April 2014

A transpositive approach to therapy with transgender clients: An exploration of therapists' subjective experiences

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A thesis submitted in partial fulfillment of the requirements for the degree in Master of Arts

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A TRANSPOSITIVE APPROACH TO THERAPY WITH TRANSGENDER CLIENTS:

AN EXPLORATION OF THERAPISTS' SUBJECTIVE EXPERIENCES

(Thesis format: Monograph)

by

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A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Arts

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ABSTRACT

The longstanding tradition of pathologizing and erasing transgender individuals in psychology has the potential to enter into therapy with transgender clients in insidious and destructive ways. To address this polemic, therapists and researchers have articulated a transpositive approach to working with transgender clients that fosters the client's right to self-determination. The present study explores the subjective experiences of three therapists working with transgender clients in order to learn how transpositivity materializes in their practices. Utilizing a case study methodology, and cross-case analysis, the study demonstrates that these therapists engaged in self-directed learning and advocacy, demonstrated flexibility in their approach, and were open to learning from and being affected by transgender clients. The analysis is informed by critical theories of postmodern psychology, queer theory and transgender studies in the service of adding conceptual depth to the understanding of psychotherapeutic practice. Implications for pedagogy in professional psychology graduate programs are discussed.

Keywords

Transgender, gender variance, transpositive, psychotherapy, counselling, postmodern psychology, queer theory, transgender studies, intersubjectivity, posthumanism, therapists.

ACKNOWLEDGEMENTS

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CHAPTER 1: INTRODUCTION AND LITERATURE REVIEW

Introduction

The field of psychology has only recently begun to conceptualize an affirmative, or 'transpositive', approach to working effectively with transgender clients in therapy. Such an approach encourages therapists to resist pathologizing discourses, or ascribing a clinical diagnosis where it does not always fit (Lev, 2004). Instead, a transpositive approach recommends that therapists: honour their clients' authentic gender expression; work flexibly and strategically with competencies, guidelines, diagnoses and institutional policies to ensure that their clients are able to gender-actualize; allow their clients to set the pace of the discussion of gender; and, become aware of their own gender, biases and attitudes while managing countertransferential content in supervision or personal therapy (Carroll, Gilroy & Ryan, 2002, Raj, 2002). These recommendations for providing transpositive counselling are contextualized by the experiences of transgender clients, the clinical anecdotes of the therapists presenting their clients as case studies, or the professional standards for working with transgender clients (Rachlin, 2007; Raj, 2002). However, one critical voice is left out: the unique subjective experiences of therapists who are offering these recommendations and doing the work. It is important to understand how they experience their work with transgender clients in order for their recommendations to materialize in the practice of other therapy providers. The subjective experiences of therapists that are likely to come to bear on their work with transgender clients are: issues that may arise in their personal exploration of gender, sex and sexuality and the values or assumptions associated with these complex concepts; training and professional development issues; and, political, social justice and advocacy issues

(Carroll & Gilroy, 2002). The current study used a case study approach to develop an in depth understanding of how transpositive therapists experience their work with transgender clients. These experiences were contextualized by critical theoretical frameworks such as queer theory, transgender studies and postmodern psychology. The following sections will review literature regarding the experiences of transgender individuals, and the clinical recommendations for working with transgender clients from a transpositive framework.

Experiences of transgender individuals

The term transgender traditionally refers to an individual whose gender is incongruent with the gender assigned to them (Ansara, 2010). It is difficult to describe who exactly is interpolated by the term because the question of how gender comes to be defined in relation to intrapsychic, bodily, interpersonal, cultural, social and political experiences is answered in more complex ways for individuals who live in transgender subject positions than those who do not. By virtue of this particular experience of gender, transgender individuals encounter interpersonal and social aggressions, and institutional and systemic oppression (Bauer, Hammond, Travers, Kaay, Hohenadel & Boyce, 2009; Lev, 2004; Nadal, Skolnik & Wong, 2012; Namaste, 2000; Pusch, 2003; Wilchins, 2004; Wyss, 2004). However, despite experiencing prolonged and repeated forms of aggression and oppression, transgender individuals demonstrate exceptional resilience and identify numerous positive aspects of their gendered subjectivities (Riggle, Rostosky, McCants, & Pascale-Hague, 2011; Singh, Hays & Watson, 2011).

The experience of transphobia and genderism are pervasive in the daily lives of transgender individuals as they move through the world. Transphobia refers to a negative

emotional reaction toward an individual who does not conform to normative gendered behaviour or appearance; genderism refers to the ideology that provides the justification for such a negative emotional reaction, such as the strong belief that 'man' and 'woman' are always 'male' and 'female' respectively, and constitute the only normal expressions of gender (Hill & Willoughby, 2005). Transphobia and genderism are enacted through various forms of aggression toward transgender individuals on an interpersonal level by strangers, coworkers, law enforcement, and even more grievously, by family members, intimate partners and members of lesbian, gay and bisexual (LGB) communities (Namaste, 2000). The various forms of aggression experienced by transgender individuals typically range from the denial of the existence of transgender individuals, to hostile, derogatory or disrespectful comments, whether intentional or unintentional, to physical, verbal and sexual violence and even murder (Benson, 2013; Nadal, Skolnik & Wong, 2012; Namaste, 2000).

Transphobia and genderism have also been institutionalized into systems that govern, organize, and care for human beings and translate into various forms of oppression against transgender individuals (Bauer et al., 2009). For example, transgender individuals may experience: pathologized, disordered and inaccurate representations in media; unavailability of accessible restrooms; barriers to accessing positive health care experiences, such as encountering professionals who pathologize, problematize or disregard transgender subjectivities; non-specific or vague legislation that do not effectively dissuade violence, harassment and discrimination against transgender individuals; and, a lack of knowledge that figures in the existence of transgender individuals, such as research protocol or government issued identification that permits

individuals to exclusively identify according to the gender binary (Bauer et al., 2009; Benson, 2013; Carroll, Gilroy & Ryan, 2002; Goethals & Schwiebert, 2005; Nadal et al., 2011; Namaste, 2000). These numerous, daily, repeated and prolonged experiences of aggression and oppression provide the conditions that predispose transgender individuals to health-related issues, among many other negative sequalae (Bauer et al., 2009; Goethals & Schwiebert, 2005).

These encounters with aggression and oppression place transgender individuals at an increased risk for experiencing poverty, homelessness, addiction, unemployment, loss of legal or social status and support, and mental health issues such as depression, anxiety and suicide (Bauer et al., 2009; Clements-Nolle, Marx & Katz, 2006; Gainor, 2000; Israel & Tarver, 1997; Lev, 2004). Although the hostile realities of a rigidly gender-normative environment are difficult to evade (Bauer et al., 2009; Lev, 2004; Riley, Wong & Sitharthan, 2011), exclusively focusing on these aspects of the lives of transgender individuals does not provide any conceptualization or representation of transgender individuals as resilient and resourceful survivors.

Several researchers and scholars have identified that transgender individuals are survivors of these profound traumatic experiences (Reicherzer, Patton & Glowiak (2011); Wilchins, 2004). To further explore how transgender individuals are able to survive the negative circumstances imposed on them, Singh, Hays and Watson (2011) asked self-identified transgender individuals to report on their resilience. They found the following five themes in their analysis of the participants' responses: evolving a self-generated definition of their gendered self; embracing self-worth; having an awareness of oppression; connecting with a supportive community; and cultivating hope for the future

(Singh, Hays & Watson, 2011). Specifically, these participants reported that they were able to be assertive and speak up for themselves, learn to not internalize what they experienced, and encouraged others who were less resilient (Singh, Hays & Watson, 2011). This research still engaged transgender individuals in issues around the adversity that they have experienced. Interestingly, Riggle et al., (2011) asked their participants to report on their participants' perceptions of the many positive aspects of living in a transgender subject position without referring to adverse experiences. The eight themes that were reported included: enhanced personal relationships; personal growth and resiliency; increased empathy; unique perspective on both sexes; living beyond the gender binary; increased activism; and, connection to communities (Riggle, et al., 2011). It is important to comment that although providing evidence of transgender individuals' resilience and adaptive strategies to navigate the world contribute to a more holistic understanding of these issues, aggression and oppression will continue to occur until transgender individuals are accepted, embraced and celebrated as legitimate human beings.

Therapy with transgender clients

Transgender individuals may seek therapy for help in coping with their experience of stress associated with the aggression and oppression encountered on a daily basis, for help in exploring their gender, or for personal growth and well-being and other concerns not necessarily related to their gender (Ansara, 2010; Benson, 2013; Lev, 2004; Livingstone, 2010). Unfortunately, transgender individuals seeking therapy have reported numerous problems with their therapists such as feeling pathologized, invalidated and mistreated (Benson, 2013; Sennott & Smith, 2011). Several themes in the literature

around the specific problems transgender individuals encounter in therapy include:

working with inexperienced or inadequately trained therapists; therapists' use of

inappropriate language, pronouns or names; feeling misunderstood; having therapists that

did not recognize the heterogeneity of transgender communities; therapists' use of out-

dated knowledge of gender issues; and, therapists focussing on gender issues instead of

the presenting concerns (Benson, 2013; Emerson & Rosenfield, 1996; Lev, 2004;

Rachlin, 2002; Raj, 2002; Sennott & Smith, 2011). The pervasiveness of these

experiences contributes to a collective multigenerational trauma regarding therapy:

transgender individuals share their negative experiences with their communities and, as a

result, many others may be apprehensive about seeking therapy or avoid it altogether

(Sennott & Smith, 2011). Not surprisingly, transgender individuals have reported that

they sought out therapists who were well-connected and visible to the transgender

communities and had experience working with transgender clients (Benson, 2013).

Additionally, transgender clients appreciated when therapists were flexible in their

approach, demonstrated acceptance and respect for the person's identity and did not rely

on clients to educate them about transgender issues (Benson, 2013; Rachlin, 2002).

The likelihood of all therapists having at least one transgender client or someone

in close relation to a transgender individual is very high (Goethals & Schwiebert, 2005).

However, few therapists have experience working with transgender individuals because

many therapists tend to refer these individuals elsewhere (Lev, 2004; Namaste, 2000). In

general, there is evidence indicating that therapists demonstrate ignorance and

insensitivity toward transgender individuals and gender issues (Shiperd, Green &

Ambramovitz, 2010; Sennott & Smith, 2011). This may be illustrative of the fact that

many therapists, even those with experience, express concerns, fears and assumptions regarding their practice of therapy with transgender individuals (Rachlin & Lev, 2013; Sennott & Smith, 2011). In other cases, therapists have published writing on their work with transgender clients that have been criticized for transphobia and psychological abuse (Ansara, 2010; Raj, 2002). Some of these fears, concerns, assumptions and enactments of transphobia include: using the inappropriate or incorrect pronoun or name; pathologizing clients as the personification of mental illness, including the uncritical use of diagnoses such as personality disorders and psychotic disorders; being worried that clients will not disclose information accurately because they are trying to secure a letter of recommendation for medical treatment; apprehension regarding asking directly about the client's gender identity; influencing decision making in any way to align with the therapists' own values and ideals; not feeling informed or specialized enough to provide therapy for transgender individuals; not believing clients when they disclose their non-assigned gender identity; that the informed and well-intentioned therapist will be perpetuating systems of oppression in their complicated work with intersecting marginalized identities (Israel, Gorcheva, Walther, Sulzner & Cohen, 2008; Namaste, 2000; Raj, 2002; Sennott & Smith, 2011; Zandvliet, 2000). While it may be unclear whether this list addresses issues with the therapists' theoretical framework or therapeutic process, it is evident that all therapists, even those theoretically-informed and well-intentioned, are not immune to engaging with their client in such a way that constitutes enactments of transphobia.

Many authors have published their recommendations for working with transgender clients based on qualitative research and their own clinical practices. The

recommendations for therapy with transgender clients can be classified along two axes: theory-oriented and process-oriented. The theory-oriented recommendations provide insight into how particular therapeutic modality might be suited to work with transgender clients whereas the process-oriented recommendations are not specific to any therapeutic modality, but that are more or less universal aspects of how clients are to be engaged and regarded throughout the process of therapy. Raj (2002) has offered a more differentiated taxonomy of the available recommendations; however this is not particularly appropriate for the scope of the present study. Some of theory-oriented recommendations include: phenomenological client-centered approaches (Bockting, 1997; Ettner, 1999; Lev, 2004), narrative therapy (Carroll, Gilroy & Ryan, 2002; Reicherzer, Patton & Glowiak, 2011); feminist approaches such as empowerment and relational models (Ettner, 1999; Goethals & Schwiebert, 2005; Sennott & Smith, 2011); group therapy (Klein, 1999; Miller, 1996; Raj 2002); integrative best-practices approaches (Lev, 2004); community counselling (Lewis, Lewis, Daniels & D'Andrea, 2003); queer approaches (Ansara, 2010; Livingstone, 2008, 2010; Moon, 2008); and, to some extent, modern psychoanalytic approaches (Gherovici, 2011).

The list of useful therapeutic approaches to working with transgender clients is highly variable, but the writings concerning process-oriented recommendations are unequivocally clear on the therapeutic processes that are appropriate and required for effective work with transgender clients. It may also be important to note that many of the authors who recommend a particular theoretical framework tend to also include process-oriented recommendations (see Ansara, 2010; Carroll, Gilroy & Ryan, 2002; Ettner, 1999, Goethals & Schwiebert, 2005; Lev, 2004; Sennott & Smith, 2011). The overall

sense from the literature is that the therapist ought to adopt a "trans-affirmative" or "transpositive" approach to therapy (Carroll, Gilroy & Ryan, 2002, p. 133; Raj, 2002) and convey values related to a democratic understanding of gender expression and embodiment toward clients (Ansara, 2010; Livingstone, 2010). Although the recommendations are numerous, they can be classified according to the level at which the process is engaged. Therapeutic work may directed at respecting the dignity of clients, addressing the broader institutional contexts that may perpetuate oppression and multigenerational trauma, and engaging in a critical self-reflection in regard to gender, sex and sexuality. Some of these recommendations include: fostering respect for the client's autonomy and right to self-identification regardless of ability to embody normative gender roles; affirming and validating clients' exploration of their potential subjectivities without endorsing either the gender binary or the transgression of the gender binary; directly asking clients about their preferred pronouns; developing an understanding of the knowledge regarding the political, historical and psychosocial contexts in which their clients live and work with the competing demands of intersecting identities; becoming familiar with the ever-evolving terminology that transgender individuals and communities utilize; be flexible and strategic in the usage of standards of care and official standards regarding competencies for transgender clients; focusing on positive aspects of clients' gender identity and emphasizing their resilience; addressing countertransference and transference issues; developing an understanding of the heterogeneous nature of transgender communities; establishing agency policies and procedures to improve access and quality of care for transgender individuals; engaging in advocacy activities and offering self-advocacy psychoeducation for clients; provide

education for others in the field regarding these issues; engage in self-reflection regarding

their privileges regarding their gender, and entertain the potential for having their subject

position challenged indirectly or directly (Ansara, 2010; Benson, 2013; Carroll, Gilroy &

Ryan, 2002; Chavez-Korell & Johnson, 2011; Goethals & Schweibert, 2005; Griffin,

2011; Lev, 2004, 2009; Livingstone, 2010; Rachlin & Lev, 2013; Raj, 2002; Reicherzer,

Patton & Glowiak, 2011; Riley, Wong & Sitharthan, 2011; Sennott & Smith, 2011; See

Appendix A for full list of recommendations by theme). Although these process-oriented

recommendations are clear, specific and unanimous across the literature, these authors do

not remark on their experiences with doing this work save for brief referents in case

studies presented in their publications. Thus, the challenge is incumbent on the individual

therapist to use these process-oriented recommendations to embody many fine balances

involved in a transpositive approach to therapy: being gently curious without bordering

voyeurism; being advocates without preventing transgender individuals from speaking

for themselves; exploring their own gender subject position without avoiding

countertransference issues; and helping clients feel listened to and supported without

insulting or further isolating them (Ansara, 2010; Benson, 2013; Reicherzer, 2006).

Conclusion

The call for therapists to engage in self-exploration to develop insight regarding

their own gendered subjectivities and to address countertransference issues are particular

aspects of a trans-positive approach to therapy which are only mentioned in passing

(Carroll & Gilroy, 2002; Raj, 2002; Riley, Wong & Sitharthan, 2011). Addressing these

issues appears to be foundational in learning and practicing other affirmative or positive

approaches to therapy with sexual minority clients (Grove, 2009; Hegarty, 2010). It is

reasonable to assume that with such a complex phenomenon as gender, similar personal

work is required of therapists working within a trans-positive framework. The

justification for developing a knowledge base around these aspects of trans-positive

therapy is that the potential for therapists' own preconceived notions about gender, sex

and sexuality can insidiously find their way into therapy if left unexplored and

unaddressed (Parker, 2007; Riley, Wong & Sitharthan, 2011). Specifically in regard to

countertransference issues, or the therapists' emotional reaction to clients or client issues,

several authors have provided rich information that may be useful for other therapists and

especially student therapists (King, 2012; Marcus & McNamara, 2013; Milton, Coyle &

Legg, 2005; Rachlin & Lev, 2013). The therapists' emotional reactions, when articulated

in anecdotal literature, have included: anxiety, fascination with the transitioning body,

fear, abjection, discomfort, and feeling ashamed (King, 2012; Marcus & McNamara,

2013). The challenge for therapists learning to listen to gender narratives is to do the

personal work that is required of them (King, 2012; Lev, 2004). The personal work of the

therapist and the countertransference issues that arise by virtue of working with

transgender clients provide useful information regarding the intersubjective imaginary

space that is created while individuals are in genuine therapeutic contact (King, 2012). In

other words, learning to create, foster and navigate this space is necessary for embodying

a transpositive approach to therapy with transgender individuals.

  The recommendations for engaging in a trans-positive therapeutic approach are

mostly and rightfully focused on the experience of clients in therapy. This focus has

necessarily neglected testaments about therapists' own experiences of working with

transgender clients. However, this is a perspective that needs to be voiced, heard and

engaged in order for recommendations for trans-positive approaches to therapy to

materialize in the minds and practices of therapists engaging in work with transgender

individuals.

CHAPTER 2: THEORETICAL FRAMEWORK

The current research project adopts a critical standpoint toward conceptualizing how therapists engage in their work with transgender clients in therapeutic settings. The theoretical formulations of queer theory, transgender studies and post-modern psychology provide the foundation for the development and justification of this research project as they are all concerned with issues of power, language and materiality. It is imperative to purposefully engage queer theory and transgender studies in particular because these bodies of knowledge – often developed by queer and transgender individuals themselves – have only recently come to bear on psychological investigations of queer and transgender individuals (Hegarty, 2011). Furthermore, it would be a substantial disservice to the queer and transgender individuals and communities if these domains of knowledge were excluded from research aimed at improving the conditions that influence their overall well-being. Indeed, there has been a long-standing dialogue within critical psychology to engage queer theory in research and practice (Minton, 1997; Hegarty, 2011); the same cannot be said for transgender studies, although it has recently been engaged in social work research (Nagoshi & Brzuzy, 2010). The following sections will delineate the theoretical heuristics of these bodies of knowledge as well as a discussion of how they will guide the current research project.

