

Schofield, Katie, Dunnett, Alan and Gabriel, Carol Lynne ORCID logoORCID: <https://orcid.org/0000-0002-8144-090X> (2023) Let me be me : investigating transgender clients' experiences of their therapeutic relationship with their counsellor. *Counselling and Psychotherapy Research*, 24 (2). pp. 582-590.

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Let me be me: Investigating transgender clients' experiences of their therapeutic relationship with their counsellor

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Abstract

Background: Many transgender individuals experience stigmatisation, victimisation and discrimination and, as a result, have become reliant on counselling services. Previous research indicates that transgender clients have experienced a mixture of negative and positive experiences of counselling and their therapeutic relationships. However, there is limited research that specifically explores the components of therapeutic relationships and transgender clients' experiences of them.

Aim: This study aimed to investigate how transgender clients experience their therapeutic relationship with their counsellor.

Method: This study used semistructured interviews and interpretative phenomenological analysis (IPA). Three adult participants who identified as transgender and had at least three counselling sessions in the past were recruited.

Findings: Key findings indicated positive impacts of the counsellors' congruence, the importance of counsellors having basic knowledge and awareness of the challenges that transgender people may face and how the clients' development of self-awareness aided their evaluations and re-evaluations of their experiences of their therapeutic relationships.

Limitations: Due to the small sample size, the findings cannot be generalised to the wider transgender population.

Implications for Policy: Further research is needed to support the development of affirmative counselling for transgender clients.

Implications for Practice: Counsellors are encouraged to work to respond to the needs of their clients at whatever stage in their process, to acquire basic knowledge and awareness of the challenges that some transgender people may face and to engage with their personal development and reflexivity around gender and identity.

Conclusion: Transgender clients reported both positive and negative experiences of their therapeutic relationships with reference to their own and their counsellors' contributions. Positive experiences were largely associated with the counsellors' use of congruence and working affirmatively, and negative experiences were largely associated with counsellors working nonaffirmatively.

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KEYWORDS

counselling, counselling relationships, experiences, mental health, psychotherapy, therapeutic relationships, transgender clients, transgender individuals

1 | INTRODUCTION

Trans, or transgender, “is a broad umbrella term for all those who do not remain in the gender that was assumed when they were born” (Barker, 2019, p. 23).

Research and media interest on transgender and gender nonconforming people (TGNC) has significantly increased over the last two decades (American Psychological Association, 2015), moving the challenges that are encountered by some transgender people further into the spotlight (Applegarth & Nuttall, 2016). A wealth of research has found many challenges that transgender people face, such as stigmatisation, victimisation and discrimination, making them vulnerable to mental and physical health problems (Strauss et al., 2019; Whittle et al., 2007). Many transgender individuals may also face internalised stigma (stigma directed at oneself), and research suggests that the combination of external and internalised stigma experiences perpetuates mental health disparities (Mustanski et al., 2010). As a result, transgender people experience higher rates of general health and psychological problems than other social groups and are three times more likely to experience major depression than the general population (Dargie et al., 2014; Nuttbrock et al., 2010). As transgender people are a minority group and may face an abundance of complex issues, some may, therefore, become very reliant on general health and psychological services (Weir & Piquette, 2018).

Historically, transgender stigma influenced the medicalisation of the transgender community as they were pathologised and treated as needing to be “fixed” or “cured” by psychological professionals (Applegarth & Nuttall, 2016), often in the form of “conversion therapy.” More recently, the UK government has decided to ban conversion therapy that tries to change a person's sexuality (Parry & Moss, 2022) and has only just introduced this ban for transgender people (Clarke, 2023), concluding the ban as wholly inclusive. It is worth noting, however, that before these new laws, many psychological professions had already rejected conversion therapy practice and continue to do so by adopting more affirming approaches to help counterbalance the existing stigma, and accept transgender identity as a genuine identity (Banks, 2021; Barker, 2019; Langdridge, 2007; Fraser, 2009).

