Jeanine Connor, Psychotherapist and author of 'Stop F*cking Nodding: and other things 16 year olds say in therapy'

What do you do?

I'm a psychotherapist, supervisor, trainer, author and editor.

How long have you been doing it?

I trained as a child counsellor in 2000, qualified as a psychotherapist in 2009 and as a supervisor in 2016. I've been writing for publication since 2003 and editing since 2008.

What were you doing before?

Before setting up in private practice, I worked with CAMHS for 11 years and before that I taught A' level psychology in an FE college.

Why did you end up as a therapist?

I found that lots of people who studied psychology did so because they wanted to learn about themselves, their families, or their experiences. I decided to build on my counselling skills and trained to work psychodynamically with adolescents, because I enjoyed that age group and wanted to be able to support them in a way that I couldn't as a lecturer.

What's your most important skills as a therapist?

Being endlessly curious about and interested in people's stories, having an ability to make people feel comfortable enough to share those stories with me, and helping them to dismantle their stories, make sense of them and put them back together in a more manageable form.

What inspired you to write a book?

The people I work with inspire me. My first psychotherapy book, Reflective Practice in Child and Adolescent Psychotherapy, was an amalgamation of all the leftover material in my head from years of writing columns and articles with short word counts. Stop F*cking Nodding is an homage to all the 16-year-olds I've had the pleasure of working with over the last 25 years. Book three, about adolescents and young adults, is percolating…

What do 16-year-olds say in therapy, anyway?

My cheeky answer is, read the book and you'll find out! The characters in 'Stop F*cking Nodding' talk about the ordinary and not-so-ordinary stuff to do with being 16, including low self-esteem, perfectionism, self-injury, suicidal ideation, 'fucking around' with weed and alcohol, 'fucking around' with sex, sexual fetishes, gender and sexuality. There's a lot of sex in the book because there's a lot of sex in the lives of 16-year-olds and a lot of sex gets talked about in my therapy room.

***Do* you nod a lot?**

Yes, I think I do! And since the book came out, I've become hyper-aware of it. I also have a very expressive face; I don't hide how I'm feeling.

What do you do when you're not working?

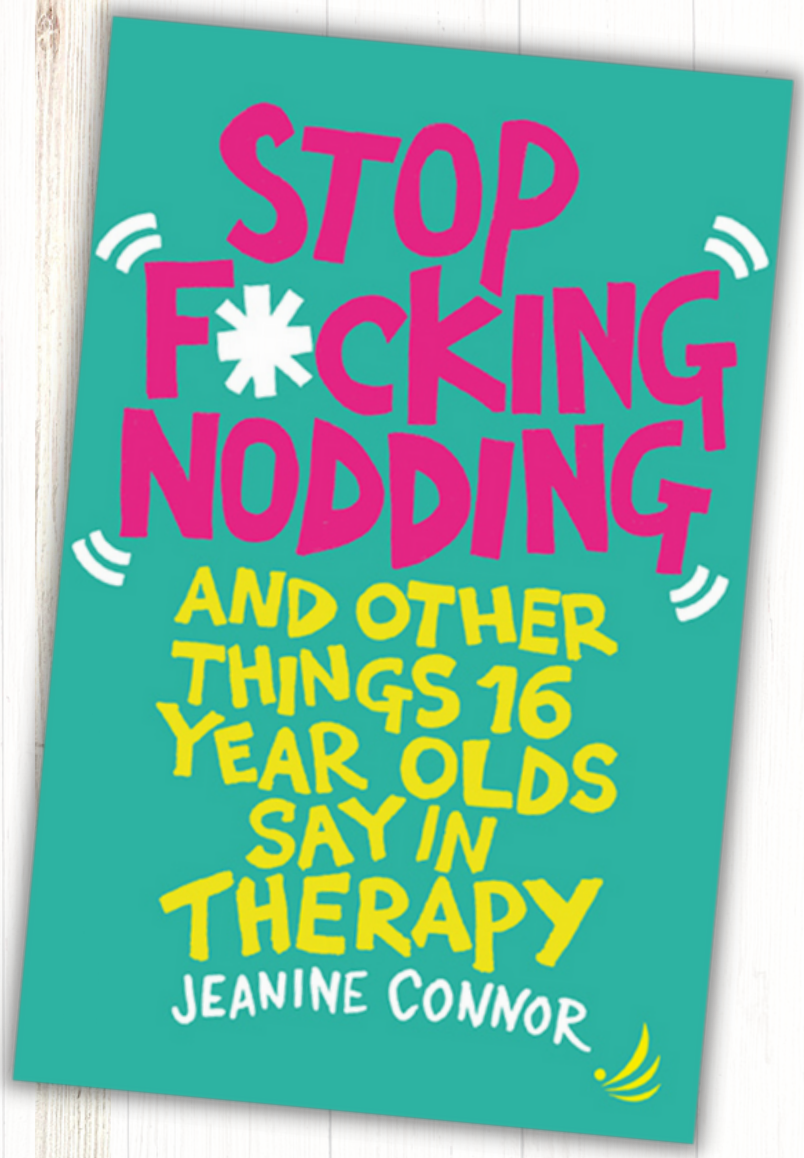
I'm an avid gardener and heliophile and my happy places are gardens and beaches: the tropical loveliness I've created outside my own back door, local beaches on the East Kent coast and tropical gardens and beaches further afield.