Queer Theory

Based on the work of Foucault (1980) and Butler (1990), queer theory is primarily concerned with the deconstruction of oppressive power relations manifested in language, resisting the normalizing tendencies of liberation movements and discursive practices and exposing the absurdity of essentialist sexual and gender identity categories. Of particular

concern for critics in queer theory is the disruption and deconstruction of heternormativity, or a system of thought and classification which hold heterosexuality as a natural, essential and moral position, and devalues any deviations in sexuality (Moon, 2008). The proliferation of heternormativity occurs through the repeated instantiations at all levels of human relations (i.e. intrapsych, interpersonal, social, cultural and institutional) and operates through the power of language.

Language provides the content and structure of our thoughts and interactions and enables our understanding of both our public and private lives (Livingstone, 2010). Language can be ordered and structured in strategic ways to influence the ordering and structuring of our thoughts and interactions. When used in this way, language constitutes what is referred to as 'discourse' (Hodges, 2008). Examples of discourses that regulate our thoughts and interactions are the gender binary system of man and woman, the sex binary of male and female, and the sexuality binary of heterosexual and homosexual. The repeated instantiation and normalization of these discourses as a natural or essential categorization system is referred to as a 'discursive practice' (Foucault, 1969). Discursive practices include any social or institutional relation, practice or policy that invokes the sex and gender binaries for all intents and purposes, such as declaring 'it's a boy/girl' at or before the birth of a child or asking clients to indicate their gender or sex by marking one of two boxes. In this way, power operates through language in action. According to Foucault (1980), power is not inherently a negative phenomenon, nor is it something that is only yielded by those in privileged positions; power is everywhere and operates through fictions which are simultaneously normalized through institutions and the micrological relations of everyday practices.

According to numerous scholars, the function of discursive practices is to stabilize heteronormative identity categories in the service of a broader political agenda of control, production and prediction (Livingstone, 2010). For example, particular discourses and discursive practices are constructed as constitutive of a heterosexual identity, popularized as an essential truth and function to carefully outline the limits and thresholds of normal and abnormal; in this way, we are all equipped with the cognitive heuristics to identify for ourselves what is not heterosexual as 'deviant', 'unacceptable', 'inhuman' and 'unintelligible' (Butler, 1991; Connolly, 2002; McIntosh, 2001; Hodges, 2008). Masquerading as natural truths, heteronormative identity categories are uncritically accepted and have the potential to enable and justify oppressive and potentially dangerous feelings, practices, behaviours and attitudes toward difference and those whom embody difference (Hodges, 2008; Warner, 2004). Heteronormativity requires a clear boundary of difference in order to exist, and the policing of that boundary can operate to produce divisions that legitimize marginalization and hate-based violence. Recognizing that heteronormativity is constituted through discursive practices of a gender and sexuality binaries based on a system of language, queer theory ultimately adopts the positions of disrupting and deconstructing heternormative practices and politics, increasing the visibility of power relations and the operation of discourses, and exposing the farce of the gender and sexuality binaries which order and regulate all human forms (Hodges, 2008; Semp, 2011).

As a response to oppressive discourse and discursive practices, Foucault (1980) prescribed an ascending analysis of power. Specifically, he noted that critiquing the operation of power at the institutional level ignores the operation of power contained in

the relations between subjects. Such an analysis would examine the seemingly banal everyday practices that constitute our interpersonal and intrapsychic worlds. Butler (1991) uses this analytic strategy as her point of departure and articulated a critical response to the hegemonic sex, gender and sexuality binaries. For Butler (1991), sex, gender and sexuality are "… a kind of imitation for which there is no original; in fact, it is a kind of imitation that produces the very notion of the original as an effect and consequence of the imitation itself" (21). In other words, the naturalness of gender and sex are myths that have been perpetuated by its repeated citations through historical and cultural representations and seemingly idiosyncratic performances. Sex, gender and sexuality only come into existence through the articulation of them; these phenomena have no material referent or ontological existence prior to its performance and enactment. Butler (1991) also argues that these identity categories are organized metaphorically along a matrix of intelligibility, such that any practices of representation and embodiment that are not interpolated by the heteronormative matrix cannot be rendered intelligible, knowable or real in the minds, lives and imaginations of others. From this point of departure, Butler (1991) articulates that meaningful resistance to oppressive power relations sequestered in the gender and sex binaries require intentionally existing outside the matrix by playing with the corporeal and material aspects of their constitutive categories in order to expose the unnaturalness and immateriality of these concepts. Indeed, other scholars have articulated their call for gender-play (Bornstein, 1994), mixing and matching of gendered embodiments with wild variability (Halberstam, 1998) and advocating for individuals' right to choose and perform that choice (Wilchins, 1997).

Queer theory has been critiqued for being largely a theory for and about sexuality

rather than gender (Namaste, 2000). Specifically, Namaste (2000) argues that sexual

minorities have different stakes in the question of gender and can afford to transgress,

disrupt and 'play' with the same material conditions that provide the grounds for the

pathologization, abuse and dehumanization of transgender individuals on a daily basis. In

this way, queer theory has been criticized for neglecting to account for the lived

experiences of transgender individuals and their embodied experiences of gender identity

(Namaste, 2000). Conversely, neglecting the writing and critics of this dense and

complex body of work would remove one dimension of sophistication from the present

study in order to favour another, thus creating a new form of oppression (Hodges, 2008).

Indeed, queer theory provides an important critical framework for thinking about

normative categorization processes and identities, with particular attention to the many

ways that human difference is reconfigured and pathologized according to essentializing

discourses. The framework of resistance may not necessarily translate into therapeutic

work (Hodges, 2008), however, it is important to question whether the work being done

by therapists can be symbolically conceived of as a resistive practice or yet another

permutation of the authority of heteronormativity.

Transgender Studies

Several scholars and critics from transgender studies have emphasized that queer

theory has neglected to account for the lived and embodied experiences of transgender

individuals (Monro, 2007; Namaste, 2000; Prosser, 1998). This neglect is attributed to an

objectifying fascination and a cultural obsession with the *idea* of transgender that

necessarily strips the subjectivity off the bodies and lives of those who inhabit

transgender subject positions (Namaste, 2000; Whittle, 2006). The result of such an

approach is the development of an incomplete ontological understanding of transgender

subjectivities. However, as Stryker (2006) argues, a completely new theoretical approach

is not the solution:

> Rather than completely avoiding an existing rich body of knowledge such as queer theory that has, to some extent, become part of the lives of transgender subjects, transgender studies aims to reformulate its theoretical foundations in the context of a contextual and epistemological shift that includes the everyday content of the lives and experiences of transgender individuals.

The main objectives of transgender studies are to develop an epistemology that

meaningfully accounts for the lived experiences of transgender subjects, consider the

broader contexts that come to bear on transgender subject positions, and engage the

epistemological, ontological and contextual elements of transgender subjectivities in all

disciplines and practices in working toward improving the lives and well-being of all

transgender individuals (Namaste, 2000; Stryker, 2006).

Transgender studies can be thought of as a body of knowledge that is concerned

with the material conditions and representational practices that exposes and challenges

the normative relations that are presupposed in the sex and gender binaries (Stryker,

2006). The issue of materiality and embodiment is of particular concern for many

transgender scholars because it is an aspect of transgender lives that has been

delegitimized or neglected. As Namaste (2000) argues, it is through this neglect that the

very possibility of multiple transgender subjectivities is erased from our minds,

institutions and society. Thus, Namaste (2000) articulates a theory of erasure that

accounts for these social and institutional processes in an effort to begin the project of re-

framing existing bodies of knowledge that come to bear on transgender subjectivities and

provides a preventative framework to ensure that erasure does not continue to be a

pervasive practice.

Namaste (2000) accounts for erasure through three parallel processes: 1) transgender subjectivities are specified and represented in academia and media as a rhetorical and figural *notion* and renders the material embodied presence of transgender individuals as unthinkable (unknowable); 2) discriminatory policies, exclusionary practices and an outright denial of the existence of transgender individuals within institutions, such as the social services, produces the invisibility of transgender individuals; and, 3) the everyday social and informational practices that exclusively organize the world in terms of the categories of 'man' and 'woman' negate the possibility of occupying a transgender subject position. The ultimate function of theorizing erasure is to expose the unspeakable, unknowable and unremarkable aspects of transgender individuals and validate their existence in the world as ordinary human beings (Namaste, 2000; Odgen, 2001). A radical acceptance of the lives and bodies of transgender individuals begins with acknowledging and respecting the banal, mundane aspects of how transgender individuals move through the world. It will not be possible to hold such an acceptance if the erasure of transgender subjectivities continues to manifest in our minds, society and institutions.

Transgender studies necessitate a focus on broader contexts that frame, describe, produce and erase particular subjectivities, bodies and knowledges (Stryker, 2006). This includes fostering an interdisciplinary approach to the development of the field, mapping context-specific historiographies and considering social, institutional and cultural relations as they come to bear on transgender subjects (Namaste, 2000; Stryker, 2006). Specifically, Namaste (2000) argues that the focus of any research or scholarly project

regarding transgender subject positions should be on *how* transgender subjects get described, rather than merely adopting existing descriptions and representations (Namaste, 2000). This theoretical heuristic requires an epistemological shift from conceptualizing and theorizing about transgender subjectivities to thinking about the existing relations that render the wide range of possible transgender subjectivities unintelligible, pathological and unknowable. In other words, we should be more concerned with the stories we invoke that allow certain bodies come to mean more than others (Stryker, 2006). The broadening of the contexts which we use to frame our bodies may open up space for each of us to democratize the conceptualizations, categorizations and discourses we impose on ourselves and others. This particular objective has been framed as a "post-human" politic that emphasizes the importance of using our imagination as a tool to appreciate the wild variability of human forms and ultimately to rightfully complicate our understanding of complex constructs, such as gender and sex (Stryker, 2006).

Providing a foundation for the politic of broadening contexts, Foucault (1980) highlighted that subjugated voices of individuals need to be given space to emerge as legitimate knowledge so that they may broaden contexts, interrogate relations that govern bodies and subjectivities, and identify or expose the discursive practices of oppressive power relations (see Stryker, 2006). The local knowledges of transgender subjects tend to be forgotten while the privileged voices of researchers and clinicians who theorize and write about them remain unquestioned. As Stryker (2006) points out: researchers and professionals often do not consider how their personal knowledges come to bear on the knowledges and bodies of their 'objects of inquiry'. Insidious discursive practices operate

through the hidden social and institutional relations that authorize researchers and professionals to conduct their work without acknowledging their speaking positions, and most grievously, ignore, delegitimize and erase the transgender subject position altogether. Therefore, Styker (2006) calls for the de-subjugation of local and subjective knowledges. In other words, the voices that remain hidden and silenced in the service of a political agenda must be heard and appraised as legitimate knowledge in order to do due diligence to the larger project of democratizing gender. There are many voices that are silenced in the field of psychology; this silence functions to perpetuate the operation of oppressive power, and reinstate the hegemonic gender binary that regulates, and at times destroys, the lives of transgender individuals.

Post-modern Psychology

Mainstream psychological investigations and therapeutic approaches have problematized and pathologized transgender subjectivities. These approaches have contributed to and provided justification for many of the negative experiences transgender individuals encounter in their everyday lives. Conversely, post-modern psychology was conceived to expose and critique the hidden and sinister operations of mainstream psychology in the service of oppressive political agendas (Parker, 2007). Post-modernism was a critical response to the ideology of modernism in the natural and physical sciences that values positivist and objective forms of knowledge. For example, Riggs (2011) argued that knowledge is always historically and contextually situated, and that the ideal of objectivity is a fiction created to reinforce hegemonic forms of power. Thus, any domains of knowledge that operates without acknowledging its historical, contextual and subjective content can only contribute to the sequestering of power within

hegemonic social and institutional relations. The project of post-modernism, then, is to democratize power relations through the liberation and articulation of these historical, contextual and subjective knowledges, and through the interrogation of forms of knowledge that have been uncritically accepted as truth. The logical conclusion to the post-modern critique is a movement toward the standpoint of epistemological pluralism, or appraising subjective experiences as valuable knowledge.

In line with Stryker's (2006) call for discovering subjugated knowledges, the field of post-modern psychology offers a critical response to mainstream psychology in such a way that re-directs the investigative gaze toward the discipline rather than its objects of inquiry. According to Parker (2007), the critical perspective of post-modern psychology can be defined as the "systemic examination of how… dominant forms of psychology operate ideologically and in the service of power"; thus, the gaze of inquiry is cast back upon the discipline and its professionals. This radical approach to inquiry in psychology is in response to an acknowledgement of the ways in which psychological knowledges have operated through various discursive practices for the purposes of surveillance, self-regulation and the marginalization of particular human experiences and subjectivities (Parker, 2007). Simply put, the psychological is always political.

Psychological knowledges are typically not questioned from a critical standpoint because professionals and researchers within the discipline situate their knowledges and practices at the center of a dense web of theories and practices, referred to as a 'psy-complex' (Parker, 2007). The psy-complex is a process-structure that allows the psychological knowledge to hold the privileged position of universality and authority and is immune to critical scrutiny; as such, this complex allows potentially harmful practices

and studies to be conducted and popularized without questioning how it was constructed and which political functions it serves. In order to permeate the psy-complex, critical psychological inquiry aims to locate untapped sources of knowledge and experiences, and to learn from the places where struggles against psychology have had to connect with political struggles (Parker, 2007). In this way, post-modern psychological inquiry seeks to frame psychological knowledge by broader contextual information (i.e. political, historical, cultural contexts) and examine power relations, language and the material aspects of everyday experiences through an analysis of discourse (Parker, 2007). Ultimately, the call within post-modern psychology is to "learn from the places where struggles against psychology has had to connect with political struggle", engage in meaningful dialogue with individuals who unfortunately "suffer psychology" (Parker, 2007).

Significance of theoretical frameworks for present study

Although the three theoretical domains outlined above were articulated to highlight the complimentary intersections of their ideological and epistemological frameworks, considerable contentions exist among them. Elliot (2009) outlines the longstanding tensions between queer, transgender and transsexual bodies of knowledge. Specifically, these domains of scholarship are primarily concerned with appropriating more value to one type of body and subjectivity over others along the transgender spectrum. For example, transsexual scholars tend to highlight the importance of the lived experience of congruence between body and gender, whereas transgender and queer theories emphasize the importance of critiquing the gender binary and values the destabilization of heteronormative positionalities (Elliot, 2009). The militant nature of

these debates constitutes a highly theoretical epistemic conflict that often plays out on the lives and bodies of transgender subjects ironically without much consideration for the transgender subject. The result is the establishment of alternative forms of hegemonic social orders in which one type of body and life has come to mean more than another (Hodges, 2008). Regardless of the seemingly irreconcilable conflict between these theoretical frameworks, it is clear that the work of these scholars have elucidated and emphasized the differences between the multiple interpretations of transgender subject positions. This meta-analytic perspective orients the consumers and producers of knowledge to consider embracing an epistemological pluralism in the service of deconstructing all hegemonic social orders and establishing a gender democracy. In congruence with Elliot's (2009) noble effort to transform the conflict between these frameworks, the present study seeks to harness the power of each theory's heuristics to frame and colour its justification and analysis.

The complimentary intersections of these three distinct theoretical orientations provide an interesting point of departure for interrogating therapists' subjective experiences when working with transgender clients. Queer theory regards gender as a representational and political practice and requires the deconstruction of discursive practices that govern our lives; transgender studies emphasizes the materiality of gendered embodiment in conceptualizing the transgender subject position and necessitates the invocation of voice, narrative and lived embodied experiences in working toward a gender democracy; and, post-modern psychology offers a framework for transcending the contemporary binary between queer representation and transgender embodiment by refocusing the gaze toward the psychological contexts in which these

debates are undone on the bodies and lives of those occupying transgender subjectivities. One particular psychological context that frames the undoing of theoretical debates is psychotherapy. The previously reviewed literature indicates that the practice of therapy with transgender individuals is confounded by many factors such as negative experiences of transgender individuals in therapy and therapists' lack of competence. Furthermore, recommendations for addressing these confounds are articulated without personal reflection on the therapists' subjective experiences. This disconnect negates the inherent intersubjectivity of human contact in therapy. In order to bring these recommendations to life in the practice of therapy, the knowledges of personal experiences of therapists that are sequestered in a psy-complex need to be meaningfully integrated in scholarship aimed at proliferating transpositive approaches to therapy. Therefore, the present study aims to interrogate the practices of therapy in general (a discursive practice) and transpositive approaches to therapy in particular (imagining and working toward a democratic gender order), by seeking to understand their personal experiences of therapists (subjugated knowledge and unquestioned speaking positions).

Conclusion

This chapter reviewed the main theoretical frameworks that have been used to critically examine the subjective experiences of therapists, and by extension, the psychotherapeutic authority that is present but rarely discussed in clinical literature. Queer theory is a crucial framework for deconstruction power relations that exist within hetero-gender-normative structures, and offers a nuanced critique of the fictions that are mobilized and instantiated as truth through various discursive practices. Transgender studies examine how transgender subjects are erased through practices and discourses in

broader contexts that limit possibilities for embodiment and expression. Postmodern psychology takes as its focus the field of psychology and problematizes the previously unquestioned speaking positions of psychologists wielding power in subtle ways. Taken together, these theories prompt a critical question for understanding how transpositivity is materialized in the practices of therapists working with transgender clients: What can we learn about broader structures and contexts and the operation of power through discursive practices and discourses in therapy by interrogating the experiences of therapists who work with individuals who are often the sufferers of these systems of power?

CHAPTER 3: METHOD

The present study was a qualitative investigation into the experiences of therapists working with transgender clients in the southern region of Ontario, Canada. The aim of this study was to closely examine the experiences therapists have working with transgender clients. Using one-on-one semi-structured interview protocol, this study operated from a phenomenological perspective, focusing on deep exploration of the experiences of therapists working with transgender clients (Patton, 2002). Qualitative methodology is best suited for this type of research because the experiences of therapists have not been explicitly articulated elsewhere; indeed, whenever recommendations are made in professional writings, the authors fail to include their personal experiences. By neglecting this perspective, researchers run the risk of objectifying transgender clients, a tradition that has inflicted tremendous multigenerational trauma on transgender communities. Furthermore, the present study allowed the participants to integrate their voice into their professional practice and situate themselves within broader contexts as they shared their perspective. In this way, participants themselves were not conceptualized and referred to as "objects of analysis" and their recommendations were contextualized by their experiences with "institutional, textual and experiential shape" (Gamson, 2000).

