

Lesley University

DigitalCommons@Lesley

Counseling and Psychology Dissertations

Graduate School of Arts and Social Sciences
(GSASS)

Spring 5-16-2020

Navigating the Emotional Contours of Parenting a Transgender Adolescent or Child

Maura McCullough

Lesley University, mmccull3@lesley.edu

Follow this and additional works at: https://digitalcommons.lesley.edu/counseling_dissertations



Part of the [Social and Behavioral Sciences Commons](#)

Recommended Citation

McCullough, Maura, "Navigating the Emotional Contours of Parenting a Transgender Adolescent or Child" (2020). *Counseling and Psychology Dissertations*. 5.

https://digitalcommons.lesley.edu/counseling_dissertations/5

This Dissertation is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Counseling and Psychology Dissertations by an authorized administrator of DigitalCommons@Lesley. For more information, please contact digitalcommons@lesley.edu, cvrattos@lesley.edu.

**NAVIGATING THE EMOTIONAL CONTOURS OF PARENTING
A TRANSGENDER ADOLESCENT OR CHILD**

A Dissertation Submitted by
Maura McCullough

In partial fulfillment of the requirements for the degree of
Doctor of Philosophy
Graduate School of Arts and Social Sciences

LESLEY UNIVERSITY

Cambridge, Massachusetts

May 16, 2020

Sue L. Motulsky, Ed.D. (Chair)

Sandra L. Bertman, Ph.D.

Donna M. San Antonio, Ed.D.

Copyright © 2020

Maura McCullough

All rights reserved.



**Dissertation Final Approval Form
Division of Counseling and Psychology
Lesley University**

This dissertation, titled:

Navigating the Emotional Contours of Parenting a Transgender Adolescent or Child

as submitted for final approval by Maura McCullough under the direction of the chair of the dissertation committee listed below. It was submitted to the Counseling and Psychology Division and approved in partial fulfillment of the requirements for the degree of Doctor of Philosophy Degree at Lesley University.

Approved:

Sue L. Motulsky, EdD

Donna M. San Antonio, EdD

Sandra L. Bertman, PhD

Susan Gere, PhD

Sandra Walker, MBA, Dean of GSASS

**April 24, 2020
Date of Final Approval**

**cc: Student
Dissertation Committee Members
File**

ACKNOWLEDGMENTS

I would like to express my deepest thanks to my mentors who served as my dissertation committee members: Sue L. Motulsky, Donna M. San Antonio, and Sandra L. Bertman. The transformative mentoring and intellectual generosity you each provided sustained me during my endeavor to become a scholar and researcher. Thank you for believing in me and my research topic. I would like thank Kenneth J. Doka who kindly encouraged me to pursue my idea and assisted me in finding a mentor, Sandra L. Bertman, in Newton, Massachusetts. Sincere thanks to the 21 parents who generously shared their emotional journey to help other parents and to inspire professionals to become allies. Thank you to my beloved family in the United States and in Ireland who inspired and encouraged me during the vortices of uncertainly.

DEDICATION

This dissertation is dedicated to my mentor, Sue L. Motulsky, who taught me to be inspired by my limitations, to trust my intuition, and to succeed through unyielding determination. Thank you, in all the languages of the world.

ABSTRACT

Transgender youth and their parents encounter high levels of intolerance, harassment, and stigmatization in an American culture entrenched in a two-gender, binary society. When navigating the gender transition of their child, parents experience an array of emotions, including distress, anger, sadness, and possibly, grief and loss. Parents confront unanticipated, life-altering decisions for their transgender child, and themselves (Gregor, Hingley-Jones, & Davidson, 2015), yet the complexities of parenting a transgender child are under-researched and the needs of these parents are often unaddressed. Parental acceptance of a trans youth is essential to their mental health and well-being. The gender transition may affect family relationships, including extended family members.

Understanding parents' emotional journeys and paths to parental acceptance is necessary to develop effective interventions and best practices in school counseling, clinical mental health counseling, and psychotherapy (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). To redefine themselves as advocates and protectors of their trans child, parents may need counseling, assistance, and support.

This qualitative dissertation investigated the emotional journey of 21 parents during their adolescent's or child's gender transition and examined how parental emotions influenced the parental acceptance process and family relationships. The findings suggest a salient difference between the emotional experiences of parents with trans children and those with trans adolescents: disenfranchised parental grief, intense losses that are not socially recognized or supported (Doka, 1989; Rando, 1986), may be experienced by some parents of trans adolescents, which may not be experienced by parents of trans children. The findings also suggest the importance of sibling and grandparent advocacy within the

family and provide recommendations from the participants to other parents. The study aimed to assist practitioners in providing support for parents navigating the emotional contours of parenting a transgender youth. Limitations of the study, counseling implications, and recommendations for future research are provided.

TABLE OF CONTENTS

1. INTRODUCTION	1
2. LITERATURE REVIEW	7
Transgender Identity	7
Gender Identity Development	8
Mental health and well-being	9
Gender transitions	10
Stigma and discrimination	11
The Emotional Contours of Parenting	12
Grief and loss	12
Parental grief	14
Disenfranchised grief (DG)	15
<i>Perinatal child loss</i>	16
<i>Foster care</i>	16
<i>DG with sexual minorities</i>	17
<i>DG and trans youth</i>	18
Perspectives of Grief and Ambiguous Loss	18
Family Relationships	21
Family Acceptance and Health Outcomes	22
Sibling advocates	23
Routes to acceptance	24
Religiosity and acceptance	27
The Needs of Parents	28
Emotional support	28
Unexpected parenting challenges	28
Guidelines for parents	29
3. METHODOLOGY	32
Research Purpose and Method	32
Rationale for Phenomenological Qualitative Research	33
Role of the Researcher	35
Research Design	38
Sampling Strategy	38
Participants	39
Data Collection.	42
Pilot study	43
Data Analysis	44
Validity, Credibility, and Trustworthiness	46

Social Justice Impact	48
Ethical Considerations	49
4. FINDINGS	51
The Emotional Contours of Parenting	53
Emotional Responses of Parents with Trans Children	53
Parenting challenges and acceptance	55
Emotional Responses of Parents with Adolescents	58
Grief and loss	59
Managing memories	64
Emotional Challenges During Parenting	65
Confronting suicide	66
Anguish over medical decisions	68
Unexpected advocacy	71
Encountering Bullying by Other Parents	72
Family Cohesion, Disruption, and Acceptance	73
Relational Changes in the Family	74
Changes in relationships with trans child	74
A father's perspective	76
Family Disruption and Acceptance	78
Family conversations about circumventing rejection	78
Family estrangement	80
Family acceptance	85
Siblings as advocates	86
Influence of Religiosity	88
Coping Strategies	90
Recommendations from Parents	90
Support groups	90
Advice and mentoring to parents	92
5. DISCUSSION AND CONCLUSION	96
Interpretation of Findings	97
The Emotional Contours of Parenting	98
Parents of trans children	98
Parents of adolescents	100
Family Cohesion, Disruption, and Acceptance	101
Relational changes in the family	102
Religiosity	103
Sibling advocacy	104
Coping Strategies	106
Counseling Implications	107
Screening for Disenfranchised Parental Grief	108
Developing Competencies	109
Cultivating Acceptance	110

Social Justice Goals	110
Limitations	112
Future Research	113
Final Reflections	115
Conclusion	117
REFERENCES	119
APPENDIX A: Glossary	135
APPENDIX B: Recruitment Email	137
APPENDIX C: Informed Consent	138
APPENDIX D: Interview Protocol	140
APPENDIX E: Interview Questions	141

LIST OF TABLES

TABLE 1.		
Characteristics of Participants by Age Range of their Children		41
TABLE 2.		
Primary Themes and Sub-themes Emerging from the Data		52

CHAPTER 1: INTRODUCTION

Transgender youth and their parents encounter high levels of intolerance, harassment, and stigmatization encouraged by an American culture that is entrenched in a two-gender, binary society. When navigating the emotional contours of a child's gender transition, parents may experience a high level of distress, including depression, shock, grief, and anger as they anticipate the future challenges they will confront with their trans child (Kupalanka, Weiner, & Mahan, 2014). As parents of trans youth traverse emotional uncertainty, they may experience ambivalence in supporting their child during a gender transition. The complexities of parenting a trans youth are not adequately understood. During a gender transition, parents must confront unanticipated, life-altering decisions for their child and for themselves (Gregor, Hingley-Jones, & Davidson, 2015). Further, coordinating the transition may become an isolating and stigmatizing experience for the parent (Thomson, 2010; Wren, 2002). Parents commencing the emotional journey of parenting a trans adolescent or child may become unanticipated advocates, and the immediate needs of these parents are often unaddressed. To redefine themselves as advocates and protectors of their trans child, parents may need counseling, assistance, and support from a school counselor, therapist or other mental health professional to work through their perplexing emotions (Riley, Sitharthan, Clemson, & Diamond, 2011).

The word transgender is an umbrella term that refers to individuals with a gender identity not congruent with their gender assigned at birth. Gender identity is recognized as a non-binary "multidimensional spectrum" (Austin, 2016, p. 215) with a range of expressions and refers to how an individual identifies internally, often

termed their affirmed gender, which can be different from their externally recognized gender or sex assigned at birth (Coolhart & Shipman, 2017). Trans youth defy socially constructed gender norms and experience feelings of incongruence with their gender assigned at birth (Brill & Kenney, 2016; O'Hara, Dispenza, Brack, & Blood, 2013). A trans adolescent or child recognizes that their physical body does not match their internally identified gender. There is a continuum of transition options, which includes being gender fluid, gender non-binary, or gender nonconforming (Lev, 2004; Nealy, 2017). A glossary is provided in Appendix A.

In this study, I use the term transgender to recognize adolescents and children between the ages of six and 20 who have a male or female gender identity, which is opposite to the gender assigned at birth. None of the children identified as non-binary within the gender spectrum and each transitioned, socially and/or medically, to their affirmed gender. A gender transition is the process of changing outward appearances to another gender and can be done in different ways socially or medically. Social transition may include changes in pronouns, clothing choices, hairstyle, and a name change. There are also medical options such as hormone blockers for pre-adolescents and hormonal and surgical options for adolescents (Brill & Kenney, 2016).

From the moment of birth, the foundation of a parent and child relationship is gendered (Nealy, 2017; Tusaie, 2015; Wahlig, 2014), and “physiologically, psychologically, and socially, the relationship that exists between a parent and their child may well be the most intense that life can generate” (Rando, 1985, p. 19). The child-parent relationship is unique due to the attachment process (Bowlby, 1969), and “many of the most intense emotions arise during the formation, the maintenance, the disruption and

the renewal of attachment relationships” (Bowlby, 1977, p. 203). Parents may envision gendered daydreams and imagine a future life with their child, and a gender transition may instantaneously confront the parents with the loss of the gendered child known since birth (Brill & Pepper, 2008; Coolhart & Shipman, 2017; Wahlig, 2014; Zamboni, 2006). Although different from the death of a child, the emotions experienced by a parent during a child’s gender transition may be felt as a loss of a loved one. The “loss of a loved person is one of the most intensely painful experiences any human being can suffer. And not only is it painful to experience but it is also painful to witness, if only because we are so impotent to help” (Bowlby, 1980, p. 7). Loss is tethered to grief, and parents may be affected psychologically, emotionally, cognitively, and socially during their child’s gender transition.

As parents begin to confront their child’s new gender identity, they may experience grief or loss concurrent with an array of complex emotions (Nealy, 2017; Norwood, 2012; Zamboni, 2006). The type of grief parents may experience is not often culturally understood and the emotions parents experience may be concealed or unexpressed (Brill & Pepper, 2008). Parents might therefore experience disenfranchised grief (DG) (Doka, 1989) during a child’s gender transition, which results from a loss that cannot be openly recognized or culturally supported. Because DG occurs from intense losses that are not socially recognized, it may deny grievers the opportunity to mourn their loss and start a journey toward healing (Doka, 1989). Few studies have comprehensively investigated parental grief during a youth's gender transition (Coolhart, Ritenour, & Grodzinski, 2018; Hegedus, 2009; Norwood, 2012). Related studies that utilized disenfranchised grief (Doka, 1989) as the theoretical framework have been

included to underscore the necessity of investigating the emotional experience of parents during a youth's gender transition.

The emotional experience of parents with a trans child is inadequately addressed in the current research literature (Gregor et al., 2015), resulting in a research gap that this study fills. The study investigates the experience of parents navigating their child's gender transition while coping with an array of emotional responses as well as the impact of this journey on family relationships. The phenomenological study interviewed 21 parents, mostly mothers, from four regions across the United States about their lived experiences and their emotional journey during their adolescent's or child's gender transition, along with how their relationships with their children and family members were affected by the gender transition. The process of parental acceptance of a trans youth is a critical social issue that needs to be explored and understood to develop effective interventions and best practices in the fields of school counseling, clinical counseling, and psychotherapy (Ryan et al., 2010).

Parents of trans youth become acutely aware of their unexpected entrance into a stigmatized parent group with a small, or non-existent, cohort group, depending upon their geographic location. Field and Mattson (2016) documented that the distress parents of trans youth experience is distinctive and differs from the experience of the parents of a lesbian, gay or bisexual youth. This difficulty is, in part, attributed to the physical changes induced through hormone treatments coupled with the financial burden of medical expenses incurred by the family. When the youth pursues steps to achieve their "identity corporeally," parents consistently describe the medical interventions for gender transitioning as "traumatic" (Field & Mattson, 2016, p. 417).

The gender transition process is generally emotionally complex for a trans adolescent or child and their parents (Wahlig, 2014). Increasingly, with the support of their parents, trans children are starting the social transition process during childhood or the pre-pubescent period (Brill & Pepper, 2008; Gregor et al., 2015). The complexity necessitates that counselors, therapists, and psychologists be prepared to assist parents with adjusting their lives and family narrative alongside their transitioning adolescent or child. Since literature focusing on the grief and emotional experience of parents with trans children is insufficient (Ryan et al., 2010), developing best practice recommendations for practitioners from research findings was a social justice imperative.

When counseling trans youth and their parents, it is essential for counselors to demonstrate competency (O'Hara et al., 2013). Gender-affirming counseling is especially crucial for school counselors since trans students are frequently at risk of being rejected by their family of origin and their peers. It is difficult for trans students to locate a gender-affirming community, and a social justice approach to counseling becomes essential (American Counseling Association, 2009; McCullough et al., 2017). As a school counselor, licensed professional counselor, and advocate for trans adolescents, I have professional experience assisting and counseling trans adolescents and adults. Through personal experience, I have acquired an understanding of the emotional dynamics that can erupt within a family when a family member discloses their internal gender identity and decides to transition. In Chapter Two, I provide a literature review that includes an overview of gender identity, research on the experience of parents navigating the emotional contours of parenting a trans adolescent or child, perspectives

on grief and loss, including disenfranchised grief, as well as research on the impact of gender transitions on family relationships, parental acceptance and health outcomes.

CHAPTER 2: LITERATURE REVIEW

This literature review presents three specific areas: a) transgender identity, b) the emotional contours of parenting a trans child, which includes grief and loss, and c) family relationships and acceptance. Parents confront an array of complex emotions as they navigate the emotional contours of parenting a trans child, yet family acceptance positively impacts the health and well-being of trans adolescents and children. To provide a foundation, the literature review commences with a review of transgender identity. Appendix A contains a glossary of definitions pertaining to transgender identity.

Transgender Identity

Gender identity corresponds to an individual's internal awareness of who they are in terms of being female, male, gender non-binary, gender-fluid, or gender queer or another gender identity. Under the transgender umbrella, a wide array of gender identities is recognized (Brill & Kenney, 2016; Ehrensaft, 2011; Levitt & Ippolito, 2014). Gender is a socially created construct, which is aligned to culturally acceptable ideas regarding binary definitions of male or female (Krieger, 2019; Unger & Crawford, 1993). Internal gender recognition can differ from the gender assigned at birth and individuals can have a gender identity that differs from the binary concepts of being male or female (Lev, 2004; Levitt & Ippolito, 2014; Nealy, 2017).

The gender assigned at birth does not always predict how a person will self-identify and experience their gender identity. For most individuals, the gender assigned at birth matches their internal gender identity, so they are cisgender (see Appendix A). For a trans individual, in contrast, the gender assigned at birth does not align with their internal gender identity so that, for example, a trans woman assigned as male at birth has a female

gender identity, while a trans man assigned as female at birth has a male gender identity (Nealy, 2017). Some individuals experience their identity as non-binary and do not conform to the socially constructed gender binary (Hyde, Bigler, Joel, Tate, & van Anders, 2019). When an individual identifies as transgender, the diagnosis of gender dysphoria may be used when a significant level of distress and impairment is clinically present (American Psychiatric Association, 2013).

Gender Identity Development

Children begin to develop an awareness of their gender identity during childhood and some children will declare with clarity that their gender identity is opposite of their gender assigned at birth (Hidalgo et al., 2013), while other children do not conform to the socially constructed gender binary (Hyde et al., 2019). Gender health models suggest that a child be allowed to “live in the gender that feels most real or comfortable for the child” (Hidalgo et al., 2013, p. 286). Brill and Pepper (2008) developed guidelines for the gender development of trans children and assert that a trans child may begin to identify their internal gender between the ages of two to three. While many children may not possess the language skills to communicate their internal gender, some can express their gender through declarations that clearly convey their internal gender identity. Between the ages of five and seven, children begin to understand “gender consistency and stability” (Brill & Pepper, 2008, p. 63), which may silence some trans children who feel unsupported and different. During ages nine through 12, the eruption of puberty may cause gender dysphoria to surge, causing some children recognize that their internal gender is different than their gender assigned at birth. Others need counseling support to explore and understand what is happening. Gender identity fully develops during the ages

of 12 through 18 because, for a trans youth, hormonal fluctuations may confirm “that they are going through the wrong puberty” (Brill & Pepper, 2008, p. 66).

Some children may develop awareness of their gender identity during childhood yet other individuals will continue to explore their gender identity gradually. A child may not identify their gender identity by age six since gender identity is an evolving process that children explore (Ehrensaft, 2011). Some come out during pre-adolescence, adolescence or adulthood, and continue to explore gender identity in complex and indeterminable ways (Hidalgo et al., 2013; Katz-Wise et al., 2017). Ehrensaft (2019) has suggested a three-dimensional "gender web" (p. 42) to include the "infinite varieties" of gender identities that children may experience. Ehrensaft asserts that a web allows elasticity, which can change over time, and "children can spin together the threads of nature, nurture, and culture" to create their "own gender web" (p. 43).

Mental health and well-being. “Transgender people are not inherently mentally ill or pathological, although many individuals and institutions continue to regard them as such” (O’Hara et al., 2013, p. 237). Transgender/gender non-conforming (TGNC) children are, however, identified as a high-risk group for mental health issues and suicide (dickey & Budge, 2020; Grant et al., 2011; Grossman & D’Augelli, 2006; Johnson & Benson, 2014; Lev, 2004; Monro, 2019; Parr & Howe, 2019; Tebbe & Moradi, 2016). Recent research indicates that transgender children have considerably higher rates of self-harm ideation when compared to cisgender groups (Butler et al., 2019; Goldblum et al., 2012). In 2015, transgender respondents participating in the U.S. Transgender Survey reported an astounding suicide attempt rate of 40% (James et al., 2016). Transgender respondents participating in the National Transgender Discrimination Survey reported a

similar attempt rate of 41% (Grant et al., 2011). Research has confirmed that parental acceptance is a significant factor in the well-being of transgender youth (Grossman & D'Augelli, 2006; Johnson & Benson, 2014).

Gender transitions. Parents confront unexpected parenting decisions and the unanticipated challenges of coordinating a social transition for a trans child or a medical and social transition for a trans pre-adolescent or adolescent. The term transition (see Appendix A) is used to define a process for trans youth to change the gender assigned at birth to their affirmed gender (Nealy, 2017). For a child, a social transition does not require or involve any medical interventions such as hormone blockers or hormone supplements. A social transition “is reversible” (p. 64) and can include a change in appearance, a different hair style, clothing that matches the youth’s internal gender, and a new name with new pronouns.

With parental support, pre-adolescents have the option to consider hormone blockers to suppress the start of puberty (Wong & Chang, 2019). Trans pre-adolescents and adolescents consider various options for a transition and may decide to pursue a social transition concurrent with medical interventions. Some trans adolescents elect not to pursue medical interventions, and others may be anxious to go forward with a transition after coming out (Krieger, 2019). Parental acceptance and support during the early stages of gender identity development can be essential to the well-being of a trans youth, along with the guidance of a medical health care provider (Brill & Pepper, 2008; Ehrensaft, 2011; Nealy, 2017; Wong & Chang, 2019).

Levitt and Ippolito (2014) conducted a grounded theory interview study that focused on the experience of trans individuals and the challenges of gender identity

development. The study recruited 17 participants who identified as transgender. “The central question of the interview was: What does your gender (being transgender) mean to you?” (p. 1733). The findings suggested that the process of gender identity was motivated by an individual’s need to be authentic. The findings also suggested that the development of gender identity and an aligned gender expression frequently requires an individual to accept severe compromises to protect relationships, financial stability, and physical well-being. In addition, the study illustrated the complex process of asserting one’s internal gender identity.

While there is a body of research on the experiences of trans individuals, there is limited research on how parents navigate their emotional journey while raising a trans adolescent or child (Coolhart et al., 2017). The next section illuminates how stigma may impact the parents of trans adolescents or children.

Stigma and discrimination. Goffman (1963) defined stigma as an attitude that invalidates and marginalizes individuals while perpetuating a negative perception. Goffman asserted that stigmatized individuals confront social rejection while consistently seeking social acceptance. Being identified as the parent of a transgender child may be stigmatizing and may result in the sudden and unexpected loss of a social network and community connectivity. The social practice of “othering, blaming, and shaming” (Deacon, 2006, p. 418) leads to a diminished loss of status. Parents of trans adolescents or children frequently confront multiple modes of stigma and bias (McLemore, 2018).

