an indication of the therapist's difficulty with navigating the gender binary, as alluded to previously by Wright (2006)?

**Inauthenticity and incongruence**

May (2002) described *some* therapists in the powerful position of gatekeepers in the NHS as inauthentic and "incongruent" (p. 454). She explains "we" (May, 2002, p. 454) therapists respond with social niceties to trans- clients, acting as an "audience indulgent in its assumed superiority, responding to effort with unrealistic encouragement" (May, 2002, p. 454). I believe her reporting of this response is valuable as it guides the work and highlights the importance that therapists recognise their own troubled states in relation to troubled states in others.

May (2002) identifies her own realisation that this incongruent behaviour gives rise to tensions within her practice. She describes one example of this is when faced with the challenge of giving feedback on the "incongruent and clumsy early attempts at performance of the new gender" (p. 454). I found the author's choice of the word "clumsy" uncomfortable and judgmental on initial reading. Interestingly, she goes on to explain her concern that her feedback may seem "unnecessarily harsh and potentially hurtful" (May, 2002, p. 454). But on reflection, I welcome the author's openness and feel empathy as she explores her own sense of incongruence that she recognises in her own deeply perplexing response to her trans- clients.

**A feeling of "pressure" to take a gendered position**

I began to consider the possible implications of the influence on the therapist's experiential response, conducting therapy within a culture based on medical discourse. Wright (2006) described the impact of his peer supervision group on him, mirroring the

therapy with Stephanie. He explains that the more he referred to his client as "she" in supervision, the more insistent his colleagues became that "she" was a "he". Some colleagues even became insistent that Stephanie was "a poor *deluded* man who needed to be challenged and confronted" (p. 145). I was interested to note Wright's choice of the word "deluded" in this paper, mirroring the reported experience of Quinodoz (2002), previously mentioned. Wright (2006) identifies his peers' response exerted an external pressure on him as a therapist. In his writing, he revealed his experiential response of feeling driven to take sides in relation to gender. Wright (2006) asks, in relation to Stephanie, "was I for the male side or female?" (p. 149). His writing indicated his experience of his colleagues' denial of the client's subjective identity was troubling for him. Is it possible to think of the colleagues' reported responses to the client as a transphobic response? Their reported unwillingness and their pressure, as the author refers to it, to define the client as a man, may reflect their defence against the trans- experience and a possible phobic reaction, that refuses the client's reality. Wright (2006) identified his developing realisation of the importance of creating a reflective space, within himself as therapist, and in therapy, to talk about his troubling experience with Stephanie.

**A place of acceptance**

Quinodoz (2002) posits that as therapists we need to find a place of acceptance in therapy with trans- clients, that there may never be certainty or a feeling of congruence with reference to the clients' gendered positions. In an article by Fraser (2009) I found a similar reflection, where she considers the importance of sitting with incongruence and not knowing.

Fraser (2009) reflects on her thirty seven years of clinical experience, in her peer-reviewed paper on depth psychotherapy with transgender people. She does not identify her gendered position, but is referred to as a female in related articles. In her paper, she stressed the importance of remaining open to the possibility that the client may never settle on the gender spectrum and may remain gender fluid. Fraser (2009) explains that as therapists we may be faced with an exploration of options for our clients, that does not fit a binary system of gender. This may be personally challenging and "surprising" for the therapist, perhaps even being a new experience. Fraser (2009)

states that what is important is that the therapist maintains the stance of compassionate neutrality and pays close attention to the countertransferential experience, and all parts of the individuation process.

**Summary**

In this chapter I have reviewed what my selected literature says about the experiential response of the therapist to the trans- client, focusing on the experience of incongruence and I have identified key themes. One of the themes the authors identified was the importance of holding the reflective space when confronted by their troubling and complex feelings of incongruence, allowing for self-reflective practice and acceptance of this experience. The impact of the role of gatekeeper and the cultural context in which the therapy was conducted was considered. My reflections will be discussed in chapter 6. In the next chapter I will address the therapist's experiential response linked to their feelings of incongruity in response to the client's body.

# Chapter 5

# Research findings: The therapist's experiential response to the body of the trans- client

This chapter examines a strand that I identified in the reviewed literature around the therapist's experiential response to the trans- client's body. The starting point for my research for this chapter was informed by my own interest in attempting to find understanding of my experiential response, when sitting with trans- clients in my clinical practice. I reflected on my own uncomfortable, anxious, experiential response to the changing body of the trans- client. In this chapter I identify themes in the literature related to feelings of anxiety, shame, repulsion, hate and anger, feelings of defensiveness and embarrassment felt by the therapist in response to the body of the trans- client. A feeling of a lack of experiential understanding is considered.

## Anxiety

King (2011) identifies as a cisgender female practitioner of Integrative Mind Body Therapy and an Embodied Relational therapist in the UK. In a peer-reviewed paper, she describes her clinical experience with a client "Dawn", a fifty three year old "transsexual" (p. 47) person awaiting SRS, gender transitioning from male to female. King's (2011) description of her experiential response to Dawn at their first meeting where she struggled to feel comfortable, reflected something of my own experiential response when first meeting with trans- clients to begin therapy. King (2011) described "a little niggly feeling deep in the pit of my stomach" (p. 38). She initially reflected this experiential response was linked to her feelings of anxiety about her limited experience of working with trans- clients. King (2011) shares her struggles to feel compassionate as Dawn tearfully spoke of her difficulty seeing other women, and knowing she could never be like them. The author reported her understanding that since she was a woman, she had what Dawn longed for: the body of a woman. King (2011) described Dawn's frequent covert glances at her breasts and reported her own experiential response of feeling repelled and angry. The author explained this experience pricked a memory of herself as a fifteen year old, flat-chested girl, who longed for large, beautiful breasts and who looked enviously at others. The author

does not conceptualise this experience leaving me to wonder if her experience was a re-enactment of her own youthful experience.

**Shame, repulsion, horror, anger and a somatic response**

King (2011) describes her own feelings of "repulsion" (p. 43) never far below the surface in sessions. She identifies this experiential response as a mix of feeling of shame, repulsion and anger, combined with a sense of superiority:

> Internally I was screaming silently with both horror and sympathy as I met what felt like the full force of Dawn's loathing towards the genitalia with which she had been born, and her envy of the woman/mother/therapist. (King, 2011, p. 39)

King (2011) writes with blunt honesty about her challenges to feel empathy for Dawn as her transition progresses, struggling with her feelings in response to Dawn's decision to change her gender by having major, radical surgery. The author offers an evocative description of her somatic experiential response as Dawn regaled her with information about her "new vagina" and explained how it would be fashioned from her unwanted penis. King (2011) described becoming aware of a "piercing sharp pain in my own vagina" (p. 46) in response to this information. She described being momentarily transported back to a painful surgical procedure undertaken some years before. The author identifies this body memory was very much alive and resonated with Dawn's anticipated experience, although she notes she would have preferred not to have had the operation, contrasting with Dawn's choice to have surgery. King (2011) reflected that both scenarios represent a process of conflict. I believe the author reveals a capacity to make use of these experiential responses in relation to the client's struggles, rather than as a defence against the client's trans- marginalised identity. She foregrounds that somatic experiential response can be a part of the therapist's work with trans- clients.