Participants

In the current study, therapists (*n = 3*) providing therapeutic care for clients identifying as transgender individuals were interviewed about their experiences working with these clients and their recommendations for training programs to better address the needs of these clients. The participants were recruited through the purposeful sampling

technique of criterion sampling (Patton, 2002). Some points of access for recruiting

participants included community health centres, university counselling centres, private

practices and other health-based institutions. It was considered likely that there would be

very few therapists working with transgender clients; exclusion criteria was not adopted

as it was thought that it would severely limit the size of the population from which a

sample may be drawn. However, the research scope was limited to therapists who

described their work according to one of the three tiers of Goldberg's (2006) framework

for transgender mental health care (See Appendix B for list of selection criteria). In short,

therapists who described their work as requiring a specified knowledge about transgender

issues beyond that which is required for basic, respectful and inclusive care or who have

achieved the status of 'Gender Specialist' were be selected for the interview (Goldberg,

2006). The specific selection criteria provided assurance that the therapists being

interviewed would be able to provide a "good source of lessons learned" through the

informational richness afforded by the focus on a relatively small number of people

(Patton, 2002, p. 7). Although such a small sample size reduces the generalizability of

the findings to the population, it would allow the opportunity to produce more in-depth

knowledge of individual therapists' transpositive practices and would therefore increase

the depth of understanding of the therapists being studied and the complex work in which

they engage (Patton, 2002).

Procedure

Individual semi-structured interviews were the only source of data collection

utilized in the current research. Some of the main benefits of individual over group

interviews include: greater control over the interview process, more latitude to probe

deeper into participants' responses and the potential to be more responsive to non-verbal information (Creswell, 2007; Patton, 2002). It was considered important to establish a working rapport with the participants, and ask open-ended questions so that the experiences of the therapists would be the focus and to ensure that they would have the space to elaborate and maintain a comfortable pace. Follow-up questions were asked in order to clarify the therapists' responses and to increase the accuracy of their representation in this study. I used a recorder to digitally audio tape the interviews, and transcribed them verbatim in order to have an accurate and complete record of what was shared and discussed.

The semi-structured interview began with an overview of the conditions of consent and withdrawal, giving the participant a copy of their signed consent form with overview and introductory questions, included as comfort measures to ensure the participants feel safe in sharing about their experiences. The specific questions related to the present research were then be posed to the participants. Closing questions were asked and an opportunity for the participant to ask the researcher questions was provided. The researcher informed each participant about the next steps in this research project as well as methods for accessing the researcher if they had further questions or comments. See Appendix C for a complete set of interview protocol that was used in the collection of these data.

Analysis

A case study approach was used to facilitate the analysis of the data (Patton, 2002; Stake, 1994, 2006; Yin, 2014). Case studies are suitable for addressing the *how* and *why* components of a specific phenomenon that unfolds in a naturalistic real world setting

(Yin, 2014). As they provide a highly detailed, holistic purview that is sensitive to contextual variables such as the social, temporal, economic and geographic zeitgeists, case studies are useful for analyzing complex phenomena (Stake, 1994). Given that the generalizability of case study research is low, the purpose of analyzing these cases was to *inform*, rather than prescribe, ideas for theoretical frameworks, clinical practice, and training in professional psychology programs. In the current research, the voices, perspectives and stories of the interviewees with regard to their experiences providing therapy for transgender clients from a transpositive framework comprised the content of the case studies used for analysis. The main goal of the analysis was to learn what these therapists understand and experience as transpositive in their work with transgender clients. The analysis of the case studies occurred in two phases: phase one included an analysis of each case separately according to the clinical literature on what constitutes transpositive approaches to therapy; phase two included a cross-case analysis using the theoretical propositions outlined above. Cross-case analyses provide the opportunity to extend the expertise of each participant beyond a single case, and provide new insights for informing theories, and clinical training and practice (Stake, 1994).

The interview transcriptions were the raw data for this study. From the raw data, case records were formulated in the service of writing a narrative about each therapist. To create the case record, the transcripts were read through to inform a general sense of the information, themes, patterns, and significant issues contained in the data. A second reading of each transcript was undertaken for the purposes of explicitly identifying the key pieces of information that were relevant to answering the research question. Once the case records were complete, they were used to write the case study. The case studies were

organized based on the questions that were asked in the semi-structured interview protocol, including therapists' background, description of what transpositive means, professional practice, personal experiences, and their recommendations for training in professional psychology programs. The cases were then analyzed separately according to the clinical literature that speaks to what constitutes transpositive approaches to therapy. Specifically, each case analysis identified the points of convergence and divergence between the therapists' subjective experiences and the clinical literature.

The second phase, or cross-case analysis, was layered (Patton, 2002): all of the cases were integrated into a holistic case and were analyzed in a separate chapter according to the propositions outlined by the theoretical framework explicated above (Yin, 2014). To integrate the cases, commonalities across the three case studies were coded according to explanation building techniques (Yin, 2014). Narrative explanations were built in such a way that paid particular attention to critical insights about how and why the issues and dimensions emerged (Yin, 2014). Any issues or dimensions that were not reconcilable across the cases were analyzed according to how they exemplified or contested the theoretical propositions outlined in the theoretical framework chapter. Specific concepts from each of the guiding theoretical foundations of the present study were used to inform relational statements about how the issues addressed by the therapists connect to the phenomenon under study. To facilitate the development these relational statements, I organized the case data into a word table that highlighted the main issues and dimensions (Stake, 1994). The relational statements, which were interpretive, included an analysis of discursive practices and discourses that operate in the subjective experiences of the therapists (queer theory), identifying processes of erasure of both the

transgender subject and the transpositive therapist (transgender studies), locating the local

knowledges that are inherent in the subjective experiences of the therapist (transgender

studies), and, a critical analysis of how psychological knowledge and its political subtexts

are protected by the impermeable barriers of the psy-complex (post-modern psychology).

The result of the analysis was the explication of the dimensions that represent the

commonalities and differences across participants on their experiences working with

transgender clients and connecting the issues and dimensions to relevant social and

psychological theories, clinical literature, and pedagogy in clinical training.

Trustworthiness

Acknowledging that knowledge is socially constructed and contextually

embedded, it was important for the researcher to develop a sense of reflexivity, or

understanding of his own perspective in the construction of knowledge. As this research

topic is a passion of the researcher, high standards of validity strategies were employed to

ensure valid data analysis. Clarification of researcher bias is one validity strategy that

addresses the reflexivity, or influence, of the researcher on the analysis and interpretation

of the data. In addition to stating the researcher's bias, I engaged in continuous reflection

throughout the process of data collection, analysis and interpretation. In terms of

mitigating the effects of the researcher's bias, one of the most important and useful

strategies involved the use of analyst triangulation (Patton, 2002). Analyst triangulation

was achieved through the use of a reviewer to question and interrogate the interpretations

that were being made by the researcher. Specifically, whenever there were rival

explanations, the researcher and reviewer discussed the finding in terms of its theoretical

and practical significance. The inclusion of direct quotes in the individual case analyses

were used so that the voices of the interviewed therapists could be heard and given value and therefore increase the trustworthiness of the findings.

Ethical Considerations

Risks and Benefits

There are no foreseeable risks related to physical, social, economic aspects. The participants may incur minimal risk in sharing their experiences working with transgender, transsexual or gender-variant clients in terms of their emotional and psychological well-being. If a participant expressed a negative experience with a transgender client, they may experience negative emotions and psychological discomfort through sharing their experience. Encouraging these participants to debrief with a peer or supervisor in their support network, ensuring participant anonymity in all aspects of handling and presenting the data, and highlighting the experiential and educational benefits of sharing this information may very well mitigate the negative emotionality and psychological discomfort that the participants may express or experience. There are many benefits that may result from this research: participants will have the opportunity to reflect on their work with transgender clients, share their experiences and inform counselling psychology graduate programs; students and educators will have access to this information and engage with it to better train competent counsellors and actualize the professional standards for counselling diversity; and, transgender individuals will ultimately reap the benefits of this research as it increases the likelihood that they will have a positive trans-affirming experience in counselling

Confidentiality and Anonymity

The audio recordings were destroyed after transcription. The files containing the

transcription (virtual and hardcopy) did not have participant identifiers associated with them, and was assigned a pseudonym at random. Any identifiable information was removed from the participants' responses, and those participants who are highly visible and renowned for working with transgender clients will be guaranteed protection from inadvertent identification since the researcher strictly referred to the participants by their pseudonyms and removed any identifiable information. The hardcopies will be kept in a locked cabinet in the office of my supervisor and will be stored for a period up to five years. Virtual copies will be password protected and also be stored for up to a period of five years. Hardcopies will be shredded completely and virtual files will be digitally erased from all places they have been stored after this five year period.

Conclusion

This chapter detailed the case study methodology that was implemented to analyze the data for this study. Therapists (*n=3*) were interviewed on their experiences working with transgender clients in therapy. Transcripts from each interview were read and used to build the case studies. The analysis unfolded over two phases. In the first phase, the case studies were analyzed in the context of the recommendations made for transpositive approaches to therapy in the clinical literature. In phase two, the individual cases were amalgamated into one holistic record, and themes were identified. These themes were then discussed in relation to the study's critical theoretical framework.

CHAPTER 4: CASE STUDIES

The case studies and phase one of the analyses is contained in this chapter. Each

case is presented and organized according to the responses in the interview under the

headings *Background, Transpositve approach, Professional experiences, Subjective*

experiences, and *Recommendations.* Each case profile is then followed by an analysis of

the case study according to the recommendations for transpositive therapy outlined in the

clinical literature reviewed above.

Case I: Quinn

Background

Quinn recently completed her doctoral degree in Clinical Psychology and is on

supervised practice in order to fulfill the requirements of the College of Psychologists of

Ontario for registration as a Psychologist. She identified that her clinical practice operates

from a client-centered and feminist framework, thus allowing for client-empowerment

and gender equality. She currently works in a university counselling centre in Ontario

that provides short-term therapy and has seen one client who self-identified as gender-

variant. Quinn herself does not identify as transgender. The details of this case are related

to her experiences with this individual client.

Transpositive approach

Quinn conceptualizes a transpositive approach to counselling as akin to person-

centered therapy in the sense that it allows space for the client to make their own

decisions and express what is unique about personal experiences. Embodying a non-

judgemental and non-assuming stance in the therapeutic relationship requires that Quinn

engages in self-reflective practices both in and out of session. In this regard, she monitors

her motivations for asking certain questions and checks to see whether they are related to the client's treatment-relevant concerns. In addition, she strives to see the clients' experiences through their own lens and to situate the client as the expert on their life. In order to embody this perspective, she had to be open to being educated, which she described as "the most non-threatening position to have". By allowing her client to have a more active voice in therapy, she paved the way for a bidirectional flow of expertise between her and the client. The client taught her concepts and issues according to their experiences and she respond with relevant interventions to address their individual and context-specific needs. Quinn also discussed that advocacy and community building are an important part of working with transgender clients. In summary, Quinn asserted, "I don't think you can rob someone of their individual experience and not let them tell you their story... [you need] to be competent enough to... be able to perhaps ask the right questions or have an understanding of how context might play in."

Professional Experiences

Quinn has always demonstrated an interest in gender and sexuality issues and had exposure to gender variance through interactions with colleagues and by attenting conferences. She has done independent research to prepare for an interview with an agency that would have led to direct contact with transgender and gender variant clients. In this regard, she has read relevant academic articles, case studies and textbooks to gather information on issues that would likely be presented in clinical work, and relevant political issues related to the gate-keeping role some psychologists play in the process of approving clients for medical interventions. She has also participated in seminars and conducted independent studies that have focused her knowledge on sexual dysfunctions,

sexuality and gender issues. The formal training that Quinn received as part of her doctoral program did not include coursework that specifically address the issues that transgender and gender-variant clients may present with in therapy. She did speak of this lack of training opportunities in her program as an issue, but recognized that it is her professional and ethical obligation to keep up-to-date with client-specific issues and the relevant contemporary approaches to clinical work regardless of how her training prepared her. Quinn also explained that she could read all that was published on the transgender clients and never truly know the experiences of transgender individuals since she does not identify as such; this provided her with further justification for working within a person-centered framework.

In the context of working with a gender-variant client, Quinn stated that "nothing is that deviant or far off from any type of client-centered work that you would do with any individual" and that her supplementary preparation has been in the service of broadening her understanding of relevant clinical work for issues relevant to gender variance. She has sought supervision with psychologists and peers working in the same clinical setting. She also identified reading different articles, wherein one by Bockting et al. (2006) oriented her toward potential areas of inquiry in terms of conducting a gender assessment and treating concurrent mental health issues in tandem. Quinn described a situation with this client in which she began the gender assessment protocol, but shortly after realizing that the client was experiencing significant distress, identified that the primary clinical concern was in fact crisis oriented. She worked with the client on moving toward psychological stability so that secondary concerns related to gender exploration would be facilitated with fewer complicating factors later in this client's life.

Quinn remarked that she has been more involved in advocating for her client. For example, the client expressed concern with the language used on one of the forms during one of their sessions. In order to demonstrate that their needs and expertise were being respected, Quinn addressed the client's concern with her supervisors and peers at a staff meeting and advocated to have the wording changed. She has enacted subtler gestures to indicate that she is transpositive; she has posted information in a visible location in her office such as a document that outlines gender-based violence and a sticker that confirms that she is an ally with anyone presenting as a gender or sexuality minority. She would not typically have taken these steps, but she felt a desire to demonstrate that she was open to hearing the client's concerns and trying to implement changes outside of their one-on-one sessions.

Competency, according to Quinn, is not something a clinician stops having as long as they continually inform themselves to a level that works for the client. She values continued education and definitely is interested in attending workshops to maintain competency in working with clients experiencing related issues. Quinn imagines that she will likely encounter more transgender and gender-variant clients as she moves through her career and is open to pursuing her interest in gender and sexuality in either clinical settings or research programs.

Personal Experiences

Quinn was personally impacted through working with this client as it motivated her to engage in advocacy work and to be more observing and self-reflective both in and outside of session to ensure she is embodying the approach she strives to follow. She also experienced a re-awakening of an earlier interest in working with clients along the gender

and sexuality spectrum through working with this client. She shared that has learned about the uniquely personal experiences of the client she has been working with and explained that it has contributed to deepening her sense of humility in clinical practice.

Quinn described her client as feeling stuck with their gender questioning, and indicated that they are not currently exploring the nature of their gender. She felt that it was important to consider what factors were preventing this client from working through their issues related to gender. Through the facilitation of an assessment, she realized that complicating factors such as potential suicidal ideation and social isolation were more pressing for this particular client and this constituted the bulk of their work together. She used a metaphor of a puzzle to explicate the intricacies of the work and to ask herself, "What piece do you have to lay down first before you can get to those periphery pieces?" She described that the particular metropolitan area in which she works does not have enough community support for transgender individuals and that this individual lacked support among family and friends. For Quinn, working to alleviate the distress that accompanied these factors was the most difficult part about working with this client.

Recommendations

Quinn held the perspective that it may be more effective to give trainees the option to explore how individual differences intersect and interact with clinical issues, rather than exploring each cultural demographic separately (i.e. one chapter on LGBT-related issues, and another chapter on some other cultural group). She explained that the latter approach de-emphasizes the heterogeneity of the community and the uniqueness of the individual's experience, and furthermore, it isolates the phenomenon and takes "the context out of the issue." Her perspective is that the former approach would help clinical

students adapt to continually evolving phenomena in that they will be more focused on what to look for and how a clinician might embody sensitivity when working with individual differences. She also explained that individuals who may have identified an early interest in working with a particular set of issues should embody these principles throughout their training and encourage dialogue in as many of their courses if relevant. Finally, she cautions that clinical programs need to be wary of the language that is being used and urges trainees to keep up with the times and to seek education when appropriate.

Analysis

Transpositive Approach

Quinn explicitly described many elements of her practice as they align with the recommendations in the literature regarding what constitutes a transpositive approach to therapy. She adopts a client-centered lens which means that the client directs the focus of therapy, and the therapist approaches the client with genuineness in the therapeutic relationship, empathy, and unconditional positive regard (Carroll, Gilroy & Ryan, 2002; Livingstone, 2008). By operating within this clinical framework, Quinn engages with clients on their own terms which is likely to foster client's self-determination (e.g. Livingstone, 2008), strives to be non-judgemental and non-assuming (e.g. Lev, 2009), and demonstrating her openness to learning from the client (e.g. Benson, 2013). In addition, a client centered perspective inherently captures an understanding of the heterogeneity of any community, including the transgender community, because it respects the unique experiences of each individual person beyond their identity labels. Quinn's other ideas about transpositive approaches to therapy match directly with the recommendations, such as being self-reflective (Benson, 2013; Singh & Burnes, 2010),

being cautious of transference processes (Raj, 2002), working toward an inclusive and sensitive clinical setting (Goethals & Schweibert, 2005), and engaging in advocacy initiatives (Chavez-Korell & Lorah, 2007).

It is important to note that Quinn spent some time emphasizing the importance of self-directed learning in working with any client whose experience of difference carries personal meaning. She commented that any clinician who is ethically responsible and genuinely caring for their clients would want to engage in this self-directed learning. By this she is potentially speaking to a broader purview of being held accountable by the transgender client and community. While it may not be the case that accountability alone can motivate a therapist to engage with a transgender client with a transpositive approach, Quinn is situating herself as responding in an ethical manner as she would expect any other therapist. Perhaps she is embodying and indirectly corroborating the idea set forth by Ansara (2010) that therapists should foster a modesty and humility with regard to their expertise in order to develop a sense of "informed not knowing" (Laird, 1999 as cited in Carroll, Gilroy and Ryan, 2002). This perspective further highlights the importance of working within a client-centered framework: by having baseline knowledge in her back pocket, Quinn is able to truly conceptualize the client according to their own terms without having the client explain general concepts and ideas.

Subjective Experiences

Quinn had an early interest in working with clients who self-identify or express themselves across the spectrum of sexual and gender positions. Quinn prepared for the potential of this work she developed her general knowledge by reading textbooks and scholarly literature, and pursuing continued education both of which are recommended by

the literature (e.g. Collazo, Austin & Craig, 2013). However, she did not have the opportunity to work with any transgender clients during her clinical training. Since working with this gender variant client, Quinn has experienced a reawakening of her previous interest to work with sexuality and gender differences, and learned greater humility. As part of adopting a client-centered approach, therapists must earn the right to encounter the client which would require a degree of humility in her expertise, and that the therapist situates the client as the expert (Ansara, 2010; Livingstone, 2008). In this regard, Quinn aptly described that the therapeutic process in her work with this client is characterized by the bidirectional flow of expertise. An interesting parallel emerges between expertise and impact, that is, as she works to impact the life of her client, she is also impacted. Perhaps this shift toward her previous interests after working with this gender variant client indicates the extent to which she opened up to her client and was affected by them.

Quinn did not necessarily describe her approach to therapy with her gender-variant client as any different from working with any other client. The few differences that she indicated were active instantiations of her understanding of transpositivity rather than a passive stance toward the client (i.e. non-judgement). For example, she took an active role in advocating for changes to be made on form in response to her client's feedback, posting information that would suggest transpositivity, or at least an alignment with LGBTQ individuals in a general sense, and engaging in more self-reflection in order to be weary of her questions. She has demonstrated alignment with recommendations to talk with key individual and help facilitate the changes necessary to embody respectful treatment (e.g. Lev, 2009), transforming her clinical setting to explicitly demonstrate her

position with respect to LGBT individuals (Goethals & Schweibert, 2005; Mizock & Lewis, 2008), and developing critical awareness (Singh & Burnes, 2010).