In addition to social rejection, interpersonal devaluation, and prejudice, stigma can socially and culturally devalue the status of trans youth and their parents (Grant, et al., 2011; McLemore, 2018; Zamboni, 2006). Stigma may impede the development of a

re-configured attachment bond between a parent and transitioning youth when a securely tethered bond is necessary. A pernicious promoter of grief, stigma perpetuates discrimination and the marginalization of individuals who exhibit attributes not generally accepted in society (Doka, 1989; Goffman, 1963). To emerge as protectors of their trans child, parents require support to manage their intense emotional reactions, potential grief, and the negative impact of stigma as they attempt to assume newly acquired roles as advocates. Experiencing stigma can adversely impact the well-being and psychological health of trans youth and negatively impact parents struggling to traverse the emotional contours of raising a trans child (Brill & Pepper, 2008; Gray, Sweeney, Randazzo, & Levitt, 2016; Ryan et al., 2010).

The Emotional Contours of Parenting

This section reviews studies that investigated the emotional experience of parents during an adolescent's or child's gender transition and the acceptance process. Sections include: a) grief and loss, b) parental grief, and c) disenfranchised grief. A trans child decenters the margins of a cisgender normative family and redefines the family unit for parents who may reach acceptance at different times (McGuire, Kivalanka, Catalpa, & Toomey, 2016). The next section reviews research on parental grief and loss.

Grief and Loss

Brill and Pepper (2008) asserted that there is a range of emotional responses that parents may experience when their adolescent or child transitions. Parents may initially experience feelings of “devastation, loss, confusion, anger, fear, shame, and grief” (p. 39), and these feelings may compel parents to conceal their emotions. Further, the feelings of grief and loss may create barriers to the development of family acceptance

(Lev, 2004; Zamboni, 2006). Malpas, Glaeser, and Giammattei (2018) identified that support groups make space for family members to discuss their emotional reactions and experiences since family members “rarely have homogenous experiences” (p. 148) while navigating the path to acceptance.

A gender transition may prompt unanticipated losses, which may include the re-configuration of family relationships and permanently fractured family dynamics (Israel, 2006). Parents may experience the loss of the child they knew before the transition and the loss of their envisioned future (Brill & Kenney, 2016; Ehrensaft, 2011; Mascis, 2019; Rubin & Malkinson, 2001). The gender transition may thus create the perception of loss and create an emotional void that contravenes a natural order by prematurely shattering the parent-child bond (Rando, 1986; Rubin & Malkinson, 2001; Schiff, 1977).

In a British study, Gregor et al. (2015) investigated the experience of eight parents of children with gender identity issues. The study utilized a grounded theory research design, and data collection consisted of interviews with parents that included statements expressing grief over the loss of the child they had known from birth. Five themes associated with grief emerged from the data: loss, ambivalence, uncertainty, disoriented thinking, and acceptance. The results suggested that parents needed to “grieve the loss of their internalized ideal parent” (p. 244) and that emotional surges may frequently be associated with parenting a child with gender dysphoria. The study also suggested that families might experience multiple levels of emotional ambivalence and suggested that practicing professionals need additional training to implement trans-affirmative practices. While the findings did not suggest that parents of trans youth needed assistance or

support due to grief, Gregor et al. (2015) did suggest that the emotional experience of parents during the acceptance and adjustment process needs to be further explored.

Brill and Pepper (2008) asserted that the grief the parents experience during a trans adolescent's or child's gender transition is distinctive: "This grief is unique, because unlike other forms of loss that are socially recognized and acknowledged, the grief connected with coming to terms with your gender variant or transgender child is not culturally understood" (p. 48). Parents of trans youth thus may experience a specific type of parental grief when their trans adolescent or child transitions.

Parental grief. Rando (1986) developed a framework for parental grief that comprehensively addressed the phenomenon of grief and the loss of a child due to a death. The emotional severity of parental grief is different from other types of grief due to its intensity, associated complications, and long duration. When a loss of a child occurs due to a death, a parent's identity is assailed, and extreme feelings of distress, desolation, and anxiety may appear (Rando, 1986). Guilt and anger are insidiously intertwined into the fabric of parental grief, making this category of grief particularly sorrowful, unremitting, and distinctive from other types of grief (Rando, 1986; Wallerstedt & Higgins, 1994; Zamboni, 2006). This same response may be applicable to parents of a gender transitioning child.

In an American study, Pearlman (2006) interviewed mothers of transitioning children and found that the participants' narratives demonstrated a need to grieve the loss of their gender-assigned-at-birth child. Some mothers shared that the loss of their previous parent-child relationship was "the most painful aspect of transition" (p. 108). During a child's gender transition, parents witness their child's transition and may

navigate a difficult adjustment period. Pearlman asserted that parents confronted shame and stigmatization along with the loss of the child they knew.

Parents may experience a variety of emotions, including parental grief, that disrupt family acceptance. The emotional experience of parents needs to be explored to understand how emotional responses including grief and loss may impact family relationships. In a memoir, Collins and Collins (2017) detailed the emotional complications of a transition within a family and shared, “I am grieving the loss of my daughter, and that does not mean I do not love my trans son” (p. 42). The parental grief parents may experience during a trans adolescent’s or child’s transition may perhaps become complicated, concealed or disenfranchised (Doka, 1989; Rando, 1983; Parkes, 2011; Rubin & Malkinson, 2001).

Disenfranchised grief (DG). Certain losses, such as a child’s gender transition, a perinatal death, and the loss of a spouse in a same-sex marriage or partnership, may not be recognized as significant and may encourage the development of disenfranchised grief (Doka, 1989). Meyers (2019) asserted that disenfranchised grief (DG) is relevant when discussing grief from losses that are invalidated and socially unacknowledged. The central element that distinguishes DG from other types of grief is the absence of social recognition and the refusal or inability to recognize the significance of the attachment bond and loss for the individual (Doka, 2016; Rando, 1985). Negative social interactions, insensitive comments, non-affirming experiences, and biased reactions can engender DG (McNutt & Yakushko, 2013; Thomson, 2010), which is frequently endured alone and in isolation (Doka, 1989). Individuals entwined in DG may display disrupted thought patterns and dysregulated behavior since a disenfranchised griever has few, if any,

supports and no method to process their grief (Tullis, 2017); therefore, the grief may become unmetabolized. The next section discusses relevant research studies that explore grief and loss through the lens of DG.

Perinatal child loss. In Canada, researchers utilized the lens of DG to conduct a study that investigated the experience of parents who suffered the loss of a child (Lang et al., 2011). The findings suggested that DG could “intensify, interrupt, or confuse the healing process” (p. 184), extend the grief experience, and adversely impact the mourning process. Parents who experienced a perinatal child loss may develop DG, which might inhibit the process of psychological recovery and delay the acquisition of coping skills. The limitations of the Lang et al. (2011) study were that it did not allow for the exploration of DG or investigate how mothers may experience perinatal child loss differently or distinctly from fathers. It is possible that the impact of DG differs by gender (Doka & Martin, 2010), and parents may each experience DG differently.

In an Irish study conducted by Mulvihill and Walsh (2014), the influence of DG was investigated with women who experienced a perinatal child loss. The findings indicated that some women experienced persistent emotional pain, and their grief became disenfranchised. The study findings identified that social workers in hospital settings engendered DG through insensitive terminology, which marginalized the parents. The social workers failed to recognize the depth of the parent’s emotional pain, which emanated from the loss of a child. Mulvihill and Walsh (2014) asserted that women who receive support immediately after experiencing a loss may develop coping skills earlier.

Foster care. An Australian study conducted by Riggs and Willsmore (2012) investigated the termination of long-term foster child placements and identified that

during a long-term placement, a meaningful attachment developed between foster mothers and foster children. The findings indicated that when a long-term placement ends unexpectedly, foster mothers may experience DG. The results suggested that case workers may have encouraged DG by not recognizing the grief foster mothers experienced from the unexpected rupture of the attachment bond (Riggs & Willmore, 2012). The study included only foster mothers, but it is possible that foster fathers also experienced DG. It may be that the foster mothers were perceived as a marginalized group from the perspective of the case workers and were therefore considered unworthy of support in cases of long-term placement termination.

DG with sexual minorities. Losses that occur in relationships that are non-traditional, unexposed, or hidden may also engender DG. For example, DG in same-sex widowhood is significantly underrecognized and under-addressed due to heterosexual norms that marginalize same-sex marriage (Doka, 2016; Whipple, 2006). When the grief process is hindered, grieving lesbian or gay partners may experience DG. McNutt and Yakushko (2013) conducted a theoretical review of literature to evaluate the impact of DG within the American lesbian community. The findings suggested that the occurrence of DG was present at high levels in sexual minority populations. Within this population, internalized self-stigma was also discussed as an obstacle to confronting grief. An individual may be influenced by adverse and discriminatory attitudes that affect self-worth, and these attitudes may impede the grieving process. McNutt and Yakushko identified that social stigma complicates the grief process due to heteronormative imperatives. They asserted that grief is a universally difficult experience due to “psychological turmoil” (p. 87) and the emotional challenge of mourning. When the

legitimacy of a same-sex relationship is not recognized or is denied, the intensity of emotional distress can escalate and inhibit the progression of the grieving process for the surviving partner (McNutt & Yakushko, 2013; Whipple, 2006).

Supportive families can ease the emotional difficulty of the grief, but some families may refuse support or be avoidant. Lesbian widows can feel invisible and have their right to grieve questioned, especially if the relationship was not recognized as a legitimate marriage (Whipple, 2006). Moreover, Whipple suggested that DG was a significant yet under-addressed issue among lesbian widows and recommended that counseling practitioners strive to provide competent counseling support and screen for DG.

DG and trans youth. Although not a loss from death, grief may be experienced by parents who experience a youth's gender transition as the loss of the child they had known before the transition (Rubin & Malkinson, 2001). As parents begin to confront their child's new gender identity, they may experience concealed or unexpressed grief that may become disenfranchised (Nealy, 2017; Norwood, 2012; Zamboni, 2006). A related concept, ambiguous loss, has also been employed by researchers to understand parents' emotions in the transition process.

Perspectives on Grief and Ambiguous Loss

Existing research has suggested that ambiguous loss (Boss, 1999) may be experienced by parents of trans children (Coolhart, et al., 2017; McGuire, Catalpa et al., 2016; Wahlig, 2014). Ambiguous loss is used to explain the present, yet absent, experience attributed to emotional uncertainty, which may ensue from knowing that a loved one is "physically present while psychologically absent" (McGuire, Catalpa et al.,

2016, p. 373). During a transgender transition, family members may struggle and disagree with whether a family member “is absent or present, here or gone” (Boss, 1999, p. 110). Boss asserted that ambiguous loss is perplexing, due to the persistent uncertainty that endures, and stated, “uncertainty makes ambiguous loss the most distressing of all losses” (p. 6). Certainty allows for closure and enables the process of grieving and healing to commence.

In an American analysis of clinical literature, Wahlig (2014) examined grief and loss in parents when their child disclosed their internal gender identity, utilizing the lens of ambiguous loss. The parents consistently experienced grief during the transition process, and Wahlig suggested that parents had difficulty accepting that their child’s early childhood years may have been lived inauthentically. In addition, it was emotionally challenging for parents to reconcile past memories with the unanticipated and envisioned future of their child. Suggestions included the adaptation and use of the Kübler-Ross (1969) stage model to address parental grief but recognized the limited applicability of a grief stage model with parents of trans youth given the complexities of a gender transition.

Trans adolescents and children frequently encounter multiple barriers when seeking support from their parents and family members. In an American study conducted by Norwood (2012), the impact of a gender transition on family adjustment was investigated, and the results suggested that family members experience feelings of loss and changes to interpersonal relationships. Norwood’s (2012) findings suggested that trans family members wanted, but were not reliably given, support. The study also suggested that barriers to providing support emanated from religiosity and the inability of

some family members to understand gender identity cognitively or emotionally. In addition, some family members had difficulty maintaining their family relationships and suggested that gender may be perceived as “entwined with personal identity” (p. 91), leaving some family members not knowing how to communicate with the newly transitioned transgender family member. The results also suggested that grief can present as an obstacle to family support for the trans family member.

In another study, Norwood (2013) also identified the experience of ambiguous loss and the feeling of “presence-absence” (Boss, 1999, p. 88) in parents and siblings. The phenomenon of “presence-absence” represents the physical presence of a known individual who presents with a permanent change that is significant. A trans child is the same child but physically and socially different after a transition. Norwood (2013) asserted that the ambiguous loss and grief experienced by family members resulted in increased emotional stress. Despite recognizing that grief emerged in the findings, grief was under-addressed in the study. An analysis or discussion of grief as a simultaneously present phenomenon with ambiguous loss might have yielded highly relevant information and increased understanding of these oscillating phenomena. The recognition of this difference may provoke feelings of grief for the parents as they begin to realize that the child they have known since birth will not be returning (Wahlig, 2014).

In an Australian study, Riggs and Bartholomaeus (2018) investigated the experience of 60 cisgender parents who identified as parents of trans children and focused on the parents’ experience with their child’s school. The study suggested an alternative perception of loss, which was identified as the “loss of certitude” (p. 1) resulting from cisgender parents losing privileges within the established cisgender norm.

The findings suggested that some parents may not experience intense emotions and may have difficulty accepting the loss of their accumulated “invisible privileges” (p. 1) directly associated to cisgender normativity when their child affirms their internal gender identity. Riggs and Bartholomaeus stressed the importance of inclusion for trans children in the schools and suggested that young children be taught gender diversity at an early age to increase awareness of the impact of cisgenderism. The study also suggested that schools may view inclusion as a task that is a burden to the staff.

Research validates the complicated emotions parents and family members may experience as they travel individual routes toward acceptance. The needs of parents with trans adolescents or children remains under-addressed and is frequently unrecognized by counselors and therapists. Grief has been consistently identified in studies investigating various phenomena associated with transgender psychology. Additional research is needed to explore the emotional impact of a gender transition upon parental emotions, relationships, and the acceptance process. Taken together, these studies affirm the importance of family acceptance for mental health and well-being of the trans youth. The next section examines in more depth research on family relationships and adjustment and their importance in health outcomes for trans youth.

Family Relationships

An adolescent’s or child’s gender transition may permanently transform the tapestry of family relationships and result in strained family cohesion. Cavanaugh and Ladd (2017) conducted a retrospective American study investigating the childhood experiences of 16 trans adults. The qualitative study investigated how trans individuals coped with changing relationships as they pursued their internal gender identity. Findings

indicated that the trans participants a) felt an internal emotional difference, b) felt confusion regarding their identity, and c) felt their gender assigned at birth was incorrect. Participants shared transition narratives, which included recollected memories of experiences of being raised within a rigid gender binary. The challenges trans individuals confronted during their formative years were explored, and the findings addressed coping strategies that impacted a participant's decision to transition. Some participants shared narratives that included the experience of ruined relationships with family members due to their transition. The findings suggested that counselors need to recognize the importance of re-establishing relationships with family members for transgender individuals (Cavanaugh & Ladd, 2017). Strategies for maintaining family relationships were not addressed in the study, which was unfortunate as participants may have been able to provide relevant and implementable suggestions from their life experience. The next section focuses on the significance of family acceptance and its impact on health outcomes.

Family Acceptance and Health Outcomes

Within a family, reactions to disclosure can be unpredictable and influence the acceptance process for parents (Brill & Pepper, 2008; Israel, 2006; Kivalanka et al., 2019; Lev, 2004; Norwood, 2012). A study from Australia investigated the health outcomes of trans youth and the reshaping of family relationships during the transition of a family member (von Doussa, Power, & Riggs, 2017). The study explored the family adjustment process, and the findings suggested that parental and familial acceptance encouraged positive emotional and physical health outcomes. Trans youth may “experience rejection and alienation” (p. 2) from their family of origin, and study

findings indicated that the children of supportive parents were less likely to report suicidal ideation. The study indicated that participants decelerated their transition process in an effort to shield their family or decrease family discord. The findings also suggested that transitioning can be perceived as a disruption to a family life that had been structured around certain assumptions, including the transitioning person's gender assigned at birth. The process of affirming gender identity is motivated by an individual's need to be authentic and to have an aligned gender expression (von Doussa, Power, & Riggs, 2017).

In an American study designed to explore the process of gender transition in childhood, Kunalanka, Weiner, and Mahan (2014) conducted interviews with five mothers of trans girls between the ages of eight and eleven years. The findings revealed an "overarching theme" of "family transformations" (p. 361), which captured the complexity of a gender transition for trans girls and their families. Mothers shared that they experienced "shock, relief, worry, and overwhelming grief" (p. 366). The findings also suggested that mothers tend to lead their families through the acceptance process and recognized that the entire family becomes intertwined in a transformational process. The study acknowledged that mothers who were more accepting of their child's trans identity were more willing to participate in a study that explored the gender identity process. The study confirmed the importance of family acceptance and sibling allies.

Sibling advocates. Israel (2006) identified the importance of family acceptance and how siblings can emerge as unexpected advocates to provide pivotal support and encourage acceptance. Subsequent American studies have suggested that accepting parents seem able to encourage accepting siblings (Gray et al., 2016). Trans adolescents or children with a twin may find that their cisgender twin becomes their most influential

advocate. The process of identity development is emotionally intricate for twins since they are devoid of individual identity from the moment of birth (Friedman, 2018; Stewart, 2000). Twin siblings may have a distinctive understand of gender identity development and acceptance due to their experience with twinship. Yet, some siblings may feel ignored and unacknowledged during a sibling's transition and struggle with the acceptance process (Brill & Pepper, 2008; Coolhart & Shipman, 2017; Ehrensaft, 2011).

Routes to acceptance. Hegedus (2009), in an American study, investigated the experience of parents during their child's gender identification process and focused on the parents' acceptance process. The 12 participants were White with ages ranging from 51 to 65. One participant was a father, and 11 participants were mothers. The purpose of the study was to identify the psychological traits that positively influence the acceptance of a trans child. Hegedus asserted that parents who experience grief due to their child's gender transition may also experience more difficulty with the acceptance process. While participants discussed grief during the interviews, grief was not the central focus of the study. Parents of trans children may need to grieve but they may also question their emotional right to grieve since there are no culturally established rituals for grieving a loss of a child that results from a gender transition (Brill & Kenney, 2016).

Ryan et al. (2010) documented in an American study that family acceptance assists in the development of positive health outcomes and diminishes health discrepancies among lesbian, gay, bisexual, and trans (LGBT) youth. The findings suggested that LGBT youth may experience adverse health outcomes if they are unable to associate with the LGBT community while developing their sexual identity. The study also confirmed that family acceptance is connected to positive health outcomes, including

“self-esteem, social support, and general health” (p. 210). The importance of association with the LGBT community was an important finding in the study and suggested that social connection decreases the feeling of isolation and encourages community support and access to resources, which was confirmed by subsequent research (Butler et al., 2019; McCullough et al., 2017).

In a British study, Wren (2002) suggested that parents of gender variant youth followed various routes to reach acceptance and that the pattern of the acceptance process was not predictable. Wren conducted a qualitative study utilizing grounded theory and interviewed 11 participants. All of the participants were White and identified as heterosexual. Nine were mothers, one was a father, and one was an adolescent living alone without family members. The study identified the negative impact of stigmatization and suggested that parental acceptance is a process that is closely tethered to how parents construct meaning around their child’s gender identity. The findings indicated that unaccepting parents demonstrate an obdurate thought process coupled with a hope that their child will return to or re-embrace their assigned at birth gender.

Wren (2002) identified that mothers shared feelings of loss in their narratives related to anticipated future expectations associated with their child. Parents needed to process their experience and metabolize their feelings of shame and guilt to re-envision their future as parents. Wren also stressed that reflective thinking positively enabled the parental acceptance process. Importantly, Wren suggested that transitioning youth need social connections with peers and access to support groups to facilitate inclusion into a trans community. Subsequent American research has confirmed the importance of

developing connections within the trans community (McCullough et al., 2017; Ryan et al., 2010).

Further, Wren (2002) investigated how parents with a gender dysphoric child communicated and adjusted to their complex circumstances. The study explored how family members communicated their changing situation within the family and how the communication pattern and language influenced the development of coping behavior. The findings suggested that therapeutic interventions need to be developed to address the needs of parents and immediate family members. The study findings also identified the importance of parents developing an “optimistic adjustment” (p. 387) to a child’s transition and a verbal “account” (p. 386), which is similar to a narrative. The explanation allowed the parents to understand the transgender emergence process of their child and enabled the parents to clarify their understanding of their own situation. Along with recognizing various routes to acceptance, research suggests the need for parents of trans children to have emotional support for their arduous journey.

Grandparents of trans grandchildren may facilitate acceptance within the family and also assert themselves as advocates and supporters of their child and grandchild. Scherrer (2010) suggested that grandparents can spontaneously emerge as advocates for lesbian, gay, bisexual, and queer grandchildren and sway the perspectives and feelings of family members due to their influence within the family. However, Ehrensaft (2011) has indicated that not all grandparents of trans grandchildren are immediately accepting and can potentially introduce tension into the family dynamics, which may impede the acceptance process.

Religiosity and acceptance. Parental religious beliefs may influence the emotional reactions of parents with trans children and impact the progress of the parental acceptance process (Rosenkrantz, Rostosky, Toland, & Dueber, 2020). Family religiosity can foster a home environment that is challenging for a trans adolescent or child. Ryan et al. (2010) asserted that family religiosity could influence family acceptance patterns and that highly accepting families indicated a low religious affiliation, while less accepting families indicated a stronger religious affiliation.

In an American study, Rosenkrantz et al. (2020) investigated the acceptance process for parents with an LGBT child and how religious values may influence the process. The quantitative study suggested that fundamental religious beliefs may impede the parental acceptance of LGBT children. The study involved 687 participants who identified as parents of LGBT youth and used a 37 item parental acceptance scale (PAS) developed by a member of the research team. The results suggested that parent acceptance was positively influenced by cognitive flexibility and emotional regulation. Further, the results suggest that “fundamentalist beliefs and values can pose a challenge to parental acceptance” (p. 62). The study suggests that mental health practitioners encourage clients to discuss their religious beliefs along with their emotions related to their child’s sexual or gender identity. While the study did not specifically discuss the parental acceptance process for parents with a trans child, the suggestions for therapeutic practice are helpful when working with parents navigating their child’s internal gender identity.