A range of psychological approaches are viewed as compatible with affirmative therapy, such as those deriving from humanistic, systemic and narrative schools (Barker, 2019; Martyr, 2016). Practitioners are recommended to undertake post-training CPD, as these approaches do not entirely escape from normative assumptions (Barker, 2019; Iantaffi & Middleton, 2018; Martyr, 2016). Hinrichs and Donaldson (2017) claimed that while affirmative therapy advocates and validates the self-identity and sexuality of clients, this cannot be fully achieved without the existence of Rogers' (1957) six conditions, specifically the communication of therapist empathy, unconditional positive regard and congruence.

Implications for Practice

- Since transgender clients may bring gender-related issues at any time during counselling, counsellors would benefit from the acquisition of basic knowledge and awareness of the challenges that some transgender people may face, to eradicate blind spots and prevent counsellor missteps. Such awareness would include sensitivity to manifestations of transphobia, as well as to their clients' use of pronouns.
- Findings also support the need for counsellors to engage with personal development and reflexivity in relation to their own gender and other identities so as to help counterbalance stigma and promote inclusion.

Implications for Policy

- Affirmative therapy is becoming more widely known, and there is some current guidance to assist counsellors in adopting affirmative practices. However, it is difficult to identify formal training that provides a combination of basic knowledge, awareness of transgender issues and the experiential space to encourage counsellor reflexivity. The development of training opportunities, informed by research, is needed to disseminate more effective affirmative therapeutic practices. Counsellors and counselling trainers may also benefit from becoming familiar with the work of Davies and Neves (2023) and their Gender, Sex and Relationship Diversity (GSRD) affirmative model of counselling.

The development of guidelines and competencies relating to affirmative practice has emphasised the need for counsellors to become informed on the topic of gender and gender diversity, to be reflexive, to use correct pronouns and to avoid making normative assumptions about a client's identity (American Psychological Association [APA], 2015; Barker, 2019). Weir and Piquette (2018) recommended that all counsellors be aware of the challenges that some transgender people may face. They observed that transgender individuals may bring gender-related or nongender-related issues to counselling.

While there is a growing awareness of the many challenges that some transgender people may encounter, and a development in policy and affirmative practice, there is little research that explores the lived experiences of transgender clients in counselling. However, existing research indicates associations between positive experiences with affirmative therapy, and negative experiences with nonaffirmative

therapy, with limited reference to experiences of the therapeutic relationship (Applegarth & Nuttall, 2016; Bess & Stabb, 2009; Israel et al., 2008; McCullough et al., 2017; Mizock & Lundquist, 2016; Rachlin, 2002). Hunt (2014) found that when participants spoke about their positive experiences, they specifically related to the therapeutic relationship, where they felt listened to, understood and at ease with their counsellor. In contrast, negative experiences were reported when there was no rapport with their counsellor, a lack of understanding and counsellors wanting to talk about the clients' gender identity too much or not at all. Similarly, Applegarth and Nuttall (2016) found that positive experiences related to clients feeling accepted, heard and having the space to further understand their own gender identity. Negative experiences included not feeling accepted and the counsellor setting out to "fix" the client. Bettergarcia and Israel (2018) suggested that therapeutic relationships were demonstrably impacted by the application or the absence of affirmative methods. A study by Alessi et al. (2019) found that the therapeutic relationship mediated the association between clients' perceptions of therapists' affirmative practices and psychological well-being. However, this study only used lesbian, gay, bisexual and queer (LGBQ) participants and did not include transgender participants.

2 | METHOD

The aim of this study was to explore transgender clients' experiences of their therapeutic relationship with their counsellor, to increase the knowledge base and to enable transgender clients' voices to be heard by counsellors. A qualitative research methodology appeared to best align with this study as it enables researchers to understand marginalised voices, empowers individuals to share their stories and enables researchers to understand the meaning of counselling experiences (Cresswell & Poth, 2016; McLeod, 2011). To allow for a deeper focus on participant responses, this study aimed for a sample size of three to six participants, as recommended by Smith et al. (2009).

Data analysis followed the precepts of interpretative phenomenological analysis (IPA), to allow detailed examination of participants' personal perceptions of their lived experiences (Smith & Osborn, 2015).