Tell us a random fact about you?

Linked with the previous question – I have a large collection of houseplants: 80 and growing (in quantity and size!) I have about a dozen in my therapy room.

What you'd like people to know...

I'd encourage anyone who works with or lives with adolescents to remind themselves what it was like to be their age. Adolescence is a tough transition and it's even tougher today than it was for those of us who grew up in previous decades. I want people to know that, and treat young people with the kindness, curiosity and respect they deserve.



SEE OVER FOR AN EXCLUSIVE EXTRACT FROM 'STOP F*CKING NODDING'

Jeanine Connor is a child and adolescent psychotherapist, supervisor and training facilitator, whose work is psychodynamic in orientation. She has supported young people, and those who work with young people, in a variety of settings for 25+ years. Jeanine is the author of Stop F*cking Nodding and other things 16 year olds say in therapy (PCCS Books, 2022) and Reflective Practice in Child and Adolescent Psychotherapy: Listening to Young People (Routledge, 2020). She is the editor of BACP Children, Young People & Families journal, reviews editor for BACP Therapy Today and psychology editor for Curriculum Press.

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Chapter 4: In transition

Melanie was referred to me for psychotherapy by her GP because she was displaying symptoms of anxiety, depression and social isolation. I invited her to attend a first session, so she could decide if I could help her. Melanie was sturdily built and tall for her age. Her hair was dyed green, cut short and mostly hidden under a black beanie hat, pulled down over her eyebrows. She wore no make-up and her skin looked sallow. Her eyes were bloodshot, as if she'd been crying or had a late night, or maybe both. Melanie's clothes were nondescript and shapeless and didn't seem to fit her. These observations are not meant to sound disrespectful. It's important to acknowledge what I notice about a young person when I meet them for the first time, because they form the beginnings of my clinical formulations and hypotheses.

I made my introductions and invited Melanie to tell me why she had come to see me. I heard that she'd dropped out of school because of bullying. She slept all day and stayed up all night. I registered this topsy-turvy existence and continued my exploration of Melanie's home life. I established that she had a younger sister who lived at home and an older sister who came and went. Melanie had 'sort of ' moved out to live with her nan because she didn't get on with her sister's boyfriend, who often stayed over. I was struck by all the comings and goings, the blurred lines about who lived where and the distortions between night and day.

I heard that Melanie had no routine in terms of sleeping or eating and that she seldom left the house. When I enquired about social contact, she told me that she had friends who visited her at home, but she rarely went out because she was too anxious and had experienced panic attacks in the past when she was away from home. I asked if she had any idea about what might be causing the panic and low moods and she said everyone stared at her because she was a freak.

'That's quite a statement. Why would they think you're a freak?'
'Because I am.'
I'm wondering why you think of yourself that way?'
'Because I'm trans.'
I checked I'd understood by asking Melanie if she identified as transgender and she confirmed that she did.
I said, 'I'm sorry you have assigned the label 'freak' to yourself, but I can understand why you, and others, might be struggling to understand why you feel – I don't know – different.'
Melanie looked at me, as if interested, but didn't speak. I wasn't sure I'd got it right and so I clarified my statement by thinking aloud.
'By "different" I think I mean different perhaps to how you once felt, and different to some of your peers. I'm also acknowledging that there might be a difference between how you feel on the inside and how you are on the outside. Am I on the right lines?'
'Absolutely. All of that.'
'Good. I wanted to check. Sometimes words mean different things to different people. Talking about different, you've been introduced to me as Melanie, is that the name you prefer?
'No. I hate it. I prefer Lane.'
'Lane.' I said the name aloud. 'Would you prefer me to use that name?'

'Yes, please.'
'And pronouns?'
'I use they/them.'
'Okay. I'll use those too.'

Other people's clothes

We continued our explorations in the next session. Lane told me they left school because no one could accept them, and I acknowledged how hard that must have been and encouraged them to tell me what they could about their feelings.

'I've felt like this since Year 7.'
'Can you help me to understand what that feeling feels like?'
'I feel like a boy.'

In my experience of working with young people, the transition to secondary school, accompanied by the onset of puberty, is often a time when feelings about gender and sexuality come to the fore. Young people start to question, or question more vociferously, who they are, what they feel and who they are and aren't attracted to.

In the introduction to her brilliant book Gender Explorers, Juno Roche states that children question and explore their gender in order to lead happy, functional and aspirational lives (Roche, 2020). It was evident that Lane was neither happy nor functioning, and I attempted to build some context around their experience of gender identity. I was struck by their story of family instability, erratic relationships and capricious fathers. I wondered how this had influenced Lane's sense of self, gender identity and relationships. I wondered if there was anyone Lane was close to, and they named their uncle.