The Needs of Parents

This section addresses the uncertain topography of parenting trans youth and the desire to acquire ancillary parenting skills. It also describes the emotional support needs of parents and the small body of work that has provided guidelines for parents of trans children.

Emotional support. An Australian study conducted by Riley et al. (2011) explored the adjustment of parents raising gender variant children and identified an unaddressed need for “emotional support” (p. 186) to cope with the negative social and family interactions that occurred during a child’s transition. The study noted that parents experienced isolation due to an absence of support from peers and felt socially excluded because parents of cisgender children were not able to understand the complexities of parenting a trans child. The findings further suggested that grief may be experienced by parents when an older child discloses their trans identity. The study highlighted that parents recognized the importance of advocacy to support their child and suggested that trans-affirmative training for professionals in counseling and health care is necessary due to the unique challenges that the parents of trans children confront. The study revealed that parents experienced difficulty in locating and accessing information related to parenting and struggled to locate a trans-affirmative counselor and gender-affirming medical care for their child.

Unexpected parenting challenges. An American study by Hill and Menvielle (2009) underscored the positive impact of family acceptance on the health of gender-variant teens. The findings suggested that parents encountered unexpected parenting challenges, which included the monitoring of decisions and encouraging compliance in

their children toward stereotypical gender choices. Gray et al. (2016) conducted an American study utilizing grounded theory analysis that investigated parenting skills with gender variant (GV) children. Participants attempted to cultivate positive interactions among extended family members and encouraged the development of an accepting environment by encouraging trans-affirmative responses. Parents were identified as “critical mediators” (p. 124) able to adapt family systems to accommodate GV children. Participants also discussed the impact of negative interactions with professionals who were uninformed or uninterested in trans-affirmative language, which was challenging to negotiate.

In the home environment, parents can work to influence the commitment to trans-affirmative language to facilitate acceptance within the immediate and extended family. The influence of everyday language during the process of a transition is inadequately researched since language can exclude, include, and marginalize. In a process referred to as “gender literacy” (Rahilly, 2015, p. 350), parents can teach their children to use gender-inclusive language. This instruction enables children to explain their nonconformity with confidence and encourages a change in everyday language.

Guidelines for parents. Communicating acceptance and providing support to parents occurs on multiple levels. Coolhart and Shipman (2017) developed therapeutic guidelines for working with parents of transgender and gender nonconforming (TGNC) adolescents and children, which emphasize parental acceptance as a significant protective factor for trans youth. The guidelines suggest methods for expanding family attunement, best practices for assisting parents, teaching parents the importance of providing support, and helping parents manage their emotions. Israel’s (2006) recommendations, which

remain pertinent, addressed family cohesion, interpersonal dynamics within the family, and suggestions on developing an adopted family of trusted friends that are chosen as family if rejection occurs. Research indicates that family acceptance is a critical component of positive health outcomes for trans youth. Parents traverse a circuitous route to acceptance and confront unexpected decisions with uncertainty. Targeted emotional support helps foster family cohesion and supports the process of family acceptance for trans youth.

Chapter Summary

This literature review discussed transgender identity, the emotional experience of parents, and the need for emotional support for both the child and the parents during an adolescent's or child's gender transition. Unexpected parenting challenges were addressed along with the importance of sustaining family relationships. The impact of stigma (Goffman, 1963) was discussed due to stigma's disruptive influence upon social acceptance (Kuvallanka et al., 2019). As an example, McNutt and Yakushko's (2013) research on stigmatization in sexual minority populations was presented. The review addressed literature suggesting that the parents' emotional experience with grief and loss due to a child's gender transition is an under-addressed phenomenon (Wahlig, 2014; Hegedus, 2009). Perspectives on parental grief (Rando, 1986) and disenfranchised grief (Doka, 1989) were also presented. Parents witness their child's gender transition and may experience intense emotions that previous studies have investigated through the lens of ambiguous loss (Coolhart et al., 2017; McGuire, Catalpa et al., 2016; Norwood, 2012; Wahlig, 2014).

Literature focusing on the emotional and grief experience of parents with trans adolescents or children remains insufficient (Gray et al., 2016; Ryan et al., 2010). This

study sought to examine parents' emotional responses, including any feelings of grief and loss, which were framed through the lens of disenfranchised grief. It also investigates how parental emotions may influence relationships with the child and with other family members. The study aims to address the gap in the literature and to develop recommendations for school counselors and mental health practitioners when assisting parents of trans children.

CHAPTER 3: METHODOLOGY

The purpose of this qualitative phenomenological study was to investigate parents' emotional reactions during their adolescent's or child's gender transition. Parenting a trans youth is a challenging experience in an array of unanticipated ways and the study examined how parental emotional reactions, including grief and loss, influenced family relationships and the acceptance process. Each participant experienced a convoluted emotional journey, which demanded multidimensional decision-making to address medical decisions, emotional concerns, and family relationships. Issues of grief and loss were examined using the theoretical framework of disenfranchised grief (DG) (Doka, 1989). The research aimed to identify best practice recommendations for school counselors and mental health practitioners by investigating the experiences of 21 participants spanning 13 U.S. states.

This chapter delineates the research methodology through designated sections: a) research question, b) rationale for a qualitative research approach, c) role of the researcher, d) research design, e) sampling strategy, f) participants, g) data collection, h) pilot study, i) data analysis, j) validity, credibility, and trustworthiness, k) social justice impact and ethical considerations. The chapter closes with a brief summary.

Research Purpose and Method

The research question guiding the inquiry is: How might the emotional journey of parents, including feelings of grief or loss, during a trans adolescent's or child's gender transition, influence family relationships? Specifically, the study explored the ways parents navigated their emotions and how their emotional reactions impacted relationships within the family and with their transitioning child.

Rationale for Phenomenological Qualitative Research

After completing a literature review to determine the scope of the existing research on parents' emotional responses during a child's gender transition, a gap in current scholarly literature became apparent, which this study addresses. The previous research investigating the emotional responses of parents, including any influences of grief or loss, is sparse and incomplete. Much of the research does not center the voices of parents and their meaning-making of their child's gender transition. The rationale for using a qualitative approach in this study was to describe the lived experience of parents raising a trans adolescent or child. A qualitative research design allowed for an in-depth exploration of the parent's emotional experience and the meanings the parents ascribed to their lived experiences. Qualitative research methods require direct communications between the participants and the researcher (Marshall & Rossman, 2016; Moustakas, 1994). Thus, a study utilizing interviews was the most effective way to access participant experiences.

This method of inquiry allowed for the inclusion of unanticipated findings from participant narratives, which described unexpected relationship changes—specifically, the influence and importance of grandparents being able to intervene as allies and supporters of their trans grandchild as well as grandparents and extended family members who were not supportive. For example, accepting grandparents emerged as influential facilitators of acceptance within the family, often with the skill and capacity to ease tensions and emotional distress for their adult children and trans grandchildren.

Participants also described affirming siblings who spontaneously intervened and advocated for their trans sibling within the family, socially, or in the school community.

While the study intended to examine whether parents experienced DG and if so, how that influenced family relationships, the findings indicated that while DG was present in some parents, there was a broader range of emotional responses than anticipated. The qualitative research methods described here facilitated the possibility of illuminating unanticipated, nuanced findings.

Methodological congruence and integrity (Levitt, Motulsky, Wertz, Morrow, & Ponterotto, 2017), which is essential to the quality of the research, ensured that the research question, the purpose, and methods of research were aligned to form an interconnected study (Creswell & Poth, 2018; Patton, 2015; Richards & Morse, 2007). Qualitative research methods are specifically designed to explore an identified population's behavior and connection to a particular phenomenon; this study provided rich descriptions for this phenomenon (Creswell, 2014; Marshall & Rossman, 2016; Mertens, 2015; Patton, 2015).

My world view is through a constructivist-interpretive lens (Ponterotto, 2005), which formed the underpinning of the study. The study is centered on the lived experience of the participants, and I assumed that individuals constructed their own perception of reality from their lived experience. The inquiry design of phenomenological research emerged through the fields of philosophy and psychology. Edmund Husserl is frequently identified as the founder of phenomenology and theorized that individuals experience phenomena (Vagle, 2018). Husserl introduced the concept of lifeworld and asserted that the natural world is distinctive from the lifeworld, which represents the everyday lived life of an individual interacting with a variety of phenomena (Vagle, 2018). Husserl underscored that life is lived phenomenologically, and during

phenomenological research an individual can share their experience, autobiographical accounts, and recollections regarding a particular phenomenon.

Phenomenological research allows a researcher to sensitively examine the complexity, nuance, depth, and intimacy of an individual's experience through direct interaction with participants. The complexity of emotions that parents experience during a child's gender transition required sensitivity and trans-affirmative communication skills. Interviewing enabled positive interpersonal interactions and allowed me to function as a supportive, respectful interviewer, which aligned to my goals as a researcher. Interviews encouraged and facilitated a relevant discussion related to my research question and allowed me to collect thick descriptions (Geertz, 1973). This process involved focusing on the subtle and obvious contextual details to interpret meaning from the participants' interviews to capture the lived experience of parents with trans children or adolescents. This study addressed the gap in scholarly literature by exploring the emotional experience of parents with trans youth and adds to existing theory and scholarship.

Role of the Researcher

I have been committed to LGBTQIA+ and disability rights advocacy, which influences my philosophical positioning and how I design, implement, and interpret research. I am a feminist inclined to consider social justice concerns and gender issues in research. I self-identify as a cisgender, heterosexual, White woman, which limits my ability to deeply understand what it is like to have an inauthentic gender identity assigned at birth. Also, while I am a parent, I have not navigated parenting a trans adolescent or child. Through personal experience, I acquired an understanding of the emotional

complexities that can ensue when a family member discloses their internal gender identity as I have a trans woman family member. I understand that parents may struggle with the issue of acceptance and that grief and loss may be salient.

My professional experience as a Licensed Professional Counselor and Licensed School Counselor influences my interpretation due to my experience counseling trans adolescents and their parents. My counseling has focused on providing support and encouragement to parents as they navigate the emotional contours of parenting a trans adolescent. I believe in unconditional support and acceptance of a trans child and find it difficult to understand parents who reject their trans adolescent or child and inhibit their child's affirmed gender identity. However, I recognize that it takes time for parents to resolve their issues and move forward toward acceptance to support their trans adolescent or child. Parenting a trans child may become a pathway of vulnerability, uncertainty or receptiveness. I am a trans ally who supports trans-affirmative counseling practices (Motulsky & Frank, 2018) and encourages trans-affirmative parenting practices.

As a researcher, I am an outsider with an emotional attachment to the topic (Morrow, 2005). Consequently, I tried to remain aware of what I could inadvertently "import into the project" (Josselson, 2013, p. 14) given my family background. In my family, I immediately moved forward as an advocate and ally to circumvent rejection and facilitate acceptance when a trans woman family member shared her internal gender identity. As a result, I worked to maintain a non-judgmental approach throughout my research and strove to be accepting of the range of emotions and stories that the participants shared. When conducting the study, I strove to acknowledge and monitor biases that emerged from my personal experience as a parent, counselor, and ally through

reflective practice. Patton (2015) defined reflexivity as an inward mindfulness that requires being culturally aware and taking responsibility for one's perspective and self-awareness. To focus on the participants' experiences, stories, and viewpoints, I bracketed my assumptions regarding the negative impact of parents' values and utilized memoing and self-reflective journaling (Ortlipp, 2008) to minimize my assumptions (Creswell & Poth, 2018; Morrow, 2005). For example, I expected religiosity to encourage non-acceptance and used journaling to explore the origin of my assumptions and how my beliefs could influence my interpretation of study results.

I was sensitive to trans-affirmative practices when conducting the study and recognized that the participants were the experts. I explored their experience and reality (Morrow, 2005), and I was transparent about the reason for the study. During the research process, transparency was a goal, which influenced my research decisions, difficulties, opinions, and thought processes to enable methodological transparency at each step of the research process (Tuval-Mashiach, 2017). As the researcher, I utilized three prompts to guide my reflective journaling: "What I did, how I did it, and why I did it" (Tuval-Mashiach, 2017, p. 130) to self-monitor and record my research journey.

Choudhuri (2005) discussed methods and guidelines for conducting culturally sensitive research and cautioned researchers to remember that we are all "cultural beings" (p. 272). An high level of sensitivity was required in this study since trans youth are identified as a high-risk group for mental health issues and suicide (dickey & Budge, 2020; Grant et al., 2011). During childhood, trans adults reported experiencing feelings of "social isolation and loneliness, and a lack of parental support" (Cavanaugh & Ladd, 2017, p. 160),

and parents of trans children may also experience the absence of family support and social stigma after a trans child's transition.

Establishing trust, rapport, and honesty was necessary. For example, most of the participants inquired why I was interested in speaking to parents of trans youth. I self-identified as an ally and shared that my experience with a trans family member could be very different from the experience of a parent with a trans child. I explained that I was interested in exploring the parents' experience because parents may need targeted support from school counselors and mental health practitioners when their adolescent or child transitions.

Research Design

The qualitative phenomenological design of this study utilized semi-structured interviews to gather information from 21 participants who identified as parents of trans youth. Interviews gave a voice to participants who traveled a seemingly unaccompanied and unexpected emotional journey during their child's gender transition.

Sampling Strategy

Recruiting participants necessitated a snowball sampling approach (Patton, 2015), which was initiated by contacting individuals who are knowledgeable about the issues associated with trans individuals and their parents or families. I requested assistance from support group facilitators in Alabama, California, Ohio, and Texas, who facilitate in person local groups in their state as well as national online support groups for parents of trans adolescents or children, which include parents from across the United States. The facilitators were contacted through an email (see Appendix B) and as community insiders, they agreed to assist with the recruitment process by sharing information about

the study with interested parents in the support groups. In Massachusetts, I contacted a director at Fenway Health, therapists specializing in gender identity, school psychologists, and school counselors through email. The participants mostly came from support groups, meaning that they were more likely than parents not involved in these groups to be further along on their journeys and possibly more willing to participate in a study. It was difficult to recruit parents not affiliated with support groups. Prospective participants contacted me by phone or by email. I verified their eligibility and emailed a consent form if they expressed interest in participating. Snowball sampling is particularly effective in generating participants who might be difficult to identify (Patton, 2015). I was able to recruit 21 participants from 13 states in four geographic regions of the United States. During recruitment, I was surprised that parents of children between the ages of six to eight expressed interest in participating in the study that was originally intended to focus on the parents of trans adolescents and I was grateful to include their perspective.

Participants

Inclusion into the study required participants to be the parent of a transgender youth between the ages of 6–20 with an affirmed gender opposite of the gender assigned at birth. Within the gender spectrum, the youths in this study had affirmed their gender as female or male and had transitioned socially or medically. Of the 21 total participants, 15 were parents of adolescent trans sons, and one participant was the parent of an adolescent trans daughter. Five participants identified as the parent of a trans child ranging in age from six to eight. Four of these were parents of trans girls, and one participant was the parent of a trans boy.

The participant pool was primarily comprised of mothers. Few fathers seem to participate in support groups for parents of trans adolescents or children, and it was difficult to recruit fathers as participants for the study. I asked the participants for assistance, and one father volunteered. I was grateful to have his perspective and disappointed that there were not more fathers in the study. Thus, of the 21 participants, 20 were mothers.

Recent research demonstrated that due to stigmatization locating an unseen population, such as parents of color with trans adolescents or children, may be challenging (Field & Mattson, 2016; Patton, 2015). I attempted to recruit Black parents and parents of color as participants and discovered that the parents who participate in support groups for parents of trans youth are primarily comprised of White mothers. In this study, the effort to recruit participants of color was ineffective, and each of the 21 participants identified as White; they ranged in age from 30 to 56. The range of educational levels was diverse and included one participant with a secondary school diploma and three participants with a PhD; nevertheless, all the participants identified as middle class. The 21 participants identified as cisgender and heterosexual and each was assigned a pseudonym to protect their identity. The characteristics of the participants are detailed below in Table 1.

Table 1

*Characteristics of Participants
by Age of their Children*

Mothers (n = 20) Fathers (n = 1)

Participant Pseudonym	Current Age of Child	Education Level	Occupation	Race	Age	Gender	US Region
Alexandra	6	BA	director	W	43	F	Midwest
Jay	7	MA	stay at home parent	W	40	F	South
Madison	7	HS	library assistant	W	44	F	Midwest
Devon	8	BA	business owner	W	36	F	Midwest
Risa	8	MA	purchasing agent	W	37	F	Midwest
Nina	13	MS	teacher	W	51	F	South
Morgan	15	PhD	professor	W	52	F	South
Skyler	15	MSW	social worker	W	45	F	South
Tyler	15	HS	bookkeeper	W	49	F	Midwest
Wendy	15	PhD	professor	W	43	F	Midwest
Blair	16	MA	librarian	W	45	F	Northeast
Brett	16	BA	consultant	W	54	M	South
Daria	16	BA	researcher	W	30	F	South
Jordan	16	BA	artist	W	49	F	West
Marnie	16	AS	SEO manager	W	37	F	Midwest
Sally	17	BA	writer	W	43	F	West
Dana	18	BA	teaching assistant	W	54	F	West
Karina	18	PhD	professor	W	48	F	South
Kerrie	18	MA	stay at home parent	W	49	F	Northeast
Krista	19	HS	stay at home parent	W	41	F	Northeast
Lynn	20	BS	nurse	W	56	F	Midwest

Data Collection

Completion of a participant consent form (see Appendix C) was required in advance of scheduling an interview, which included written permission to record the interview, and interviews were scheduled at a mutually agreed upon time. The participants were in geographically diverse areas, which necessitated virtual interviews conducted via Skype or phone. Each interview was digitally recorded by two digital voice recorders, and transcriptions of the interviews commenced immediately following each interview. To ensure confidentiality, password protected files were created on my computer to protect the study data. Hard copies of the transcripts were placed in a locked file cabinet in my home office along with the reflection memos.

The study utilized a semi-structured interview protocol (see Appendix D) as the primary method of collecting data. Participants were asked to share their story and were guided by questions (see Appendix E) to reflect on their experience parenting a transgender child. The interviews encouraged extensive description (Wertz et al., 2011), and ranged from 60 to 90 minutes in duration. Interviewing allowed for opportunities to probe with follow-up questions beyond the initial responses. The questions encouraged in-depth discussions of the lived experience of the participants along with their viewpoints, perceptions, and opinions (Josselson, 2013). As the interviewer and researcher, I carefully considered my approach and interactions to ensure sensitivity and establish rapport with participants. I clearly communicated that I valued their perspective, experience, and journey as parents of trans children.

The study utilized questions developed from the suggestions of Moustakas (1994), which explored the parents' experiences of navigating the emotional journey of

their child's transition and how they made meaning of those experiences. Broad questions were used to encourage substantive descriptions. The interview began with a brief explanation of the study, a review of participant rights, and a few demographic questions. Participants were asked to describe their emotions and then any experience of grief or loss during their trans adolescent's or child's gender transition. Questions were asked about their emotional reactions when first learning of their child's internal gender identity. Participants were also asked to share how being a parent of a trans child impacted their relationships within the family and about the emotional reaction of family members. Questions encouraged discussion related to effective coping strategies and the supports that were most helpful.

Pilot study. A female doctoral student at Lesley University who is the parent of a trans adolescent served as a cultural consultant and consented to be a participant in a pilot study. Interview questions for the study were piloted and refined after the pilot study, and the participant was asked to sign an informed consent (see Appendix C). The refinement and modification of the interview protocol and qualitative research interview techniques were the central concerns of the pilot study. The phrasing of the questions was adjusted because the participant experienced a few moments of emotional distress when discussing the current medical decisions that she was confronting with her trans adolescent. When conducting the pilot study, I learned that parent participants may have strong emotional responses when asked to share their stories. The process of recording interviews with two electronic devices was practiced and revised, along with the opening comments and social exchanges, to ensure the participant was comfortable and relaxed. A

calm exchange was created to ensure that the participant felt at ease and ready to share her experience as comprehensively as possible.

Data Analysis

After each interview, I reflected on the interview process and recorded memos to capture my observations and reflections, which were utilized as an additional data source (Li, 2014; Miles, Huberman, & Saldana, 2014; Saldana, 2016). The interview transcript was analyzed through iterative readings guided by a phenomenological methodology. In this study, MAXQDA qualitative analysis software was used to upload the transcripts, organize the data, develop the coding, and identify themes. Each transcript was read before viewing the document through MAXQDA. Key phrases, keywords, and descriptions were carefully analyzed to identify codes through three cycles of coding methods. Personal information in the transcript was de-identified and anonymized to preserve participant privacy. After pseudonyms were assigned, each transcript was uploaded into MAXQDA.

The data analysis process required an advanced organization system to allow the categories, themes, and subthemes to emerge from the 21 interviews. MAXQDA allowed a logical flow of analysis and the integration of a research analysis process, which was coherent, flexible, and adaptable for a qualitative research study (Kuckartz & Rädiker, 2019). MAXQDA was used to support a hermeneutic analysis through specific words and word-phrase combinations in individual transcripts and simultaneously as a group in the 21 transcripts (Kuckartz & Rädiker, 2019). I evaluated word use regularity, interpreted the significance of the words and phrases used by participants, and considered the

variations of regional language patterns used in the United States. I felt it was essential to have a "conversation with the data" (Merriam, 1998, p. 181).