2.1 | Participants

Participants were approached through two Facebook pages, "Counselling Tutor" and "Pink Therapy." Both enabled access to participants on a large geographical scale. Group administrators were contacted who then acted as gatekeepers to support the promotion of the research. Participants for this study had to be aged 18 years or older, identify as transgender and must have had at least three counselling sessions in the past. On the basis that the recruitment process took place over Facebook pages providing support for qualified and trainee counsellors, all participants recruited for this study were trainee counsellors, although this was not a specific requirement for the study.

2.2 | Data collection

Semistructured interviews were used in this study, allowing participants to respond freely and give detailed responses about their lived experiences (Smith et al., 2009). The interviews lasted 45–60 min. Owing to COVID-19 restrictions, interviews were conducted online using a secure platform and were audio-recorded. As one participant was unable to attend the online interview on Microsoft Teams, arrangements were made to conduct the interview via two separate emails. This participant answered the initial questions that formed part of the semistructured interview in one email and responded to further questions that were based on these answers in a follow-up email.

2.3 | Data analysis

Transcripts were generated from audio recordings of the two interviews that took place on Microsoft Teams, to provide a sequential set of interpretive "readings" of the data (McLeod, 2011). Both recordings were listened to and referred to with the transcript to ensure all relevant information was documented (Smith et al., 2009). Both transcripts, along with the emailed answers from the other participant, were read and reread to enter the experiential world of each participant, with annotations made to interpret meaning from the text (McLeod, 2011). All annotations were then coded to identify emerging themes for each participant while ensuring they were truly representative of what was originally said. Similarities were then developed from the emerging themes across all datasets, which created the final superordinate and subordinate themes for this study, as shown in Table 1.

2.4 | Ethical considerations

Ethical permission to undertake this study was granted by the university module ethics committee, with due attention to the

TABLE 1 Three superordinate themes and their associated subordinate themes.

Superordinate theme	Subordinate theme	Number of participants included
Professional aspects of counsellor	Modality	3
	Knowledge and awareness of the challenges that some transgender people may face	3
Personal aspects of counsellor	Use of the congruent self	2
	Disclosure of identity	2
Growth in self-awareness	Timing and the passage of time	2
	Impact of counselling training	3

BACP Ethical Guidelines for Research (2019). Participants were made aware of their right to withdraw their data, and all data were anonymised and stored securely. Additional care was taken as transgender individuals have often had negative research experiences as participants. Guidelines and recommendations for research with transgender individuals proposed by Adams et al. (2017) and Vincent (2018) were adhered to throughout this study. This included using nonstigmatising and inclusive language with participants and ensuring that transgender people were accurately reflected in the write-up. A reflexive journal was also kept throughout, to prevent any research bias and assumptions (Ahern, 1999).

3 | FINDINGS

Following data analysis, three superordinate themes and their associated subordinate themes were identified, as shown in Table 1.

3.1 | Theme 1: Professional aspects of counsellor

This superordinate theme covers the ways that participants felt their counsellors conveyed their professionalism, through their training, knowledge and ethical conduct, and comprises two subordinate themes, "Modality" and "Knowledge and awareness of the challenges that some transgender people may face."

3.1.1 | Modality

All participants commented on their current counsellors' modality when talking about the positive aspects of their therapeutic relationships. One counsellor uses the internal family systems (IFS) approach, another uses an integrative approach, and the third uses the person-centred approach. Two participants valued the relational aspect of their counsellors' modalities (IFS and integrative counselling) and their focus on integrating all aspects of the self, including their gender identities, when working towards self-acceptance. One participant commented positively on his counsellor's respectful use of pronouns during relational explorations. "I remember really appreciating it at one point when we were looking at me in my teen years and her sort of referring to my teen as a separate person, and just sort of asking me if it is more comfortable for me to refer to that person as male or female, or he, she, they, sort of thing and I really appreciated that." The other participant described his therapeutic relationship as "deep in the sense that we go into quite a lot of depth about my early life experiences and there's a sort of sense of him being able to, I suppose, hold younger parts of me." Since "early relational explorations are inevitably gendered," he felt safe to disclose his transgender identity in the therapy, supported by his counsellor's use of the core conditions. The third participant said of his counsellor: "She doesn't criticise who I am. She listens but a lot needs explaining" (including on the subject of transgender issues).