There was an interesting tension that became evident for Quinn as she began working with this one client. She was working with the client to address their gender-related issues but soon after realized that it had to be "shelved" in order to address this client's suicidal ideation and social isolation. This was one of the most difficult aspects of working with her client because they had extremely limited social support outside of therapy. Raj (2002) asserts that one of the therapist's main objectives is to help individuals function more comfortably in the world by advocating for the client. Although she did not expect to be doing work such as advocacy and community building, she recognized that it was an unavoidable piece in the arriving at a more complete picture of the puzzle. Quinn also demonstrated flexibility in the utilization of her clinical judgement and skills by effectively managing concerns that were not directly related to gender (Carroll, Gilroy & Ryan, 2002; Raj, 2002). In addition, she was able to utilize her general knowledge and client-centered positioning to facilitate her understanding of her client's understanding of their own experience, a recommended skill in a transpositive approach to therapy (Ballan, Romanelli & Harper IV, 2011). Her approach to therapy required tentative and shifting epistemologies, or working knowledges, that emerge in response to the client's knowledge, rather than relying on previously determined clinical knowledge to the work for her (Livingstone, 2008).

Recommendations

Quinn's practice of psychotherapy also reflects her recommendations for professional psychology programs. Although she engaged in specific self-directed

learning herself, she did not see the need for issues related to transgender individuals to be explicitly included as a requirement in training programs. She called for a more general approach for learning about individual differences that would be conducive to molding into a transpositive approach if the trainee chooses to make that their focus. Interestingly, it appears that she is expressing a person-centered perspective that honours the experiences and needs of the trainee.

Case II: Phoenix

Background

Phoenix is a doctoral level Registered Psychologist from the United States. She has worked as a psychologist for almost 20 years, and has experience in a healthcare setting and private practice. She has worked with LGBTQ clients throughout her career.

Transpositive approach

Phoenix articulated her understanding of transpositive as "accepting that there is a huge range of gender expression… encouraging people to make whatever choices you know they want to need to make about who they are and about how they want the world to see who they are." She identified that transpositive is about adapting frameworks to be inclusive of trans individuals, rather than trying to change trans individuals to fit a particular mold. She also highlighted the importance of empowering clients to do their own advocacy within the health and social services system, but at the same time recognizing when it is important for her to advocate on her client's behalf. She also believes that more basic things are important for demonstrating a transpositive approach such as having inclusive language on forms, being sensitive with office procedures, for example having a secretary that is knowledgeable in greeting people without pronouns,

and having accessible washrooms. Being aware of the potential for mistakes -- especially in regard to using the wrong name or pronoun -- operating with the best intentions and knowing the right questions to ask has been helpful as she strives to embody a transpositive approach.

Professional practice

Her academic program had a substantial sex and sexuality focus and she participated in clinical training that involved exposure to transgender clients. She shared that if she did not have early clinical experiences with transgender individuals, she may not have developed an interest in working with this population. She gave an example of having a more developed understanding of transgender clients from the start of her career - something that her supervisors lacked - and recalled being asked by colleagues to see transgender clients due to her demonstrated competence. Phoenix described that she began to work with transgender clients in a more intentional way after noticing that she was providing education and resources for her colleagues and realizing that no other psychologists were doing the same kind of learning.

She engaged in self-directed learning of some specific content regarding issues related to transgender clients. Identifying *Whipping Girl* as a documentary that was particularly formative in her learning process, in addition to finding other resources through clients, conducting literature searches, becoming familiar with the available supports in the community, and familiarizing herself with the WPATH guidelines, Phoenix was able to stay current and maintain her competency in the field. She also described that attending community events such as the Transgender Day of Remembrance and Pride, were important to have the culture visible to her to gain

experiential knowledge related to how the community was situated in a context. She also shared that she would not want to have her only interactions with transgender individuals to be in a clinical setting.

Personal experiences

Phoenix always had a sense that a lot of personal characteristics are fluid. Seeing a variety of trans people enabled her to conceptualize gender as a fluid characteristic early in her career. From her clinical experiences, she developed an increased appreciation of the challenges inherent in exploring gender, coming out, and transitioning. She has been inspired by the courage she has witnessed, and expressed that it has been an honour to share important moments with transgender clients, such as sometimes being the first to person to know about their identification.

In terms of personal growth, she did not want her only experiences with transgender individuals to be as her clients. She explained that it was important for her to sit down and have coffee with a transgender person in a way that she would not with her clients, and to be able to ask questions in a non-clinical setting. Seeing first-hand how transgender people are received by the broader culture helped her gain insight into the contexts in which trans people live.

She indicated that she did not realize that her early exposure, training and self-directed learning would be such a rarity. In this regard, the work has been overwhelming because she is viewed as a go-to person for consultation in her metropolitan area, and sometimes feels pressure to take on clients even when her caseload is full. In addition to feeling somewhat overwhelmed by the scarcity of psychologists willing to work with trans clients and the high demand for services, she finds that the day to day work itself is

difficult. One of the toughest aspects of the work is the way the broader system excludes the person providing the on-going counselling from writing a letter of support or recommendation to a surgeon for potential sex actualization surgery. Although she believes this exclusion has benefits for psychologists in terms of having the therapy focused on helping the individual with exploring options, she wishes she had more weight in the process.

Phoenix described that she has a personal reaction if a trans client decides not to disclose their identity to their spouse. Although she can respect and empathize with the client, she knows that she has to become aware of her biases in order to help the client with any issues that may arise as they maintain or explore that decision. Her personal resources of empathy with trans clients comes from her connection to the queer and trans community, witnessing the struggle trans people face and the risk they incur by disclosing their identity, and recognizing the power effect of alienation and isolation that trans people may encounter.

Recommendations

Phoenix recommended that professional psychology programs adopt a more inclusive model of culture such that it adequately addresses transgender-related issues in counselling. Specifically, she mentioned that some unique medical knowledge may be required to help clients explore their options. She referred to WPATH standards and the *Susan's place* website as resources to orient trainees to the information that is out there. She encourages trainees to be open to working with transgender clients because there is a significant demand.

Finally, she urged clinicians to adopt professional practices that would make

things easier for potential gender variant clients, such as being inclusive with language on forms. She summarized her recommendations by saying that there is some basic knowledge required to work effectively with transgender clients but repeated, "Good therapy is good therapy… it's not rocket science."

Analysis

Transpositive

Phoenix explicitly discussed many aspects of the transpositive position in counselling. She described her support for the client's right to self-determination, and adopting a positive attitude that is accepting of the wide range of gender expressions that exist. By engaging in advocacy and empowering her clients to do the same, and fostering a critical perspective in her consideration of how broader contexts need adaptation, she is indirectly alluding to the firm assertion in the transpositive literature that therapists must resist a pathologizing stance and instead problematize social contexts of oppression given psychology's troubling history with trans persons (Ansara, 2010; Bess & Staab, 2009). Examples of her advocacy efforts are the provision of education and encouragement to other clinicians who are working with transgender individuals and the establishment of relationships with trans-friendly physicians and endocrinologists, both of which have been recommended in the literature (e.g. Carroll, Gilroy & Ryan, 2002; Goethals & Schweibert, 2005; Raj, 2002; Singh, Hays & Watson, 2011). In a similar vein, she emphasizes that inclusivity in the clinical setting and atmosphere and concern for using sensitivity to nuance in language, especially with regard to using the actual name and pronoun of the client, and recognizing her own capacity to make mistakes, have been helpful in embodying a transpositive approach. Smith, Shin and Officer (2012) indicated

that recognizing anyone's capacity to make mistakes is essential in opening up space for the client's feelings to be honoured. In other words, consider the example of a therapist indicating they are transpositive and always confronts transphobia: if the therapist enacts what the client might consider an instance of transphobia, then the client may feel that their hurt feelings are not valid since they have the impression that therapist is not transphobic.

Subjective Experiences

Phoenix described that she had early exposure to transgender clients, and was identified as a go-to person for transpositivity in therapy by colleagues and existing clients who referred others to her. Having the awareness that other therapists were not keeping up with the times with regard to maintaining competency to work with transgender individuals, she shifted in her intention to do more specialized work in this regard. Phoenix began her practice before the advent of a transpositive focus in therapy. It is not unreasonable to assume that her vested interest in this population was directly related to her early experiences with transgender clients. Having the understanding that personal characteristics, including gender, were fluid early in her training and career likely positioned her to embody sensitivity to the experiences and challenges inherent with having a gender variant identity. This likely created a space for transgender clients to feel heard, understood and supported at a time when psychopathology was the dominant discourse. Indeed, some authors have indicated that the desire to feel heard and supported is above all the most important for transgender individuals seeing counselling (Reicherzer, Patton & Glowiak, 2011). This initial insight demonstrates the impact of having positive experiences with transgender clients early in the therapist's career.

Interestingly, positive experiences were not the only predictor of Phoenix's future work with transgender clients. She was identified as someone who had competence and demonstrated efficacy with working with transgender clients both in clinical and transgender community networks. She was being guided toward increasing 'contact' from professionals and community members. This historiographic depiction of the beginning of Phoenix's career demonstrates a developmental theme of 'emergence' as a transpositive psychologist in response to both external and internal pressures.

Acting on her awareness that she was one of the only psychologists in her community who had demonstrated competency with transgender clients, she accessed the literature on transgender issues, read autobiographies and watched documentaries in an effort to develop a specialized knowledge. Phoenix articulated that it is important to read beyond pathologizing discourse in order to demonstrate transpositivity to clients, and to also support the clients that would benefit from being directed to a particular resource. She also developed a critical perspective by accessing knowledge about relevant theories and trends in the community. She gained experiential knowledge with the LGBT community by attending events, and meeting with transgender individuals in ways that she would not with clients, such as having a coffee at a local cafe. She described gaining firsthand experience with seeing how transgender individuals were received by the general public and being exposed to aspects of their culture. She also mentioned that being in the transgender community, and attending particular events such as transgender day of remembrance allowed her clients the opportunity to see that she recognizes that many of the issues transgender individuals face are bigger than her clinical work. The importance of increasing personal contact with transgender individuals outside of the

clinical setting was emphasized in some of the recommendations. Livingstone (2008),

Smith, Shin, and Officer (2012), and Ballan, Romanelli, and Harper IV (2011) all shared

the perspective that developing genuine personal relationships with transgender

individuals is critical for developing an affirming and positive stance in the therapy room.

They reasoned that it would help clinicians understand the experiences of transgender

individuals, and provide the opportunity for evaluating personal biases and assumptions.

Smith, Shin and Officer (2012) commented that these relationships ought to not be in the

service of providing this knowledge otherwise it positions the clinician as a voyeur and as

such the integrity of the relationship and the genuineness of the encounter will be

compromised. The fine boundary between voyeurism and genuine curiosity is one tension

that Phoenix has had to navigate. She demonstrated what it means for her to be in the

trans community: although it was undoubtedly a learning experience, it helped her bring

awareness to the reality that her work is situated in a broader context, for example, one in

which transgender individuals still encounter prejudice, discrimination and violence

simply because of who they are. This adds personal meaning to the work that she does,

and eschews any doubt of her genuineness in the relationships she has built with trans

persons outside of her clinical work.

Phoenix described the impact that working with transgender clients has had on her

over the years. She has been inspired by the courage, developed an appreciation for the

challenges inherent in coming out, feeling honoured that she is often the first to know,

but also feeling overwhelmed and pressured by being identified as a go-to person, even in

the present-day despite the proliferation of transpositive approaches in the literature. In

the consideration of the impact of this work, she outlined additional tensions that have

come to bear on her clinical practice. Although she described feeling honoured by being the first to know about a client's gender variant identity, elsewhere she indicated that she has personal difficulty when the client has the intention of withholding their identity from existing partners. She empathizes with both the client and the partner, but indicated that this is a particular issue that requires personal reflection and careful navigation in the therapeutic process. This particular tension exemplifies that Phoenix recognizes that transpositive elements of non-judgement, trusting relationships, and self-awareness are not values that are ever truly achieved, but a working progress that requires a commitment to reflexive awareness, and working according to the client's terms, referred to by Livingstone (2008) as an ego-syntonic process.

Another tension that further characterizes the extent of Phoenix's commitment to balancing transpositivity and clinical sensitivity was exemplified by a situation in which she suggested to a family and client that hormone blockers may be the most appropriate intervention in order to give the client the space to make a decision about more intensive medical intervention, given that the client was younger. She indicated that she was met with discontent from some members of the transgender community. She had to focus on the reality that she was doing her best to use clinical flexibility to respond to the specificities of this client's and their family's concerns. Flexibility in treatment approach has been highlighted as a particular skill that transpositive therapists must practice, especially when considering the idiosyncrasies of highly unique personal contexts (Ettner, 1999; Rachlin, 2002). Also, Collazo, Austin and Craig (2013) suggested that therapists must have the willingness to work in the antagonistic context of transphobic medical and mental health systems. However, Phoenix's example describes her

willingness to work in a difficult context in which the transgender community is divided on clinical issues. This is a tension that is previously not discussed in the literature, but undoubtedly affects the work of a clinician who has been embodying all aspects of transpositivity, especially being a presence in the community and a go-to person in the metropolitan area.

Phoenix has explicated the theme of navigating of some very sensitive and intriguing tensions throughout her discussion of her subjective experiences. It clearly demonstrates the importance of having a firm grasp on your personal values, a deep understanding of the community and individuals developed by personal connection and a formal knowledge, the specific skills and enduring stamina to work with political issues in a clinical setting, and finally the understanding that basic therapeutic principles are effective once the foundation of transpositivity is in place. As she mentioned, "It's not rocket science, good therapy is good therapy."

Recommendations

Phoenix recommended that students become aware of the guiding documents and resources that exist such as the WPATH SoC and Susan's Place website, understand psychology's role with respect to transgender individuals, understand the intersectionality of multiple identities, develop an awareness of how subtleties in practice settings, such as forms and accessible washrooms, can make things easier for transgender individuals, and finally, cultivating an openness to work with transgender clients. She is clearly advocating for specialized training that focuses on transgender individuals, which has been echoed in the work of various scholars (e.g. Benson, 2013, Carroll, Gilroy & Ryan, 2002; Collazo, Austin & Craig, 2013; Israel et al., 2008a, 2008b; Mizock & Lewis, 2008;

Raj, 2002; Singh & Burnes, 2010).

Case III: Sky

Background

Sky self-identified as a trans-man and works as a psychotherapist for a community health based oragnization . He has his Master's degree in Counselling Psychology, has worked with LGBTI clients in both healthcare and private practice settings, and provides consultation and training for professionals and students. He has also been involved in activism.

Transpositive

Sky mentioned three important aspects of being transpositive: inclusivity, clinical sensitivity and cultural competence. By being supportive, respectful, affirming and sensitive, while being cautious to not impose his own personal experiences on the client, he is able to "meet the client where the client is." He described that he operates from a perspective that factors in the intersectionality of multiple identities and an anti-oppressive framework. In addition, he described limited self-disclosure of his trans identity as a tool that can help build trust with his trans clients, but indicated that he has to use his clinical judgement to determine when it is appropriate or when it may do more damage to the therapeutic alliance.

Sky would not assume the client's presenting concern in therapy will be about their trans identity, but identifies that the trans piece may predispose the client to related vulnerabilities, which must be assessed, such as trauma history, isolation, ideas about transitioning, internalized transphobia, inappropriate coping. In this regard, he added he will get an idea of their social supports and coping strategies, and work toward

facilitating self-empowerment. Sky allows the client to decide how much they want to involve their gender identity or expression. He believes that focusing on the client's trans identity against their will is disrespectful and a form of erasure in the sense that their experience is being objectified and re-authored in the context of a clinician's "curiosity". Ultimately, Sky respects and accepts his clients as individuals: "I don't care if someone is trans [or not]... it doesn't matter to me. It's the person [that matters]."

Professional experiences

Sky's clinical training was completed at an institution that included professors who were trans- and queer-positive. He recalled that one of his professors openly criticised a foundational psychological theorist because of their homo- and transphobic beliefs. Sky believes that there is a set of knowledge that clinicians should have when working with trans clients. A theoretical background in relevant social theories, knowledge of the history behind the trans community, knowledge of the state of trans rights and relevant legislation in Ontario, some knowledge of hormones, issues surrounding internalized transphobia, gender issues in the DSM and the WPATH Standards of Care, are all important to Sky and the work that he does. In addition, he will seek information that may be relevant for a particular client through online resources, books, workshops.

Sky recognizes that as a clinician, he is in a unique position of power to do meaningful advocacy. He does extra clinical work and activism by providing education, supervision, consultation for colleagues in colleges, hospitals, health centres and universities. For example, Sky expressed concern many therapists do not understand that gender and sexual identity should not be conflated. He has provided educational

workshops that urge therapists to affirm their clients when they indicate that they are trans and queer. He also described being involved in various committees and initiatives related to supporting trans individuals and advocating for systemic changes within the organization in which he works and within the broader community. Sky described that he helps develop the activist capacity within his clients if they are interested. Although the activism his clients chose to do are not always related to trans issues, he uses his experiences as an activist to help them focus their strengths and energy to prevent burnout and increase positive experiences.

Sky has planned events in for trans and gender questioning clients in a non-clinical setting because he believes that positive social experiences with trans individuals are critical to the provision of care. He explained that when other providers from his organization attend these events and experience the culture, they are honouring the lives of trans individuals in a way that is not intellectualized or academic, but experiential and emotional. He described that it is part of his job to engage with trans peoples in a non-clinical manner, given that they were historically only seen as their identity, not has "holistic, fully dimensional human beings". Sky also described that sometimes planning new programs in the context of an institution can be tricky because some managers don't want to unsettle the system. He acknowledged that he has to jump through the necessary hoops to prove why it's worth the risk of the organization, and that many of his initiatives would not have been successful without the support of the organization's management.

Personal experiences

The work of providing therapy for transgender clients was described as very challenging but very enriching. Sky explained that the client-counsellor relationship is

one of the most intimate relationships in the world if there is synergy between the individuals. He described that helping someone through the decision making process with respect to transitioning, or coming out as queer, and to watch them "blossom… spread their wings… and be their authentic self [and] take up their rightful place in the universe" is a rewarding experience. He experiences the work with an added positive dimension or depth when the client is similar to him. However, seeing any client meet their goals and make positive changes, regardless of their gender identity, is equally as rewarding.

Sky described two situations that would be requiring self-reflection and supervision to navigate in his clinical work. The first situation is one in which he encounters clients who use pejorative language to describe transgender individuals such as "freak" or "abnormal." This kind of language really impacts him not only because he identifies as trans, but because he has many close personal relationships with other trans individuals. He validates these clients, and depending on what the underlying motivation for their comments was, he would gently challenge them on their language. In other circumstances, for example, if they were expressing some internalized transphobia, he would not want to make them feel bad or guilty thereby negatively impacting the therapeutic relationship. He used the metaphor of wearing either a therapist hat or an activist hat to speak about navigating these difficult experiences. He addresses transference as needed, uses clinical judgement to ensure that he is not setting his own agenda, and described the importance of being able to sit with ambiguity in the process.