I utilized the MAXQDA memo system to record research notes, assumptions, and research realizations. I remained cognizant of allowing for reflective space to ensure a careful analysis and a sensitive interpretation, which was not exclusively focused on the technical tasks (Zhao, Li, Ross, & Dennis, 2016). Relevant text that related to the research phenomenon was identified, and the first analysis of the data started with in-vivo coding, which resulted in 188 codes (Saldana, 2015, 2016). In-vivo codes were identified by quotation marks to distinguish the participant's words from the codes generated through data analysis. During the second cycle of coding, I utilized emotion coding, which considers the participants' perspectives, perceptions, and emotional recollections. This was an effective coding method to identify the range of the emotional experiences of participants, which was central to the study (Miles et al., 2014). Similar codes were merged reducing the number of codes to 91.

During the third cycle of coding, pattern coding methods were used to reanalyze, revise, unite, and reduce code redundancy. A recursive process was used to develop 84 final codes to accurately capture the themes and subthemes emerging from the data. Pattern coding was used to identify configurations of interpersonal relationships and develop themes based on the analysis of the parents' lived experiences (Miles et al., 2014). The codes were grouped together to develop three categories, eight themes, and 14 sub-themes through a thematic analysis, which was aligned to my research question. Further, a code book for data analysis was created through MAXQDA.

Validity, Credibility, and Trustworthiness

In qualitative research studies, participant recollections, thoughts, feelings, and actions must be accurately represented in the research. Descriptions shared by the participants communicate their lived experience and a diverse range of perspectives, which ultimately form the foundation of qualitative data (Patton, 2015). The interpretation of the data was influenced by my background, personal history, and connection to the research topic. Consequently, through deep self-reflection, I attempted to clarify and identify my biases to support the trustworthiness of the study.

As a researcher, having a trans family member biased me toward accepting parents and supportive family members because it is difficult for me to understand and be tolerant of family members who use religion as a justification to reject a trans family member. I realize that I may have inadvertently communicated my bias to participants, preventing them from sharing that their first reaction to their child's gender identity may have been negative or rejecting. I strove to be open and non-judgmental to any parental reactions to their child and monitored and recorded my personal thoughts and reflections in a journal. I utilized a reflective journal during the study to become aware of my incipient biases and to safeguard against contaminating the research (Creswell, 2008; Josselson, 2013). Further, while conducting the study, I considered questions developed by Miles et al. (2014): "Do the findings of the study make sense? Are they credible to the people we study and to our readers? Do we have an authentic portrait of what we were looking at?" (p. 312).

To allow for alternative interpretations of the findings, peer debriefing was used to monitor biases to support validity (Carspecken, 1996). Cohort colleagues were asked

to code several interviews to ensure the accuracy of my coding procedures and study findings. My dissertation committee also served as an additional interpretive community. When I encountered something unexpected, I consulted with licensed professionals and cultural consultants not associated with the study in Alabama, Maryland, and Massachusetts.

I approached the study with a discovery stance and included discrepant information, which countered the identified themes and indicated contradictory evidence in the study (Creswell, 2014; Marshall & Rossman, 2016; San Antonio, 2004). I incorporated “rival explanations” (Miles & Huberman, 1994, p. 278) and attempted to accurately identify negative findings to ensure that the study was coherent, logical, and inclusive of unexpected findings (Charmaz, 2006). For example, contrary to the research literature or the assumption that mental health would improve after transition, one participant one felt that her trans adolescent son’s suicide ideation intensified after the gender transition. She remained vigilant about his suicide ideation and ensuring her trans son’s safety. Parents of trans children who attempted suicide may not find that suicide ideation abates after a gender transition.

The participants entrusted me with their emotional journey as a parent and to represent their narrative unerringly, which became a procedural study guideline and a research standard. I conducted 21 interviews, which allowed me to analyze the consistency of participant narratives and collect reliable data to develop categories and themes aligned to and supported by the data. Disenfranchised grief was expected to be a central aspect of the study, yet became a smaller but notable component due to the range of emotional reactions experienced by the participants. Still, grief emerged as a sub-

theme because some parents of trans adolescents confronted a particular type of disenfranchised parental grief, which provides valuable findings for research and practice.

Social Justice Impact

In March 2020, there were ten states—Colorado, Florida, Illinois, Kentucky, Missouri, Ohio, Oklahoma, South Carolina, South Dakota, and West Virginia—considering legislation to make it illegal for a physician to administer gender affirming treatments such as hormone therapy or pubertal suppression to trans children under the age of sixteen. State bills, which limit health care options for trans youth, are going forward even as recent research suggests that treatment supports long term positive mental health outcomes and reduces suicide ideation for trans youth (dickey & Budge, 2020; Turban, King, Carswell, & Keuroghlian, 2020). On January 22, 2019, the U.S. Supreme Court allowed the transgender military ban to go into effect and enabled the administration to ban trans individuals from serving in the military. In December 2017, the Trump administration placed the word “transgender” on the “forbidden words” list at the Center for Disease Control and Prevention, which perpetuated the stigma experienced by this population (Sun & Eilperin, 2017). These actions confirmed and accelerated my resolve to pursue a social justice focus in my research. My research is focused on the parents of trans youth who confront stigmatization, transphobia, and discrimination. The social justice goal I pursued addressed the gap in counseling services for parents of trans adolescents or children who confront resistance when attempting to access services for their children in schools, health care settings, and government agencies (Capous-Desyllas & Barron, 2017).

Parents of transitioning children need support to cope with the social stigmatization and discrimination that they and their transgender child will likely encounter (McCullough et al., 2017). Professionals in the fields of counseling and psychotherapy need to increase their sensitivity and understanding to improve services and advocacy for the parents of transgender youth. To do this effectively, additional research is required to accurately comprehend the array of issues that parents of trans children confront (Johnson & Benson, 2014; Luke, Goodrich, & Scarborough, 2011). The aim of this study is to expand the understanding of parents' experiences and emotional journeys to develop targeted training programs and provide practice recommendations for school counselors and mental health practitioners. Providing targeted support to parents during a transition can provide for or expand on a protective factor for their child.

Ethical Considerations

As a researcher, I was committed to ongoing reflective thinking related to ethical considerations preceding and during the study. Adherence to confidentiality was honored, and information in the transcript was deidentified. A list of regional referrals for counseling was available and offered if the participant seemed distressed at the conclusion of the interview. During the study, I did my best to be sensitive, respectful, and attuned to the complex emotions of parents who were at various stages of the transition and acceptance process with their trans adolescent or child. Parents often feel isolated and stigmatized due to their child's transition. Two participants found the interview questions emotionally challenging. They were reminded that they did not need to continue and could refuse to answer a question or withdraw their consent during the interview; they elected to continue.

Chapter Summary

This chapter provided a detailed overview of the research design and methods of this study. The rationale for qualitative research, specifically phenomenology, was discussed along with the specific qualitative methods used in the study. Interviewing with semi-structured questions were used to collect data about parents' emotional responses to their child's transition. I have endeavored to demonstrate that my procedures were appropriate for this research methodology and consider the selection of a qualitative design to be appropriately aligned with the purpose of the study. The findings from the study will be presented in Chapter Four.

CHAPTER 4: FINDINGS

The purpose of Chapter Four is to present the findings from this study, which emerged from the themes embedded in the 21 participants' narratives of their emotional journey as parents of trans youth. Participants shared the complexity of their emotions, which for some included traversing familial transphobia, confronting social stigma, and facing unanticipated parenting and medical decisions. The study explored how the emotional reactions of parents influenced relationships within the family during a child's gender transition. This chapter will discuss the three primary categories along with the subthemes within each category that emerged from the participants' narratives, namely a) the emotional contours of parenting, b) family cohesion, disruption, and acceptance, and c) coping strategies. The themes from the study are illustrated in Table 2 and are expanded upon in subsequent sections.

Table 2

Primary Themes and Sub-themes Emerging from the Data

Category	Themes	Sub-themes
1. The Emotional Contours of Parenting	1. Emotional responses of parents with trans children	1.1 Parenting challenges and acceptance
	2. Emotional responses of parents with trans adolescents	2.1 Grief and loss 2.2 Managing memories
	3. Emotional challenges during parenting	3.1 Confronting suicide 3.2 Anguish over medical decisions 3.3 Unexpected advocacy
	4. Encountering bullying by other parents	
2. Family Cohesion, Disruption and Acceptance	5. Relational changes in the family	5.1 Changes in relationship with trans child 5.2 A father's perspective
	6. Family disruption and acceptance	6.1 Family conversations about circumventing rejection 6.2 Family estrangement 6.3 Family acceptance 6.4 Siblings as advocates
	7. Influence of religiosity	
3. Coping Strategies	8. Recommendations from parents	8.1 Support groups 8.2 Advice and mentoring to parents

The Emotional Contours of Parenting

The study investigated the array of interconnected emotions that can frequently converge for parents of trans children. The participants confronted unexpected emotions and parenting decisions that led to feelings of uncertainty and vulnerability. Parents of trans adolescents may grieve over what feels like the loss of their child during the transition and this may not be acknowledged within the family or be recognized socially or clinically. Parents of trans youth may not feel comfortable revealing their emotions, especially to their children, and may camouflage their emotions or conceal their grief by presenting a composed, nonverbal demeanor, which belies the intensity of their emotional reactions.

The first category, the emotional contours of parenting, includes the following themes and subthemes: a) emotional responses of parents with trans children, b) parenting challenges and acceptance, c) emotional responses of parents with trans adolescents, d) grief and loss, e) managing memories, f) emotional challenges during parenting, g) confronting suicide, g) anguish over medical decisions, h) unexpected advocacy, and i) encountering bullying by other parents.

Emotional Responses of Parents with Trans Children

Five participants who identified as parents of trans children ages six, seven, and eight shared narratives with emotional undercurrents that were similar to one another but also different than the experiences of parents with trans adolescents. This may suggest that the emotional journey of participants with children is different from the emotional journey of participants with trans adolescents. Of the five participants with trans children, only one discussed a grief experience, which included multiple losses. Risa, the parent of

an eight-year-old trans daughter, shared her experience with grief, which centered on the loss of her spouse, and extended family due to transphobia:

There was probably about four months where I cried almost every day by myself in the car coming home from work. I felt grief about the whole situation because I lost my son and was losing my marriage at the same time because of the difficulty surrounding the transition. We pulled through, ultimately, but it was a very difficult time. Then, I started to lose my family because they did not understand the situation [the transition] and blamed me for it. So, [for me] there was a very strong sense of sadness and loss during that time.

Four participants, who identified as parents of trans children between the age of six and eight, shared that they did not experience grief and did not experience feeling the loss of their child. All five participants described recognizing their child's internal gender identity emerging during childhood, and two participants referred to this as "the child within." Devon, the mother of an eight-year-old trans girl, explained:

I never grieved at all and never felt a loss. Honestly, when she came out this summer, I felt relief because I knew, at that point, she could begin to live as her true self. I knew that she had been holding back a lot over the years, and that was very hard for me to watch, as her mother. So, for me, my emotional journey has been very different from that of other parents. I hear a lot in my support groups about other parents who grieved, who felt loss, whether they felt like they were losing a child or whether they felt like they were losing the identity they imagined for a child. For me, it was the complete opposite.

Similarly, Jay, the mother of a seven-year-old trans girl, explained that she did not

experience grief due to her child disclosing her gender identity during early childhood. Jay listened and perhaps began the acceptance process during her child's early childhood when her trans daughter started to share her internal gender identity at age three. Jay shared her recollections:

I think we did not have a big grieving period. I know that there are so many parents that do, and it's kind of like steps of recovery, where people go through a mourning process. They go through grieving and then acceptance, and I think because it played out for us so slowly, and over time, that we just went with the flow, and I don't think there was a grieving [process].

When children are able to articulate their internal gender identities at an early age, it may enable their parents to more easily perceive the signs of "the child within." Parents of children who articulate and declare their gender identity during early childhood may not experience a grief reaction related to feeling the loss of a child. Participants recognized their children's vulnerability and the necessity of effective advocacy, which encouraged parents to consider acquiring skills related to advocacy. Mothers frequently took the lead in determining how a family would proceed during a trans child's transition and how to revise parenting strategies. Through the interviews, several participants offered unique perspectives on parenting trans children.

Parenting challenges and acceptance. Alexandra, the mother of a six-year-old trans boy, listened when her child communicated his gender identity with clarity and resonance. She explained:

My son has always told us [about his gender identity], but at 3 years of age, he could communicate, and it was, “You know, Mommy, my body, on the outside it's a girl, but really on the inside, I'm a boy. So, I know people get confused.”

Alexandra shared her recollections when her trans son, now six, was three years old and discussed her initial perceptions regarding her child's behavior:

I think that at one point in time when my child was three, we just had this tomboy, but I started suspecting that there was more. The behavior seemed a little bit more pronounced or intense than I would expect from just a girl, a rough girl. So, I was a little bit nervous or curious and began reading and researching and just looking around at different websites and books asking, how does this come out in a kid? I only knew that people came out as transgender in adolescence or adulthood. So, I had not been exposed to a young child [identifying as a trans child].

Jay, the mother of a seven-year-old trans girl, shared that she recognized a difference with her child from a young age and developed expectations that aligned with her child's gender identity since early childhood:

Dakota was this way [a trans girl] from a young age. By the time she did come out and say, “I'm a her, I'm a girl, I'm not a boy,” she was five turning six. It was not a big shock to us at that point, because we had been living the journey since she was 18 months. It was just a slow transition, and we have never known Dakota to ever play with trucks or watch sports, stereotypical male things. She never did.

Jay felt that she and her husband had less “unlearning” to complete due to their child's coming out at a young age. She felt parents who know their child as a boy or girl for 15 or 16 years have “cemented memories,” making the unlearning process more emotionally

challenging and mastering proficiency in pronoun fluency more difficult. Parents of younger children may feel that the transition is different for them because their child came out earlier. Jay shared that she was practicing revising her narrative of memories to talk about her trans daughter using correct pronouns and explained the complexity of reprocessing memories and mastering pronoun proficiency:

I still struggle when I think of Dakota before she changed pronouns. Those memories are cemented as a “him,” or when Dakota was born, it was him, so for me, when I think of when Dakota was born, I think of him. So, it is hard for me to go back to the memories when he was “him” and try to reverse the pronouns.

Madison shared a parenting perspective related to her trans daughter’s refusal to attend school. She was frequently distraught due to the emotional distress exhibited by her seven-year-old trans daughter, which was witnessed each morning by the entire school community. She explained, “I feel angry, but I do not want them [her child] to think that I am angry because of their [gender] identity. That's not it. It is more of [my] anxiety that's making me mad.” She did not want to openly express her anger in an already stressful situation and camouflaged her anger. Madison intentionally worked to convey a calm, unflustered deportment while camouflaging her emotions from the spectators at school, her seven-year-old trans daughter, and her 12-year-old daughter, who also attends the school. Madison felt socially stigmatized and concerned that her older child was becoming angry because of the familial stigmatization due to the younger sibling’s school refusal behavior each morning. Initially, Madison concealed the depth of her emotional distress from her husband, leaving her feeling isolated. She explained, “I had all this information, but he did not. So, I did feel like I was in it by myself for a

while. He finally read one book and was kind of switched on after that.”

Indeed, mothers frequently devise strategies to cultivate acceptance, adjust family culture, and revise the family narrative. In this study, the emotional reactions experienced by parents with children seemed distinctly different from the parents of trans adolescents, which will be discussed in the next section. One salient difference was the relative lack of grief experienced by parents of trans children.

Emotional Responses of Parents with Trans Adolescents

The emotional reactions of parents of trans adolescents were uniquely multifaceted and, frequently, undisclosed to others. Participants discussed experiencing intense feelings, which included anxiety, fear, anger, guilt, grief, sadness, and loss. Due to the relational intricacies inherent within family dynamics, participants camouflaged their feelings of distress and anxiety related to the uncertainty of not knowing how to go forward as a parent. Two parents discussed suicide ideation in their child, which left them with a persistent fear for their child’s safety. One participant discussed the difficulty of enduring a difficult emotional transition concurrent with her trans son’s physical transition and felt that no one noticed or cared about her “emotional status.” Three participants discussed the loss they experienced due to their adult siblings rejecting them for supporting their trans adolescent.

Two participants also discussed intentionally maintaining a calm deportment to avoid communicating their internal emotional turbulence to their transitioning adolescent and immediate family members. One participant lamented not recognizing the emotional needs of their other children and expressed a need to “recover balance within the family.”

The issues of family acceptance or disruption will be discussed in depth in the next section.

Some parents of trans adolescents may confront a specific type of grief that parents of younger trans children may not encounter. While not all of the parents of trans adolescents in this study experienced grief, eight parents of trans adolescents discussed their grief experience and shared poignant narratives, which are included the next section.

Grief and loss. Of the 16 participants who identified as parents of a trans adolescent, half discussed their protracted experience with grief. Eight participants discussed their need to conceal their grief from their transitioning adolescent and felt that expressing grief in front of their trans adolescent would harm their relationship. The participants felt their transitioning adolescent would view an expression of grief as an indication that their parent preferred the gender assigned at birth and as a communication of their parents' rejection. For example, Dana cried covertly for an extended period and concealed her grief and sadness from her 18-year-old trans son. She felt that her trans son did not understand her grief, which ensued from feeling that she lost a daughter, and she explained:

I felt like my daughter was dead, and in fact, they call it a deadname, which I don't think is a very good term or reference for a name [given by parents]. It does not help the parents [with the acceptance process], and I wanted my daughter back. I compared it to someone knocking on your door and telling you that your kid was switched at birth after 17 years and then having that child taken away from you, and another child comes in [as a replacement]. I do not know this child.

Dana did not feel at liberty to discuss her emotions during her trans son's transition. Her

grief became concealed because she felt that her daughter had died, and she could not share her grief with her family. Dana also discussed her struggle and anger with not being able to disclose her trans son's transition:

I felt as if we were in the witness protection program because we had to hide the pictures. We could not tell anybody. I didn't tell my family until I wrote a letter and worked with my counselor. I thought that my family would not want to be associated with us anymore. I have a small family—a sister and a dad who live in a different state. He still does not know. He is getting older, and I am never going to tell him; he still thinks he has a granddaughter. My mother-in-law is alive, but she is in her 90s, and she is not doing well, so she does not know. I have to remember to say the old name [deadname] when I talk to them.

Another participant, Morgan, also tried to conceal her grief in order to move forward in her life along with her 15-year-old trans son. She shared that her grief became suppressed:

It [the grief] persists to some degree, and I do my best to repress it as much as I can. I really don't go there. But you know, every now and then, I will see this friend [and remember that] I coached a girls' soccer team from kindergarten until I didn't have a girl anymore. I see those girls all grown up now and feel pangs of loss.

Blair, the mother of a 16-year-old trans son, also shared feelings of grief, which she concealed because she did not want to inadvertently communicate non-acceptance or rejection. She felt guilty for failing to notice and identify what was going on with her trans son during childhood. Blair was unable to recognize the initial signs of her son's

internal gender identity and felt angry with herself for failing to ask the right questions as a parent:

He did not get the childhood that he deserved. I just did not understand, and I was not in tune with the language. I did not have the vocabulary and did not understand what it meant to be trans or what he needed. I just missed every single sign.

Retrospectively, she thought the signs from her trans son's childhood were vividly apparent, and she felt remorseful for not understanding what her trans son was communicating.

Krista, the mother of an 19-year-old trans son, began to conceal her grief because she did not want to communicate disrespect or non-acceptance to her trans son. When he independently pursued a legal name change, Krista experienced difficulty:

I spent a long time struggling with what I was going to name him and gave him a very unique name. I felt that he was not considering my feelings about how things were being approached, and I was feeling a lot of grief.

Krista discussed the loss of family members and friends and experienced anger due to social stigmatization and transphobia. She attempted to minimize the sting of stigmatization by making her trans son the center of her life: "The transition consumed my entire world because my focus was solely on him and making sure that he was getting everything that he needed. I just pushed my feelings aside." Intuitively, Krista felt that she should pull away from interacting with family and acquaintances until she could fully process her emotions and assist her trans son with his transition. She continues to

camouflage her emotions of anger and guilt, and conceal her grief from her trans son and elaborated:

I felt horrible for missing the daughter I had and missing the whole connection that I had with her. I thought I was horrible for feeling the way I was feeling and felt that I wasn't on his team by missing my daughter.

Skyler, the mother of a 15-year-old trans son, explained that she experienced an emotional transition as a parent, which was different from her trans son's physical transition. Her emotional transition was concealed, while her trans son's physical transition was revealed. She decided to camouflage her emotions and conceal her grief from her trans son because the social and physical challenges during the transition became difficult for her trans son to endure:

I did go through, and am still going through, a grieving process a little bit. I'm very cautious about what I say in front of him because I don't want him to feel like I don't support him because I do. It is just hard for me to accept that my daughter is gone.

Lynn also recollected the grief she experienced when her trans son, now 20, transitioned at age 15. She grieved the loss of the dreams she had for her daughter's future and the possibility of grandchildren. Lynn did not want her trans son to know that she was struggling emotionally and concealed her grief. She explained that she did not want to burden her trans son or contribute to his stress level during the transition:

The feelings of loss that I had, the grief that I had—it just was not right for him to have to experience my pain. He was going through enough pain transitioning and figuring things out. I truly felt like I had lost my child. My daughter was gone,

and I felt inadequate. I felt like I could not birth a child in the right body, and I could not choose the right name. I never really thought it was my fault, but I felt grief, which was huge. Just the loss of my child, my daughter that I had known, and grief was big for the future. I cried for the loss of my girl; I cried for the loss of the name we gave her, that would no longer ever be.

Lynn said that her trans son was excited and comfortable at age 14 about moving forward with his transition. He had a timetable that she was not ready to accept because the medical decisions felt overwhelming. She explained that the medical professionals, in an attempt to be trans-affirmative, completely ignored her concerns as a parent, and she felt angry. The unanswered questions made evaluating the medical options and decisions even more difficult for her. Lynn never told her trans son that she cried over the transition because, from her perspective, it was so emotionally arduous. She said, “You know, it's just something you do not want your child to know. They've got enough to deal with, and they don't need to know how hard it was for you.” Like Lynn, Sally also spoke about her decisions to withhold her personal fears and worries from her son in an effort to reduce her child's burden. Sally succinctly described her emotions when her 17-year-old trans son shared his internal gender identity:

When my son came out, we started the process, and I launched into research. I initially felt scared. I felt afraid that my son would be targeted as the focus of hate crimes or be bullied or ostracized, and he would have a very hard row to hoe in life. I dealt with that fear secretly. I did not tell my son that I had those fears. We had already had lots of talks about safety when I was raising a teenager who was an attractive and very pretty girl. I did not disclose my fear to my son.