3.1.2 | Knowledge and awareness of the challenges that some transgender people may face

All participants commented on their expectations of having a counsellor with basic or solid working knowledge and awareness of the challenges that some transgender people may face, with two participants reporting a greater need for this in the early stages of transition. They all reported experiences of needing to explore possibilities around transition, such as transphobia and internalised transphobia, and associated feelings of ambivalence, doubt and fear. One participant commented on the importance of having a counsellor who can combine this knowledge with other ways to meet his needs as a client:

I think with any area of difference you need a balance between knowing enough and knowing what someone might face and not generalising and assuming what it might be like for them... I think some sort of basic familiarity with that stuff would be helpful, but I would say it's less important to me than the core conditions.

Although all participants expected their counsellors to have a basic understanding of the challenges that some transgender people may face, they all experienced at least one counsellor who lacked these understandings. In the participants' view, this not only prevented them from making a psychological connection in the therapy, but was further prejudicial to their mental health. All these experiences were characterised by various counsellor missteps. One participant cited his experience of "education burdening" where he felt he spent most of his sessions educating his counsellor about his issues:

there is little relational depth as I spend so much time explaining myself (transgender and other issues) to her that we don't get much real work done.

In contrast, two participants described positive experiences, with their current counsellors demonstrating a basic understanding of the challenges that some transgender people may face. One explained that his counsellor's sensitivity to the use of pronouns through relational explorations communicated thoughtfulness and reassurance. He commented,

She knew her stuff a little bit, even though you don't need particular expertise to do that, just to have that in mind enough to do that, I've never felt so reassured.

3.2 | Theme 2: Personal aspects of counsellor

This overarching theme describes the ways that participants felt their counsellors made use of the "self" in the therapy and comprises two subordinate themes, relating to counsellor congruence and disclosure of identity.

3.2.1 | Using the congruent self

Two participants explained in depth the ongoing positive effects of their current counsellors' ability to be authentic and vulnerable and how this models a way of being for them as clients. One participant described his counsellor's ability to work from her "heart"—for him, a major contributor to the positive and meaningful therapeutic relationship. He described many occasions where his counsellor communicated openness and perceptiveness to his needs and to the detail of his issues. For him, this creates real confidence, immediacy and simplicity in her way of working as she *"just knows what to do."* He finds this empowering: it encourages him to mirror this way of being by moving away from his "head" and into a more grounded and centred state.

Elsewhere, there was evidence that the counsellor's willingness to demonstrate their own vulnerability can have a meaningful impact on the therapeutic relationship. The participant reflected on an occasion when he was able to express the anger he felt with his counsellor because his counsellor demonstrated the capacity to be both vulnerable and open to challenge. They were able to create a deeper connection and a further understanding of how they relate. The interaction facilitated positive change for him and developed his sense of worth.

I think it's important. Part of my understanding of what happens is that I matter. So what I do affects him as well as what he does affects me as a kind of mutual impact I suppose on each other, which enabled me to move.

In addition, this participant valued his counsellor's ability to be reflexive and return to a conversation they had had in previous weeks about sex, sexuality and gender. He commented,

That was really powerful... It wasn't just an immediate response because it felt like it was something that he'd perhaps looked into himself about rather than just giving me some kind of surface level reassurance.

3.2.2 | Disclosure of identity

Two participants described experiences where their current counsellors disclosed parts of their identity such as their gender, sexuality and neurodivergence and that these disclosures contributed to the depth of their therapeutic relationships. Although discussions of counsellor identity did not happen frequently in their sessions, they appeared to be key moments for both participants when they did occur, as they helped create a sense of togetherness and resemblance with their counsellors, which solidified their bonds and brought a sense of inclusion.

I think a big moment, two big moments actually, one was when he actually said the words 'I am a

cisgendered man' because that was very important to me for him to recognise that he has an identity... and another moment where he said he recognised some of the experiences that I had from being a gay man and (...) the time he was coming out.

3.3 | Theme 3: Growth in self-awareness

This theme encapsulates the development of participants' self-understanding and its contribution to their evaluation of their experiences as clients. The two subordinate themes refer to timing and the passage of time and to the impact of counselling training.