Sky also mentioned being burnt out by overexerting himself in activism and having to take the necessary and intentional steps toward self-care. He uses positive strategies to mitigate the effects of burnout. By limiting his activism, being selective with

the academic, clinical and community projects in which he is involved, enjoying a massage, and seeing a therapist himself, he is able to be mindful about how he is extending himself and "[go] the extra mile within reason".

Recommendations

Sky expressed concern over the lack of information that medical students receive about caring for transgender clients in their training and indicated that universities need more relevant knowledge built into their curriculum. For professional psychology programs, Sky would like transpositive models to be taught, see more transgender, intersex, two-spirited and queer clinicians speaking to classes or offering courses, and he encourages trainees to develop a broader understanding of the transgender experience by reading academic, clinical, activist-focused and autobiographical books. Finally, he urged trainees to get out into the community and attend events.

Analysis

Transpositive Approach

Sky explicitly characterized his approach to transpositivity in clinical practice along the lines of inclusivity, clinical sensitivity and cultural competence. These three strains are respectively related to the notion of supporting client's self-determination by accepting all individuals along the diverse continuum of trans subject positions, using self-reflection, clinical judgement and supervision to build awareness regarding practices and potential outcomes, and having the knowledge required to honour the intersectionality of multiple social identities of each individual as they present to counselling (Bess & Staab, 2009; Goethals & Schweibert, 2005; Raj, 2002; Singh & McKleroy, 2011). Sky described a client-centered approach in which he works solely on

the client's terms. This approach has been described by Livingstone (2008) as working with ego-syntonic processes, that is, having the understanding that the client's presenting concerns are congruent with their goals, desires and needs. However, Sky explains that while the client may not want to discuss their trans identity, he must use clinical skills and knowledge in assessment in order to appropriately screen for experiences that are more likely to occur among trans individuals. This is corroborated by the clinical literature that explains that sensitivity and responsiveness to multiple social locations does not require the therapist to assume the presenting problem is related to the client's trans identity (Mizock & Lewis, 2008; Singh & McKleroy, 2011).

Sky also mentioned using limited self-disclosure of his trans-identity. Raj (2007) described this as a useful intervention if the therapist can balance the tension between their needs to have their subject position respected and honoured by the client, and the client's needs to have their own space for their identity, expression and embodiment to be honoured by the therapist. Mathy (2006) discusses being a trans-clinician and used the powerful metaphor of dancing a ballet to signify the interrelational process of making such a disclosure with any client. The metaphor of dancing a ballet requires a mirroring of movement in which both are required to be engaged otherwise the dance will not be coordinated. Although dancing an intricate dance signifies the notion of bearing witness and responding to each other, it also adds the requirement that both dancers are able to maintain their balance. Sky navigates this tension by focusing on the clinical relevance of making such a disclosure, which may involve sacrificing his needs to be seen thereby maintaining his clinical balance in the service of creating space so his client can find their own balance. This also relates to a grounding tenant of his clinical work that involves

allowing the client to inject as much or as little of their trans identity into the process. He explains that any other practice would constitute a form of erasure, demonstrating familiarity with Namaste's (2000) critical work in transgender studies. This is a critical perspective that is not cited the clinical literature in psychology, but is present in other domains of health research (e.g. Bauer et al., 2009).

Subjective Experiences

Sky developed his clinical knowledge through his training as a counsellor, accessing resources on the history of the trans community, social theories, standards and guidelines for therapy with transgender individuals, keeping up-to-date on the laws and relevant legislation, and through lived experience as an activist for many decades. Carroll, Gilroy and Ryan (2002) specifically mention the need for counsellors to access information regarding political, historical and psychological contexts in which transgender individuals live, especially demonstrate an understanding of psychology's tendency to have a pathologizing stance toward transgender individuals. Other scholars align with Sky in what he constitutes as important knowledge to have when working with transgender clients (Ballan, Romanelli, & Harper, 2011; Collazo, Austin & Craig, 2013; Israel et al., 2008; Smith, Shin & Officer, 2012). Sky also mentioned the importance of understanding the fundamental differences between sexuality and gender, a recommendation that has been put forward by Benson (2013) and Raj (2002).

Sky's involvement in advocacy, client self-empowerment, and generally being immersed in the transgender community are all representative of what has been recommended in the literature. For example, providing education, consultation and modelling for other clinicians (Singh, Hays & Watson, 2011; Goethals & Schweibert,

2005), relating to trans individuals outside of the clinical context (Livingstone, 2008; Rachlin, 2002; Smith, Shin & Officer, 2012), facilitate connection among trans individuals who utilize the services of the agency (Israel et al., 2011), and focus on client empowerment (Ballan, Romanelli & Harper IV, 2011; Raj 2002). It is clear that Sky's practice of social advocacy and developing client agency is attuned with the perspective of recognizing that the difficulties that many trans individuals experience are not related to their identity, but are contained in broader social contexts. Helping clients navigate those contexts, and building a world that makes their journey easier is undoubtedly an integral part of providing therapeutic interventions for clients. As Raj (2007) asserts, activism when used appropriately in the context of a therapeutic relationship can be one of the best therapeutic interventions for clients struggling to make sense of their place in the universe. In addition, the broad and varied forms of activism evident in Sky's work also exemplifies the critical stance that Ansara (2010) articulates, specifically, that therapists must be weary of the tensions involved in working within systems of oppression that present challenges to clients' autonomy while paradoxically working to engage clients' self-empowerment. An interesting parallel emerges when Sky describes having to jump through the necessary hoops to ensure some of his advocacy programming is approved by the organization in which he works, which presents a challenge to his own autonomy as a therapist who has identified a need in the community. It is clear that Sky approaches his activism with a deep and genuine respect for the empowerment of his transgender clients.

When Sky discusses the meaning of his work and the difficulties inherent in some of the more challenging issues, the importance of fostering the transpositive approach of

supporting the client's voice and engaging in personal reflection become increasingly clear. Sky described that working with clients who present as similar to him adds a dimension that deepens the therapeutic encounter. However, this does not mean that it is more rewarding work than working with any other client who is reaching their goals. This highlights an important tension that may be at play in this particular situation: negotiating the space for the trans therapist to feel represented in the community, but not allowing that mirroring to affect the client's need to represent their personhood. Perhaps one of the reasons why this deeper level of mirroring does not affect the depth of the reward that Sky experiences is that he allows these clients the space to explore what the specificities of their identity, expression and embodiment means in the context of their lives. The provision of this space could not happen without adequate supervision or vigilant monitoring and tracking of how his values shift in relation to the presenting client (Bess & Staab, 2009; Reicherzer, Patton & Glowiak, 2011). It is interesting that a similar process of navigating a tension between providing the client space to explore meaning and ensuring the therapist is also being respected is played out in the example of a client using the pejorative term "freak" to speak about transgender individuals.

Finally, Sky spoke about his experience with burnout. Singh and Burnes (2010) describe that therapists should provide support for activists to mitigate against the potential of burning out. Sky is in the precarious position of being both an activist and a therapist. This may be an important aspect to include in the literature on trans-positive approaches to therapy considering

Recommendations

Sky's vision for training programs are reflections of the clinical recommendations

for transpositive approaches to therapy including queer, transgender, intersex and two-spirited voices in the provision of education and services (e.g. Israel et al., 2011, 2008b), the intentional integration of a transpositive framework, and creating opportunities for students to engage in transgender communities (e.g. Collazo, Austin & Craig, 2013; Livingstone, 2008; Raj, 2007; Smith, Shin & Officer, 2012).

Conclusion

The case studies that were reviewed indicated that these therapists' work with transgender clients aligned with the recommendations in the clinical literature on what constitutes transpositivity. The analysis in this chapter categorized therapists' subjective experiences in terms of what they believed were the most important aspects of transpositivity, a description of their professional experiences, a description of their personal experiences and the impact of this work, and their recommendations for professional training programs. Therapists generally discussed how they prepared for working with transgender clients, shared some clinical anecdotes, and explained difficult clinical issues. The examination of the idiosyncratic manifestations of crucial aspects of transpositive approaches therapy in each case enabled a unique perspective into the deeply personal contributions that these therapists bring to their work with transgender clients.

CHAPTER 5: CROSS-CASE ANALYSIS

This cross-case analysis will focus on the similarities between the three cases that were outlined in the previous chapter, in the service of establishing some basic premises with which to engage the critical theoretical framework outlined above. First, observations that are evident across all three presented cases will be discussed. Then, the main themes from the cases will be examined in the context of the theoretical frameworks of queer theory, transgender studies, and post-modern psychology. The need to examine and radically rethink the structural integrity of traditional approaches to psychotherapy will be articulated, and the chapter will conclude with introducing a (de)constructive project of (re)conceptualizing the humanness of the therapist-client relationship in psychotherapy praxis.

Cross-case observations

The therapists interviewed described various aspects of their conceptualization and embodied practices of what they believe constitute a transpositive approach to psychotherapy. Many clear commonalities can be described along three main themes: therapists' stance or positionality; therapists' actions or embodied practices; and, being impacted by working with transgender clients. In addition, several secondary themes emerged through the detailed descriptions of the main themes. It is not surprising that each therapist emphasized different particularities of their work with transgender clients, most notably in the aspects that they emphasized as the crucial aspects of transpositivity. These differences will be outlined in the service of informing an understanding about the factors that may predispose therapists to adopt one iteration of a transpositive approach over another.

Positionality

Transpositive positionality refers to the personal perspectival adaptations that the participants underwent in order to lay the foundation for their practices to be construed and experienced as transpositive by their clients. Specifically, each therapist alluded to their alignment with a person-centered approach to therapy by situating the client as the expert on their life, indicating the importance of honouring the client's voice and fostering the client's right to self-determination. In order for this approach to be mobilized to embody a transpositive framework, the therapists described a process of **orienting** themselves toward transgender clients in various ways, such as self-directed learning, acknowledging the huge range of gender expression and embodiment, being open to having the client be the expert on their life and self-determining in their decisions, developing sensitivity and awareness of the language that they use, and encountering the client as a holistic person, not as their identity. Phoenix captured this process by clearly articulating that part of being transpositive is adapting frameworks to fit the person, rather than the other way around. Sky used the metaphor of being aware of which hat is being worn in relation to each client to emphasize the importance of knowing how your positioning is affecting the work of therapy.

Practices that constitute transpositivity

Outside of 'therapy as usual,' the participants all embodied practices that constituted transpositivity both in and out of sessions with transgender clients. The therapists' orientations were often informed by embodying the position of **informed-not-knowing** in regard to how their varying degrees of expertise were to be leveraged while working with transgender clients (see Carroll, Gilroy & Ryan, 2002). This means that

while they had previous experiences, conceptions and familiarity with the relevant

clinical literature, they needed to bracket this knowledge in order for the client's

authenticity to be fully respected in the contexts and idiosyncrasies that colour their

personal experiences. In this regard, Quinn aptly discussed the notion of opening up

space for the bi-directional flow of expertise where the therapist holds, but does not

necessarily express, relevant knowledge; in this way, the client does not have to educate

the therapist while they describe the specificities of their experiences. The literature

confirms that many transgender clients value therapists who have an understanding of

relevant concepts and ideas, and therefore feel able to dive right in to therapy (see

Benson, 2013). In her interview, Quinn used the metaphor of knowing which piece of the

puzzle to lay down first, potentially gesturing toward the idea that although she may have

an idea of how the pieces of the puzzle fit together, it is up to the client to determine their

fit; knowing where a piece fits does not necessarily constitute the act of putting that piece

in place.

The participants converged on emphasizing the importance of engaging in

advocacy work, albeit in varying degrees and forms. The range of advocacy initiatives

include: displaying posters, informational resources and reading material that

demonstrates inclusivity of transgender individuals; searching for and facilitating access

to trans-friendly services; help in the development of the client's self-empowerment in

order for them to feel efficacious in their self-advocacy; and, planning events and

engaging in sociopolitical activism. Phoenix mentioned that as a psychologist she has to

be mindful of the ways in which the transgender community has been marginalized and

pathologized by the field of psychology; through advocacy, she is making the effort to

demonstrate the opposite for her practice.

The therapists also indicated that providing transpositive care for transgender clients require the ability to work adaptively, respectfully and ethically. This perspective emanates from the various **tensions and issues** that each therapist had to navigate. Some of these tensions included: advocating for transgender clients while being clinically sensitive to other clients; being visible in the trans community and accumulating non-clinical lived experience with transgender individuals without being voyeuristic; working along the intersections of gender issues with other identities and triaging mental health crises while respecting clients' autonomy; advocating for change within their clinical setting and being held accountable to both the client and organization depending on the outcome; and, doing more than they would normally for other clients at the expense of their own self-care.

Personal experiences and impact

Each therapist discussed their personal experiences gained through their work with transgender clients. In terms of **positive impacts** on their worldview or disposition, Quinn explained that her previous interest in working with gender and sexual minorities has been reawakened and that she has learned greater humility; Phoenix described being inspired by the courage the transgender individuals have; and, Sky spoke to how rewarding the work is when he is able to help clients find their rightful place in the universe. The **immediate consequences** of working with a marginalized population and going the 'extra mile' were also discussed: Phoenix reported that she feels a certain pressure to work with this community and that sometimes it can be overwhelming; Sky discussed that he is experiencing some burnout; and, Quinn noted that seeing the social

isolation from the eyes of her client was difficult. In fact, all three therapists remarked that isolation and alienation of the client are the biggest issues when working with transgender individuals. They also noted elsewhere that part of their self-care is to make sure they are not isolated themselves in terms of not being the only one doing the work, being the only transpositive service provider in the client's circle of care, or working without supervision. Although the therapists did not make a connection of the parallel between the clients and themselves, it is an interesting phenomenon that orients us to the depth of the interrelatedness that develops out of providing therapy to transgender clients from a transpositive perspective.

The therapists also mentioned certain issues in therapy that **personally affected** them while working with transgender clients. Phoenix expressed concern when working with clients who may be withholding a secret from a spouse, Sky indicated that he must self-monitor in order to sensitively handle clients who use pejorative language toward transgender individuals, and Quinn explained that she had to triage the client's crisis orientation over his gender concerns in order to be clinically effective. While these issues may not be unique to their work with transgender clients, it highlights that being open to seeing their clients beyond their transgender status allowed each of the therapists to be affected by their clients.

Recommendations for professional psychology programs

Phoenix and Sky were explicit in their call for professional psychology programs to intentionally incorporate the specific knowledge base that informed their practice with transgender clients. However, Quinn described that it should be up to trainee to be engaged in their own self-directed learning throughout their training, and that programs

should be able to provide the option for their students. Although these opinions diverge in terms of the specificities of the recommendations, the take-home message is clear: if transpositivity is to be materialized in the practices of new clinicians, students should start the learning curve in their training. Indeed, Phoenix ended her interview by stating that good therapy is not rocket science; using the metaphor of rocket science, she may be signalling toward the idea that therapy with transgender clients need to be demystified in order for trainees to develop an openness that is conducive to being transpositive.

Differences between the cases

The nuanced differences between the cases highlight the unique material manifestations of a transpositive approach to therapy. One of the most notable differences is in regard to Quinn's articulation of the most crucial aspects of transpositivity and the recommendations that followed, compared to the converging perspectives of Phoenix and Sky. Although the three therapists agreed that a person-centered approach was the best foundation upon which to build other key elements of transpositivity, Quinn emphasized that she required some specific clinical knowledge to supplement this approach, whereas Phoenix and Sky built on this perspective by indicating that clinical and medical knowledge, experiential experiences outside of clinical contexts, informal resources such as documentaries, and autobiographies, and critical frameworks are all important aspects of transpositivity. Explanations for this difference could rest in the types of clinical experiences that each therapist has encountered, the depth of their intention to provide specialized services for transgender clients, and their location along the developmental trajectory in their career. Quinn is speaking from her experiences with one transgender client and by this token cannot rationalize providing recommendations of similar depth

and breadth to that of Phoenix and Sky. Furthermore, being at the start of her career in a short-term clinical setting, and not necessarily having the intention to work in a specific way with transgender clients, she is likely to be still navigating the difficult terrain that contextualizes the lives and experiences of transgender clients. It is worth mentioning that the other therapists are drawing on knowledge from 15-20 years of clinical experiences in the context of having the intention of providing specialized services for transgender individuals. Given this seemingly significant range of clinical experiences, it is interesting that there were many issues upon which the three interviewees converged. These points of convergence will constitute the bulk of the cross-case analysis.

Critical analysis of main themes

This theoretically-informed hermeneutical analysis of transpositive approach to therapy to which these participants subscribed will focus on the ways in which their positionality, practices and experiences align or conflict with the critical frameworks, and consider the importance of incorporating queer theory and transgender studies into professional psychology programs. This section will conclude with a description of one potential resolution that addresses the gap between actual practices in therapy and the rhetoric of transpositivity.

Orienting to transgender clients

The therapists interviewed in this study indicated that they adopted a position of person-centeredness when explaining their approach to psychotherapy. Person-centeredness requires that therapists approach their clients with unconditional positive regard, genuineness in the therapeutic relationship, and empathic understanding (Rogers, 1951, Livingstone, 2008). The realities of how these concepts are mobilized in the

therapeutic encounter are undoubtedly influenced by the therapists' prior knowledge, value systems, identity and the implicit sociopolitical agendas therein. For example, how do therapists embody unconditional positive regard toward others whose subjectivities and bodies have been problematized as unworthy of existence or understanding by the discursive practices and ideological climate in which we all live and participate? Mearns and Cooper (2005) argued that *therapists must earn the right* to encounter clients who have been marginalized by institutional structures, especially when those therapists benefit from these same structures. It was clear from the explication of the therapists' positioning toward transgender clients that they had to supplement their person-centered approach. Representing an ascending analysis as articulated by Foucault (1978) that examines the operation of power in micrological contexts and locates the locus of change within the individual, these therapists took to informing their stance with relevant critical knowledge, self-reflection, radical acceptance of the wide variability of gender expressions and embodiments, and by adopting a position that emphasizes the client's right to self-determination. The constellation of practices that were required to authentically return to their person-centered approach likely allowed the operation of power to manifest according to the will and goals of the client. Furthermore, engaging in these practices demonstrate that the boundaries of these therapists' empathic reservoir required continual expansion and flexibility on multiple levels: knowledge (cognition), self-of-therapist (meta-cognition), value systems (attitudes, beliefs) and embodiment (behaviour and affect). Hence, the deconstruction of discourse and discursive practices is applied to the therapists so that they may approach their encounter with transgender clients with clarity and honour the contexts idiosyncrasies of the client's experiences.