In addition to camouflaging emotions from their trans adolescent, participants discussed their attempts to hide emotions from their family. Dana, for instance, shared how she camouflaged her emotions from her mother, the grandmother of Dana's 18-year-old trans son. Dana struggled to process the full scope of the situation while evaluating how to proceed as a parent and felt guilty about not sharing the information with family members:

I was withholding all of this from my mother. It was not a good time, and I just found out [about my teen's transgender identity] a couple of months before. I was afraid that my mother would sense, and she did, of course, the stress within me. I just had to keep it under wraps, and we did not tell our youngest daughter. We were holding off on everything and had to withhold it [information about a sibling's transition] from the youngest child.

Participants experienced a range of emotions that they camouflaged and grief that they concealed. Parents needed to quickly revise and adapt their parenting skills to address tasks they unexpectedly confronted. They also needed to resolve the intensity of unexpected emotions, which were provoked by memories of the past.

Managing memories. Dana, for instance, felt she had to hide old family pictures to “delete memories” since memories provoked grief for her and emotional pain for her trans son, who felt unable to disclose his internal gender identity during childhood. In the study, three participants shared that photos frequently became a trigger for painful emotions for both the parent and trans adolescent or child. The three participants discussed the difficulty of deciding what to do with family pictures taken before their adolescent's or child's transition and the absence of any guidelines to follow. The parents

loved the child in the photos but did not recognize the “child within” and felt guilty about facilitating an inauthentic childhood experience. Parents shared narratives about storing and concealing old photos in a special box or storing digital images on their computers. Some parents turn to other methods of managing memories. For instance, at the time of the interviews, Madison was in the process of having a favorite family photo redone as a painted portrait to include her trans daughter to affirm her gender identity.

Parents reported experiencing various emotions for similar reasons: they did not want their trans adolescents to be burdened with any additional emotional pain or turmoil; they did not want to be perceived as unsupportive to their trans adolescent; and in some cases, they wanted to have ample time to process the transition themselves before revealing their children’s transitions to other extended family members. Unstable family relationships may destabilize family cohesion, damage relationships, and foster suicidality in a trans youth. The next section reviews participants’ emotional challenges during parenting, including dealing with unexpected difficult medical decision, having to become advocates, and most painfully, confronting mental health issues and suicidality in their children.

Emotional Challenges During Parenting

Parents of trans youth confronted decisions and situations which were emotionally challenging and frequently unforeseen. Some of the challenges required immediate action or help from licensed medical or mental health professionals. The participants experienced a high level of stress when confronting their child’s suicide ideation and locating trans-affirmative care became a critical task. The next sections will discuss the emotional challenges of assembling a plan to protect their trans adolescent or child from

self-harm, the anguish that can be experienced in trans affirmative medical decisions, and the challenges of unexpected advocacy roles.

Confronting suicide. Suicide remains a significant risk for trans youth and parents who nearly lost their trans children to suicide viewed the transition as a lifesaving intervention. Five participants became acutely aware of the importance of providing emotional stability to their trans adolescent or child as a result of suicidal ideation. Participants who experienced their child's suicide attempts or ideation developed a determination to help their child avoid a recurrence and shared emotionally painful experiences of their child's suicide ideation. The emotional fallout that ensued after a suicide attempt often functioned as a catalyst that influenced the parents' emotional journeys toward acceptance. Lynn, the parent of a trans son now 20 years of age, recollected her experience with suicide ideation when he was younger, which resulted in a persistent parental fear:

It's not, "Oh, are you driving safe?" or, "Oh, are you making friends?" It's, "Are you going to live today?" "Are you going to be hurt today?" "Are you safe?" "Do you feel okay?" Right now, he is in a good spot, but there was one time when he told me he seriously considered suicide. I have a mental picture of him that morning, which reminds me of the pain of that day, how difficult it was, and how much it scared the hell out of me.

Jordan, the mother of a 16-year-old trans son, discussed the struggle of not fully understanding what was going on with her trans son. With a tone of deep sadness and guilt, she discussed her quest to help him find emotional stability and freedom from suicide ideation:

It feels hard to know that there were so many things that pointed to our son being different or having something else going on with him. It is still a struggle, but we are in a much better place. A period of time was just a parent's nightmare of school refusal, isolating, cutting himself, emergency room visits, and medications. We have tried a dozen different meds and just trying to get him to a place where he just wanted to live and getting him to a group where he did not get kicked out the first day. When he came out [of a trans teen support group] smiling and hugging the other kids and exchanging Instagram info, it was a huge "Ah-ha, we are going in the right direction." That helped to solidify, for us, what we had only been only learning up until that point.

Morgan recalled her experience when her 15-year-old trans son was hospitalized at age 12 in an inpatient psychiatric unit before the start of sixth grade. She described her determination to find help for her son:

Oh, my God. I was terrified, and I don't think I will ever get over it. He was [physically] safe in the hospital, but he was not emotionally safe in the hospital. I did not know anyone yet. I was just starting to assemble a network and resources, and the first thing I did was locate a medical center with a trans program. I spent the first six months or eight months trying to get him into the program.

Morgan shared that when her trans son transitioned, his suicide ideation did not decline, and she felt her experience differed from other parents. She felt her son's suicide ideation became worse during the transition and shared that the idea that "kids becoming magically happy when they come out did not happen for us and does not happen for everyone. Maybe coming out decreases the risk of suicide for most kids, but not for

everyone.” Morgan felt that she needed to remain extremely watchful to protect her trans son from becoming re-immersed in the turbulence of suicide ideation.

Madison, the mother of a trans daughter, aged seven, discussed the severity of her emotional pain when confronting suicide ideation in her child. The words her trans daughter used were piercing and became scorched into her memory:

Oh, it is hard. It is super hard because she'll say things like she doesn't want to live anymore. She wants to be reborn so that she doesn't have to live in a male body. She hates her life. She hates me for making her this way. There's so much, and it is hard and horrible to hear. I know in my head where it's all coming from, but it is still hard to hear.

Overall, of the 16 participants who identified as parents of trans adolescents, five discussed confronting suicide ideation in their trans adolescent. Four of the five felt that the transition was lifesaving, and one found that suicide ideation continued during the transition, which accelerated the level of stress and encouraged a protective parenting stance. Of the five participants who identified as a parent of a trans child, only one discussed suicide ideation in her child. The next section addresses the emotional contours experienced by parents of trans children as they navigated parenting, medical decisions, and their role as advocates.

Anguish over medical decisions. In the study, six participants shared their anxiety regarding the complexity of making or supporting unexpected medical decisions for their trans adolescent or child. Participants expressed anguish regarding the unknown or unanticipated consequences of medical decisions made for their child before the age of 18. Alexandra, the mother of a six-year-old trans son, expressed distress regarding

protecting her trans son's option to preserve his fertility and reproductive anatomy for a gestational pregnancy and birth in the future, if he wishes. This is referred to as fertility preservation and Alexandra explained her intermittent anguish when confronting transition medical decisions:

I am anticipating future decisions. So, we are starting to just read briefly on puberty blockers and what that might look like. I plan way ahead, which is a double-edged sword sometimes but just thinking about what that looks like, and if we decided to do hormone therapy. Once my son is a teenager, perhaps in ten years, he may decide that he wants to have a baby, and we [will] have ruined that. I did not want babies when I was 14 or 15. I did not want babies when I was 20, and now, I have three. So, with those kinds of things, I find myself worrying, but then when I think about it, every time we have come to a crossroads of "What do we do now?" our trans son has pointed us in the direction where he wants to go. So, I have to trust that for now.

Another participant, Devon, shared that she also experienced anguish around medical decisions. However, she felt that her seven-year-old trans daughter benefited from having an older brother experience the male puberty process. Devon explained:

She [my daughter] is well aware of how hormone replacement therapy will work, how blockers will work, and she is terrified about male puberty. Absolutely terrified. She is so afraid that she will grow facial hair, that her voice will deepen and that sort of thing. She already has dreams of cutting off her genitalia.

Participants described the distress they experienced during the process of evaluating medical decisions. Morgan experienced anguish when confronting medical

decisions for her 15-year-old trans son and attempted to acquire the information she needed as a parent by leveraging her experience and professional research skills as a PhD. She suspected that the feeling of uncertainty would persist and perhaps remain unresolvable. She explained:

I asked the people at the medical center, “What is your experience with giving cross-sex hormones?” “What is the sample size?” “How long have you been doing it?” “What do we know?” “What has been studied?” There are very few answers, uncertainty, and a lack of data. I want to know the data and the research, and the answers do not exist. I have searched the literature and looked at various topics, but there is no long-term research on what is going to happen.

Morgan reflected upon her experience and concluded that there was no way to find answers to all of the questions that she was asking. She subsequently decided to make the best decisions she could with the information that she obtained to move forward as a parent.

Five participants expressed concern about accessing trans-affirmative medical care in different regions of the United States. If they had financial resources, some traveled to a different state for competent trans-affirmative care for their trans adolescent or child. Morgan shared her concern regarding fragmented medical care:

People are dealing with this patchwork of care [in my state], and at the medical center [in a different state] they have everyone together. You have the endocrinologist, you have the gynecologist, you have the adolescent specialist, you have the social worker, you have a psychiatrist; everyone is together in a team. However, we do not have that in our state, and you have to get proper

medical advice. I see all these people going to their rural internist, who just prescribes whatever. You have to go to someone who knows what they are doing.

There is a variability of medical care for trans adolescents or children throughout the United States, and families living far from a metropolitan area experienced more difficulty finding and accessing trans-affirmative medical care for trans youth. Advocacy during a gender transition can become a central mission for parents in a variety of ways.

Unexpected advocacy. The need to advocate for their children in unexpected ways in everyday life, at the schools, or within the extended family, was identified by four participants. In particular, they discussed a protective type of parental advocacy, which became necessary after their adolescent or child transitioned; three mothers compared their protective instincts and advocacy to mother bears protecting their young. Tyler, the mother of a 15-year-old trans son, explained that sometimes the advocacy warranted a forceful demeanor: “When mama bear comes out, that is when you get into full-force protective mode, and to me, it is like a cub with their mother.” Risa, likewise, shared that “one of the emotions that I felt when this transition began was that protective feeling, and that has not changed. I am still, like, a big mama bear that just needs to protect [my child] from everything.” Skyler shared a reflection on advocacy:

I think, as a parent, that you are protective, and so that is the number one difference from seeing somebody else's child versus your child. You do not want people to hurt your child, and you do not want to see your child suffering. So, the mama bear claws come out.

Discrimination, stigmatization, and misgendering become constant concerns in everyday life for trans youth. Parents want to protect their adolescent or child because

they recognize that being trans creates a vulnerability and a persistent safety concern. However, participants shared that becoming visible and articulate advocates for their trans adolescent or child changed them as parents and redefined and reconfigured the perimeter of their relationship with their child. Being a parent of a trans youth also creates a vulnerability for parents who may confront prejudice, censure, and condemnation for their decision to support and affirm their trans child, not only within their extended families, but also in their communities.

Encountering Bullying by Other Parents

Three participants confronted bullying from other parents, friends or acquaintances within the community. Jay encountered bullying from other parents and reflected on her experience of feeling that she was blamed when their young child identified as a trans girl:

I think society does a really good job of blaming parents for a lot of things, and this is another thing that they like to blame on parents. They like to say that it is the parents' fault, and I think it is a rough journey. It breaks my heart every time I see another statistic of suicide or murder [of a trans person]. It is scary, and the hardest part I think for me as the parent of a young trans child is that while she is relatively safe in the bubble we have created for her, we get horrible, horrible things spewed at us. My husband and I have been called the most horrific things imaginable.

Jay shared that she and her husband have been bullied by other parents, socially and through social media, which made them feel stigmatized and isolated. She felt that the

bullying from close friends was unexpected. Friends leveled hurtful criticism and statements that seemed to be intentionally spiteful, as Jay explained:

We got pushback from friends who would come over and say, “Why are you letting Dakota do that? He is a boy, and you should not let him do that. If I were you, I would beat it out of him.” We would hear just ridiculous nonsense from friends, and mostly the religious ones. Believe it or not, it was the religious ones that were the worst. We, as parents, we were just bullied. People just kind of ganged up and said, “Well, this has to be your fault because you have three sons and you wanted a daughter so badly, you are making one into a girl.”

Jay immediately began to rethink the configuration of her social circle and permanently severed relationships with individuals who demonstrated that they were not going to be affirming or supportive. Krista’s trans son was bullied at school and she felt bullied by other parents. She transferred her 19-year-old trans son to a different high school and joined a support group for parents of trans adolescents because Krista felt she had no true friends.

The range of emotions and issues participants confronted surpassed typical parenting expectations and required support that was not always immediately available for participants. This may make support from the family a significant protective factor for parents as well as the trans youth. Relationship changes that occurred between and among family members were sometimes anticipated, but frequently unexpected, and are addressed in the next section.

Family Cohesion, Disruption, and Acceptance

Changes in family relationships due to a child’s gender transition can be

particularly painful and may devastate previously secure family bonds, sometimes rendering reconciliation unimaginable and unattainable. Some participants who sought support and understanding from immediate and extended family members encountered acceptance, yet others confronted rejection and stigma within the family, which underscores the intolerance the trans child and supportive family members may encounter. These issues and concerns are a central focus of the research question, which the next category addresses. The following themes are discussed: a) relational changes in the family, b) changes in relationship with trans child, c) a father's perspective, d) family disruption and acceptance, e) family conversations about circumventing rejection, f) family estrangement, g) family acceptance, h) siblings as advocates, and i) influence of religiosity.

Relational Changes in the Family

Participants felt alone as they began their journey at the edge of acceptance exacerbated by the loss of family members who communicated non-acceptance and transphobia through intentional misgendering or rejection. Relationship changes within the family could not be accurately predicted or anticipated, which fostered feelings of uncertainty and concern regarding the reactions of family members. Adherence to a rigid gender binary associated with strong religious beliefs seemed to influence the acceptance process for family members.

Changes in relationship with trans child. The transition process may affect the parent-child relationship in a variety of unexpected ways. The five participants with children who shared their gender identity during childhood felt that they experienced gradual, incremental changes as their child was growing. These participants recognized

that their child's behavior and preferences were different from other children. They adapted, adjusted and could sense the "child within." Four participants with trans adolescents discussed how their relationship changed with their child and improved after the transition because they finally understood their adolescent and the complexity of the issues associated with asserting their internal gender identity. Parents felt relieved if self-harming behavior decreased or stopped after the transition. Wendy, the mother of a 15-year-old trans son, explained the difficulty she confronted before the transition:

He was self-harming, suicidal, and depressed. Once he came out, it wasn't like a light switch got flipped, but slowly, over the next year, it was like we were starting to get him back. His personality started coming back; he wasn't so angry and closed-off, which makes sense to me in terms of hiding a huge part of himself. How could you not be closed off and angry at the world? Now I would say—we're three, almost four years in—that he and I are very close. You never know with a teenager what they might be hiding, but I feel that he's pretty open with me about his life and the things that have been going on [in his life], more so than a lot of teenagers are with their parents.

Blair, the mother of a 16-year-old trans son shared that her relationship with her son improved after the transition. She felt that their relationship could now develop because he was living with his affirmed gender identity. She spent considerable time evaluating actionable steps that might help her trans son and consistently offered support:

I think we have a much better relationship. I actually know my kid, to a certain extent, and I see him for who he is. We have gone through a tremendous amount as a family. We have gone from him being suicidal to him doing different

outpatient programs for his eating disorder. We did a tremendous amount of family therapy, and so, yes, there was a lot that brought us closer together as a family. We can sit and have a conversation, and he is not hiding his feelings or his life, and our house is a safe house for his friends, and they know it.

Participants discussed the change in their relationship by describing their trans adolescent's or child's change in behavior, which influenced the dynamics and boundaries of their relationship. While none of the participants felt that their relationship with their child deteriorated, one father discussed how his trans son's coming out devastated the son's already unstable relationship with his mother.

A father's perspective. Brett, the father of a 16-year-old trans son, was the only father who volunteered to share his story as a study participant. After spending a substantial amount of time separated from his children due to military service and a divorce, Brett was determined to be present in the lives of his children. He conjectured that religiosity was a significant factor in his ex-wife's rejection of his trans son and shared:

My son's mother and her side of the family are completely against and negative [toward the transition] and cannot understand or support the idea of Aron being a trans male. It has caused him to lose his mother's side of the family because they are all adamantly in line with her perspective. My oldest son is neutral and calls him Aron, sees him and comes to our house routinely. They are not super close, but they get along fine. When this [transition] was first presented to me, I presented it to my older son. I said, "This is just who Aron is. It is not something anybody else has any real say or control over, and you can choose to accept it, or

you can choose not to accept it. If you want to have a relationship with Aron, then there has got to be a degree of acceptance.” My oldest son accepted that.

Unfortunately, my middle son lives with his mother and is aligned with her and her side of the family. So, at the moment, Aron does not have a relationship with one brother or his mother.

Brett and his new wife formed a blended family, which included her children from a previous marriage, and were familiar with the challenges that can present with family transitions. Brett’s trans son relocated to join the blended family, and Brett clearly articulated his acceptance as a father:

I love my child, and I have concerns for my child. Life is very difficult in the best of circumstances. I understand that my child being trans adds another layer of complications that he will have to deal with as he goes through his life, and that is a concerning situation for me.

With over 20 years of military service all over the world, Brett felt he had learned about different types of people and cultures, which helped him to become a tolerant, accepting individual and a protective father. He explained:

While I recognize that this was a challenge for my child, my primary consideration was for my kid, not for me. As long as I can provide a healthy, loving, safe environment for my kid—and he seems to be doing pretty well, given all the other things that are going on in his life—then I am happy for him. He is my kid. I love him, I am his dad, and that is never going to change.

While full acceptance from family members may be difficult to achieve, acceptance from one parent can protect and positively impact the well-being of a trans

youth. Parents may face a range of emotional responses from acceptance to rejection with extended family members. Confronting these responses added to the parents' burden of responsibility. This section discusses the complexity of navigating family relationships and the uncertainty and volatility of family responses.

Family Disruption and Acceptance

Participants indicated that they were concerned about immediate and extended family members' reaction to their trans adolescent's or child's gender identity. For parents, educating family members may become a necessary task to facilitate acceptance within the family. Four participants explained that sensitivity during interpersonal interactions became a critical skill in parenting and an attribute that could facilitate family acceptance. Language can immediately communicate acceptance or rejection (Rahilly, 2015), and participants shared concerns regarding the language that immediate and extended family members elected to use when interacting with their transitioning adolescent or child. The next section addresses their attempt to cope with rejection within the family.

Family conversations about circumventing rejection. Four participants felt that they had to prepare their children to respond to trans bullying, microaggression, and misgendering within the family. The participants hoped to circumvent rejection by having discussions and preparing their trans adolescent or child to confront the transphobic behavior of family members. Participants shared that they felt angered when confronting transphobia within the extended family and wanted to neutralize the aggression to avoid rejection. Dana shared her concern about family members interacting with her 18-year-old trans son:

I was afraid that Grandma would say something to hurt him, and at the time, we were still pretending that everything was status quo. She could tell something was different, because I was nervous [when she was visiting]. Things just were not right, and something was amiss. I was just afraid.

The emotional responses of immediate and extended family members may inhibit the acceptance process and prompt participants to consider strategies to protect their child. Nina, for example, discussed how she felt it was necessary to prepare her 13-year-old trans daughter for rejection within the extended family due to her uncertainty regarding how family members would react when they saw her trans daughter:

My daughter knows that their aunt and uncle and grandparents may not be accepting, and we have just basically said, “We are going to choose you every time. We are going to choose you over them.” Yes, they are my parents, yes, they are my brother and my sister, but if they cannot love and support my kid, just because my kid wants to be referred to as a girl, as opposed to a boy, then we do not need that toxicity in our lives.

Nina felt determined to protect her daughter from transphobic or rejecting family members and decided that continuing to communicate acceptance to her trans daughter was critical to their relationship. From Nina’s perspective, protection included revising legal documents and addressing guardianship within the family. She explained her concerns:

I have just concluded that if something as insignificant as my child coming out as trans is going to make you change the way you treat them, then okay, I do not need you in my life. It has made us rethink who we are using as legal guardians,

just in case anything was to happen to my husband and me. We have always told our kids that our job is to keep you safe, and if that means keeping you safe against family members, then we keep you safe against family members.

Discord within the family may cause familial alienation, which can engender a complex emotional dynamic between immediate family members, including estrangement and isolation.

Family estrangement. Participants frequently confronted estrangement, stigmatization, and severed relationships within their family just when support, acceptance, and understanding were pivotal. Eight participants shared that their trans adolescent or child confronted rejection, microaggression, and transphobia within the family, which became emotionally challenging to navigate. Transphobia within a family may be particularly painful and foster a toxic family culture.

Wendy lives in a rural area and was ostracized by her family as a result of her decision to support her adolescent trans son. Her family blamed her for the gender transition, and she was no longer invited to any family holiday celebrations, events or gatherings. She detailed a pernicious invitation process: her 15-year-old adolescent trans son would be invited to all of the family events and explicitly told that he was invited, but his mother was not. This placed her son in an extremely difficult situation on every major holiday.