The theme of troubling experiential responses to the body of the gender transitioning trans- client continues in Lemma's (201b) paper where she shares her therapeutic journey with transitioning client Ms A. The author describes her response, as Ms A gave detailed descriptions of her sex reassignment surgery (SRS), in the chapter "The

body in the consulting room" (p. 289). Lemma (2012b) reports that she was deeply affected by Ms A's detailed descriptions to her body modification, and described her difficulty in processing them during the therapy sessions *"whilst she looked at me"* (p. 289). As Ms A moved closer towards her day of surgery, Lemma described feeling called upon to mirror Ms A's subjective experience of being trapped in her male body, even though she felt that what Ms A was choosing for herself was "deeply disturbing" (Lemma, 2012b, p. 289). We hear Lemma's experience of the deep disturbance that she experienced in her work with this trans- client.

**Fear of doing harm and fear of attack**

Withers (2015) writes about his experiences in response to body modifications in his analytic work with two trans- clients. Withers (2015) identifies as a male, UK based Jungian analyst. In his peer-reviewed paper, the author foregrounds his difficulty in navigating a path between pathologising and traumatising the client, while finding himself avoiding important analytic material for fear of doing harm. He describes how his countertransference anxieties about psychopathologising led to significant difficulties in working clinically. The author argues that the containment of such anxieties may lead to more effective analytic work and this work may be further facilitated by consideration of the mind-body dissociation linked to transsexualism (p. 390). In this regard, Withers (2015) explains his theory that the trans- client longs to be reunited with his/her body, but may be terrified of what they will find there, "feeling the need to surgically alter it first" (p. 405). Under such circumstances, the therapist who "speaks from and for the body must expect to be attacked too" (Withers, 2015, p. 406). Withers (2015) posits the trans- client may identify with the physical body itself, rather than the emotional and psychological experiences there, seeing the "hated enemy" (p. 406). He wonders if his defence of dissociation can be understood as a response to the fear of this attack.

**Feelings of hatred**

Withers (2015) brought these theories to life for me in his description of his work with his client John, described as a pre-surgical male-to-female client. The author explained he had previously had a painful therapeutic experience with his transsexual client Chris, who regretted having SRS. The author found himself wishing to "warn" (p. 402)

John of the dangers of surgery, by suggesting John may later "regret" (Withers, 2015 p. 402) his decision to have surgery. John's response was to laugh "derisively" (Withers, 2015, p. 402). This prompted the author to respond by telling John of his work with Chris. Upon further reflection, the author identified that his feelings in response to John's derisive laughter, probably led him to use his experience with Chris to "force him to take me more seriously" (Withers, 2015, p. 402). The author reflected he did not recognise the countertransference hatred behind his conscious concern for John and his body. Withers (2015) identifies the experiential response of hate which can be evoked in the therapist when working therapeutically with trans- clients. He foregrounds his own complex experiential response, questioning if his attachment to his own penis (castration anxiety) prevented him from consciously identifying with his client; thus, masking his ability to appreciate how potent his questioning of John's choice to commit to surgery was.

**A disquieting experience**

McKenzie (2015), a clinical psychologist who has worked for years with transsexual clients, wrote a paper in response to Withers' (2015) previously referred to paper. She thanks him for opening a conversation on the "disquieting experience" (p. 413) for therapists working with trans- clients seeking body modification through SRS. She suggests a clinician may experience many responses when faced with the responsibility of "signing-off" on a surgery, where a person is attempting to reverse their sexual body. McKenzie (2015) shares her own experience of "deep sadness" (p. 413) that the person sitting across from her cannot be dissuaded from their conviction that they must continue to pursue the physical body that matches their gendered feelings. The author describes her "worry" (McKenzie, 2015, p. 413) that there may be some pathology in such a desire, and her feelings of certainty that there is pathology in the cultural collective unconscious that insists sexual anatomy predicts and defines an individual's embodied gender feelings (McKenzie, 2015, p. 413). She suggests that when working with trans- clients, therapists may begin by focusing on the experience of a potential gender complex within themselves, fed by complexes in the cultural unconscious. In this case, the "complex" is the assumption that a sexual body corresponds to gender feeling; the female body has feminine feelings and the male body, masculine feelings (p. 414). Reading this brought to mind May's (2002)

reflection in the previous chapter and her difficulty in identifying with the stereotypical presentation of gender demonstrated by her clients. McKenzie (2015) agreed with Withers' assertions that SRS triggers a response in the therapist, causing him to lose his analytic footing, when faced with such a marked degree of emotional disturbance, both individually and culturally.

The feeling of a loss of balance is described by Di Ceglie (2009), who describes his therapeutic work with young trans- people in his role as gatekeeper. In his peer-reviewed paper, he examines the experience of the therapist who interacts with these young people and their families. The author does not identify his gendered position but is referred to as male by other authors. He described feeling under "pressure" and "in danger" (p. 3). The author wonders if this feeling of danger may link to the therapist's experience that he may lose a balanced view of the work, instead taking an unhelpful polarised position in response to the client. He puts forward the view that the therapist's experiential response will often mirror the mental state of the client. He uses the evocative metaphor "working on the edge" (Di Ceglie, 2009, p. 3) to encapsulate his experience.

**The visceral response and troubling, embarrassing feelings**

May (2002), identifies as a gatekeeper therapist working in the UK's NHS with trans- clients. In her peer-reviewed paper, previously mentioned in chapter 4, she explains the difficulty experienced by the therapist of witnessing the refashioning of bodies, which she describes as a "painful, slow and messy business" (p. 455). She describes experiencing significant anxieties and misgivings, that as a therapist she has facilitated this transformation process for clients. I wonder if this alludes to a feeling of fear and anxiety experienced by therapists who have been instrumental in facilitating this life-changing transformation, with no guarantee of a positive outcome, as described by Withers (2015).

May (2002) makes an uncomfortable analogy between the metamorphosis a tadpole goes through to become a frog, likening this very public transformation to that of the trans- person. She explains "messily, almost obscenely, the outer form moves from one shape to another" (p. 455), "its embarrassing viscerality troubles us" (May, 2002, p. 455). I felt curious about her experiential response to the transformation of her

clients. I wonder if she has chosen language to reflect her own countertransferential experience in response to the client's gender transition: "painful", "messy", "embarrassing", "viscerality", "messily", "obscene" (May, 2002, p. 455). These words evoked a powerful image in my mind of a woman giving birth to a baby when that delivery is a struggle. Is the author responding to the birth of the client's new gendered identity? The author describes the visceral response and troubling embarrassing feelings evoked in the therapist.