It appears as though interpreting the position of therapists engaging with transgender clients aligns with a queer reading of positionality. Ahmed (2006) discusses a queer phenomenology of 'orientation' as requiring perception and interpretations in space and time. Taking the concept toward its literal meaning, she argues that orientations are about how space is inhabited, what objects are in our line of sight, and how historically and socially situated knowledges come to impact the differentiation of that object. In this way, Ahmed (2006) highlights that intentionally orienting oneself toward others might involve becoming aware of how one inhabits space, how their positioning affects what they see, and how their histories affect how they make sense of what is seen. In the context of this study, therapists explained that they had to examine their perspectives and their knowledge in preparing to work with transgender clients from a transpositive approach. Although therapists did not explicitly describe having to bring their awareness to *their* orientation in space and time, their articulation of how they prepared for working with transgender clients indirectly demonstrated that their a priori orientation was not sufficient for approaching transgender clients. They were engaged in a process of deconstruction (examining broader structures of power) and re-narration (integrating context specific knowledge into existing frameworks) in order for their work to materialize as transpositive.

Recall that queer theory is concerned with deconstructing the operation of power as it is conjured through hetero-gender-normative discourses and discursive practices that order subjects as objects in relation to a matrix of intelligibility for the purposes of managing bodies, desires and relationships (see Butler, 1990, 1993). Therefore, a queer theoretical framework explains how therapists effectively resist hetero-normalizing

tendencies and discourses that constitute mainstream psychological approaches to therapy, and how therapists construct and enact non-normative discourses with, against, and/or around the lives of their clients. In a broad sense, these matters concern how therapists encounter and conceptualize the transgender individual in therapy. A queer reading of the conflict between the socially-situated therapist, marginalizing institutions, and transgender individual necessitates that in order for therapists to earn the right to work with transgender clients, they must: interrogate their hetero- and gender-normative frames of reference and the broader contexts that impact and limit the marginalized bodies and lives, make time and space to align with the client's perception of themselves, and demonstrate their deep respect for the client (Livingstone, 2008). These components of developing a transpositive position are likely revisited throughout the process of working with each unique individual transgender client while paying attention to how this work is linked to the broader social contexts that limit their lives in terms of empowerment and agency (Moon, 2010). The interaction of each client's unique experience and the broader contexts in which they live make the work of therapists operating from a transpositive perspective to be challenging as it resists the application of a model of therapy in a formulaic manner with every client and rejects the assumption of homogeneity among transgender individuals. Interestingly, a queer and trans understanding of identity aligns with this interpretation of a continually shifting positionality: identity is multi-dimensional, fluid, in constant flux, and contextually situated (Gamson, 2000; Levy & Johnson, 2012; Moon, 2008, 2010; Warner, 2004). Although not all the therapists were explicitly engaging with or informed by queer theory and transgender studies, the therapists in this study mentioned that they self-monitored

throughout their work to ensure they are working with clients on their terms. The purpose of this particular interweaving of theory and practice here is to demonstrate the fit and workability of queer and transgender theoretical understandings with longstanding structural elements to the counselling profession.

Watson (2005) observed that "[b]eing 'queer', then, is perhaps to be like someone in therapy; that is, to be a person in flux, contesting boundaries, eliding definition and exhibiting the constructedness of categorization" (p. 74). The alignment of *being* queer with *being in* therapy is both exemplified and troubled by the cases in the present study. It was necessary for the therapists to interrogate and transform their positionality toward transgender clients in the service of genuinely encountering their clients in intersubjective space. However, another reading of this parallel between queer and therapy may signify that clients in therapy would be mandated to also interrogate and transform their subject positions. A queer resistance to the normalizing tendencies of mainstream psychology should not be equated with a queer persistence in encouraging clients' subjectivities to matter in ways that are aligned with an agenda of deconstruction, especially when it is not the goal of the client to engage with therapist in this way (Mair, 2011). The therapists in this study all acknowledged that the transgender clients they have seen do not necessarily come into therapy to talk about their transgender status. Accordingly, Livingstone (2008) indicated that often transgender clients are excluded from relating in a world built on relationships, and come to therapy to find "less incisive meanings" – i.e. navigating the razor's edge (cultural fringe) without being cut by it. The investments we all have in normative positions require us to buy into the matrix of intelligibility (see Butler, 1993); therefore, it would be disingenuous and unethical for a queer reading of therapy to

suggest that clients ought to dispute, deconstruct and subvert the systems of power that

scaffold the relationships that most are trying to build in therapy. Clearly, the utility of

the queer gaze is limited considering the structures in which therapists' positions emerge

in order to prepare themselves to honour the existence, experiences, bodies and

subjectivities of transgender clients, and to learn to listen to 'gender narratives' (see Lev,

2004). Queer theory may not be an appropriate lens to capture how the work of therapy

and the mobilization of their knowledge materializes, or is re-narrated according to the

contextually specific lives of clients. Drawing a parallel to the theoretical criticism from

Namaste (2000), the question of institutional structures and positionality in queer theory

occludes the material and corporeal realities that constitute the everyday practices and

lived experiences of doing therapy with transgender clients.

Informed not-knowing

Hines (2007) deliberated whether it is possible to deconstruct social categories

and institutional discourses that mandate difference to proliferate the operation of power

over bodies and desires while also accounting positively for difference that colours the

lives and subjective experiences of those whose specific brand of difference is excluded

from relating and existing. However, Hodges (2008) emphasizes the need for therapists to

be able to detach binary meanings from the client in order to allow genuinely authentic

narratives to emerge in therapy. In navigating the delicate tension that exists between

queer deconstruction and the work of therapy, these therapists articulated an approach

that aligns more with Stryker's (2006) concept of re-narration. Specifically, she described

that re-narration is about creating new stories from previous knowledge based on shifting

contexts (2006). In line with this concept is the approach of informed not knowing, first

introduced in the clinical literature by Laird (1999) and later was re-narrated by Carroll, Gilroy and Ryan (2002) as an appropriate position to adopt when working with transgender clients. The concept was re-narrated once again in this study based on the personal contexts that these therapists brought to their work; although none of the therapists explicitly labeled this approach, it was evident from their explanations that this is what was happening. This is taken to mean that the therapists should have a foundational 'knowledge' upon which they can draw so that they may honour the material and unique experiences of transgender clients without being influenced by normalizing or essentializing tendencies that are inherent with claiming expertise. By adopting this approach, therapists in this study are acknowledging that they do not have the right to speak for their clients, and realizing the impossibility of ever knowing the truth about anyone else. This stance was materialized in the practices of the therapists in this study in their initial assessments and subsequent sessions: the therapists indicated that they acquired experience and knowledge to inform their line of questioning and their sensitivity with pronoun and name usage, and learned to be attentive to nuances in language. Furthermore, each therapist indicated in some way that they allowed clients to explain concepts and situations as they experienced them without having to provide background education. These therapists demonstrated that they were thinking beyond figural and rhetorical ideas about 'transgender' and coming to understand the client within the limits of their lived experiences (Namaste, 2000). Therefore, the therapists in this study could be described as actively resisting the erasure of the everyday experiences of transgender subjects in a clinical context (Namaste, 2000). By rendering the theoretical framework of erasure to account for the practices of therapists demonstrates that by

resisting the ways in which transgender subjects are erased, it is clear that they were creating the space for the transgender clients to actively participate in the construction of their subjectivities according to their own conditions of signification, existence and worth (Lev, 2004; Nagoshi, Brzuzy & Terrell, 2012). Furthermore, taking actions to resist erasure honours that therapy is not immune to the operation of power; acknowledging the operation of power in helping clients construct their story can help the therapist locate themselves in wider social and political structures of hetero-gender-normativity.

Advocacy

By focusing directly and exclusively on the lived experiences of transgender clients in therapy without an awareness for the social, economic, cultural, historical and biological conditions that constrain these lived experiences, therapists risk locating the locus of change solely with transgender clients (Namaste, 2000). One aspect of working with transgender clients that emphasizes each therapist's genuine concern for the contexts that influence the lived experiences of transgender subjects is their willingness to engage in supportive advocacy initiatives. Although there was a wide range in the depth and breadth of advocacy practices among the therapists in this study, each therapist remarked that they were compelled to actively demonstrate their transpositive positionality in explicit ways because of the social isolation and deflated agency that their clients experienced. This can be construed as a direct response and resistance to the "confessional" discourse that is commonplace in psychotherapy that requires clients to truth-tell in order for change to occur (Namaste, 2000, 63). Through their advocacy efforts, these therapists are required link their work more intentionally to broader systems of oppression by telling the "truth" that these systems limit the effectiveness of their work

with transgender clients. In this way, they are being held accountable by their clients. Indeed, Ansara (2010) noted that it would be hypocritical to work with clients to develop their agency while permitting oppressive institutional discourses to present challenges to the client's autonomy. These therapists are indicating that it is possible to work within a system without adopting its pathologizing, normalizing and essentializing discourses; this is an echo of Stryker's (2006) call for contesting the social and cultural mechanisms that limit particular configurations of gendered subjectivities. Ultimately, the therapists' meaning-making with clients only make sense if they're also working to transform the overarching systems that limit the transgender clients' ability to find their rightful place in the universe.

Interestingly, each therapist also commented on their consideration of the impact of their activism on non-transgender clients: Quinn discussed having to think about the implications of posting a sticker that displays her alliance with LGBTQ individuals; Phoenix provided an anecdote of a cisgender client remarking about a transgender client in her waiting room who was not 'passing'; and, Sky discussed the continued invisibility and marginalization of intersex and two-spirited individuals. The level of awareness that these therapists bring to their activism demonstrates another instantiation of their commitment to resisting the erasure of transgender subjects by avoiding the tendency to universalize the experiences of one marginalized individual or group, and by remaining open to seeing those who are may be in less privileged circumstances (Burnes & Chen, 2012). Engaging with the conceptual notion of re-narration, or developing new stories about things one thought they already knew (see Stryker, 2006), the activism of these therapists risk becoming undone in the context of their other work. They became oriented

to how their work figures in the context of systemic issues and micrological specificities the experiences of other clients whom may also benefit from some activism as well; but again, they are reminded whose subjectivities and existence are continually called into question by the discipline from which they operate. This experiential knowledge regarding the consequences and afterthoughts of activism and advocacy highlight that the subjective experiences of transgender individuals in therapy always exists in relation to others whom are charged with the task of understanding, supporting and providing service to them and many others. This particular tension is indicative of how transgender clients are constituted through discourses of signification that is in relation to other clients, the therapist, and against the hegemonic discourses that govern us all (see Halberstam, 2005). It is evident that transpositivity in the practices of therapists function more as a subject position that is in constant flux, responsive to shifting contexts and require the navigation of the sticky boundaries of difference. Here, transgender studies bring the analysis to an appropriate point of departure to conceptualize how transpositivity as a subject position facilitates the navigation of boundaries and relates to the subjective experiences of the therapists themselves.

Tensions

The theme of navigating delicate and tricky boundaries or tensions emerged through locating the voice of the therapist by having them describe the practices and experiences of working with transgender clients. The therapists did not articulate any resolution of these tensions because they likely produce different outcomes based on client- and context-specific details of each unique situation, rather than adopting a catch-all approach. Recall that some tensions or boundaries that the therapists were navigating

included: voyeurism and genuine connection outside of a clinical context; respecting

clients' autonomy while communicating clinical recommendations; engaging in advocacy

for transgender clients and thinking about the implications for non-transgender clients;

using self-disclosure and honouring the client's space; exercising clinical judgement in

the context of a divided community; being accountable to clients and the organization in

which they worked depending on the outcome of their advocacy practices. The

manifestation of these tensions can be interpreted as representative of the everyday

realities of embodying a transpositive approach. The main theme that runs through each

of these tensions can be interpreted as a juggling act in which the transgender individual's

rights, the therapists' need for a clinical voice, and the therapists' accountability to their

profession and organization are constantly being thrown up in the air until the act is over.

Approaching this tension with the lenses afforded by critical theories of queer and

transgender studies may not yield a productive interpretation that could both inform an

understanding of transpositive approaches and respect the work of these therapists. The

main concern for queer theory is the deconstruction of the hetero-gender-normative

structures that manipulate the operation of power to organize subjects along matrix of

intelligibility. This line of thought and critical thinking can be interpreted as a call for

therapists to be critical of the places and organizations in which they work, and the

professional associations that govern their practice of therapy. For example, Ansara

(2010) discussed a clinical anecdote in which the therapist re-located their practice

following an incident involving a transgender client to demonstrate their commitment to

securing the client's safety. This example illustrates that this therapist, through their

critique of the structural operation of oppression, identified that their practice was

limiting and damaging the well-being of their client and relocated their entire practice.

This type of gesture is not affordable to many other therapists attempting to embody the

very same principles. Turning to a transgender studies reading of these tensions, the focus

would be placed on honouring the materiality, embodiment and lived realities of the

transgender individual, ultimately representing a potentially exclusive focus on the

transgender individual's rights. However, doing what is best for the transgender person *as*

an individual may not be what is best for the transgender person *as a client*. For example,

Reicherzer, Patton and Glowiak (2011) provided the clinical anecdote of a client who was

demonstrating some resistance to her therapists' goal setting agenda which would have

been the best approach to dealing with the realities of the individual, but were not

meeting the needs of the client who simply wanted to feel supported and heard. Finally,

the work of therapy is personal for the therapist because it quite literally involves their

voice as a person and as a clinician; maintaining genuineness in the therapeutic

relationship requires that therapists bring their experiences, knowledges, skills and selves

into the work (see King, 2012). Therapists' experiences, thoughts and feelings toward

clients all inform the depth of their engagement with the client (Minton, 2005).

Exclusively focusing on the transgender client or the therapists' organizational

requirements risks ignoring the intersubjective workings that constitute the practice of

therapy, and by the same token, erases the therapists' own voice in the work that

constitutes their personal and professional identity. The theoretical frameworks that have

been mobilized in this analysis so far and the clinical literature on what constitutes

transpositivity have not addressed the contentious issue of navigating tensions such as

these. Perhaps this is a call for the establishment of a model of ethical decision making

that is informed by the critical theories that have been developed by and, to some extent internalized by (see Elliot, 2009; also, Stryker, 2006) transgender individuals. In other words, a theory is needed to accommodate multiple ontologies and epistemologies to navigate these tensions in a way that speaks to the unique, contextual and highly personal realities of all parties involved. This is a potentially fruitful site of further research.

The navigation of these tensions provides an interesting parallel to the tensions that have been unfolding in the theoretical literature (see Elliot, 2009). For example, the most elaborate rift among transgender scholars and activists alike is that which concerns the tension of critiquing gender as a construct that will always limit, constrain and distort the authenticity of the human form (e.g. Butler, 2004) versus the need for many transsexual individuals to establish congruence within themselves and among others in the world (e.g. Namaste, 2000, 2005). Furthermore, it highlights that these tensions may also parallel the lives of transgender individuals, and possibly the lives of the clients who worked with the therapists interviewed in the present study. Ultimately, as therapists adopt a transpositive approach and work along the cultural fringe of psychology, their clients are navigating and negotiating the cultural fringe of society.

Subjective experiences, impact and recommendations

The therapists in this study explained that they were all affected by their experiences with transgender clients in therapy. Furthermore, they indicated that specialized education should be available early in therapists' training, and although they explain what should be included, they do not provide insight into pedagogical practices. The English scholar, Peter Brooks (1992) wrote: "We live immersed in narrative, recounting and reassessing the meaning of past actions, anticipating the outcome of

future projects, situating ourselves at the intersection of several stories not yet completed" (1). Taking this quote to its literal significance in the context of therapy, the work of therapists can be constituted as situating themselves at the intersections of their clients' stories.

This position emphasizes that clients' stories are continually affecting and are affected by the therapists (see Nealy, 2011; Mathy, 2006; Moon, 2008). The therapists interviewed discussed their countertransference issues, the impact on their professional and personal lives, as well as what they experienced as the most difficult issues they addressed in therapy with transgender clients. Recall the project of postmodern psychology to return the investigatory gaze toward the discipline in the service of exposing the inner workings of the 'psy-complex' that allows the operation of psychological power to continue without questioning (Parker, 2007). What has been revealed through the unravelling of the psy-complex that surrounded the clinical literature reviewed is the operation of intersubjectivity in therapy. King (2011) stated that intersubjectivity involves understanding that the client and therapist both bring parts of themselves into therapy, and leave with having those parts altered in some way. Mathy (2006) explained a more complicated understanding of the nature of interpersonal relations in therapy:

> I must have an awareness of how a client perceives me as well as how my perception of the client generally mirrors their projection of self on others… What is important is that I know how the client's perception of me is affecting our interaction. That is, I must be aware of my feelings about the client's perceptions of me as they are perceiving me as well as my feelings about the client's perceptions of me as I am perceiving myself. (112-113).

This particular articulation of intersubjectivity expresses that perceptions oscillate

between foreground and background in therapy thus creating an overlap between the actual experience of the client and the imagined experience of the therapist (Milton, Coyle, & Legg, 2005). These are the personal experiences that can be mobilized to potentially contribute to the constructive project of re-narrating the conditions and terms of what constitutes transpositivity, and how transpositivity is taught. Since we cannot accurately anticipate the context-specific lived realities of every transgender client, perhaps the best intervention for training clinicians in adopting a transpositive approach rests in utilizing the unbounded and limitless potential of imagination as a pedagogical tool (see King, 2012; Martino, 2012). Martino (2012) described connecting with a transgender imaginary, following Stryker's (2006) invocation of imagination as a posthuman turn in transgender studies, by expressing that interacting with narratives of transgender emergence, embodiment and expression, it "make[s] available positions from which to embrace possibilities…" (136). Similarly, Chavez -Korrell and Johnson (2011) indicate that students of professional psychology program can learn from engaging with transgender narratives. This recommendation for a imaginary as pedagogy underlines the post-humanist stance that emphasizes the inseparability of body and mind, of materiality and thought, narrative and embodiment (e.g. Merleau-Ponty, 1968), and provides fertile ground for conceptualizing an ethical approach to transpositivity in therapy.

Ethical decision-making and conclusion

The futility of these critical theories in and of themselves to inform an ethical model that accounts for how therapists navigate tensions and relationships according to a transpositive approach to therapy has been demonstrated throughout this analysis. Additionally, the project of intentionally infusing the discourse of ethics in the clinical

literature in this regard has largely been ignored. Although the issues involved in developing cultural competence and clinical sensitivity to working with transgender individuals are addressed in ethical codes of conduct, and competences released by governing bodies and professional associations (e.g. ACA, 2009; and, CPA, 2000), these documents are prescriptive, liminal and entrench the inner workings of psychology deeper into the psy-complex. This point is emphasized by other scholars who have taken to disambiguating these codes and competencies, demonstrating that therapists should still embody flexibility in their application of the articulated principles (Rachlin & Lev, 2013). By invoking the theoretical premises of multiple ontologies, epistemological hybridity, and posthuman ethics, psychotherapeutic practices of transpositivity can move toward embracing imagination as a pedagogical and ethical tool in the service of democratizing the operation of power through discourses that govern, practices that define, and voices that navigate, the borders and boundaries of the intersubjective space between therapist and client.