Devon shared the difficulty of being rejected by her family and the ensuing estrangement that currently exists due to her eight-year-old trans daughter's transition. She doubted that family relationships could be salvaged since the family will not affirm or accept her trans daughter. Ultimately, she decided to sever ties with her family to

protect her trans daughter's emotional health. The family estrangement was painful for Devon to tolerate, and, as a single parent, she did not want to be estranged from her family. She now feels stigmatized and isolated, and she reflected:

I know that we will not be attending family holiday functions anymore. It is very difficult to excuse my mother, and it is very difficult to excuse my sister's defense of her. At some point, if there is an attempt at a relationship, I will have to deal with it. At the moment, I have not even spoken to my brothers. No one has spoken to me, with the exception of me texting, "Happy birthday," and "Congrats on the new baby," to one brother. Other than those two [communications], none of my siblings have spoken to me since my daughter transitioned.

Participants discussed their concern about the responses of grandparents, and four tried to educate grandparents about the transition process and gender identity. Sally tried to maintain relationships with extended family members because she felt that would be in the best interest of her 17-year-old adolescent trans son. She tried to educate the grandparents regarding proper pronouns and was determined to be patient because she expected that it might take longer for them to adjust and shared:

We went to the grandparents on the other side, and these people love my kid and wanted to be in our lives but just consistently blew it over and over with pronouns and names. I mean, it has been years. We have talked to them about some of the ways that we have practiced getting ourselves converted—how to practice with the new name and re-tell old stories to yourself and the kid using the new name, using the new pronouns, to help reprogram yourself to think about it differently. It does not seem to matter. I just do not think it is their priority. So, that is

challenging, and what has happened is we want nothing more to do with them, unfortunately. If someone is toxic in your life, you are allowed to remove them from your life. So, continually deadnaming and misgendering was toxic enough that my kid wanted to have those people removed from his life.

Misgendering is a verbal attempt to diminish, harass, or bully a trans person by using a pronoun or expression that does not affirm their identified gender identity (Chang & Chung, 2015; Grant et al., 2011). An erosive force within the immediate and extended family, misgendering communicates transphobia, and may damage the bonds of family relationships. Participants shared negative experiences with family members who communicated their non-acceptance or rejection through misgendering, which can instantaneously dissolve trust within the family.

Krista, the parent of an 19-year-old trans son, described her experience: “My family just refused to use proper pronouns. They said that it [the transition] was a phase, and they used some very derogatory name-calling. So, I figured it was best to stay away.” Krista felt concerned that immediate family members would communicate rejection: “I was scared that they would say something or do something that'll come off as not supportive.” She felt that she needed to keep her extended family at a distance and focus on her immediate family to facilitate acceptance, support, and affirmation during the transition of her trans son.

Family members can have difficulty with the transition and acceptance process, and profoundly painful interactions can occur when grandparents or great grandparents reject a trans grandchild. Risa shared the difficulty of interacting with her grandfather, her trans daughter’s great-grandfather:

My grandpa is from Europe, so he is just old-school. So, for him, he just does not get it. He is like, “Tell her to dress him as a boy. Why is she dressing him as a girl?” I say, “Grandpa, I'm not dressing my son as a girl. I'm dressing my daughter as a girl, and that's because that is what she wants.” So, he just does not get it, and I do not anticipate him changing. He refuses to see her as long as she is wearing girls' clothes.

Risa also shared that because her father would not accept or affirm his eight-year-old trans granddaughter, she felt she could not be optimistic about the relationship surviving into the future. She explained:

I feel hopeful about my mom and my stepdad, just because they are using the right pronouns, and they are going to babysit my child. I think that this [next] trip home will be a really good turning point for them. As far as my father, I do not think that he will ever come around. My father is a clergy member, so he has his religious reasons for why he is doing what he is doing. I have tried to redirect him to other religious books that go over the clobber verses [Bible quotes used to condemn LGBTQI+ individuals] and talk about why and how they fit in, in an affirming sense. However, he refuses to even look at the literature that I suggest to him.

After various attempts to educate her father due to persistent misgendering of his eight-year-old trans granddaughter, Risa felt she had to confront him with an ultimatum. She explained:

I do not talk to my father. He refused to use the correct pronouns, so I have made it clear that he is not going to be involved in our lives as long as he cannot affirm

my daughter. I just feel like there is no wiggle room because it is detrimental to my child to have the wrong gender used and for my father to treat my daughter as if something is wrong with her.

Risa was distressed that even after educating her father, he refused to use the correct pronouns, and she explained that the interactions were so emotionally damaging to her trans daughter that she needed to protect her child. Ultimately, she determined that it was necessary to sever the relationship and also shared her hopefulness for eventual relationship restoration:

My mother and my stepfather have not seen my daughter in four years, and we are going to see them this week. So, I think that we are getting to a good place, but it has obviously taken a long time. My grandparents refuse to see their granddaughter. So, it is not perfect yet, but at least my mom and my stepdad are getting to a good place with it. I think that once they see their granddaughter and can understand that this is just a normal kid and that there is nothing strange or weird about her situation, I think they will come around completely.

Participants expressed anger over the rejection and transphobia they confronted within the family and tried to remain receptive to salvaging family relationships, especially with grandparents and great grandparents. Reconciliation may depend upon the behavior of the family members and be contingent upon the demonstration of consistent pronoun fluency and the resolution of anger. Restoring fissures in family relationships requires a focused, concerted effort. It is painful for the parents to sever ties with family members who have always been in their life in order to protect their trans child. It does,

however, demonstrate the depth of parent resolve and the significance of the parent-child bond.

Family acceptance. Contrary to the previous themes regarding challenging family interactions, some parents had extended family members respond with acceptance and support. Grandparents can emerge as influential advocates and supporters for their grandchild and parent. Sally shared how her family demonstrated support of her 17-year-old trans son in their actions and language:

We have a huge family. I have tons of siblings that my kids love, and we do family holidays with them. My family has been totally on board. They had lots of questions, but are so good with pronouns, so good with names and shifting interests and fashions and things like that. I've been incredibly proud of our family for handling this well.

Madison, the parent of a seven-year-old trans daughter, shared that she immediately felt supported by her family and her mother. She was grateful that communications within the family were clearly articulated. Clear communications conveyed acceptance while providing a needed layer of trust and support during the transition, and Madison shared:

My parents and in-laws have been great about it [the transition]. Honestly, with my daughter, it was not really shocking to anyone because of how she has always identified. It was kind of, "Oh, okay." Jayden went to visit my mom by herself this summer for a couple of weeks. When we were planning the trip, my mom said, "So, Jay is coming?" and then she said, "Wait, wait, wait. So, do I have a granddaughter coming to visit me this summer?" I was like, "Yeah, I think you

do.” She said, “Okay.” So, yeah, they are really good about all of it.

While the previous themes demonstrate hurtful changes within immediate and extended family networks, Madison’s account illustrates restorative acceptance within the extended family, and how powerful this acceptance can be for trans adolescents and children, as well as their parents as they come to terms with their children’s transitions.

Siblings as advocates. Brothers and sisters can often be aware of their sibling’s internal gender identity in advance of the parents and may offer support to family members during the coming-out and transition processes. Sibling advocates can offer protection from bullying and positively influence social acceptance while fostering tolerance at school. In this study, not all siblings became allies. Two participants discussed issues with siblings not being supportive or accepting and four discussed the positive impact of sibling advocacy. Tyler, the mother of a 15-year-old trans son, explained the importance of sibling support and advocacy during the transition process:

My daughter knew [about her trans brother] before we did. She was actually sitting there to support her brother when it [the disclosure of his gender identity] happened, and she gets very protective of him, too. If something were to happen at the school, she would be right there on it. She is kind of passive, but not if her brother is being intimidated. She would be right there in their face, and she would probably let me know, maybe even before my son did, that there was an issue that needed to be addressed.

Similarly, Wendy explained how her daughter is protective of her older trans brother, who is 15 years old, and recognizes the importance of being an ally and an advocate for her trans sibling and the LGBTQI+ community at school:

My daughter is at the middle school, and she is the spokesperson and the protector of all the LGBTQ kids at the middle school. If she sees them being misgendered or if she sees somebody being rude to them, she will step in [and advocate]. When it is Pride month, she wears Pride stuff to school, and the other kids will be like, “Are you gay?” She says, “No, I’m not; you do not have to be gay to be affirming.”

Kerrie, the parent of an 18-year-old trans son, spoke of the persuasive advocacy of her son’s younger brother who influenced his circle of friends toward acceptance:

His friends respect Kent, and they know he is trans. I am really positive about the next generation of kids. They are all used to it; they grow up with kids being non-binary, kids going by different genders. I really think that is a good way our society's moving.

The younger brother also monitors pronoun fluency within the family to ensure compliance and respect. Kerrie felt that the younger sibling was completely devoted to the older trans brother.

Devon discussed the significance of sibling advocacy and how her 8-year-old trans daughter has a devoted cisgender twin brother who consistently protects her from trans bullying. The twin brother deftly advocates for his trans twin sister during difficult social situations at school and neutralizes the hostility. Devon did not coach her son; he instinctively knew, without words, what needed to be done as an identical twin who transitioned to a fraternal twin.

Siblings may also be instrumental in transforming family dynamics to ensure a trans-affirming environment. Family members may experience difficulty acquiring

pronoun fluency, and younger siblings can emerge as persuasive advocates and facilitators. Marnie, for example, explained that her 12-year-old daughter monitors verbal communications to protect her 16-year-old trans brother:

If she hears us use the wrong pronouns or use wrong names, she is right in your face. Like, “he” to correct to the right pronoun. So actually, if it were not for her, we probably would still have slip-ups every once in a while, but we switched quickly.

The importance of family acceptance is essential and extends beyond the parents themselves to include grandparents, extended family members and siblings. Fostering a family culture of acceptance may enable sibling advocacy, which could provide an additional protective factor. Some family members may have difficulty with the acceptance process due to their values, cultural perspective and adherence to cisgender normativity. Other family members may be strongly influenced by their religious affiliations.

Influence of Religiosity

In the study, seven participants who identified as parents of trans children felt that religious affiliation influenced family relationships and aspects of the social transition process. Risa found it challenging to discuss what happened to her eight-year-old trans daughter during the process of socially transitioning:

When my trans daughter transitioned, she had a lot of students proselytizing at her and letting her know about Hell, and she was coming home with a lot of questions. So, we had to get books about world religions and started to teach her [because] the students at her school starting to talk at her. Obviously, they were

getting information from their parents, since these children were six-year-olds. So, it was not something that they were coming up with on their own, and that was hard to go through.

Reflecting on the effect that religiosity can have on discrimination, Blair shared, “I think a lot of people hide behind religion and use it as a weapon and a reason to discriminate, and it is painful.” Similarly, Kerrie, the mother of an 18-year-old trans son said, “I think some conservatives look to religion as a reason to not accept gayness or trans people.” Moreover, Skyler felt that religiosity was an issue in her marriage, which resulted in a rejection response from her trans son’s father:

I know his father is [very religious], and I think that absolutely had a lot to do with things. He made comments when I was married to him that made me think that he was not accepting or was going to have big issues if he ever met somebody who was gay, and that was always hard for me. To be honest, that is one of the issues why the marriage broke up. We could not see eye-to-eye on things, and he thought I was ridiculous with my [liberal] thoughts, and he was ultra-conservative, and I was not.

Religiosity, culture, and values often play a role in whether or not a family member accepts a trans adolescent or child, creating an additional strain on family dynamics, and affecting the trans youth and the parent. Substantial help and support may be found with parents who have previously navigated the intersection of religion, culture and family values during the transition process.

Coping Strategies

Participants expressed a strong desire to mentor other parents and shared that when they first started their journey, they needed immediate information about trans-affirmative health care providers and options for social and medical interventions. They also needed support and advice from experienced parents to become the parent they needed to be for their trans adolescent or child. Eighteen participants shared that when they were inexperienced and new to the gender transition process, receiving support, help, and mentoring from experienced parents became a critical component of their coping strategy. This section addresses the following themes: a) recommendations from parents, b) support groups, and c) advice and mentoring for parents.

Recommendations from Parents

Participants consistently shared that they felt alone in their journey. None of the participants discussed receiving help or support from a religious or spiritual organization. Two participants shared that locating a trans-affirmative counselor or therapist who was “trans literate” was difficult and not always immediately available. As parents came to terms with their trans adolescent or child’s gender identity and transition, actively seeking support became a strategic necessity. Experienced parents often mentored new parents and shared resources and information through both in-person and online support groups.

Support groups. Issues that parents feel they cannot discuss in front of their trans adolescent or child can be openly discussed in the support groups. Participants share referrals to medical centers and recommend competent trans-affirmative health care

providers through support groups, which is an essential coping strategy. Dana discussed the value of connecting with online support groups and shared:

I would recommend the secret Facebook groups. I cannot say enough about how that helped me to connect with other people and realize that I was not alone. My feelings were being validated, and the advice was tremendous. There are resources there, and it is a good place to start.

Support groups provided immediate assistance and access to a community of parents raising trans adolescents or children. Parents of trans children joined various groups to cope, learn about transitioning socially or medically, and to acquire information about medical choices such as puberty blockers and surgical options that may be needed immediately or in the future. Madison shared her perspective:

I'm in probably every Facebook group I can be in related to parenting transgender kids. I get a lot of support that way and find answers to questions or issues that other people have had and how they have dealt with it or, honestly, things to come. I am finding future things that I will need to know from these groups because my child is so young. So, it's good for me to know that not wanting to go to school is a very typical kind of thing or just the amount of anxiety that's there because she wasn't able to be herself. It is reassuring: "Okay, this is what people go through. It's okay."

Few parents of trans adolescents and children know other parents who have gone through the same experience, so being able to turn to online support groups, attend support meetings, and connect with other parents who were experiencing similar situations was exceedingly valuable to participants, and allowed them space to express their private

emotions as well as valuable advice.

Advice and mentoring to parents. Participants also consistently stated that the support, advice, mentoring, and information from other parents helped them to realize that they were not alone and that they could navigate their emotional transition concurrent with their trans adolescent's or child's gender transition. Lynn shared:

Speaking to parents was the most important thing for me to do. More important than meeting with the social worker and the doctors. The parent support, the parent contact, just being able to talk to somebody and say, "What the hell is going on?"

Participants explained that parents need to allow their child to lead the transition process regardless of the child's age. The phrase most frequently used by the participants was "let your child lead." Participants learned to listen to their children when they shared that they were ready to move forward with their transition. Madison explained, "Let your child lead, and let them tell you when they are ready. Just follow their lead because they are the ones that are living it." Risa reflected on her journey and shared:

I would say that you just need to have patience and just let your child guide you through this process. It can be really hard to do at first, and so you just need to be patient with yourself, be patient with your child, and try to let them lead as much as possible.

Listening was cited as an essential parenting skill, especially when parents have not been emotionally prepared to process the information being shared. Blair shared:

Listen and follow their lead. They know what they need, and there is fear. So, what I would say is, [go forward with the] transition as soon as your child wants

to transition. Follow their lead whatever they want to do. They are driving the car, but you are the gas, and you make the car go.

Trans adolescents know their disclosure will cause an emotional response in their parents and family. In terms of knowledge, information, and a transition plan, a trans adolescent could be six to twelve months ahead of their parents. Participants highlighted that listening to understand was difficult to achieve but imperative. Skyler emphasized the importance of listening to understand:

Listen. Just listen. Don't offer advice; just listen to what they are saying. Try to be understanding and put yourself in their place. Try not to critique what they are doing or how they are handling the situation. Just listen and hear them because I think that is the hardest part.

A trans adolescent is acutely aware that their life is going to become more difficult from the moment they share their internal gender identity. Marnie, the mother of a 16-year-old trans son, immediately recognized that she needed to advocate for her son since her husband did not accept their trans son's coming out. Marnie recollected the depth of her resolve as an accepting and affirming parent:

This is not something that they saw on TV and decided it sounded like fun. They know it is going to be hard. They know that for the rest of their life, they are going to meet judgmental people who are going to not like them, just because of who they are, and if you are not there for them, how can they survive? You are their only ally; you are their parent. They should be able to trust you, above everyone else, and it will be hard. It will be difficult to understand what they are going through, but if you are not going to do it, who will?

For Marnie, supporting her trans son as a parent required listening to understand and accepting his gender identity. Participants consistently shared that focusing on the needs of the trans adolescent or child was a critical parenting decision. Participants discussed how easily they could be overwhelmed by parenting a trans adolescent or child, which requires an array of diverse parenting skills, including imperturbability. Focusing on the child requires determining what parents need to learn and accepting that there is uncertainty. Lynn shared her recollections:

The biggest thing is patience—asking your child for patience, giving yourself patience and grace. Because you are going to have ups and downs. Your child will be pressuring you before you are ready, and you are going to have family members that are going to question what you are doing. You need to focus on what is best for your child, and that needs to be your whole focus.

The parents shared similar sentiments when it came to what they felt other parents should become aware of and suggested that parents going through a child's gender transition engage in social media or in-person support groups and practice listening for understanding. The parents of trans adolescents or children in this study recommend that parents unfamiliar with the transition process should trust their child, accept their wishes, and be patient.

Chapter Summary

Chapter Four detailed the findings related to parents' emotional journeys when navigating their adolescent's or child's transition. The participants shared their narratives and experiences, along with their accumulated parenting wisdom. The categories and themes discussed emerged from the participants' collective descriptions of their

emotional experiences. In Chapter Five, I present a discussion and analysis of the themes that emerged through the participants' stories and discuss the emotional complexity of the parents' experiences, which comprise the central findings of the study.

CHAPTER 5: DISCUSSION AND CONCLUSION

Chapter Five discusses study themes from findings relative to the research question, examining how the emotional journey of parents during a trans adolescent's or child's gender transition, including feelings of grief and loss, influence family relationships, and integrates current research literature to discuss the convergence of emotional responses experienced by parents of trans youth. This chapter reviews the major categories from the findings, including a) the emotional contours of parenting, b) family cohesion, disruption, and acceptance, and c) coping strategies. It also includes the study's limitations, directions for future research, counseling implications, and conclusions.

I interviewed 21 parents from four geographic regions and 13 U.S. states. Most of the participants were mothers ($n = 20$), and one was a father. All identified as White, middle class, and were between 30 and 56 years of age. Most of the participants were members of parent support groups comfortable with sharing information and discussing issues online or in person. Parent support groups encourage the discussion of transgender issues without judgment, and the participants in this study were accustomed to sharing concerns in a supportive arena, which perhaps influenced the participants' willingness to share their experiences and challenges. The one father who volunteered was not a member of a support group but felt supported by his spouse, who was involved in a parent support group.

This dissertation describes the experiences of these 21 participants who have a child or adolescent who has transitioned and who identifies as trans female or trans male as their gender identity. While the children and adolescents in this study identified their

internal gender identity along the gender binary as male or female, there is a range of gender identities that children may express. The fluidity of gender identity may not be so much an "affirmation" of a particular gender as it is an exploration that is situated in context, time, development stage, and within the evolving emotional landscape of a child's development. Youths who affirm a gender identity different from the one assigned at birth need parental support for their mental health and well-being (Nealy, 2017; Rosenkrantz et al., 2020; Ryan et al., 2010; Turban et al., 2020). Parents of gender transitioning youth confront a plethora of emotional and parenting challenges, and research has demonstrated that parental acceptance is critical; however, parents of trans youth need psychoeducation and counseling to address the emotions that may emerge from their child's affirmed gender identity and also benefit from support to maximize their ability to become advocates for their children.

Interpretation of Findings

The participants in this study wanted to share their experience and hoped, in doing so, that they would be able to assist other parents beginning the circuitous emotional journey of acceptance. It was difficult for some of the parents to discuss their painful emotional experiences, but sharing their emotional journey was important to them. I felt honored and privileged to be entrusted with their stories of fortitude, love, and perseverance. Each parent was motivated by love and devotion to their child no matter what type of adversarial situation erupted as a result of the gender transition. Their narratives were interwoven with resolve and determination and embedded with an array of emotional responses, some of which included camouflaging emotions and concealing grief. Parents recognized that their own identity was changing as their child transitioned,

and they experienced a de-centering of their lives with an escalating uncertainty as they moved forward.

The Emotional Contours of Parenting

For a parent, recognizing and accepting their child's internal gender identity may signify the start of an unexpected emotional transition, which may leave the parent experiencing a range of emotions, including guilt, anger, sadness, and, for some, grief. The parents of trans adolescents and children in this study experienced varying responses while navigating the emotional contours of parenting a trans adolescent or child and confronting different parenting challenges.

Parents of trans children. In this study, the emotional experiences of parents with trans children, ages six to eight, differed from the emotional experiences of parents with trans adolescents. The parent participants with trans children ($n = 5$) were able to recognize and understand their child's internal gender identity during early childhood because the children were able to communicate their gender identity with surprising clarity. For these parents, clear communication seemed to enable a smoother emotional adjustment and gradual acceptance process for the parent. For example, Alexandra's six-year-old trans son shared, "You know, Mommy, my body, on the outside it's a girl, but really on the inside, I'm a boy. So, I know people get confused." Her son's assertion dispelled her questions and uncertainty about her child's internal gender identity and enabled her to go forward with research to learn about trans children.

While parents of trans children may have a range of responses, in this study, parents were not surprised by their child's declarations, and they frequently recognized behaviors which, to them, seemed to be more aligned to a gender different from the

gender assigned at birth. For example, Jay began to recognize her child's gender identity during childhood when her trans daughter declared pronoun preferences at age six: "I'm a her, I'm a girl, I'm not a boy." Jay was supportive of her child's transition since she felt her journey started when her child first shared her internal gender identity during early childhood.

The clarity of the declarations of the young trans children was unexpected in this study and supported assertions of Hidalgo et al. (2013) that children begin to develop an awareness of their internal gender identity during childhood. Some children insist that their internal gender is the opposite of the gender assigned at birth. Early declarations also confirmed the developmental stages discussed by Brill and Pepper (2008), which suggested that children become aware of their internal gender identity between the ages of two and three.

This study confirms that when young trans children share their internal gender identity during childhood, their parents may be able to experience the acceptance process gradually. A child who insists and persists in affirming their internal gender identity during early childhood may give parents time to adjust and envision a future that aligns with their child's internal gender identity (Brill & Pepper, 2008; Ehrensaft, 2011). The parents' descriptions of their child's explicit declarations align with current literature in meaningful ways. For example, Brill and Pepper (2008) encouraged parents to be supportive of early internal gender identity assertions and to be attentive to parenting language used when communicating with their child to ensure that they do not convey rejection or shame.