3.3.1 | Timing and the passage of time

The significance of timing emerged as a theme for two participants in the study, who recognised that their previous negative counselling experiences will have been influenced by the prevailing social climate at the time when counselling was originally accessed. In addition, they both reported a shift in their own evaluation of the original counselling in the intervening years. One participant decided to undertake further work with the original counsellor and thereby developed an improved therapeutic relationship. He commented,

I sort of fought my way out of the general psychiatric system and into gender identity services, so I did go back to see the therapist a few times, post-transition, and I felt that he was respectful of my identity, and I felt like we left in a better place.

The other participant developed an awareness over time of his own contribution to the original counselling. This he had regarded as a tick-box exercise to be completed to qualify for hormone treatment, rather than as a process with which he could fully connect. He recognised his earlier defensiveness and sensitivity to how others perceived him:

I don't know if I could ever have had a decent counselling relationship before I started on hormones or anything thinking about that now I'm saying that (...) it's sort of like I needed to get myself into a steady enough point where I could actually engage in it at that point.

He reflected in the interview on his own contribution to what came to seem like the rationale for the sessions:

I reckon at the time I was probably bringing it as a problem to be solved because I didn't know of any other way that it could be addressed... but I think she was trying to figure out that as much as I was. It was a confusing time.

3.3.2 | Impact of counselling training

The demographic of the participants brought out the role of counsellor training in facilitating exploration of the therapeutic relationship. The training process prompted interviewees to scrutinise the nature and effectiveness of their experiences as clients, including their own contribution to the therapy. This heightened awareness may initially lead to frustration, as with the participant whose training requirements limit his ability to leave a counsellor who is insufficiently attuned to his issues. However, both this and a fellow participant had gained further awareness of their needs in counselling.

I've been training (...) as well and that's sort of given me the confidence to go out and get counselling myself and understand what the hell is meant to be going on in the room...I can actually understand what I want to get out of counselling, but would I have been able to understand that if I hadn't started training to become a counsellor myself? I don't think so.

The other participant specifically reflected on the experiential aspects of training and how it has helped him re-evaluate how he relates to others, including his current counsellor, and how this influences his experience of his therapeutic relationship. He commented,

You're sort of constantly getting triangulated information about how you are with others, which can be painful but really useful. I think in a way what it's told me is I can be really difficult as a client, like I feel like I can give my therapist hell. I don't know if it's true or not, but it's the way it feels.

4 | DISCUSSION

Findings in this study support previous research, indicating clear associations between positive experiences of therapeutic relationships with affirmative therapy and negative experiences of therapeutic relationships with nonaffirmative therapy (Alessi et al., 2019; Applegarth & Nuttall, 2016; Bess & Stabb, 2009). Findings also highlight the importance of counsellors using the core conditions when providing positive and affirming therapeutic relationships (Hinrichs & Donaldson, 2017), with counsellor congruence emerging as a central feature. The ways in which counsellors demonstrated congruence, as described by participants, were through the sharing of their vulnerability and the ability to “work from the heart.” These ways of working communicated transparency and the ability to put the clients' needs first. The counsellors appeared to offer interventions with confidence and to disclose personal feelings as well as aspects of their own gender, sexuality or neurodivergence. Many of these features, as they relate to the ability to be reflexive and empowering,

echo published guidance on working affirmatively (APA, 2015; Barker, 2019).

Although there is little research that explores counsellors' use of congruence with this client group, there is research that explores the effects of counsellors disclosing their sexuality to their clients and the potential for such disclosures to have both positive and negative impacts on the quality of the therapeutic relationship (Harris, 2015; Mair, 2003). It is important to note that in the present study, the overall appreciation of participants was not just the result of one example of their counsellors' congruence, but rather derived from the whole interaction. Experiences of their counsellors' congruence deepened feelings of contact in which participants felt seen and valued as people. This supports the view that the “real relationship” in counselling provides the foundation for human connectedness (Gelso, 2011) and for relational depth to occur (Mearns & Cooper, 2018). The level of rapport created a trusted space for participants to explore whatever they needed to; gender and nongender-related issues were all met with the same level of genuineness, openness and responsiveness by their counsellors, demonstrating inclusive and affirming ways of working with all aspects of the self (APA, 2015; Barker, 2019).