**Lack of experiential understanding**

I identified a peer-reviewed paper by Langer (2016), a psychotherapist who offers the opinion that cisgender individuals *cannot* experientially understand the deep body schematic feelings of a gender incongruence. Langer (2016) does not identify his/her gendered position. Langer suggested the trans- person's body will change after beginning hormone treatment and one part of this experience will be felt through the surface of the body i.e. as the skin softens with female hormones. The trans- person begins to feel more gender congruent as their body becomes more aligned with their gender experience. Langer (2016) argues the cisgender therapist will never truly understand this experience on an experiential level. Langer (2016) states that the cisgender's experiential responses will be different from those of the trans- therapist who is able to attune to the deep body schematic feelings of gender incongruence. By this, I refer to the feeling of disconnect between a trans- person's body image and body schema, and the impacts on their self-knowledge of gender (Langer, 2016, p. 307).

Langer (2016) questioned if cisgender therapists have the capacity to ever experientially understand the trans- experience. I believe the implications of this question may be important to consider in future research. I searched for other authors who might address this question. I found only one: Hansbury (2011) who identifies as a trans- male psychoanalytic psychotherapist. He offers us a constructed composite clinical example, formed from vignettes of his clinical work, in which he explores some of the dynamics between himself and trans-male patients. This may be the first paper to explore the trans-trans dyad, with an emphasis on metaphor and the experiences of the body in fantasy and flesh (p. 210). The author reports that his client

"Lucas", wanted a therapist who could "know what it's like" (Hansbury, 2011, p. 210). Hansbury (2011) suggests that what may be missed by cisgender therapists in all their anxious experiential responses to the body, is the idea that relief and liberation may be found in body materiality, in the effects of hormones and surgery, and in the "realization of one's inter-materiality" (p. 214). The author explains that this is an imperfect word, but one he uses to mean: within, shared, buried and between. Hansbury (2011), like Langer (2016) seems to be arguing cisgender therapists can and will never know what the materiality of the trans- experience is like, and that trans- therapists will have experiential insights that can be invaluable to the trans- client.

I found a second paper by a trans- author: Pula (2015), who identifies as a "psychiatrist and psychoanalyst in training and who is in the midst of gender transition from female to male" (p. 809). In this rare paper, he generously shares his experiences as a transgender person, a patient, clinician and advocate, offering us a unique perspective on gender. I was intrigued to read of his ongoing questioning around how his transition comes into play with his clients. He explained that as he transitions with marked physical differences to his body: a deepening voice, growth of a beard, and removal of breasts, these characteristics influence his self-image and self-esteem. The author explains these changes add new layers of complexity to the therapeutic relationship and how he as a therapist experiences the client and they experience him. I found Pula's (2015) description of the impact of his deepening transition process on the impact of the therapy thought provoking and at times felt lost as I attempt to find my way through a whirlpool of ideas I had never had before, linked to gender fluidity and transition.

**Feeling defensive**

One long term trans- client Pula (2015) treated psychodynamically, was traumatised by men. The client noted that something had "changed" between them and could not be certain if it was related to the author's transition or their own transferential issues. Pula noted that his experience of the client felt no different as a male rather than a female therapist. He identified his ability to "handle" (p. 818) the situation consistently. He wonders if whether it is his deepening, more masculine voice that evokes distrust and anger in the client. The author describes feeling "defensive"

(p. 818) about the use of his changing voice. Although Pula (2015) suggests that his transition did not impact his ability to act consistently, I find this difficult to understand. I imagine his professional boundaries and code of ethics would remain the same, but the way in which he interacted with his clients surely led to a complex intersubjective experience which was very different from their interactions pre- his gendered transition. I read his personally revealing article with mounting respect and admiration for his courage to make himself vulnerable with his self-disclosure of his gendered position.

**Summary**

The literature revealed a belief held by two authors that the cisgender therapist is unable to work therapeutically with the trans- client on the basis of their lack of capacity to viscerally "know" the experience. The findings from this chapter highlight the value of listening to our bodies in our work. The literature suggests that the experiential responses of the therapists, both self-identified as trans- and cisgender, are complex, deeply troubling and perplexing. In the next chapter I discuss my findings, and offer the implications and limitations.

# Chapter 6

# Summary, discussion, limitations, implications and concluding comments

In chapters 4 and 5, I considered what the literature said about the therapists' experiential response in their therapeutic work with trans- clients. In this chapter I will identify the key findings of the research which uncovered the complex and perplexing experience for the therapist. The impact of the role of gatekeepers and the gender of the therapist is reflected upon. I will discuss the value of the reflective space. The use of the therapist's somatic experiences and the process of personal change for the therapist are explored. I will then identify the values and strengths, limitations and implications of the research, and I offer thoughts about future research and training. The chapter will end with concluding comments in which I reflect upon my own personal journey during this research.

> But while the future of gender and its regulation is unknowable, trans continues to perplex and confound. To experience gender as permanently unsettled, to deploy gender categories as consciously provisional, to know as fact that gender is socially constructed, and to live it as personally assembled: this is something new under the sun. (Goldner, 2011, p. 157)

## A beginning conversation

I noticed that in the selected pieces of literature, the subject matter is interwoven, with authors referring to each other's work. I felt at times I was in the middle of a conversation. I sat quietly in the centre attempting to make sense of their dialogues, hoping to find links to my research question and to uncover the implications for this study. As I considered my interpretative hermeneutic methodology the words of Gadamer resonated, as he insists "there is no higher principle than holding oneself open in conversation" (as cited in Orange 2010, p. 99). This is the interpretative hermeneutic stance I have attempted to maintain throughout the study.

> The person who is understanding does not know and judge as one who stands apart and unaffected but rather he thinks along with the other from the

> perspective of a specific bond of belonging, as if he too were affected. (Gadamer, as cited in Orange, p. 99)

**Coalescing and Synthesis**

At times, I found myself in challenging territory, with troubling findings, as I reviewed the selected literature. The literature highlights the difficult space in which therapists find themselves. As I referred to and consulted writers who shared their clinical material, experiential responses and theories about their experiences, I looked for understanding in their writing and the unspoken meaning. I was struck by the proliferation of different perspectives on the same experience, and the similarities and shared experiences across their papers.

I actively sought the voices of trans- authors as I felt it was of vital importance to represent their perspective, but have gathered only two who self-identified their gendered position as trans-. These trans- authors remind us of the nuanced perspectives of gender experiences and the emotional and intellectual challenge for therapists with clients who identify either as trans-, or non-trans-. Pula's (2015) paper foregrounded there is misunderstanding, controversy and anxiety experienced by therapists working with this group of people.