Posthuman ethics returns critical theories to the basic premise that all we are is bodies with the capacity to sense, experience and move through the world (Spinoza, 1957). Posthumanist thought expresses the refutation of modernist dualisms and binaries between mind and body, thought and action, and materiality and theory; ultimately, the logical extension of this line of theory is the idea that individuality cannot exist without connection (MacCormack, 2012). This radical turn toward the significance of the body and its indiscriminable relation to alterity reveals the paradox of ethical decision-making: "in the posthuman terrain... we do not yet know of what we are capable in specific reference to the ways in which we emerge with and as technologies of unpredictable

futures" (MacCormack, 2012, 7). MacCormack (2012) goes on to describe the contours of ethical time to explicate that as we are continually oscillating between the future-now and remembered-present, any encounter we have with another that is preceded by thinking about the other through the structures that exist constitute the reifications of the self and violence against the other. In other words, if we are experiencing the other through our thinking about the other through existing hegemonic structures prior to the actual encounter, then we are perverting at best, and destroying at worst, the very ontological existence of the other. A posthuman ethical encounter would involve the summoning of the power of imagination to embody a radical openness toward the other without preconceived notions about their body and existence. This turn in ethical thinking perhaps draws our attention to the reality that all encounters, not only the encounters that present tensions to be navigated, can be a test of our ethical positioning Indeed, therapists may benefit from being oriented to the possibility that any encounter in which they conjure preconceived notions of the other risks constituting an ethical dilemma. Embodying the posthuman ethics of turning one's imagination, mind and body toward the intercorporeality of the person-other complex can bring therapists closer to being open to the mechanisms of transpositive approaches to therapy. This epistemological and ontological shift cannot truly materialize without adherence to the mandate of the reviewed critical theories to (de)construct and (re)conceptualize the structures that govern human existence, relations and therapy. Concluding with nostalgia for each therapists' use of metaphor in the interviews of hats, puzzles and rocket science: perhaps the work of transpositivity in therapy is finding the appropriate *hat* to wear (i.e. orienting toward clients through informed not knowing), figuring out which piece of the *puzzle* to lay

down next (i.e. resolving puzzling tensions and encounters), and working with complete-enough picture that demystifies what seems like *rocket science* about doing good therapy with transgender clients.

Conclusion

This chapter reviewed the themes that were evident across all three cases in the context of the theoretical frameworks outlined in the study. Queer theory was used to understand the nuances in the preparatory work therapists did in order to orient themselves toward their transgender clients. Specifically, therapists in the study had to interrogate the history of pathologization and contexts of social ostracism in order to develop a subjective position that was amenable to adopting transpositivity in a person-centered approach to therapy. Informed-not-knowing was a stance that allowed them to invoke their expertise but at the same time resist the erasure that would constitute the full use of their knowledge in session as absolute truth. By allowing their clients to speak for themselves these therapists were able to re-narrate their knowledge to more adequately address the contexts and everyday practices that give their clients' lives experiential and shape. Advocacy was also addressed within a transgender studies perspective, and each therapist highlighted the need to work on multiple levels and contexts in order to honour that these clients suffer from broader structures that limit their lives. An issue that has not been previously addressed in the theoretical or clinical literature is the therapists' navigation of tensions in ethical decision making that require them to be accountable to their own use of voice, their clients' needs, and their obligations to their profession, which was been responsible in part for the oppression that transgender individuals encounter. This cross-case analysis, and in particular the issue of navigating tensions, provided evidence for the

need for a theoretical framework that engages multiple emerging ontologies of therapists and their clients, and multiple epistemologies that can be flexibly used in different contexts and under different constraints. Finally, the importance of a post-human ethic and the imagination as pedagogical tool were discussed as next steps in theorizing about the operation of subjectivity, power, and embodiment in therapy.

CHAPTER 6: CONCLUSION & IMPLICATIONS

In the last decade, therapists, researchers and activists have contributed to a body of knowledge that informs the transpositive position and its associated best practices (Carroll, Gilroy & Ryan, 2002; Raj, 2002). However, therapy with transgender individuals is still being described by therapists and clients as difficult, unhelpful and borderline abusive (Ansara, 2010; Benson, 2013). This exemplifies the lack of therapists engaging with transgender clients from this particular approach to therapy. In an effort to transform this multiplex dilemma regarding the state of therapy with transgender clients, the present study focused its gaze on the subjective experiences of therapists providing therapy from a transpositive approach. By developing an understanding of how transpositivity takes form for these therapists, the psy-complex that clouds and mystifies the everyday practices of these therapists has been dismantled, allowing for the transpositive position to effectively materialize in the clinical practice and training of therapists working with transgender clients. Furthermore, therapists' voices have been previously ignored in the literature; this study invited their perspective on how their subjective experiences have come to bear on the critical theories that concern transgender and gender variant individuals, such as queer theory and transgender studies. This concluding chapter will: review the relevant literature and theoretical framework, present key findings from the analyses, describe the implications for professional training programs, and lastly recommend future directions for continued research.

Summary of Study

Clinical literature

The clinical literature reviewed collectively recommends a set of practices and

principles that best capture a transpositive approach to therapy. The broad themes

include: supporting the client's voice and right to gender self-determination (Carroll,

Gilroy & Ryan, 2002; Mizock & Lewis, 2008; Singh, Hays & Watson, 2011); focus on

resiliency (Ballan, Romanelli & Harper IV, 2011; Singh & McKleroy, 2011); engage in

advocacy, community involvement, and help develop client's self-empowerment

(Collazo, Austin & Craig, 2012; Lev, 2009; Raj, 2002; Singh & Burnes, 2010); flexibly

use professional standards of care and guidelines (Rachlin & Lev, 2013; Raj, 2002);

foster radical acceptance for any and all gender expressions and embodiments, engage in

self-reflection to recognize personal biases and values (Bess & Staab, 2009; Carroll,

Gilroy & Ryan, 2002; Goethals & Schweibert, 2005; Lev, 2004); develop a specialized

knowledge about transgender individuals, communities and broader contexts (Benson,

2013; Chavez-Korell & Johnson, 2011; Raj, 2002; Smith, Shin & Officer, 2012); practice

specialized clinical skills in assessments and treatment with sensitivity and respect for the

lived experiences of each transgender client and the broader contexts in which they live

(Lev, 2004; Livingstone, 2008; Raj, 2002; Reicherzer, Patton & Glowiak, 2011); adopt a

critical perspective informed by critical theories such as postmodern and feminist theories

of therapy (Ansara, 2010; Goethals & Schweibert, 2005; Smith, Shin, Officer, 2011);

and, demonstrate transpositivity by considering the environmental aspects of therapy,

such as waiting rooms, washrooms, literature and inclusivity on forms (Israel, et al.,

2011; Mizock & Lewis, 2008; Singh & McKleroy, 2011). The need for therapists to

infuse 'therapy as usual' with specialized knowledge, respective and inclusive attitudes,

and competence, flexibility and sensitivity in their use of clinical judgement and

technique represents what these authors believe constitutes a transpositive approach to

therapy. These recommendations emerge out of implications from qualitative research, anecdotal evidence and the clinical experiences of the authors, and are articulated with a dearth of guidance on how these practices and positions are to be embodied and executed. Without these perspectives, it is unlikely that a transpositive approach to therapy will be proliferated and materialized in the practices of therapists working with transgender clients.

Theoretical framework

The theoretical framework that informed the objectives and analyses of the present study included a hybridization of queer theory, transgender studies, and postmodern psychology. These theories are all broadly oriented toward the postmodern traditions of deconstruction, situating problems within multiple contexts, and considering the impact that the normalizing and regulatory power of knowledge and practices has on embodiment, expressions, and social locations. Queer theory articulates its polemic toward the hetero- and cis-normative systems that constitute alterity as "otherness" in an effort to inaugurate hegemonic hierarchies that control bodies and lives as docile objects. Critics in transgender studies focus on theorizing erasure as a method of understanding how micrological instantiations and macrological institutions function to eliminate the bodies of, notions about and possibilities for transgender individuals (Namaste, 2000). Finally, postmodern psychology provides the justification for focusing the investigatory gaze on therapists and unraveling the mechanisms of the psy-complex in order to learn how their understanding of transpositivity materializes in their everyday practices (Parker, 2007).

Key Findings

Phase one of the analysis identified that therapists in this study operated from the same principles that were recommended in the clinical literature. The second phase of the analysis provided a more nuanced explication of how and why transpositivity was materialized in the everyday practices of these therapists. Specifically, themes of positionality, informed-not-knowing, advocacy, the navigation of tensions,, and intersubjectivity were discussed by weaving together the critical theories and case data.

Queer theory lends itself to the matters of orientation as it indicates that deconstructing hetero-cis-normative practices that govern bodies and lives is critical for understanding how the operation of power through systems of regulation and surveillance limits and oppresses the agency of individuals who are not interpolated by the matrices of intelligibility (see Butler, 1993). Through this lens, therapists are able to implicate their own subjectivities and embodiments as part of these systems and practices and see bodies and subjectivities as complexities in relation to a broader system rather than abnormalities or anomalies that need to be explained thereby creating space for the therapist to de-center their experiences and more fully align with the client's perception of themselves (Livingstone, 2008). Informed-not-knowing is conceptualized as having specific knowledge but resisting from allowing that knowledge to dictate their conceptualizations of the details of client's lives and bodies. The therapists in this study were resisting erasure by knowing about the lived realities of transgender individuals, and by allowing the client to explain how they experienced concepts (Namaste, 2000). The therapists engaged in various types of advocacy initiatives and demonstrated their recognition that many of the issues that constrain the lives and bodies of transgender individuals are related to multiple instantiations of systemic oppression (Ansara, 2010).

The navigation of tensions were significant for all the therapists interviewed, and often required them to negotiate the clinical needs of the client, the organizational needs of their profession or organization, and their need to have a voice in decisions. The successful navigation of these tensions were described as context- and client-specific, and likely required the implementation of a well-structured ethical decision making process. Therapists in this study articulated that they were affected by their work with transgender clients, highlighting the need to conceptualize the impact of intersubjectivity in therapy with transgender clients (King, 2012).

The therapists' recommendations for training in professional psychology programs diverged according to their subjective experiences of intentionality, or the degree to which they have specialized in working with transgender clients. The therapist that had relatively less intentionality, and was limited in clinical experience with transgender clients, indicated that general information about working with individual differences is sufficient for training clinicians to be effective with marginalized clients. The other therapists called for the need to have a highly specialized knowledge about issues related to experiences of transgender individuals and best practices in transgender care, which may be related to their clinical experience working with transgender clients for 15 to 20 years.

Educational Implications

Research on Training and Preparation

Significantly more research exists on training and educational issues related to the preparedness of therapists to work with sexual minority clients (e.g. Alderson, 2004; Grove, 2009) than their preparedness to work with transgender and gender variant clients.

Recently, researchers have begun to systematically study therapists' preparedness for transgender clients. In the only study of its kind to the writer's knowledge, O'Hara, Dispenza, Brack and Blood (2013) used a mixed methods design to investigate how prepared therapists-in-training were for working with transgender clients. Students who had personal experience with transgender individuals scored higher on a competency scale than their counterparts who only received a combination of traditional learning and clinical training were predictive of competency (O'Hara et al., 2013). This finding demonstrates that clinical training and traditional educational practices are not suited to improving competency among trainees. Unsurprisingly, the authors provided recommendations that were aligned with the clinical literature reviewed above, and emphasized the importance of personal experiences with transgender individuals outside of clinical contexts without being voyeuristic (O'Hara et al., 2013).

Issues of counselor preparation and competency have been conceptualized as a matter of developing knowledge, attitudes and skills that are conducive to sensitive and inclusive therapy (Carroll & Gilroy 2002; Fassinger, 1991; O'Hara et al., 2013; Israel, 2003). These recommendations have been re-emerging and reiterated throughout the literature for many years, and for many different marginalized communities, yet clinicians and trainees still express that they do not feel competent to work with transgender clients (e.g. Benson, 2013). Is competency enough to engage with marginalized clients effectively and positively? In a context of indefinite and indefinable differences within and among communities, and in an age of newly emerging subjectivities and embodiments, how does ghettoizing knowledge, attitudes and skills according to each seemingly discrete person or group instantiate the "other" as a question

to be answered, thus situating the transgender person as an object to be studied and

effectively closing down pathways to genuine understanding (Frank & Cannon, 2010)?

Clearly, if the same iterations of approaching those who are forced to live on the margins

are not working, then perhaps it is time to consider that the object in question should not

be the individual, but rather the pedagogy. Ultimately, the question becomes what

changes if educators, students and clinicians reposition themselves to learning *from* as

opposed to learning *about* transgender individuals?

Recommendations

The cases in this study provide evidence in support of the perspective that specific

knowledge, competencies *and* critical pedagogies are required to develop within trainees

and practicing clinicians a transpositive subject position in relation to transgender clients.

Furthermore, I adopt the perspective that through radicalizing training practices in

accordance to lessons learned *from* transgender "bodies of knowledge and knowledge of

bodies" (Britzman, 1995, 152) critical pedagogical reformations can equip professional

psychology with the tools to work with new and emerging subjectivities and

embodiments with an ethical, radically accepting and competent approach. Stryker (2006)

provides further justification for learning from transgender individuals in the sense that

the existence of their multiple subjectivities and embodiments problematize the

normalizing tendencies of social discourses and expose the ideologies that impact all of

our lives and bodies. That is not to say that all transgender individuals necessary align

with a transgressive politic of deconstruction or critique, but that valuable information

about the mechanisms of control and regulation can be learned by examining the ways in

which transgender individuals are pathologized, marginalized, abused or erased by

interpersonal and broader social contexts.

The specific knowledge components that two of the therapists recommended for training therapists in professional psychology programs included to have a more inclusive model of culture that resists pathologizing notions of difference, unique medical knowledge, standards of care, resources that are specifically tailored to the needs of transgender individuals, inviting transgender, intersex and two-spirited individuals to lecture, and encouraging students to access a wide variety of informational resources and go out into the queer and transgender communities.

The subjective experiences that they all shared revealed a complex story with regard to their specific competencies: the major findings of the cross-case analysis direct our attention toward orientation, informed-not-knowing, advocacy, the successful navigation of tensions and intersubjectivity. These elements represent the various strains that are constitutive of the critical competencies required for the materialization of transpositivity. These competencies were linked to the projects of the critical theoretical frameworks used to inform the development of this study. Queer theory, transgender theory and postmodern psychology are all required to explain the relevance and significance of each of these competencies. Operating from the perspective of epistemological hybridity espoused by postmodern psychology, I recommend the following: queer theory should be invoked to help trainees orient themselves toward their own subjective positions and embodiments so that they can implicate themselves within regulatory regimes of power and hetero-gender-normative hegemonies; the theoretical premises of transgender studies can be used to help trainees develop a perspective of informed-not-knowing that actively resists erasure of their transgender clients, and to

orient themselves toward the operation of broader contexts that come to constrain and limit the lives and bodies of transgender clients so that their advocacy efforts can be tailored to the specific needs of the clients seen in their particular practice.

In order to consider how these theoretical frameworks can materialize to inform pedagogical practices in professional psychology programs, it is important to consider that these competencies are likely to be adapted according to the specific client and the specific contexts that constrain their experiences, it may be more appropriate to recommend a critical pedagogy that affords therapists the ability to be cognitively and affectively flexible (Carroll & Gilroy, 2002). One particular intervention that emerged in the analysis was the notion of imagination as a pedagogical tool (Britzman, 1995; King, 2012; Martino, 2012; Rodriguez, 2012; Stryker, 2006). The notion of imagination as a pedagogical tool underlines the posthuman position that modernist dualisms provide the illusion of an individualized self and deemphasizes the intercorporeality of existing, or the reality that individuality and connection are mutually dependent on the other (MacCormack, 2012). The use of 'imaginary' as pedagogy troubles these dualisms as it highlights the inseparability of materiality and thought, mind and body, and knowledge and ignorance. Rodriguez (2012) indicates that imagining bodies and subjectivities as sites of "endless becoming" by using language of possibility can help students become embodied sites of resistance to the hegemonic gender order (270). By 'language of possibility' he is referring to the generosity of gender queer bodies to provoke new meanings, significations, configurations and images not yet available to the broader social imaginary (Rodriguez, 2012). One particular example of how the imagination as embodied resistance can function as a pedagogical tool is emphasized by Preston's

(2011) explanation of how she integrated transgender inclusivity in psychology of human sexuality course. She explained that she asked students to develop an understand of gender as a performance by requiring them to go out into the world and enact a gendered behaviour that was not congruent with their everyday lived gender, followed by a debriefing conversation that oriented students toward the critiques articulated by queer and transgender theories (Preston, 2011). Drawing on this very brief, yet powerful, lived experience, the participants would more likely to find a transgender imaginary accessible. Indeed, two of the therapists in this study indicated that it was important to have experiences with transgender individuals outside of the clinical contexts, and to understand how they move through the world; this was also recommended by Livingstone (2008) with a caution to be wary of coming across as voyeuristic. Similar pedagogical practices are echoed by Chavez-Korell and Johnson (2011) in their call for the inclusion of multiple transgender narratives to inform training of therapists. It is evident from these recommendations that imagining the myriad of possibilities for bodies and subjectivities can help students build on their lived experiences, develop a deeper perspective of how their bodies and identities are implicated in systems of regulation and power, and potentially allows them the cognitive and affective flexibility to imagine multiple emerging ontologies as they present in their practices.

Limitations and Future Research

The present study is limited in its generalizability in the sense that the small number of cases in this study represents unique perspectives from therapists working in the southern region of Ontario, Canada. Each case study is limited by the lack of diverse sources of case data; specifically, the only data that were used to build each case study

were the subjective self-reports of the therapists interviewed. Furthermore, the cross-case analysis was limited by its overwhelming focus on the commonalities that exist among the cases. This is a new field of investigation both in terms of its focus on the subjective experiences of therapists providing transpositive therapy, and in its integration of critical theoretical frameworks, bringing together key ideas from queer theory, transgender studies and postmodern psychology to add depth and understanding to the complex issue of transpositivity. Therefore, the future directions seem boundless and can take shape in many different ways. The next logical directions from this study would be to expand the number of therapists interviewed, improve the interview protocol using key findings from this study, and include the voices and perspectives of students and clients. Finally, there is a need for researchers, scholars, educators, clinicians and activists to engage in further theorizing about the notion of imagination as a pedagogical intervention for improving professional psychology programs.

Concluding Remarks

Livingstone (2008) orients us to the reality that in an intensely relational world, transgender individuals are often excluded from relating. Mainstream approaches to therapy have been charged with pathologizing, harming, erasing and fracturing the lives and bodies of transgender individuals. A transpositive approach has been developed to remedy the issue of competency among therapists working with transgender clients. The therapists in the present study characterized this approach as having an orientation toward clients that honours their bodies, lives and decisions, a stance of informed-not-knowing, engagement in advocacy initiatives, navigating tensions with flexibility, and fully engaging with clients in the intersubjective arrangement of therapy. Furthermore, the

analyses of the case studies indicate that critical frameworks of queer theory, transgender studies and postmodern psychology are required for facilitating the development and materialization of this approach to therapy. Given that transpositivity in therapy requires the therapist to operate along multiple lines significations and epistemologies, a pedagogical tool of imagination has been recommended that brings themselves more fully into the range of possibilities for emerging ontologies that may present to therapy. This study emphasizes that the power and authority that is hidden within the discourses of therapy needs to be acknowledged, made explicit to the therapist and actively resisted. Ultimately, transpositivity requires therapists to do critical work (i.e. theorizing, not-knowing, reflecting and resisting) in order to be effective in therapy with those who express and embody difference.