Moreover, existing research confirms that internal gender identity and speech skills seem to develop concurrently in a child, and it is not unusual for a trans child to express their internal gender identity at a young age with remarkable verbal fluency (Brill & Pepper, 2008; Ehrensaft, 2011). The parents of trans children in this study allowed their children to “unfold” (Ehrensaft, 2011, p. 60) their gender identity and remained attentive to additional affirmations of gender identity. My findings suggest that grief is not as likely to be present in parents of trans children. The one parent of a child, an 8-year-old trans daughter, who discussed grief did so in the context of grief due to the lack of family acceptance.

Parents of adolescents. In this study, the emotional responses of parents of children versus parents of adolescents appeared to be different in several ways, and one salient difference was the relative lack of grief experienced in parents of trans children. Riley et al. (2011) asserted that parents of older transgender children and adult transgender children might experience grief more intensely than parents of younger transgender children. My findings echoed Riley et al. (2011) in that eight of 16 parents of trans adolescents discussed feeling grief from a sense of loss due to their child’s gender transition.

While not every parent of a trans adolescent experiences grief, the type of grief described by half of the parents of trans adolescents in this study seemed distinctive due to the ensuing complications and persistent duration. If a parent of a trans adolescent experiences their child’s gender transition as the loss of their child, even though not due to death, the parent may experience what I identify as disenfranchised parental grief,

which is not culturally and socially understood (Brill & Pepper, 2008; Doka, 1989; Rando, 1986).

Conceptually, disenfranchised parental grief could be used to interpret and understand the type of grief parents of trans adolescents may experience due to their child's gender transition. Parents may conceal their emotional responses when their adolescent decides to transition to avoid communicating non-acceptance. As a result, disenfranchised parental grief may remain unaddressed because it is concealed and undetected (Doka, 1989; Rando, 1986). Parental grief is not similar to other types of grief because "the grief of parents is particularly severe, complicated, and long-lasting" (Rando, 1986, p. xi). It is critical to recognize that some parents of trans adolescents may experience disenfranchised parental grief during the gender transition process, necessitating a screening process for grief. Understanding the grief and scope of the parent's emotional experience with trans adolescents is necessary to provide appropriate support and assistance. The next section addresses themes related to the research question exploring family relationships.

Family Cohesion, Disruption, and Acceptance

This study confirmed that as a result of the child's gender transition, significant relationship changes occurred among family members and often unfolded or erupted in unexpected ways. Many parents discussed emotional estrangement, rejection, and severed relationships with immediate and extended family members. Stigma and transphobia within the family can devastate the threads of family bonds and devalue the trans youth as a family member, making the parent feel utterly alone with their painful emotions and complex decisions.

Relational changes in the family. Family members who are not accepting may adhere to a rigid gender binary classification, which influences their feelings and decisions (Cavanaugh & Ladd, 2017). In this study, a belief in a rigid gender binary did seem to influence the acceptance process for extended family members, especially those with strong religious affiliations, and parents questioned if maintaining family relationships was in the best interest of their trans child. Parents felt compelled to evaluate strategies to maintain, reconcile, or sever family relationships to protect their child. For example, Nina communicated her feelings to her trans daughter and indicated that she would choose her trans adolescent even if it meant forsaking her family. She shared the memorable statement told to her daughter: “We are going to choose you every time. We are going to choose you over them.”

Parents discussed confronting bias and stigma within the family due to their choice to support their trans adolescent’s or child’s transition. Some parents experienced rejection from grandparents and adult siblings, and this rejection by family members was a painful emotional experience for the parent and trans youth to endure. Many parents discussed their experiences with the grandparents, both non-accepting and accepting, and some parents recounted that when they most needed support from their family, they confronted rejection and misgendering of their trans child, which provoked intense feelings of anger, grief, loss, and sadness.

Some parents, however, found immediate acceptance and support from the trans child’s grandparents. In some families, grandparents understood, affirmed their trans grandchild, and complied with gender pronoun fluency. The generational love that grandparents have for their grandchildren may afford them a level of emotional

objectivity to diffuse conflict within the family and serve as a catalyst to nurture acceptance within the family. Grandparents may emerge as critical allies to trans grandchildren (Coolhart & Shipman, 2017). Indeed, Coolhart and Shipman identified that grandparents might need assistance to understand gender identity and the gender transition process to enable them to assume roles as allies and advocates. Parents may be able to foster acceptance by providing support and assistance to their child's grandparents. Participants stressed the importance of encouraging grandparents to retell family stories with correct pronouns to amend and ameliorate memories, and grandparents were encouraged to practice their family narrative aloud to increase their verbal fluency and prevent misgendering. While this study supports the research findings of Coolhart and Shipman (2017), there were also some parents whose own parents were unable to understand or accept their trans grandchild. This study suggests that grandparents may emerge as influential advocates and allies for their trans grandchild, spontaneously or with encouragement, to provide a significant protective factor.

Religiosity. While research investigating how religion impacts parental acceptance in trans youth is limited, VanderWaal, Sedlacek, and Lane (2017) have asserted that parents can be "heavily influenced by their religious beliefs" (p. 81). Religious values and beliefs may impact the parents' emotional response to their child's gender identity; thus, intense religious beliefs may create a barrier in the parental acceptance (Rosenkrantz et al., 2020). Some parents suggested that religiosity influenced family members and encouraged a rejection response. Brett, the one father in the study, felt that religiosity was the central factor in his ex-wife's rejection of his trans son and was a "relationship disrupter." Risa, too, felt that her father, who was a clergy member,

rejected her trans daughter due to religiosity. Strict adherence to religious values may encourage inflexible thinking from a binary perspective.

Parents frequently speculated on the impact of religiosity and how it might foster intolerance. For example, Blair reflected, “I think a lot of people hide behind religion and use it as a weapon and a reason to discriminate, and it is painful.” Parents discussed the levels of rejections they experienced and shared that losing the support of their own parents and adult siblings was emotionally painful and distressing. Participants recounted how transphobic bullying, aggressive interactions, and misgendering within the family caused strain or damaged relationships, making the possibility of restoring family cohesion uncertain. This study suggests that religiosity, culture, and values may converge to influence whether or not a family member accepts a trans youth and their parent (Rosenkrantz et al., 2020). Some religious affiliations may assist parents in supporting their trans child, but in this study, parents indicated religiosity as a negative influence in the acceptance process. Additional research is needed to explore how religiosity impacts parental and intergenerational acceptance.

Sibling advocacy. Siblings may be accepting and emerge as persuasive advocates for their trans sibling and provide immediate support at school or home. Brothers and sisters are often aware of their trans sibling's internal gender identity in advance of the parents and may try to facilitate the acceptance process with parents. Israel (2006) identified the importance of sibling advocacy along with the positive protective benefits. This confirming finding was unanticipated and emerged due to the parents' willingness to discuss relationships between their children. This study also suggests that siblings may be influential in transforming family dynamics and

encouraging a family culture of acceptance and encouraging advocacy. A close relationship may empower the degree and intensity of sibling advocacy, enabling siblings to become advocates able to skillfully diffuse anger and cultivate acceptance with peers during challenging social situations. Advocacy for siblings requires immediate action and the ability to interpret and anticipate relational aggression and transphobia, to intervene and neutralize aggression, misgendering, and trans bullying. Specific advocacy skills can be taught to siblings, especially if the siblings had a strong relationship prior to the gender transition, which could potentially add a significant protective factor. Previous studies have asserted that accepting parents can engender accepting siblings, and the findings in this study support this assertion (Gray et al., 2016).

For example, Devon discussed the relationship of her twins and the impact and influence of sibling advocacy. Her eight-year-old trans daughter has a twin brother who “consistently and unfailingly” provides advocacy and protection from trans bullying. Twins share a special bond and relationship and frequently use the pronoun *we*. Twins are frequently considered a single entity, not as two distinct individuals, and developing and affirming individual identity can be extremely difficult for a twin (Stewart, 2000). Devon’s story suggests that a trans youth who is also a twin may navigate the intersections of two identities—individual and gender—concurrently. Further, a trans adolescent or child with a twin may have a lifelong ally and advocate who provides a unique layer of protection to support well-being since many twins consider themselves as being “born with a best friend” (Stewart, 2000, p. 159). Individual identity formation occurs differently in twins, and as a result, twinship may allow a unique understanding of gender identity development, which informs and enables sibling advocacy (Friedman,

2018). Siblings can emerge as significant allies and advocates, and this study suggests that strong sibling relationships seem to remain intact and positively impact sibling advocacy.

However, siblings may also experience grief associated with the loss of a sibling and loss of an anticipated future for that sibling as well as become stigmatized themselves due to familial association (Riggs & Bartholomaeus, 2018). Further, siblings of trans adolescents or children may feel neglected and become resentful, frustrated, or angry when the focus within the family is primarily on the trans sibling and the transition process (Ehrensaft, 2011; Sennott & Chandler, 2019). In this study, accepting family members sustained family cohesion by encouraging an affirming culture within the family, which provided emotional support and stability during a period of uncertainty for the parents. Cohesion and stability were sustained through effective coping strategies, which are addressed in the next section.

Coping Strategies

Participants consistently expressed a desire to mentor other parents and shared that when they first started their journey, they sought support and advice from more experienced parents. Parents felt they needed immediate information regarding options for social and medical interventions and rereferrals to trans-affirmative health care providers in their geographic region. Experienced parents often mentored neophyte parents and shared resources and information through in-person and online support groups. Parents who initially felt isolated with their emotions were strongly advised to join a support group. Parents discussed the challenges of locating a counselor or therapist who was “trans literate” and seeking help through a support group became a strategic

necessity and coping strategy when confronting their trans adolescent's or child's internal gender identity for the first time (Krieger, 2019; Malpas, Glaeser, & Giammattei, 2018).

Participants advised parents to allow the trans child to lead the transition process regardless of the child's age, and the phrase most frequently used by the participants was "let your child lead." Participants recommended listening to their trans adolescent or child when they indicate that they are ready to move forward with a transition. The parents in this study recommend that parents just beginning to learn about the transition process should trust their trans adolescent or child and accept their wishes regarding moving forward with a transition (Brill & Kenney, 2016; Ehrensaft, 2011).

Supporting a trans adolescent or child as a parent requires listening to understand, accepting their internal gender identity, and tolerating uncertainty. Centering on the needs of the trans adolescent or child becomes a critical parenting decision since parents can become overwhelmed by the complexity of unexpected parenting decisions. Parents need to become an ally and advocate for their trans children while navigating their emotional transition concurrently with their child's gender transition. Parents can experience a significant level of fear, anxiety, and sadness associated with the transition process and need assistance to focus on what is best for their child. The emotional experience of parents necessitates counseling support from professionals, and the next section addresses implications developed from study findings.

Counseling Implications

Counselors, therapists, and psychologists need to assist parents with revising and reinventing their lives to accommodate their trans adolescent or child. Research confirms that trans youths are a high-risk group for mental health issues and suicide and that

parental acceptance is a critical protective factor (dickey & Budge, 2020; Grant et al., 2011; Grossman & D'Augelli, 2006; Lev, 2004; Monro, 2019; Parr & Howe, 2019; Rosenkranz et al., 2020; Tebbe & Moradi, 2016). Support groups emerged as a significant recommendation to other parents, and counselors can establish and facilitate parent support groups or provide referrals to online or in-person groups. Counseling professionals need to become attuned to the emotional transition experienced by parents by recognizing that parents may be concealing their emotions, including potential feelings of grief and loss during their trans adolescent's transition. Parents often experience social isolation and those who lose the support of their family may struggle to identify ways to live with rejection or reconcile relationships. Furthermore, anger and frustration were emotions that often accompanied grief, sadness, and loss within the family.

Screening for Disenfranchised Parental Grief

Recognizing that grief may be present in some parents of trans adolescents may be essential for targeting appropriate counseling. Practitioners need to recognize that parents may conceal their grief and camouflage their emotions. Therefore, counselors and mental health practitioners need to screen for disenfranchised parental grief with parents of adolescents and create space for them to discuss grief (Doka, 1989; Rando, 1986). Disenfranchised grief is pernicious due to the absence of emotional support and societal invalidation of the grief. This type of grief must be recognized since some parents of a trans adolescent need to metabolize their grief in individual counseling or with a support group while apart from their trans adolescent (Krieger, 2019; Nealy, 2017). School counselors and mental health practitioners need to build partnerships with

parents of trans adolescents, screen for disenfranchised parental grief, offer targeted support, and provide appropriate referrals. Counselors need to recognize that “there is a healing trajectory to grief,” which is intrinsically unique to each individual (Bertman, 1999, p. 15). Counselors also need to be alert to potential differences in parenting experiences with a trans child versus a trans adolescent.

Developing Competencies

School counselors and mental health practitioners need to develop specific competencies for counseling transgender students and their parents (Johnson & Benson, 2014). Counselors should reflect on their understanding and awareness of how their training and worldview impacts their professional practice and work to improve trans-affirmative counseling competency (McCullough et al., 2017; Motulsky & Frank, 2018). Practitioners should consider attending national conferences such as the Philadelphia Trans Health conference: <http://www.trans-health.org> or other trans focused conferences or professional development workshops. While trans-affirming counseling competencies were developed by the American Counseling Association (2009) and the American Psychological Association (2015), additional training is needed to develop competency in trans-affirming counseling and consultations with parents.

Counselors and mental health practitioners may also need to pursue additional training in grief counseling, which may not have been a component of their training in graduate school. Providing competent trans-affirmative counseling to transgender students and their parents requires knowledge of the specific concerns and training in cultural issues related to the transgender population (McCullough et al., 2017). Training

should emphasize that trans youth are a distinctive group, which requires additional training beyond multicultural counseling (Luke & Goodrich, 2017).

Cultivating Acceptance

Counselors need to recognize the ways they can cultivate and encourage the parental acceptance process through counseling. Parents need support to cope with the impact of family disruptions and to understand the influence of religiosity upon the acceptance process within a family. It may be possible to cultivate acceptance through the grandparents if parents provide grandparents with a foundational education on gender identity and the transition process. Encouraging grandparents and family members to adjust by practicing their family narrative is a helpful strategy. Gregor et al. (2015) document the necessity the necessity of counselor competence in cultivating acceptance when counseling parents and families contending with gender identity:

Given the uncertainty and ambivalence that families experience concerning supporting their child with gender dysphoria, increased levels of support should be offered. The support should acknowledge the emotional strain that having a pre-pubescent child with gender identity issues can pose and allow the opportunity for parents to grieve the loss of their internalized ideal parent.

(p. 244)

Social Justice Goals

From a social justice perspective, I hoped this study would inform best practice recommendations for practitioners from my research findings. Counselors and mental health practitioners need to become more visible allies for trans youth and recognize and respond to the needs of parents with trans youth. The study highlights the gaps in

counseling services for trans adolescents, children, and their parents. To assist parents, counselors and mental health practitioners should develop contacts through groups that support trans youth such as PFLAG.org., genderspectrum.org, or the Trevor Project.org. Counselors and mental health practitioners need to consistently utilize language that is trans-affirmative and consider involvement and engagement with the trans community (Motulsky & Frank, 2018; O'Hara et al., 2013). The issues confronting parents of trans adolescents and children are complex, and professionals may need to self-monitor their verbal communications to avoid trans microaggressions, which are hurtful and demeaning when exhibited by a licensed professional (McCullough et al., 2017).

School counselors are in an extraordinary position to support the distinct needs of parents of trans students and need to be prepared to assist parents who are transitioning emotionally during their adolescent's or child's transition (Luke et al., 2011). School counselors are experienced in forming alliances with parents and highly skilled in providing transition counseling. From a social justice perspective, school counselors could strategically leverage their alliances and competencies to help parents and trans students by advocating for trans-positive actions and trans-affirmative counseling within the school community. School counselors can facilitate pro-LGBTQ groups, establish support groups for siblings with a trans brother or sister, and develop contacts and a network of referrals within the community.

School counselors and mental health practitioners need to consider committing to ongoing, trans-affirmative training and best practices to provide competent counseling support and assistance to parents of trans youth. Moreover, counselors and mental health practitioners should visibly identify themselves as allies and take action within

organizations to advocate for social change, trans-affirmative policies, and education within the community.

Limitations

The results of this study should be considered in relation to the study limitations. While the study was geographically diverse and included participants from 13 states, the primary limitation of this study is the absence of racial and gender diversity. The participants ($N = 21$) who volunteered were homogeneous, predominately White mothers who identified as accepting parents in the middle class. It was challenging to recruit a racially diverse participant pool through snowball sampling since the in-person and online support groups were primarily composed of White mothers. Black, Latinx, Asian, and Native American parents are significantly underrepresented in support groups for parents of trans adolescents or children, at least in the four regions of the recruitment area. Social forces and historical mistrust may create significant barriers for parents across race and class who attempt to access help and support. For example, Fields, Morgan, and Sanders (2016) found that Black trans adolescents and adults manage multiple social identities that intersect, and confront significantly higher levels of adverse situations, which can negatively impact health, wellness, and safety. The barriers to accessing support for Black parents of trans youth was identified as a concern in previous research (Hegedus, 2009). Cultural and religious differences in Black, Latinx, Asian American, and Native American/Indigenous populations are important to understand as influential factors on parental responses to their trans child.

In this study, it was also difficult to recruit fathers ($n = 1$) since fathers are also underrepresented in support groups for parents of trans children. The challenge of

recruiting fathers of trans youth as participants was identified in previous research (Hegedus, 2009). I attempted to recruit fathers through snowball sampling by asking each mother enrolled in the study if the father of the trans adolescent or child would be willing to participate. Only one father—a White man—volunteered.

The absence of gender diversity among the children is also a limitation of the study. Of the 21 participants, 15 identified as the parent of an adolescent trans male, and one participant identified as the parent of an adolescent trans female. Further, of the five participants who identified as the parents of a trans child between the ages of six and eight, four were parents of trans girls, and one identified as the parent of a trans boy. I was unable to recruit participants with trans children between the ages of 9 and 12.

A limitation of the study includes the recruiting of parents from parent support groups, which introduces bias. Parents involved in support groups are more likely to be accepting parents who have worked through some of the challenges and painful emotions of their journey. Parents not involved in support groups may be at a very different place with their emotions and feelings regarding acceptance, which limits the understanding of parents' emotional experience. Despite these limitations, this study advances the field by investigating the emotional and grief experience of parents navigating their trans youth's transition, an area of research that is currently underrepresented in the literature.

Future Research

The emotional experience of grandparents of trans adolescents or children is under-addressed in existing research and emerged as a critical component in this study. Participants discussed the importance of grandparent acceptance and how their support created an additional level of protection for the parents and trans youth. Grandparents

may have the ability to neutralize anger, reframe perspectives associated with guilt, and facilitate family acceptance. There are few supports and resources available for grandparents of trans youth, and they may have needs that are not fully understood. This research underscores the importance of parental support in minimizing the escalation of mental health concerns in trans children and adolescents, including self-harm and suicidality (Butler et al., 2019; dickey & Budge, 2020; Grant et al., 2011; Lev, 2004; Nealy, 2017; Pepper & Kenney, 2016; Wahlig, 2014). Support from grandparents may provide an additional protective factor, which may be under-optimized (Scherrer, 2010).

The research literature on the impact of religiosity in the parental acceptance process is limited, and future studies should explore the impact and convergence of religious values, religious beliefs, and culture. Rosenkranz et al. (2020) presented both positive and negative functions of religious affiliation on parental acceptance and parental coping strategies. Future studies should examine how religious affiliations or communities might support as well as reject parents of trans youth for accepting and supporting their trans child. Follow-up studies are also needed to ascertain the emotional experience of cisgender siblings with a trans sibling. Siblings may confront grief, along with complex emotions and limited options for support (Israel, 2006). Research exploring the various factors that encourage sibling advocacy would be of interest in the field of counseling and psychotherapy. Additional research investigating concurrent individual identity and gender identity development in twins could expand the literature and address a research gap.

This study predominately reported on middle-class White mothers, and future research is needed to investigate the experience of fathers as well as parents of color with

trans children. Fathers of trans youth seem to be a hidden population, and the experience of fathers needs to be better understood to provide appropriate assistance. Parents of color with trans youth also need support, yet do not seem to become involved in support groups for parents, which perhaps suggests an unmet need. Parents of color may seek assistance in other arenas such as family, church, or cultural groups, but more research is needed to determine how to assist parents of trans youth who are not involved in support groups.

Further, social class may influence parental responses, access to support, resources, and the level of assistance parents receive. Middle and upper-class parents have greater access to information, research, therapeutic assistance, medical care, and support groups. Lower class parents may have barriers to access and struggle to locate resources, trans-affirmative medical care, and counseling assistance. Future studies could explore the impact of varying socioeconomic status on parents with trans youth, which would be useful in developing effective outreach efforts and supports. Moreover, there is a need for more research to explore the emotional journeys of parents with non-binary or gender-expansive youth. This study did not interview parents with non-binary children, and these parents may experience a different emotional journey with differing needs.

Final Reflections

Dissertation topics and rationales can be invisibly tethered to a personal interest or experience. I acquired an understanding of the emotional complexities that may emerge within families when a family member discloses their trans identity because I have a trans woman family member. Also, my professional experience as a Licensed Professional Counselor and Licensed School Counselor has focused on providing support to parents as they navigate the emotional contours of parenting a trans adolescent. As I investigated the

emotional journey of the parents, their stories prompted me to recall a problematic but defining emotional transition I navigated. For 18 years, I was not perceived by others or by myself as an individual but as a twin and part of an entity. My twin and I had a shared identity, preferred the pronoun we, and were virtually inseparable until we jointly decided to attend different colleges. Twins frequently develop a half-person concept and do not feel whole without the presence of the other twin, and this bond is identified as a shared identity (Stewart, 2000). Twinship fosters a unique relationship, including an understanding of feelings and emotions that are intuitively and nonverbally comprehended; words are not always required.