> Transgender is a phenomenon that remains misunderstood, controversial, and anxiety-provoking in the culture at large, especially in the field of psychoanalysis. (Pula, 2015, p. 809)

**A complex, deeply troubling and perplexing experience**

King (2011) reflects that the complex inner world of each person is an unknown territory through which we as therapists accompany our clients on their psychotherapeutic journey. She explained that the journey of the trans- person as they transition their gender may be considered "in terms of an archetypal journey of life, death and rebirth" (p. 35). This accompanying journey may evoke deeply disturbing and troubling experiential responses in the therapist. I believe the findings uncovered in the literature and described in chapters 4 and 5, attest to this perplexing experience. Authors reported their feelings of incongruity, anxiety, shame, fear and of being destabilised. Therapists described feelings of contradiction, ambiguity and

pressure. The troubling nature of the gatekeeper's role was identified, when these therapists described their confounding and frustrating feelings, as they were faced with gender fluid clients.

The literature revealed that therapists reported experience of a visceral, troubling and embarrassing response to the body of the trans- client, describing their feelings of hatred, repulsion, horror and anger. The therapists in the role of gatekeepers reported fear that they may be doing harm in supporting their clients to move towards gender SRS. This work is described as a disquieting experience. Here I consider key themes I identified linked to these themes.

**Feelings of incongruence**

The literature identified that for many authors the experience of working with trans- clients was new territory and the experience of incongruence was potent in their experiential response. The literature says that the trans- client may experience a feeling of incongruence within themselves in response to their feelings of disconnect with their body and that therapists reported a countertransferential response of a feeling of incongruence. This is a perplexing place for the therapist and was highlighted by authors such as Wright (2006) as he explored his clinical therapeutic work with Stephanie, a MtF trans- client. The author identified that therapists may feel that they are being incongruent, or colluding and pretending. He offered an example of this as he described an experience of feeling "compelled" (p. 145) at his client's insistence to see the client as a girl/woman, but was challenged to do this as he experienced the client as a boy/man. The therapist described a responding feeling of incongruence and inauthenticity. This was a theme reported by many of the authors who experienced a feeling of confusion in the presence of the gender of trans- clients, and were found to be deeply troubled by the fluidity of the client's gender position. This reported experience resonated with my own clinical experience.

Quinodoz (2002) described feelings of incongruence linked to not having a spontaneous sense of whether her trans- client was a woman or man. She described an inner hesitation when speaking to her/him. This experience echoed the feelings described by Lemma (2012b) in her clinical work with her transitioning MtF trans- client. What the literature revealed was that authors reported the importance of

finding a way to accept the feelings of discomfort linked to this experience of incongruence. This place of acceptance enabled a therapist to take in the countertransferential experience of the client's own anxiety and feelings of ambiguity around his/her identity. The findings highlighted the unsettled state that therapists reported experiencing, and that learning to accept is part of the therapeutic understanding of the client's experience. I found the experience linked to Rogerian theory and the reported experience of feeling in a state of incongruence (Rogers, 1992). What I uncovered during my research for this literature review was an intersubjective world of experiencing which is multi-layered and interwoven between client and therapist.

**Feeling anxious and destabilised**

Silverman (2015a & 2015b) highlighted the troubling nature of this work as she described her experience of deep feelings of shame, fear and anxiety as her trans-client struggled to make the decision about transitioning, and requested her support to do so. The magnitude of the irreversible decision weighed heavily upon them both. Lemma (2012a) asks if the mobilising of the feeling of anxiety gives an indicator of the emotional investments we as therapists may have long held around gender (Lemma, 2012a).

I believe this reported experience illuminates how being confronted by clients who experience a *destabilised* notion of gender may challenge the therapist to consider their own understanding of gender, leaving him or her feeling *destabilised*. This investment has implications for the experiential response of the therapist to the trans-client, denoting the possibility of misattunement with the client's experience. The literature suggests that therapists must resolve their own feelings of cognitive dissonance when working therapeutically with trans- clients.

**The constraining effects of being positioned as a gatekeeper in working with trans-clients**

The literature reported that the feeling of being perplexed by the fluidity of the client's gender was heightened when the therapist was called into the role of gatekeeper. Authors described how gatekeepers may feel preoccupied and hold a rigid approach to gender identity (May, 2002). Working as gatekeeper within a culture which maintains

the rigidity of the heterobinarism of gender and sexuality within medical discourses, was identified as confounding for the therapist (May, 2002). I question what the possible impact may be for the gatekeepers who must work within a cultural climate that may not respect difference. Withers (2015) asked if the lack of a respected place in our culture contributes to a feeling of pressure on the trans- individual to resolve their gender identity conflict using SRS rather than finding ways to "live with it creatively" (p. 407). His words left me to consider the importance of honest reflection on the possible impact of the medical model frame in which the gatekeepers work therapeutically with trans- clients.

**Feeling responsible, disquieted and troubled in the gatekeeping role**

McKenzie (2015), Withers (2016) and May (2002) hold the role of gatekeepers and assert that working with clients who are gender transitioning triggers a disquieting response in the therapist, causing them to feel disorientated when faced with such a marked degree of emotional disturbance, both individually and culturally. McKenzie (2015) drew attention to the feelings of responsibility faced by the gatekeeping therapist faced with "signing-off" (p. 413) on surgery for a trans- person attempting to reverse their sexual body. The author reported that even after many years of working as a gatekeeper she still experiences "deep sadness" (McKenzie, 2015, p. 413) that the trans- client cannot be dissuaded from their belief they must continue with surgery to bring their physical body to match their gendered feelings.

The theme of a troubling and anxiety provoking experience to the transitioning trans- client was clearly described by May (2002). She reported the difficulty she felt as she witnessed the refashioning of her trans- clients' bodies, describing it as a "painful, slow and messy business" (p. 455). She described feelings of significant anxiety and misgivings that as a therapist she has facilitated this transformation process for clients. I wonder if this alludes to a feeling of fear and anxiety experienced by therapists who have been instrumental in facilitating this life-changing transformation with no guarantee of a positive outcome (May, 2002).

I found myself wondering what happens to the reflective space in which the gatekeeping therapist and client can sit together with the experience of incongruence,

and not knowing. In the literature, authors identified the value of holding a reflective space, but have also acknowledged the challenge of this.

**The reflective space**

A key theme identified across the literature by authors, is the need for the therapist to hold a reflective space in which they can process their experiential responses, and create space for the client to process their emotional journey. Suchet's (2011) descriptions of her clinical work with a FtM trans- client encouraged me to reflect on the way in which therapists are, or are not prepared to provide a therapeutic space that is *responsive* to the needs of trans- clients. Suchet (2011) talks of the shift that she makes in her understanding around her client's need to transition, reporting what is asked of her in her room as he begins his transformation, shifts and changes. The author talks of the importance of allowing "more space to think openly, more fluidity in myself" (p. 182). From this, and the literature, I take away the understanding that the ability of the therapist to hold a responsive, reflective space, in which to process their disorientating and troubling experiential responses, is a vital part of the therapeutic work. Supporting this, Elliot (2001) writes about the importance of the therapists' exploration of our "blind spots" (p. 297), and of trying to understand what may be "unintelligible in us" (Elliot, 2001, p. 297).