There was little detailed mention in these interviews of the topics that participants brought to counselling. However, gender formed at least part of the content of the therapy for all participants, two of whom did not initially seek counselling for gender-related issues with their current counsellor. For these two participants, gender emerged within the context of relational explorations of their own accord. Although another study found that transgender individuals often seek counselling services for nongender-related issues (McCullough et al., 2017), findings in the present study indicate that gender-related issues may still emerge in counselling. Findings support previous research that acknowledges the need for transgender clients to set their own agendas in counselling (Bess & Stabb, 2009; Israel et al., 2008; Weir & Piquette, 2018).

All participants in the present study expressed the need for their counsellors to have basic knowledge and awareness of the challenges that some transgender people may face, regardless of the issues they bring. The view of one participant was that expertise on the topic was not necessary; another believed that the communication of the core conditions was a more important factor. Counsellors' sensitivity to the use of pronouns and having an awareness of transphobia were particularly helpful for participants, echoing previous research (McCullough et al., 2017). Two participants regretted their previous counsellors' insufficient knowledge and awareness of the challenges that may be faced by transgender people prior to their transitioning, especially given the lack of external resources and support available at the time. Both these participants experienced a series of counsellor missteps, again reflecting findings from previous research (Mizock & Lundquist, 2016). The other participant currently experiences “education burdening” (Mizock & Lundquist, 2016) with his counsellor—a feature that jeopardises the quality of their therapeutic relationship, despite his counsellor working in person-centred ways. The fact that two out of three participants in this study reported affirming therapeutic relationships with their current

counsellors may indicate that affirmative practice is on the rise. The timing of client experience in previous studies (commonly based on a range of earlier experiences) makes this difficult to corroborate (Alessi et al., 2019; Applegarth & Nuttall, 2016; Bess & Stabb, 2009; Hunt, 2014; Israel et al., 2008; McCullough et al., 2017; Mizock & Lundquist, 2016; Rachlin, 2002).

Growth in self-awareness was the final key finding in this study that highlights how the passage of time and the impact of counselling training helped participants evaluate and re-evaluate their experiences of their therapeutic relationships and their role in them. For two participants, the passage of time caused them to re-evaluate their negative experiences of previous counselling that occurred some time ago. They recognised the social influence on their counsellors' non-affirming practices, along with personal contributions, such as their own increased sensitivity to others. Interestingly, both participants commented on the improvement of their mental health and their ability to live more authentically once they had transitioned and were consequently able to view their previous counsellors more positively, or at least less negatively, than they did before. Previous literature only partially supports these findings by highlighting the social influence on nonaffirmative practice (Applegarth & Nuttall, 2016) and the impacts of stigma on transgender individuals' mental health (Dargie et al., 2014; Mustanski et al., 2010; Nuttbrock et al., 2010).

Previous research appears to be lacking on the topic of client re-evaluations of therapeutic relationships, though Knox and Cooper (2011) are among those who have investigated the client's contribution to the quality of the relationship and to relational depth. The example in the current study of one participant having expressed anger with his counsellor illustrates the potential for client behaviour to influence the level of connection between client and counsellor. The question of client contribution to both the style and the content of therapy emerges a number of times in the current data, where participants express a clear preference for client involvement in decision-making and meaning-making. These members of a client group with extensive experience of exclusion in decision-making clearly prioritised the principles of inclusivity and collaborative working in therapy.

Research into the impact of counselling training is likewise limited and does not specifically explore the impact it has on individuals as clients and their therapeutic relationships with their counsellors. Interviewees in this study nonetheless appeared to gain in their capacity to review their experiences in their own therapy and to identify their contributions to past and present therapeutic relationships. In the short term, clients in the trainee role may become frustrated with what they experience as the shortcomings of what is on offer. In the longer term, their heightened awareness—including of how they operate and are perceived in relationships, gives them a better sense of their needs and a greater capacity to take ownership in their own therapy. The range of client factors identified in the present study includes the impact of prevailing social conditions (such as the presence of stigma), the stage of their transition process, and the developments in self-understanding and in understanding of the therapy process.