'He knows I'm transgender, and he lets me have some of his clothes.'
'And he accepts you for who you are?'
'Yes.'

I realised then that Lane was dressed in their uncle's hand-me-downs, which explained why they didn't fit them properly. Or rather, Lane didn't seem to fit the clothes properly, because they were bought to fit a different man. I wondered what this might symbolise about Lane's sense of 'not fitting' – in the clothes, the family, the school or in their own female body. I encouraged Lane to say more about the clothes.

'I like men's clothes because they are more comfortable.'
'I wonder if you feel more comfortable while you're wearing them? More comfortable inside, I mean.'
'Yes. I feel male and I want other people to see me as male, so I wear male clothes.'

This made sense, in theory, but in reality, there was something missing; Lane didn't seem comfortable, so I encouraged them to tell me more about what it was like to be Lane.

Female bodies

Lane described the daily ritual of binding their large breasts with bandages to flatten them. Over the bandages they wore tight-fitting Lycra vests, followed by a t-shirt and then a looser outer layer. I felt terribly sad that biology had given Lane the body shape they had. As if reading my thoughts, Lane said they wished their breasts were smaller, and I felt self-conscious about my own. So much was being communicated between us through our bodies, physically and symbolically. I decided to open up the exploration and enquired as to when Lane's body had started to mature and if they could recall what that was like.

'These grew overnight,' Lane said, indicating their breasts.
'Overnight? Gosh! Do you remember when?'
'Year 7. I got my first period the same week.'
'That's a lot to get used to all at once. I'm wondering how ready you were for those changes?'
'What do you mean?'
'Well, I think I mean practically ready. Did you have the stuff you needed? Sanitary stuff, a bra?'
'I had pads, but no one told me anything about periods or anything.'

I was struck, as I often am when speaking with young people, by Lane's lack of preparedness for puberty. Linked to my question about practical readiness was a curiosity about emotional preparedness. When practical information and resources, such as bras and feminine hygiene products, are presented in a sensitive and timely way, it can help young people to be more emotionally ready for puberty. It was apparent that Lane had been neither practically nor emotionally prepared for the inevitable.

It was also evident that the baggy outer garments were disguising multiple layers of physical as well as emotional pain. When I commented on how uncomfortable the binding sounded, Lane told me that the bandages cut into their skin and often they rubbed and bled. They said that sometimes the wounds became infected, but they couldn't touch or clean them because they couldn't bear to look. I wondered how they managed their periods and they said they found them repulsive. They couldn't bear to see the blood coming out of them and so they didn't bathe or shower at all during menstruation. The way that Lane described their infected, self-inflicted wounds and their lack of sanitary hygiene did indeed sound repulsive. I felt desperately unhappy that Lane's body was not being looked after or nurtured and that it had instead become a source of disgust.

'That makes me feel sad for your body, Lane. It's like how you're treating your body is the opposite of self-care. In fact, I'm thinking of it, in a way, as a kind of self-harm.'
'I suppose.'
'Does that make sense to you, even if you don't see it that way?'
'Sort of.'
'What I'm hearing you say is that sometimes you don't take care of your body and that you're not being kind to it.'
Lane looked tearful.
'I'm wondering if you ever hurt yourself in other ways, maybe more deliberate ways?'

'Sometimes.'
'Are you able to tell me about that? Only if you want to.'
'Sometimes I use cigarettes to burn myself here.' Lane pointed to their chest.
'And sometimes I cut myself here and here.' They pointed to their abdomen and inner thighs.

I sensed an enormous amount of self-loathing, which Lane was acting out in violent acts against their own body. The room was filled with a heavy sadness that lingered long after they had left the session.

A safe space

A way of understanding self-injury is as a 'cry of pain' (J. Williams, 1997). This model sees self-injury as a reaction to circumstances in which the individual feels trapped, with no means of escape or rescue. This way of thinking seemed to me to make sense of Lane's sense of being trapped, not only in their own 'repulsive' body, as they saw it, but also in their own confused mind. The body was being attacked, ritually and compulsively, through over-zealous binding and lack of self-care, as well as more deliberately through burning and cutting. For Lane, self-injury had become a way of coping with their confusing thoughts and emotions, which I was beginning to understand as possible gender dysphoria – a feeling of incongruence related to the gender assigned at birth (Holleb, 2019).

I offered a safe, consistent, reliable space that Lane could come to each week. I monitored their self-injury and tried to make sense of their thoughts and feelings around identity and sexuality with them. Together, we arrived at a place where we recognised the fragmented parts of the self, so that the process of reintegration could begin.

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*Lane is completely fictional. The themes in their story are real.

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References

Holleb, M.L.E. (2019). The A–Z of gender and sexuality: from Ace to Ze. Jessica Kingsley Publishers.
Roche, J. (2020). Gender explorers. Jessica Kingsley Publishers.
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This is an edited extract from
'Stop F*cking Nodding – and Other Things 16 Year Olds Say in Therapy'
by Jeanine Connor.

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