Reading the literature with the interpretative hermeneutic lens, helped me to hold my own reflective space in which to process the complexity of the client's experience and my own experiential responses.

> I call upon you to investigate your nature as I have been compelled to confront mine. (Stryker, 1994, p. 241)

From within this space both client and therapist may identify and explore their difference and sameness. I believe this supports compassionate understanding (Orange, 2010, p. 116).

**The gender of the therapist**

As I began my research process I felt anxious about my own gendered position in relation to my clinical work with trans- clients. I was interested to note my research

findings raised an important question about the influence of the gender identification of the therapist with the trans- client and how this might impact the therapist's experiential responses. In the literature, different opinions are voiced: Hansbury (2011), who self-identifies as a trans- man, and Langer (2016) who does not give his/her gendered position, both advocate for the trans- therapist to best support the trans- client, reporting their belief that the experiential responses to the trans- therapist will be more attuned to the experiences of the client, rather than focused primarily on the body. They argued that lived experiential, phenomenological experience of the trans- client may only be understood by other trans- people. Langer (2016) argued that the cisgender individual cannot experientially understand the deep body schematic feelings of gender incongruence experienced by the trans- person.

My findings in the literature align with what Langer (2016) stated; that cisgender therapists focus on the body of the trans- client. But I did not find the literature confirmed Langer's (2016) theory that a therapist who is cisgender will be so pre-occupied with the body that this prohibits them from holding a therapeutic stance. After an extensive literature search, I find it perplexing that I was only able to include two authors who self-identified as trans-. The other authors, except for one who identified as intersex, either self-identify as cisgender, are referred to as cisgender by other authors, or appear to be speaking from a cisgender position.

The research indicates how few self-identified trans- therapists there currently are, and that most therapists are cisgender, and predominately hold the role of gatekeeper. Reflecting on the material, I wonder if one way of looking at working across the difference between cisgender therapists and trans- clients would be to think of the notion of the naive enquirer. Would this allow the therapist and client to walk in uncharted territory together? I imagine by preserving a state of not-knowing, the therapist remains open to discovering fresh understanding (Casement, 2014).

There are arguments in the literature that could be further researched, including empirical research to explore trans- client's perceptions and experiences to see what they feel about the experience of working with cisgender therapists and trans- therapists. In the reviewed literature, I found differing perspectives. The different experiential responses of the therapist were interconnected with their gendered

position, and their cultural background. I can see the argument in the literature for trans- clients to be supported by trans- therapists but the reality of society at present is, that if we were only to offer trans- clients the opportunity to work with trans- therapists, very few trans- people would find the therapeutic support they may need.

**The therapist's response to the body of the trans- client**

I found a transcript of Orbach's (2003) speech for her John Bowlby memorial lecture, published in a peer-reviewed journal. Orbach is a British psychotherapist and psychoanalyst. Although her lecture did not pertain specifically to clinical work with transgender clients, I found that her writing about working clinically with the body, supported my thinking about the research findings:

> How does the way in which I am in my body affect your feelings about your body? Does it make you more or less self-aware? Does my body presence sanction, confirm, disturb, turn you off, overwhelm you? Does it please you? What does it tell you about you and your body and your relation to other bodies? (Orbach, 2003, p. 3)

Orbach (2003) suggests that as therapists we may find the confrontation of our own body particularly challenging. She describes the feelings of extreme discomfort as we recognise that our bodies are being scrutinised by clients, not just for the way we look, but for how we are in them. The author asks if we as therapists project comfort and ease? Do our clients feel safe enough to use our bodies as we encourage them to use our psyches? The author reflects her conviction that our clients will want and need our bodies to be in the room as something they can work with in therapy. Orbach (2003) posits that we must acknowledge the experience of our own body within the intersubjective experience of our therapeutic interactions. This was exemplified in Lemma's (2012b) paper where she gave a detailed description of her experiential response to the gender transitioning body of Ms A, her MtF trans- client. She foregrounded the degree to which therapists may find this process of therapeutically supporting a client through gender transition profoundly disturbing.

I found the writing of Orbach (2003) and Langer (2014, 2016) illuminated my awareness of our need as therapists to be mindful of the "constellation of

considerations" (Langer, 2014, p. 74) surrounding gender transition and the ripple effect on the experiential response to the changing body. After reading Orbach's (2003) transcript, it may be possible to argue that our awareness as therapists of our experiential responses felt in our bodies, in response to the trans- client's body, is something we need to embrace and value in our therapeutic practice. Orbach (2003) suggests that if we can pay attention to our body nuances and body feelings as we do with our more commonly apprehended countertransference, she thinks we may have a great deal to offer clients with "troubled bodies" (p. 14).

**The therapist is open to being changed by the therapeutic process with trans- clients**

In the literature, I found moving, painful, and also at times joyous, descriptions of clinical material narrating the therapeutic journey of both client and therapist. What I noticed was that as the therapeutic relationship deepened, the therapist was personally impacted by the client's journey. One such journey was made by Suchet (2011) who ended her paper with a poignant reflection of what the experience of working with Raphael had "given" (p. 189) her. She explained Raphael "opened something up in me that I don't want to lose" (Suchet, 2011, p. 189), the opportunity to find a way to be "more vulnerable, more human, more open to expose myself more to myself" (p. 189). Even after reading the paper many times over, it feels impossible to find the words to encapsulate my understanding of the depth of the author and Raphael's bond through their therapeutic journey, but I am left with a sense of their mutual love, personal growth and deep admiration for one another.

In contrast to Suchet's (2011) willingness to expose more of herself and grow from the experience, the literature identified a covert, fearful experiential response from some therapists to the therapeutic work, and an unwillingness to express their views on gender and sexuality linked to work with trans- clients, for fear of criticism (Lemma, 2012a).

How does this fear of open discussions limit the opportunity for meaning making of our experiential responses in the clinical work and personal growth as a therapist?

**Value and strength**

I believe that the findings from this literature review may be considered valuable for all clinicians who work with clients from the trans- community, and for future psychotherapy training. The identification of themes to express the troubling, complex and perplexing experiential responses outlined by therapists in the literature, the value of careful attunement to their own body in the therapeutic work with trans- clients, and the importance of the responsive reflective space were foregrounded.

This research process has expanded my thinking and stimulated lively conversation between myself and other clinicians about our clinical experiences and what the literature says. I believe the synthesis of this material has enabled me to create a forum for a reflective space, in which we can think about what therapists actually say about their experience of working therapeutically with trans- clients. The research has highlighted some areas for psychotherapy education and continuing professional development needs for mental health practitioners who work therapeutically with trans- clients.