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APPENDICES
Appendix A: Summary of Literature by Theme

Supporting voice & Self-determination

Citation	*Emphasis or example of theme*
Singh, Hays, Watson (2011)	Allow for self-identification
Benson (2013)	Foster a positive view of transgender clients respecting their self-defined identities
Singh & Burnes (2010)	Embrace gender-queerness (variability)
Livingstone (2008)	Seeing clients as they see themselves (deep empathy)
Rachlin (2002)	Respect for the client's gender identity
Chavez-Korell & Johnson, (2007)	Situate client as the expert
Goethals & Schweibert (2005)	Acknowledge the fluidity of gender
Israel, Gortcheva, Walther, Sulzner & Cohen (2008)	Affirming toward client's gender identity
Carroll, Gilroy, Ryan (2002)	Affirming of all gender expressions
Raj (2002)	Respect unique reality of the client and their immediate presenting problem without excessive regard for theory Affirm and validate any form of gender or sexual variance expressed by the client and support self-determination
Reicherzer, Patton & Glowiak (2011)	Make clients feel listened to and supported Creating space in which the person knows that they matter and that the story being told has had an impact on the counselor

Ballan, Romanelli, & Harper IV (2011)	Determine the individual's own perception of their disability and transgender identity
Mizock & Lewis (2008)	Create space to tell their stories to develop agency

Language

Citation	Example of theme
Ansara (2010)	Mis-pronouning is psychological abuse; clarify name and pronoun
Smith, Shin & Officer (2012)	Problematize systems and 'hidden' acts of practice
	Acknowledging our capacity to be prejudiced, especially via our privilege (adopt critical language such as "aspiring ally", "anti-heterosexist, anti-cisgenderist" and resist language such as "affirming" since it has assimilationist undertones)
Raj (2002)	Sensitivity to nuance in language: non-pathologizing, demystifying, phenomenological, consumer-friendly, sensitive to cultural diversity
Ballan, Romanelli, & Harper IV (2011)	Sensitivity with use of language, vocabulary, pronouns

Advocacy & Empowerment

Citation	Example of theme
Singh, Hays, Watson (2011)	Engage in social advocacy: educate other professionals, display relevant literature, develop a trans-friendly resource list
	Help connect to community
Singh & Burnes (2010)	Foster a social justice perspective (advocacy, promote self-care for activists, increased access to trans-care),
Livingstone (2008)	Be open to relating outside of the closed doors of a therapy room
Rachlin (2002)	Develop a connection with the transgender community

Chavez-Korell & Lorah, (2007)	Engage in social justice work: changing the conditions in which transpeople live, making more systemic changes
Goethals & Schweibert (2005)	Modeling for other practitioners: opening discussions, provide education
Collazo, Austin & Craig (2013)	Self-advocacy (for example, disclosure planning, encouragement to seek community, social networking, locating trans-friendly physicians, therapists, clinics)
	Increasing the client's ability for self-determination and empowerment
	Educate other health care providers (role modeling respect and sensitivity by using the client's actual name and epicene pronoun)
Raj (2007)	Transactivism (self-disclosure, modeling, mentoring, self-advocacy and social advocacy, from rage to empowerment, group work, workshops and manuals, opportunities for points of entry)
Lev (2009)	Provide the client with reading material, information about support groups, internet resources, assist with connecting with other professionals and the community
	Talk with human resources, personnel managers, employers, deans, how to facilitate necessary changes in institutions regarding bathrooms, training of staff and respectful treatment
Smith, Shin & Officer (2012)	Develop personal relationships with transpeople outside of clinical practice in order to understand their experiences, evaluate personal assumptions and break down biases)
	De-emphasize change within individuals and commit to changing social contexts
Israel, Walther, Gortcheva, & Perry (2011)	Connection with other LGBT individuals within the agency (e.g. support groups and community programming)
	Coordination with community services
	Educate staff on transgender issues (e.g. sensitivity in clinical

documentation)

Israel, Gortcheva, Walther, Sulzner & Cohen (2008)	Supportive agency
Israel, Gortcheva, Burnes, & Walther (2008)	Provided a support system for clients during a gender transition (coordination of multiple services)
Carroll, Gilroy, Ryan (2002)	Educate, advocate (take to the professional literature and the streets)
Raj (2002)	Focus on client empowerment, policies and procedures, community activism, supporting self-advocacy, encourage support and train other professionals, partnerships with community workers, give clients the opportunity to hold therapist accountable by sharing guidelines
Ballan, Romanelli, & Harper IV (2011)	Facilitate client empowerment through recognition of one's unique relationships to power, choice, independence, interdependence and the status quo
	Support the individual's development of a strong social support network, consciousness raising, increase personal experiences with individuals, build rapport with community members and allies, bring stories to personal and professional arenas.
Griffin (2011)	Uncomfortable position of having to over-simplify for the agency while simultaneously exploring and supporting the client's more complex identity
	Thorough communication, and collaboration with other professionals
Singh & McKleroy (2011)	Seek out opportunities to increase access to health care, transpositive employment opportunities
	Develop a transpositive network of therapeutic providers
Nadal, Skolnik &	Advocacy and client empowerment

Wong (2012)

Mizock & Lewis   Peer Support: one of the most powerful sources of healing,
(2008)   Outreach services

Resilience

Citation	*Example of theme*
Singh & Burnes (2010)	Resilience-focus
Singh, Hays, Watson (2011)	Improve self-worth, help them identify a source of strength, assess inner dialogue, support and process hope
Ballan, Romanelli, & Harper IV (2011)	Strengthening positive feelings toward identity
Singh & McKleroy (2011)	Support development of pride in intersection of identities

Standards

Citation	*Example of theme*
Benson (2013)	Appropriate use of WPATH Standards of Care
Rachlin & Lev (2013)	Flexible and strategic use of standards and guidelines
Chavez-Korell & Lorah, (2007)	ACA Competencies for working with transgender clients
Collazo, Austin & Craig (2013)	WPATH SOC,
Raj (2002)	Negotiate use of WPATH SOC, access other guidelines to complement knowledge

Awareness & Attitude

Citation	*Example of theme*
Singh, Hays, Watson (2011)	Build awareness of society and internalized oppression
Ansara (2010)	Modest perspective regarding own expertise, consider than people with affirmed genders don't have GID
Benson (2013)	Engage in personal reflection
	Awareness of practice setting (re institutional discrimination)
Lev (2004)	Regard transgenderism as a normal expression of human potential
Singh & Burnes (2010)	Personal reflection and self-awareness
	Seek supervision and consultation
Carroll, Gilroy, Ryan (2002)	Informed not-knowing; aware of potential for contributing to emotional distress, client-centered
Livingstone (2008)	person-centered, genuineness, empathy, unconditional positive regard, avoid objectifying conditions of worth and embody affirmation
	Be prepared to step outside that cultural frame of reference and genuinely engage with that of the client
	Essentialist beliefs can stifle a client's autonomy and right to self-determination
Rachlin (2002)	Acceptance from therapist
Chavez-Korell & Johnson, (2011)	Assumptions, values, biases, worldview of self and client, cultural identities, identity salience, identity privilege, identity development of self and client
	Respectful, non-judgemental,
Goethals & Schweibert	Subject one's own common sense notions about gender, personal as well as professional, to rigorous scrutiny

(2005)	Examine prevailing schools of thought on the nature of gender outside of psychology,
	Unconditional positive regard
	Resist the urge to constantly deny being transgender themselves
	Acceptance and validation is necessary but not sufficient
	Counsellors must be capable of calling into question their own gender performance
Collazo, Austin & Craig (2013)	Willingness to support in the face of antagonistic and transphobic systems
Lev (2009)	Non-judgemental, trusting relationship, work with the whole of the person's complexity
Smith, Shin & Officer (2012)	Reflexive awareness
Israel, Walther, Gortcheva, & Perry (2011)	Sensitivity to the clinical, institutional contexts that may present barriers to equitable, respectable access to mental health services
Raj (2002)	Process countertransference, check personal values, alignment with client, supervision, client-centeredness
Ballan, Romanelli, & Harper IV (2011)	Recognize value changes based upon disability status and transgender identity, consider what it feels like, what does the experience mean...
Bess & Staab (2009)	Vigilant in monitoring bias that could rupture therapeutic relationship (supervision, consultation) Expertise, empathy and trustworthiness are critical,
Nadal, Skolnik & Wong (2012)	Personal reflection

Mizock & Lewis (2008)	Self-awareness, Non-judgement, gender-neutral language
	Reflect client's use of language, non-assuming, extra time for rapport, reassure about confidentiality
Rachlin & Lev (2013)	Providing support for transgender persons who are not expressing their authentic gender and choose to remain closeted

Knowledge

Citation	*Example of theme*
Benson (2013)	Specialized knowledge (e.g. know the difference between sex, gender, sexuality), Become more familiar with the issues transgender people face
Singh & Burnes (2010)	Knowledge about competencies, evolution of language,
	Knowledgeable about intersectionality of identity and sociocultural issues (challenge ahistoricism)
Carroll, Gilroy, Ryan (2002)	Information regarding political, historical and psychological contexts; evolving terminology
	Knowledge of existing support networks awareness of trends in transgender communities
	Knowledgeable about psychology's history with respect to transgender people, and the consequences of fostering an essentialist view of gender,
Chavez-Korell & Lorah, (2007)	Continuing education via connection with transgender community,
	Knowing how to access and leverage resources for clients,
Collazo, Austin & Craig (2013)	Knowledgeable about trans-specific needs,
	Understanding of the uniqueness of challenges
	Seek education: in-service classes, expert supervision, academic articles, documentaries

	Attentive to the interpersonal and systemic barriers for accessing care
Smith, Shin & Officer (2012)	Immerse in literature
	Be weary of microinvalidations and the paradox of using social identity categories
Israel, Gortcheva, Walther, Sulzner & Cohen (2008)	Special training and assistance for working with transgender clients
Israel, Gortcheva, Burnes, & Walther (2008)	Knowledgeable of transgender issues, raining therapists to work specifically with gender identity and gender expression in therapy
Raj (2002)	Fundamental distinctions between sexual orientation, gender identity, sex and sexual identity
	Diverse partner preference potentials
	Specialized training and consultation
Ballan, Romanelli, & Harper IV (2011)	Knowledge of laws, broader definition of family, events
Bess & Staab (2009)	Possess minimum training in gender issues, gender variance component in training programs (required for accreditation by APA
Mizock & Lewis (2008)	Specialized training

Skills

Citation	*Example of theme*
Benson (2013)	Address the impact of normative gender society on their lives (stigma, bias, discrimination) and conceptualize problems in the context of societal prejudice and ignorance rather than pathology
Lev (2004)	Practice therapeutic principles that promote gender self-

identification,

Focus on the inherent power differential and acknowledge oppression,

Carroll, Gilroy, Ryan (2002)	Constructivist, narrative approach; deconstruct normative discourses; incorporate autobiographical narratives
Livingstone (2008)	Ego-syntonic process: working on the client's terms, deep valuing of how they are in the world
Rachlin (2002)	Flexibility in treatment approach
Goethals & Schweibert (2005)	Project enthusiasm and eagerness to learn from the trans client without relying on them for education on the transgendered (learning about concepts as they experience them)
Israel, Gortcheva, Walther, Sulzner & Cohen (2008)	Working relationship characterized by respect for clients, clients perceiving therapists as caring and skillful

Develop skills for working with LGBT clients when their presenting concern is not about their gender or sexual identity |
| Raj (2002) | To assist individuals to function more comfortably in the world within their chosen gender identity role and to effective manage non gender-related concerns

Clinicians let go of their essentialist *and/or* constructivist investments, flexibility in assessment |
| Reicherzer, Patton & Glowiak (2011) | Approach counselling from a model that addresses social trauma (i.e. profound exclusion in daily living) |
| Ballan, Romanelli, & Harper IV (2011) | Contextualize basic knowledge with the specificities of the client,

Explore coping resources to manage stigma and marginalization,

Contain spread-effect (the extent to which disability and gender displace other aspects of the person's being), assess barriers to access |

Bess & Staab (2009)	Therapists' thoroughness and expertise in assessing the appropriateness of medical intervention, weary of gatekeeping power differential, letters, assist in coming out, overtly demonstrate confidentiality, straightforwardness, consider comorbid diagnoses and complicating factors
Singh & McKleroy (2011)	Sensitive and responsive to multiple social locations
	Conduct extensive self-assessment regarding biases and competence,
	Assess trauma, explore multiple identities, degree of family connectedness/support, assess community connectedness and spirituality
Nadal, Skolnik & Wong (2012)	Cultural competence
Mizock & Lewis (2008)	Assessment: avoid attributing presenting problem to transgender identity, screen for body image concerns
	Strengths-based approach, solicit client feedback, convey awareness that transphobia has been a problem in the past in psychology
	Examine systemic contributing factors, Sensitivity to generational differences (e.g. older transpeople)

Critical Perspective

Citation	*Emphasis or example of theme*
Ansara (2010)	Critical scrutiny of institutional structures, weary of giving lip-service to clients empowerment while simultaneously defending a system that undercuts client autonomy and self-actualization in the broader context, inequity of a system that require trans people to jump through hoops in order to be accorded the same rights as other individuals
Singh & Burnes (2010)	Feminist approach (self-empowerment)
Chavez-Korell & Johnson, (2011)	Narrative constructivist approach (no absolute truths, but deeply held individualized personal truth of clients)
Goethals &	Feminist therapy: empowerment model: deconstruct intrapsychism

Schweibert (2005)	of traditional models and re-thinking the power dynamic between client and therapist; Relational model: mental health conceived in terms of connection with others
Smith, Shin & Officer (2012)	Familiarity with post-modern, constructivist work
Bess & Staab (2009)	Avoiding pathologizing diagnoses and heterosexist bias
Mizock & Lewis (2008)	Avoid pathologizing non-traditional expressions of identity

Clinical Setting & Atmosphere

Citation	*Emphasis or example of theme*
Chavez-Korell & Johnson, (2007)	Safe space that is respectful and free of judgement, enabling transgender clients' voices and stories to be heard
Goethals & Schweibert (2005)	Displaying a pink triangle on the office door
Israel, Walther, Gortcheva, & Perry (2011)	Establish clear policies and procedures on how to treat transgender clients appropriately (regarding pronoun and name use) , Availability, visibility and position of openly LGBT staff
Israel, Gortcheva, Burnes, & Walther (2008)	Have staff who self-identify as LGBT
Ballan, Romanelli, & Harper IV (2011)	Policies and procedures how discrimination will be handled, literature in the waiting areas
Singh & McKleroy (2011)	Documentation and paperwork be inclusive, collaborative, multiple gender boxes, gender neutral bathrooms
	Safe environment: transpositive information displayed, explicitly state thier commitment to addressing systemic oppressions in their professional work and literature

Mizock & Lewis (2008)	Atmosphere: visual indicators and other signs (stickers, brochures, LGBT documents in multiple languages, related newsletters, magazines, anti-discrimination statement, accessible, forms)

Appendix B: Criteria for Selection (Goldberg, 2006)

Tier	Competency Requirement
1: Basic	● Aware of differences between sex, gender and sexual orientation ● Familiar with the diversity of gender identity and expression and current terminology regarding transgender issues ● Trans-inclusive service in regards to forms, intake process and pronoun/name usage ● Supportive, sensitive response to disclosures of transgender identity
2: Intermediate	● Familiar with common transgender psychosocial concerns and provide psychosocial support for transgender clients ● Familiar with identity development and gender transition issues ● Addresses interpersonal and systemic stigma and transphobia ● Provides counselling for individuals questioning gender identity ● Clinical advocacy (e.g. facilitating referrals to more specialized services)
3. Advanced	● Strong knowledge of identity development and gender transition issues ● Evaluation, treatment planning and care for individuals with gender dysphoria (including children and adolescents) ● Assessment of eligibility for medical treatments ● Continuing therapy over the life-span and in response to transgender-specific concerns such as pre- and post-operative adjustments

Appendix C: Interview Protocol

- Overview and introduction
    - o Goals, projected length (60 – 90 minutes) and topic to be discussed
    - o Situate the participant as the expert: can you please provide some background about yourself as a therapist, years of experience, expertise, professional background and studies, etc?
- Focus: describe your experiences working with clients whom identify as transgender, transsexual or gender-variant. Follow up questions:
    - o Can you talk about your experiences of working with transgender clients? What have you learned?
    - o How did your studies prepare you in your work with this population?
    - o In what ways have you prepared yourself, personally and professionally, to work with transgender clients?
    - o To what extent and in what ways can own biases, transference processes and values influence ones' approach to working with transgender clients?
    - o What is similar and different about your experiences with these clients?
    - o What facilitated or disrupted the development of the therapeutic relationship?
    - o What value does knowledge of related social theories, and of histories related to transgender identities and willingness to engage in political advocacy have in working with these clients?
- From which theoretical orientation(s) do you work?
- What particular knowledge do you have of transgender and queer theories and studies? In what ways does such knowledge impact on or influence counselling practice?
- Based on your experience in working with transgender clients, what would you recommend to therapists-in-training and professors?
- Closing and next steps regarding involvement in the study
- Overall, can you summarize what you have learned from working with transgender clients and what is important for therapists to keep in mind in their work with these clients?

Appendix D: Ethics Approval Notice

CURRICULUM VITAE

EDUCATION AND TRAINING

Honours Bachelor of Science: Psychology, Neuroscience and Behaviour 2007-2012
Faculty of Science, McMaster University, Hamilton, ON

RELATED WORK EXPERIENCE

Psychotherapy Intern Sept. 2013 – April 2014
Psychological Services, Student Development Centre
Western University, London, ON

Sept. 2012 – June 2013

Student Therapist
The Waitlist Counselling and Training Clinic
Canadian Mental Health Association-London/Middlesex, London, ON

LGBTQ Commissioner Nov. 2012 – Aug. 2013
Society of Graduate Students' Council
Western University, London, ON

RESEARCH EXPERIENCE

Research Assistant to Dr. M. Kehler Oct. 2012 – April 2013
Faculty of Education, Western University, London, ON

Undergraduate Thesis Research with Dr. D. Maurer June 2010 – April 2011
Department of Psychology, McMaster University, Hamilton, ON

Research Assistant to Drs. A. Sekuler and P. Bennett May 2010 – April 2011
Department of Psychology, McMaster University, Hamilton, ON

Research Assistant to Dr. S. Vajoczki May 2009 – May 2010
Centre for Leadership in Learning, McMaster University, Hamilton, ON

AWARDS AND SCHOLARSHIPS

Ontario Graduate Scholarship ($15 000) 2013-2014
Western University, London, ON

Dean's Honour List (3 academic years) 2009-2012
McMaster University, Hamilton , ON

Entrance Scholarship ($1 000) 2007
McMaster University, Hamilton , ON