4.1 | Limitations and context

The small sample size employed here provided in-depth data sufficient for an IPA study, but this cannot be generalised to the wider transgender population. In addition, all participants were undergoing counselling training at the time of the interviews. Participants demonstrated their growth in self-awareness and often used counselling terminology in their responses, revealing their familiarity with evaluating the nature of therapeutic relationships. This may have influenced the unique dataset for this study and may not be representative of transgender individuals who have not received counselling training. Additionally, the data collected over email may not have produced the same level of in-depth data as accessed over Microsoft Teams.

The author group, counsellor practitioners and trainers, work across a wide demographic, including trans people in both clinical and research settings. They value the multidimensional development of LGBT+ research literature and evidence. They are interested in how trans people, as both clients and practitioners, can be involved in developing meaningful research relating to the nature of effective counselling and therapy interventions. They have sought in this study to ensure that individual voices, even among a small participant group, can be clearly heard and that the work communicates and is true to lived experiences and perceptions.

4.2 | Implications for policy

Affirmative therapy is becoming more widely known, and there is some current guidance to assist counsellors in adopting affirmative practices. However, it is difficult to identify formal training that provides a combination of basic knowledge, awareness of the challenges that some transgender people may face and the experiential space to encourage counsellor reflexivity. The development of training opportunities, informed by research, is needed to disseminate more effective affirmative therapeutic practices. Counsellors and counselling trainers may also benefit from becoming familiar with the work of Davies and Neves (2023) and their Gender, Sex and Relationship Diversity (GSRD) affirmative model of counselling.

4.3 | Implications for practice

Since transgender clients may bring gender-related issues at any time during counselling, counsellors would benefit from the acquisition of basic knowledge and awareness of the challenges that some transgender people may face, to eradicate blind spots and prevent counsellor missteps. Such awareness would include sensitivity to manifestations of transphobia, as well as to their clients' use of pronouns. Findings also support the need for counsellors to engage with personal development and reflexivity in relation to their own gender and other identities so as to help counterbalance stigma and promote inclusion.

4.4 | Recommendations for future research

Similar research with a larger sample size would be beneficial to validate the findings of the present study. It may also be beneficial to explore further how counsellors' use of congruence impacts the quality of the therapeutic relationship with this client population. Finally, further research is recommended to explore transgender clients' contributions to their therapeutic relationships and whether enhanced awareness of these contributions has prompted any re-evaluation of their experiences.

5 | CONCLUSION

A number of findings in this study support previous research regarding transgender clients' experiences of counselling and their therapeutic relationships. These include the importance of the counsellor's use of congruence and their level of knowledge and awareness of the challenges that some transgender people may face. New findings emerged relating to client contributions to the therapy process and suggest that both the timing of the therapy and the client's level of self-awareness and familiarity with the counselling process are factors.

The study underlined the significance of relational depth, where counsellor openness and willingness to offer appropriate self-disclosure promoted the quality of the relationship. To this end, it is crucial that counsellors work to respond to the needs of their clients at whatever stage in their process, engage with relevant CPD, and arguably more importantly, prioritise their personal development and reflexivity, to become confident, competent and congruent when working with transgender clients.

AUTHOR CONTRIBUTIONS

Katie Schofield: Conceptualization; investigation; writing – original draft; methodology; project administration. **Alan Dunnett:** Resources. **Lynne Gabriel:** Resources; supervision.

ACKNOWLEDGEMENTS

A big thank you to all the participants who took part in this research project. The formation of this paper could not have been achieved without them and their courage to share their experiences. A warm thank you to Alan Dunnett, who helped tremendously in the crafting and finalising of this project and for the invaluable support and time he has given to me over the years. Thank you to Lynne Gabriel, who helped guide me through this process by sharing her wisdom and insight along the way. A huge thank you to my family, who have supported me throughout and always believed in me, and for my mum, who never stopped encouraging me and holding me in times of need. And finally, thank you to my late grandad, who passed away during the making of this project. His unconditional love and acceptance taught me how to love and accept myself and inspired me to help make the world a better place.

CONFLICT OF INTEREST STATEMENT

I confirm there are no conflicts of interest for this study.

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How to cite this article: Schofield, K., Dunnett, A., & Gabriel, L. (2023). Let me be me: Investigating transgender clients' experiences of their therapeutic relationship with their counsellor. *Counselling and Psychotherapy Research, 00*, 1–9. <https://doi.org/10.1002/capr.12692>