**Limitations**

I discovered a dearth of psychotherapeutically informed literature which described the experiential responses of the therapist when working therapeutically with the trans- client. The literature I did find was predominantly from two geographical, economic and legislative contexts: the United Kingdom and United States of America. I acknowledge material from different cultural contexts may have identified very different narratives, bringing a different perspective to this review.

I struggled to find published psychotherapeutically-informed literature written by authors who identified as trans-. One author I did find was Pula (2015) who offers a unique perspective, combining the perspective of analyst, and transitioning trans- man. He reminded me of the fundamental importance as a therapist of holding in mind that there are as many trans- subjectivities as there are trans- people. I believe I have identified the need for the therapist to approach the work with an open mind, from a place of “not knowing”, as we attempt to understand our experiential responses.

The literature identified the challenge therapists face in attempting to describe their exploration of their own experiential response to the clients, as clients shift and change their image and gendered identity. During my research, I found greater understanding of the linguistic and conceptual tensions which arise from the process of transition and metamorphosis undertaken by these clients. The research explains this may be exacerbated by the rigidity of the heterobinarism of sexuality and of gender maintained within our societal and medical discourses. The literature reports there is an increasing call amongst queer and feminist theorists to find a different perspective and acknowledge possible fluidity and plurality of gender (May 2002). May (2002) asks "if language is my central tool and is unable to fit the task required of it, what then?" (p. 457).

The understanding I take from my research is that as therapists we need to learn to cope with linguistic approximation and develop the capacity to tolerate the unknown and indescribable in our experiential responses (May, 2002). This reflected in my own concerns as the researcher, where I felt anxious about my use of language, getting it wrong and the potential negative implications. Does this reported experience highlight how being confronted by clients who destabilise the normative gender identities, may challenge the therapist to consider their own understanding of gender, and leave him or her feeling destabilised? Perhaps this experience confronts cisgendered therapists at a profound emotional and somatic level.

**Implications and thoughts about training and future research**

In Aotearoa, New Zealand, where respect for diversity and inclusivity are a tenet under the Tiriti o Waitangi, therapists are expected to work in culturally safe and appropriate ways (Ministry of Health, 2001). Adams, Dickinson, and Asiasiga (2013) in their report on mental health promotion and prevention services for gender diverse clients in Aotearoa, New Zealand, report the need for culturally sensitive, specialist education for therapists working with the trans- community. My research foregrounded tensions between the therapeutic space and the phenomenon cisgender therapists encounter working with trans- clients. The research highlights the importance and value of appropriate training, supervision and personal development to support therapists working with this client group.

As therapists, our analytic discourses on gender have become more nuanced and textured than ever before, but there are many questions that remain unanswered regarding clinical work with trans- clients, perhaps numerous others we have not yet imagined asking (Saketopoulou, 2014). With the explosion of media and public interest in trans- people and their issues, I wonder if we may find more people who identify as trans- searching for therapeutic support. Although the psychological therapy professions are developing improved standards of care, are we prepared for this increasing demand for trained therapists to support this community? The literature reported the need for specific training to enable therapists to support trans- clients appropriately (Adams, Dickinson, & Asiasiga, 2013).

My findings highlighted the need for therapists to be trained to support understanding of the importance of holding a therapeutic space which is responsive to the needs of the trans- client. It prompts the question: how do we as therapists support the cultural changes necessary to create a respected place in our culture for those that identify outside the gender binary "norm"? I hope that this study will stimulate debate supporting therapists to consider the complexities and perplexed experiential realities they encounter as therapists, so that we can best support our trans- clients.

My study foregrounded the need for further research to support appropriate training and to develop awareness and understanding about this under-researched area. Empirical research could explore the experiential realities of trans- clients working with cisgender or trans- therapists. This will help the field of practice to understand what trans- people consider to be their needs. I believe there is a need for more published case studies that present therapists' dilemmas and experiences so that the discussion and debates in this area can be more fully engaged with.

Mitchell (2014) identifies the lack of clear clinical guidelines for clinicians who work therapeutically with diverse sex and gender. The author identifies as an intersex therapist, and was one of the authors of a practice wisdom resource, written to educate clinicians working with clients from the LGBTI community (Mitchell, 2014). The author confirmed the importance of paying close attention to our experiential responses in the therapeutic work with trans- clients to inform our practice. "This kind of work requires exquisite attention to detail, *a willingness to learn* and make

mistakes, to be real, to ask lots of questions and check understandings" (Mitchell, 2014, p. 27).

My research highlights the dearth of material describing the experiential response of the therapist working with trans- clients, and the self-identified needs of the trans- client. I consider this identifies a strong argument for further research in this area. I believe it would be invaluable for trans- therapists, trans- researchers and trans- clients to be encouraged to participate in this research to offer us a different lens and perspective.

**Concluding remarks**

I began this research project feeling acutely aware of being an "outsider" looking in. I was curious about my response. I began to reflect upon the power dynamics between dominant and marginalised groups, and the effects of discourses on people who identify as being outside the socially accepted gender binary. I questioned how could I as a person who is not part of the trans- community and who has not lived their marginalised experience ever understand their lived experience? At the end of this project, I believe that although I am not part of the trans- community, my search for understanding has been revealing and worthwhile.

Through my research I have come to understand that when reflecting upon clinical work with trans- clients, the therapist's thinking is inextricably linked to the organisational, theoretical, and cultural context within which we have developed, as written about by Fausto-Sterling (2000) and Juang (2006). What does it mean for the therapist to work within a transphobic culture; where there is a negative prejudice, anger, or fear expressed towards people who do not fit within societies' gender norm expectations?

Fine and Vanderslice (1992) explain that all researchers may be viewed as people who explicitly carry their passions, politics and biases. I acknowledge my beliefs have *influenced* the questions I have asked in my role as researcher, and the methods deployed and rejected, the interpretations I advanced and the research I have and will produce. I have been changed by the experience. I believe what has been most significant to me has been the personal growth I have achieved through my

relationships both professional and personal, with people who identify as trans- and through the process of engagement with the literature; a process which has involved close attention to my own experiential responses. I have learnt not to take for granted my gender privilege and to imagine the paradoxical situation of being "very obvious and yet invisible at the same time" (Carroll et al., 2002, p. 137).

I was initially drawn to write about the experience of therapists working with transgendered clients because I have been, and continue to be, deeply moved by their suffering both personal and political. Writing from a feminist perspective with links to activist research (Fine & Vanderslice, 1992), I considered how their suffering may be reduced and how I can best support my trans- clients in the therapeutic work. I believe my resolve has been strengthened throughout this process as I immersed myself in the material, and harnessed my willingness to be creative in my search, read, re-read, self-reflect, discuss, digest and then synthesise. I have drawn upon my own clinical experience and self-reflected upon my experiential responses to the material.

> The clinician's journey is inevitably one of self-discovery as much as discovery. (Harris, 2011, p. 237)

Using the words of Suchet (2011), I believe this process of exploration and learning has left me "more vulnerable, more human, more open – to expose myself to more" (p. 190). The way in which I have been confronted, disorientated and challenged by the material and my interaction with people who identify as trans- has left me forever changed. I am more open in my thinking about gender, the gendered experience, and gender fluidity, and for that I feel deeply grateful.

## References

Adams, J., Dickinson, P., & Asiasiga, L. (2013). Mental health issues for lesbian, gay, bisexual and transgender people: A qualitative study. *International Journal of Mental Health Promotion, 15*(2), 105-120. doi:10.1080/14623730.2013.799821

American Psychiatric Association. (2013*). Diagnostic and Statistical Manual of Mental Disorders: DSM-5.* Arlington, VA: American Psychiatric Association.

Applegarth, G., & Nuttall, J. (2016). The lived experience of transgender people of talking therapies. *International Journal of Transgenderism, 17*(2), 66-72. doi:10.1080/15532739.2016.1149540

Benjamin, H. (1967). The Transsexual Phenomenon. *Transactions of the New York Academy of Sciences, 29*(4 Series II), 428-430. doi:10.1111/j.2164-0947.1967.tb02273.x

Bockting, W. O. (2014). "The impact of stigma on transgender identity development and mental health". In B.P. Kreukels, T. D. Steensma, Vries, A.L., McGurie, P. T. Cohen-Kettenis (Eds.). *Gender dysphoria and disorders of sex development: progress and care and knowledge* (pp. 319-330). New York, N.Y: Springer.

Boell, S. K., & Cecez-Kecmanovic, D. (2010). Literature reviews and the hermeneutic.

Budge, S. L. (2015). Psychotherapists as gatekeepers: An evidence-based case study highlighting the role and process of letter writing for transgender clients. *Psychotherapy, 52*(3), 287-297. doi:10.1037/pst0000034

Butler, J. (2004). *Undoing gender*. New York, NY: Routledge.

Carroll, L., Gilroy, P. J., & Ryan, J. (2002). Counseling transgendered, transsexual, and gender-variant clients. *Journal of Counseling & Development, 80*(2), 131-139. doi:10.1002/j.1556-6678.2002.tb00175.x

Casement, P. (2014). *On learning from the patient*. Hove, England: Routledge.

Colebunders, B., Cuypere, G. D., & Monstrey, S. (2015). New criteria for sex reassignment surgery: WPATH standards of care, version 7, revisited. *International Journal of Transgenderism, 16*(4), 222-233. doi:10.1080/15532739.2015.1081086

Coleman E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender nonconforming people, version 7. *International Journal of Transgenderism*, *13*(4), 165-232. doi:10.1080/15532739.2011.700873

Currah, P. (2006). Gender pluralism under the transgender umbrella. In P. Currah, R. M. Juang, & S. P. Minter (Eds.). *Transgender rights*. (pp. 3-31). Minneapolis, MN: University of Minnesota Press.

Di Ceglie, D. (2009). Engaging young people with atypical gender identity development in therapeutic work: A developmental approach. *Journal of Child Psychotherapy, 35*(1), 3-12. doi:10.1080/00754170902764868

Di Ceglie, D. (2012). Response to Alessandra Lemma – APP Lecture Research off the couch: Revisiting the transsexual conundrum. *Psychoanalytic Psychotherapy, 26*(4), 290-293. doi:10.1080/02668734.2012.743226

Drescher, J. (2015). Gender policing in the clinical setting: Discussion of Sandra Silverman's "The Colonized Mind: Gender, Trauma, and Mentalization". *Psychoanalytic Dialogues, 25*(1), 67-76. doi:10.1080/10481885.2015.991237

Ekins, R. (2005). Science, politics and clinical intervention: Harry Benjamin, transsexualism and the problem of heteronormativity. *Sexualities, 8*(3), 306-328. doi:10.1177/1363460705049578

Elliot, P. (2001). A psychoanalytic reading of transsexual embodiment. *Studies in Gender and Sexuality, 2*(4), 295-325. doi:10.1080/15240650209349180

Fassinger, R., & Arseneau, J. (2013). "I'd rather get wet than be under that umbrella": Differentiating the experiences and identities of lesbian, gay, bisexual, and transgender people. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.). *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (3rd ed., pp. 271-288). Washington, DC: American Psychological Association.

Fausto-Sterling, A. (2000). *Sexing the body: Gender politics and the construction of sexuality*. New York, NY: Basic Books.

Fine, M., & Vanderslice, V. (1992). Qualitative activist research. *Methodological issues in Applied Social Psychology Social Psychological Applications to Social Issues,* 199-218. doi:10.1007/978-1-4899-2308-0_10

Fraser, L. (2009). Depth psychotherapy with transgender people. *Sexual and Relationship Therapy, 24*(2), 126-142. doi:10.1080/14681990903003878

Gendlin, E.T. (1968). The experiential response. In E. Hammer (Ed.), *Use of interpretation in treatment*, (pp. 208-227). New York, NY: Grune & Stratton

Goldner, V. (2011). Transgender subjectivities: Introduction to papers by Goldner, Suchet, Saketopoulou, Hansbury, Salamon & Corbett, and Harris. *Psychoanalytic Dialogues, 21*(2), 153-158. doi:10.1080/10481885.2011.562833

Grant, B. M., & Giddings, L. S. (2002). Making sense of methodologies: A paradigm framework for the novice researcher. *Contemporary Nurse, 13*(1), 10-28. doi:10.5172/conu.13.1.10

Grondin, J. (1994). *Introduction to philosophical hermeneutics*. J. Weinsheimer (Trans.). New Haven, CT: Yale University Press.

Hakeem, A. (2008). *Changing* sex or changing minds: Specialist psychotherapy and transsexuality. *Group Analysis, 41*(2), 182-196. doi:10.1177/0533316408089883

Hansbury, G. (2005). Mourning the loss of the idealized self: A transsexual passage. *Psychoanalytic Social Work*, 12:1, 19-35, DOI: 10.1300/J032v12n01_03

Hansbury, G. (2011). King Kong & Goldilocks: Imagining transmasculinities through the trans–trans dyad. *Psychoanalytic Dialogues,21*(2), 210-220. doi:10.1080/10481885.2011.562846

Harman, G. (2007). *Heidegger explained: From object to phenomenon*. Chicago, Illinois: Open Court publishing company.

Harris, A. E. (2011). Gender as a strange attractor: Discussion of the transgender symposium. *Psychoanalytic Dialogues, 21*(2), 230-238. doi:10.1080/10481885.2011.562849

Juang, R. (2006). Transgendering the politics of recognition. In P. Currah, R. M. Juang, & S. P. Minter (Eds.), Transgender rights (242-261). Minneapolis, MN: University of Minnesota Press.

King, A. (2011). The dawn of a new identity: Aspects of a relational approach to psychotherapy with a transsexual client. *British Journal of Psychotherapy*. doi:10.1111/j.1467-856x.2011.01254.x

Langer, S. J. (2014). Our body project: From mourning to creating the transgender body. *International Journal of Transgenderism*, *15*(2), 66-75. doi.org.ezproxy.aut.ac.nz/10.1080/15532739.2014.899175

Langer, S. J. (2016). Trans bodies and the failure of mirrors. *Studies in Gender and Sexuality, 17*(4), 306-316. doi:10.1080/15240657.2016.1236553

Lemma, A. (2012a). Research off the couch: Re-visiting the transsexual conundrum. *Psychoanalytic Psychotherapy, 26*(4), 263-281. doi:10.1080/02668734.2012.732104

Lemma, A. (2012b). The body one has and the body one is: Understanding the transsexual's need to be seen. *The International Journal of Psychoanalysis, 94*, 277-292. doi:10.1111/j.1745-8315.2012.00663.x

Lev, A. I. (2013). Transgender communities: Developing identity through connection. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.). *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (3rd ed., pp. 271-288). Washington, DC: American Psychological Association.

Levy, D. L. (2013). On the outside looking in? The experience of being a straight, cisgender qualitative researcher. *Journal of Gay & Lesbian Social Services, 25*(2), 197-209. doi:10.1080/10538720.2013.782833

May, K. (2002). Becoming women: Transgendered identities, psychosexual therapy and the challenge of metamorphosis. *Sexualities*, *5*(4), 449-464. doi: 10.1177/1363460702005004004

Mckenzie, S. (2015). A response to Robert Withers. *Journal of Analytical Psychology, 60*(3), 413-418. doi:10.1111/1468-5922.12158

Merleau-Ponty, M. (2002). *Phenomenology of perception* (C. Smith, Trans.). London, England: Routledge (Original work published 1945)

Ministry of Health. (2001). Building on strengths: A guide for action. A new approach to promoting mental health in New Zealand/Aotearoa. Wellington. *Ministry of Health*. Retrieved from: https://www.health.govt.nz/system/files/documents/publications /aguideforaction.pdf

Mitchell, M. (2014). Working therapeutically with LGBTI clients: A practice wisdom resource. The National LGBTI health and suicide prevention project. Retrieved from: https://www.beyondblue.org.au/docs/default-source/default-document-library/bw0256-practice-wisdom-guide-online.pdf?sfvrsn=2

Moules, N. J. (2002). Hermeneutic inquiry: Paying heed to history and Hermes: An ancestral, substantive, and methodological Tale. *International Journal of Qualitative Methods,1*(3), 1-21. doi:10.1177/160940690200100301

National LGBTI Health Alliance. (2014). *Working therapeutically with LGBTI clients: A practice wisdom resource*. Newtown, Australia: National LGBTI Health Alliance.

Orange, D. (2010). Thinking for clinicians: Philosophical resources for contemporary psychoanalysis and the humanistic psychotherapies. New York, NY: Routledge.

Orbach, S. (2003). Part 1: There is no such thing as a body. The John Bowlby Memorial Lecture. *British Journal of Psychotherapy*, 20: 3–16. doi:10.1111/j.1752-0118.2003.tb00110.x

Pula, J. (2015). Understanding gender through the lens of transgender experience. *Psychoanalytic Inquiry, 35*(8), 809-822. doi:10.1080/07351690.2015.1087289

Prosser, J. (1997). Transgender. In A. Medhurst & S. R. Munt (Eds.), *Lesbian and gay studies. A critical introduction* (pp. 309-326). Herndon, VA: Cassell.

Quinodoz, D. (2002). Termination of a fe/male transsexual patient's analysis: An example of general validity. *International Journal of Psychoanalysis, 83*(4), 783-798. doi:10.1516/7ulg-83lg-pc08-dntx

Rogers, C. R. (1992). The necessary and sufficient conditions of therapeutic personality change. *Journal of consulting and clinical psychology*,*60*(6), 827.

Saketopoulou, A. (2014). Mourning the body as bedrock: Developmental considerations in treating transsexual patients analytically. *Journal of the American Psychoanalytic Association, 62*(5), 773-806. doi:10.1177/0003065114553102

Schwandt, T. A. (1999). On understanding understanding. *Qualitative Inquiry 5*(4): 451-64.

Silverman, S. (2015a). The colonized mind: Gender, trauma, and mentalization. *Psychoanalytic Dialogues, 25*(1), 51-66. doi:10.1080/10481885.2015.991246

Silverman, S. (2015b). Reflecting on trauma, shame, and policing: Reply to Drescher. *Psychoanalytic Dialogues, 25*(1), 77-82. doi:10.1080/10481885.2015.991247

Smythe, E. A., Ironside, P. M., Sims, S. L., Swenson, M. M., & Spence, D. G. (2008). Doing Heideggerian hermeneutic research: A discussion paper. *International Journal of Nursing Studies, 45*(9), 1389-1397. doi:10.1016/j.ijnurstu.2007.09.005

Smythe, L. (2012). Research methodology: Discerning which qualitative approach fits best. *New Zealand College of Midwives Journal,46*, 5-12.

Smythe, L. (2015). Discerning which qualitative approach fits best: Research methodology. *New Zealand College of Midwives Journal, 46*, 5-12.

Stryker, S., Currah, P., & Moore, L. J. (2008). Introduction: Trans-, Trans, or Transgender? *WSQ: Women's Studies Quarterly, 36*(3-4), 11-22. doi:10.1353/wsq.0.0112

Stryker, S., & Currah, P. (2014). Introduction. *TSQ: Transgender Studies Quarterly, 1*(1-2), 1-18. doi:10.1215/23289252-2398540

Stryker, S. (1994). My words to Victor Frankenstein above the village of Chamounix: Performing transgender rage. *GLQ: A journal of lesbian and gay studies, I*, (3), pp. 227-254.

Suchet, M. (2011). Crossing over. *Psychoanalytic Dialogues, 21*(2), 172-191. doi:10.1080/10481885.2011.562842

Tansy, M. & Burke, W. (1989). *Understanding counter-transference: From projective identification to empathy.* Hillsdale, NJ: The Analytic Press.

Withers, R. (2003). The demonization of the body in psychoanalysis. In R. Withers (Ed.), *Analytical Controversies*. (pp. 236-249). Hove, England: Brunner-Routledge.

Withers, R. (2015). The seventh penis: Towards effective psychoanalytic work with pre-surgical transsexuals. *Journal of Analytical Psychology, 60*(3), 390-412. doi:10.1111/1468-5922.12157

World Professional Association for Transgender Health. (2012). Standards of care. Retrieved from http://www.wpath.org/documents/SOC%20V7%2003-17-12.pdf

Wright, J. (2006). The remains of the day: Transsexuality, psychodynamics and the modern NHS. *Psychoanalytic Psychotherapy, 20*(3), 140-156. doi:10.1080/02668730600868971