When I parted from my twin, a shard of my identity shattered, and a profound feeling of loss filled the vacant space because I had unwittingly relinquished the most important asset of my life: my twinship bond. For me, our mutual decision to separate resulted in a persistent, painful, yearlong transition to develop and acquire an individual identity. For the first time in my life, at age 18, without my twin, I reluctantly identified as an individual, which felt inauthentic and fraudulent. I awkwardly revised my narrative and navigated feelings of grief and loss, which complicated my transition to college and left me without my lifelong best friend. My transition was emotionally painful, and for the first time, I confronted the loneliness of being a singleton.

In the past, I had failed to recognize the intertwined identity I shared with my twin and underestimated the difficulty of losing a twinship relationship along with the emotional challenge of asserting and affirming my identity as an individual. I recognize now that my interest in grief, loss, gender identity, transitions, and family relationships intersect and emanate from my experience as a twin who struggled to affirm an individual

identity. My experience motivated me to understand how parents navigate their emotional journey and to identify my research problem. Reflective practice and journaling allowed me to explore the threads of my motivation. As a researcher, I tried to remain aware of what I could inadvertently infuse into the study through dedicated, reflective practice during the research process. My identity transition was a parallel experience, which allowed me to understand that each transition is unique and enmeshed with emotional contours that can be unexpected, overwhelming, and arduous. Retrospectively reassessing my emotional journey was unexpected since my goal was to learn about the emotional experience of parents. As a researcher, I learned that re-evaluating my previous experience attuned me to the difficulty of discussing camouflaged emotional pain and concealed grief. During the study, I recognized the difficulty the parents confronted while sharing their emotional experiences.

Conclusion

Parents of trans youth, mostly silent, struggle to reinvent their lives, adjust family relationships, and revise their family narrative to include their trans children. Parents witness their child's transition process and are likely to experience many differing emotional reactions and changes in relationships. Some parents of trans adolescents may experience disenfranchised parental grief, but literature focusing on the emotional and grief experience of parents with trans adolescents or children is limited (Gray et al., 2016; Ryan et al., 2010). This study advances research by investigating the emotional and possible grief experience of parents navigating their child's gender transition. This study also contributes to our understanding by examining how the emotional experience of parents with trans youth influence personal well-being and family relationships.

The emotional contours of navigating a child's gender transition necessitates that counselors, therapists, and psychologists be prepared to offer assistance to parents as they envision their lives to align with their trans adolescent or child. Developing best practice recommendations from research findings for practitioners was a central research goal and a social justice objective in this dissertation. I was grateful that the parents shared their emotional transition and hope their stories help other parents commencing this complex journey.

REFERENCES

- American Counseling Association. (2009). *ALGBTIC competencies for counseling transgender clients*. Alexandria, VA: Author.
- American Psychiatric Association. (2013). Gender dysphoria [fact sheet]. Retrieved from https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DS_M-5-Gender-Dysphoria.pdf
- American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist, 70*(9), 832-864. doi:org/10.1037/a0039906
- Austin, A. (2016). "There I am": A grounded theory study of young adults navigating a transgender or gender nonconforming identity within a context of oppression and invisibility. *Sex Roles, 75*(5-6), 215-230. doi:org/10.1007/s11199-016-0600-7
- Beemyn, G. (2014). Transgender terminology [fact sheet]. Retrieved from <https://hr.cornell.edu/sites/default/files/trans%20terms.pdf>
- Beemyn, G. (2018). LGBTQIA+ terminology [fact sheet]. Retrieved from <https://www.umass.edu/stonewall/workshops>
- Bertman, S. L. (Ed.). (1999). *Grief and the healing arts: Creativity as therapy*. Amityville, NY: Baywood.
- Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Cambridge, MA: Harvard University Press.
- Bowlby, J. (1969). *Attachment and loss*. New York, NY: Basic Books.
- Bowlby, J. (1977). The making and breaking of affectional bonds. I. Aetiology and psychopathy in the light of attachment theory. An expanded version of the Fiftieth

- Maudsley Lecture, delivered before the Royal College of Psychiatrists, 19 November 1976. *British Journal of Psychiatry*, 130(5), 420-231.
- Bowlby, J. (1980). *Loss, sadness and depression*. New York, NY: Basic Books.
- Brill, S., & Kenney, L. (2016). *The transgender teen: A handbook for parents and professionals supporting transgender and non-binary teens*. Jersey City, NJ: Cleis Press.
- Brill, S., & Pepper, R. (2008). *The transgender child: A handbook for families and professionals*. Jersey City, NJ: Cleis Press.
- Butler, C., Joiner, R., Bradley, R., Bowles, M., Bowers, A., Russell, C., & Roberts, V. (2019). Self-harm prevalence and ideation in a community of cis, trans and other youth. *International Journal of Transgenderism*, 20(4), 1-23.
doi.org/10.1080/15532739.2019.1614130
- Capous-Desyllas, M., & Barron, C. (2017). Identifying and navigating social and institutional challenges of transgender children and families. *Child and Adolescent Social Work Journal*, 34(6), 527-542.
- Carspecken, P. F. (1996). *Critical ethnography in educational research: A theoretical and practical guide*. New York, NY: Routledge.
- Cavanaugh, G., & Ladd, L. (2017). "I want to be who I am": Narratives of transgender persons. *Journal of LGBT Issues in Counseling*, 11(3), 156-173.
- Chang, T. K., & Chung, Y. B. (2015). Transgender microaggressions: Complexity of the heterogeneity of transgender identities. *Journal of LGBTQ Issues in Counseling*, 9(3), 217-234. doi.org/10.1080/15538605.2015.1068146

- Charmaz, K. (2006). *Constructing grounded theory: A practical approach through qualitative analysis*. Thousand Oaks, CA: SAGE.
- Choudhuri, D. D. (2005). Conducting culturally sensitive qualitative research. In M. G. Constantine & D. W. Sue (Eds.), *Strategies for building multicultural competence in mental health and educational settings* (pp. 269-282). Hoboken, NJ: Wiley.
- Collins, M., & Collins, D. (2017). *At the broken places: A mother and trans son pick up the pieces*. Boston, MA: Beacon Press.
- Coolhart, D., Ritenour, K., & Grodzinski, A. (2017). Experiences of ambiguous loss for parents of transgender male youth: A phenomenological exploration. *Contemporary Family Therapy, 40*(1), 28-41. doi.org/10.1007/s10591-017-9426x
- Coolhart, D., & Shipman, D. L. (2017). Working toward family attunement: Family therapy with transgender and gender-nonconforming children and adolescents. *Psychiatric Clinics of North America, (40)*1, 113-125.
doi.org/10.1016/j.psc.2016.10.002
- Creswell, J. W. (2008). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. Upper Saddle River, NJ: Pearson.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: SAGE.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). Thousand Oaks, CA: SAGE.
- Deacon, H. (2006). Towards a sustainable theory of health-related stigma: Lessons from the HIV/AIDS literature. *Journal of Community & Applied Social Psychology, 16*(6), 418-425.

- dickey, l. m., & Budge, S. L. (2020). Suicide and the transgender experience: A public health crisis. *American Psychologist*, 75(3), 380-390.
- Doka, K. J. (Ed.). (1989). *Disenfranchised grief: Recognizing hidden sorrow*. New York, NY: Lexington Books.
- Doka, K. J. (2016). *Grief is a journey: Finding your path through loss*. New York, NY: Atria Press.
- Doka, K. J., & Martin, T. L. (2010). *Grieving beyond gender*. New York, NY: Routledge.
- Ehrensaft, D. (2011). *Gender born, gender made: Raising healthy gender-nonconforming children*. New York, NY: The Experiment.
- Ehrensaft, D. (2019). It takes a gender creative parent. In A. I. Lev & A. R. Gottlieb (Eds.), *Families in transition: Parenting gender diverse children, adolescents, and young adults* (pp. 40-59). New York, NY: Harrington Park.
- Field, T. L., & Mattson, G. (2016). Parenting transgender children in PFLAG. *Journal of GLBT Family Studies*, 12(5), 413-429.
- Fields, E., Morgan, A., & Sanders, R. A. (2016). The intersection of sociocultural factors and health-related behavior in lesbian, gay, bisexual, and transgender youth: Experiences among young Black gay males as an example. *Pediatric Clinics of North America*, 63(6), 1091-1106. doi:10.1016/j.pcl.2016.07.009
- Friedman, J. A. (2018). *Twins in session: Case histories in treating twinship issues*. Los Angeles, CA: Rocky Pines Press.
- Geertz, C. (1973). *The interpretation of cultures: Selected essays*. New York, NY: Basic Books.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. New York, NY: Simon & Schuster.

Goldblum, P., Testa, R. J., Pflum, S., Hendricks, M. L., Bradford, J., & Bongar, B. (2012). The relationship between gender-based victimization and suicide attempts in transgender people. *Professional Psychology: Research and Practice, 43*(5), 468-475. <https://doi.org/10.1037/a0029605>

Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Retrieved from http://www.transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf

Gray, S. A. O., Sweeney, K. K., Randazzo, R., & Levitt, H. M. (2016). "Am I doing the right thing?": Pathways to parenting a gender variant child. *Family Process, 55*(1), 123-138. doi.org/10.1111/famp.12128

Gregor, C., Hingley-Jones, H., & Davidson, S. (2015). Understanding the experience of parents of pre-pubescent children with gender identity issues. *Child Adolescent Social Work Journal, 32*(3), 237-246.

Grossman, A. H., & D'Augelli, A. R. (2006). Transgender youth: Invisible and vulnerable. *Journal of Homosexuality, 51*(1), 111-128.

Hegedus, J. K. (2009). *When a daughter becomes a son: Parents' acceptance of their transgender children* (Doctoral dissertation). Available from ProQuest Dissertations & Theses Global. (Order No. 3351536)

Hidalgo, M. A., Ehrensaft, D., Tishelman, A. C., Clark, L. F., Garofalo, R., Rosenthal, S. M., Spack, N. P., & Olson, J. (2013). The gender affirmative model: What we

know and what we aim to learn. *Human Development*, 56(5), 285-290.

<https://doi.org/10.1159/000355235>

Hill, D. B., & Menvielle, E. (2009). "You have to give them a place where they feel protected and safe and loved": The views of parents who have gender-variant children and adolescents. *Journal of LGBT Youth*, 6, 243-217.

Hill, D. B., & Willoughby, B. L. B. (2005). The development and validation of the genderism and transphobia scale. *Sex Roles*, 53, 531-544. doi.org/10.1007/s11199-005-7140-x

Hyde, J. S., Bigler, R. S., Joel, D., Tate, C. C., & van Anders, S. M. (2019). The future of sex and gender in psychology: Five challenges to the gender binary. *American Psychologist*, 74(2), 171–193.

Israel, G. E. (2006). Translove: Transgender persons and their families. In J. J. Bigner (Ed.), *An introduction to GLBT family studies* (pp. 51-65). Binghamton, NY: Hawthorne.

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality. Retrieved from <https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF>

Johnson, S. L., & Benson, K. E. (2014). "It's always the mother's fault": Secondary stigma of mothering a transgender child. *Journal of GLBT Family Studies*, 10, 124-144. doi.org/10.1080/1550428X.2014.857236

Josselson, R. (2013). *Interviewing for qualitative inquiry: A relational approach*. New York, NY: Guilford.

- Katz-Wise, S. L., Budge, S. L., Fugate, E., Flanagan, K., Touloumtzis, C., Rood, B., Perez-Brumer, A., & Leibowitz, S. (2017). Transactional pathways of transgender identity development in transgender and gender nonconforming youth and caregivers from the trans youth family study. *International Journal of Transgenderism, 18*(3), 1-31. doi.org/10.1080/15532739.2017.1304312
- Krieger, I. (2019). Helping parents face their fears. In A. I. Lev & A. R. Gottlieb (Eds.), *Families in transition: Parenting gender diverse children, adolescents, and young adults* (pp. 60-70). New York, NY: Harrington Park.
- Kübler-Ross, E. (1969). *On death and dying*. New York, NY: Macmillan.
- Kuckartz, U., & Rädiker, S. (2019). *Analyzing qualitative data with MAXQDA*. Cham, Switzerland: Springer Nature.
- Kuvalanka, K. A., Gardner, M., & Munroe, C. (2019). All in the family: How extended family relationships are influenced by children's gender diverse and transgender identities. In A. I. Lev & A. R. Gottlieb (Eds.), *Families in transition: Parenting gender diverse children, adolescents, and young adults* (pp. 102-117). New York, NY: Harrington Park.
- Kuvalanka, K. A., Weiner, J. L., & Mahan, D. (2014). Child, family, and community transformations: Findings from interviews with mothers of transgender girls. *Journal of LGBT Issues in Counseling, 10*(4), 354-379.
- Lang, A., Fleiszer, A., Duhamel F., Sword, W., Gilbert, K. R., & Corsini-Munt, S. (2011). Perinatal loss and parental grief: The challenges of ambiguity and disenfranchised grief. *Omega, 63*(2), 183-196.

- Lev, A. I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families*. New York, NY: Haworth.
- Levitt, H. M., & Ippolito, M. R. (2014). Being transgender: The experience of transgender identity development. *Journal of Homosexuality, 61*(12), 1727-1758.
- Levitt, H. M., Motulsky, S. L., Wertz, F. J., Morrow, S. L., & Ponterotto, J. G. (2017). Recommendations for designing and reviewing qualitative research in psychology: Promoting methodological integrity. *Qualitative Psychology, 4*(1), 2-22.
- Li, P. (2014). *Self-development toward freedom: Understanding self, identity, spirituality, and emancipatory interest* (Doctoral dissertation). Available from ProQuest Dissertations & Theses Global. (Order No. 3636925)
- Luke, M., Goodrich, K. M., & Scarborough, J. L. (2011). Integration of the K-12 LGBTQI student population in school counselor education curricula: The current state of affairs. *Journal of LGBT Issues in Counseling, 5*, 80-101.
- Luke, M., & Goodrich, K. M. (2017). Assessing an LGBTQ responsive training intervention for school counselor trainees. *Journal of Child and Adolescent Counseling, 3*(2), 103-119. doi:10.1080/23727810.2017.1313629
- Malpas, J., Glaeser, E., & Giammattei, S. V. (2018). Building resilience in transgender and gender expansive children, families, and communities: A multidimensional family approach. In C. Keo-Meier & D. Ehrensaft (Eds.), *Perspectives on sexual orientation and diversity. The gender affirmative model: An interdisciplinary approach to supporting transgender and gender expansive children* (pp. 141-

- 156). American Psychological Association. Retrieved from
<https://doi.org/10.1037/0000095-009>
- Marshall, C., & Rossman, G. B. (2016). *Designing qualitative research*. Thousand Oaks, CA: SAGE.
- Mascis, A. (2019). More than the sum of your parts: A theoretical perspective. In A. I. Lev & A. R. Gottlieb (Eds.), *Families in transition: Parenting gender diverse children, adolescents, and young adults* (pp. 118-133). New York, NY: Harrington Park.
- McCullough, R., Dispenza, F., Parker, L. K., Viehl, C. J., Chang, C. Y., & Murphy, T. M. (2017). The counseling experiences of transgender and gender nonconforming clients. *Journal of Counseling & Development, 95*(1), 423-434.
- McGuire, J. K., Catalpa, J. M., Lacey, V., & Kunalanka, K. A. (2016). Ambiguous loss as a framework for interpreting gender transitions in families. *Journal of Family Theory and Review, 8*, 373-385.
- McGuire, J. K., Kunalanka, K. A., Catalpa, J. M., & Toomey, R. B. (2016). Transfamily theory: How the presence of trans* family members informs gender development in families. *Journal of Family Theory and Review, 8*, 60-73.
- McLemore, K. A. (2018). A minority stress perspective on transgender individuals' experiences with misgendering. *Stigma and Health, 3*(1), 53-64.
doi.org/10.1037/sah0000070
- McNutt, B., & Yakushko, O. (2013). Disenfranchised grief among lesbian and gay bereaved individuals. *Journal of LGBT Issues in Counseling, 7*(1), 87-116.
doi.org/10.1080/15538605.2013.758345

- Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco, CA: Jossey-Bass.
- Mertens, D. M. (2015). *Research and evaluation in education and psychology*. Thousand Oaks, CA: SAGE.
- Meyers, L. (2019). Grieving everyday losses. *Counseling Today*, 61(11), 24-29.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: SAGE.
- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). Thousand Oaks, CA: SAGE.
- Monro, S. (2019). Non-binary and genderqueer: An overview of the field. *International Journal of Transgenderism*, 20(2-3), 126-131.
doi.org/10.1080/15532739.2018.1538841
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52(2), 250-260.
- Motulsky, S. L., & Frank, E. (2018, April 2). Creating positive spaces for career counseling with transgender clients. *Career Convergence*. National Career Development Association. Retrieved from <http://www.careerconvergence.org>
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: SAGE.
- Mulvihill, A., & Walsh, T. (2014). Pregnancy loss in rural Ireland: An experience of disenfranchised grief. *British Journal of Social Work*, 44(8), 2290-2306.
doi.org/10.1093/bjsw/bct078

- Nealy, C. J. (2017). *Transgender children and youth: Cultivating pride and joy with families in transition*. New York, NY: Norton.
- Norwood, K. (2012). Transitioning meanings? Family members' communicative struggles surrounding transgender identity. *Journal of Family Communication*, 12, 75-92. doi.org/10.1080/15267431.2010.509283
- Norwood, K. (2013). Grieving gender: Trans-identities, transition, and ambiguous loss. *Communication Monographs*, 80(1), 24-45.
- O' Hara, C., Dispenza, F., Brack, G., & Blood, R. A. (2013). The preparedness of counselors in training to work with transgender clients: A mixed methods investigation. *Journal of LGBT Issues in Counseling*, 7, 236-256.
- Ortlipp, M. (2008). Keeping and using reflective journals in the qualitative research process. *Qualitative Report*, 13, 695-705.
- Parkes, C. M. (2011). Complicated grief in the DSM-5: Problems and solutions. In K. J. Doka, & A.S. Tucci (Eds.), *Beyond Kübler-Ross: New perspectives on death, dying and grief* (pp. 93-111). Washington, DC: Hospice Foundation of America.
- Parr, N. J., & Howe, B. G. (2019). Heterogeneity of transgender identity nonaffirmation microaggressions and their association with depression symptoms and suicidality among transgender persons. *Psychology of Sexual Orientation and Gender Diversity*, 6(4), 461-474. doi.org/10.1037/sgd0000347
- Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4th ed.). Thousand Oaks, CA: SAGE.
- Pearlman, S. F. (2006). Terms of connection: Mother-talk about female-to-male transgender children. *Journal of GLBT Family Studies*, 2(3/4), 93-122.

- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*(2), 126-136.
- Rahilly, E. P. (2015). The gender binary meets the gender-variant child: Parents' negotiations with childhood gender variance. *Gender & Society, 29*(3), 338-361. doi.org/10.1177/0891243214563069
- Rando, T. A. (1985). Bereaved parents: Particular difficulties, unique factors, and treatment issues. *Social Work, 30*(1), 19-23. doi.org/10.1093/sw/30.1.19
- Rando, T. A. (Ed.). (1986). *Parental loss of a child*. Champaign, IL: Research Press.
- Rando, T. A. (1988). *Grieving: How to go on living when someone you love dies*. New York, NY: Lexington.
- Richards, L., & Morse, J. (2007). *Read me first for a user's guide to qualitative research* (2nd ed.). Thousand Oaks, CA: SAGE.
- Riggs, D. W., & Bartholomaeus, C. (2018). Cisgenderism and certitude: Parents of transgender children negotiating educational contexts. *Transgender Studies Quarterly, 5*(1), 67-82. doi.org/10.1215/23289252-4291529
- Riggs, D. W., & Willsmore, S. (2012). Experiences of disenfranchised grief arising from the unplanned termination of a foster placement: An exploratory South Australian study. *Adoption and Fostering, 36*(2), 57-66. doi.org/1177/030857591203600206
- Riley, E. A., Sitharthan, G., Clemson, L., & Diamond, M. (2011). The needs of gender-variant children and their parents: A parent survey. *International Journal of Sexual Health, 23*, 181-195.

- Rosenkrantz, D. E., Rostosky, S. S., Toland, M. D., & Dueber, D. M. (2020). Cognitive - affective and religious values associated with parental acceptance of an LGBT child. *Psychology of Sexual Orientation and Gender Diversity*, 7(1), 55-65.
- Rubin, S. S., & Malkinson, R. (2001). Parental response to child loss across the life cycle: Clinical and research perspectives. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 219-240). Washington, DC: American Psychological Association.
- Ryan, C., Russell, T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205-213.
- Saldana, J. (2015). *Thinking qualitatively: Methods of mind*. Thousand Oaks, CA: SAGE.
- Saldana, J. (2016). *The coding manual for qualitative researchers*. Thousand Oaks, CA: SAGE.
- San Antonio, D. M. (2004). *Adolescent lives in transition: How social class influences the adjustment to middle school*. Albany, NY: State University of New York Press.
- Scherrer, K. S. (2010). The intergenerational family relationships of grandparents and GLBQ grandchildren. *Journal of GLBT Family Studies*, 6(3) 229-264.
- Schiff, H. S. (1977). *The bereaved parent: A book of counsel for those who suffer the heartbreaking experience*. New York, NY: Crown.
- Sennott, S. L., & Chandler, D. (2019). Supporting siblings through transition: A child-centered, transfeminism therapeutic model. In A. I. Lev & A. R. Gottlieb (Eds.),

Families in transition: Parenting gender diverse children, adolescents, and young adults (pp. 290-307). New York, NY: Harrington Park.

Stewart, E. A. (2000). *Exploring twins: Towards a social analysis of twinship*. New York, NY: Palgrave Macmillan.

Sun, L. H., & Eilperin, J. (2017, December 15). CDC gets list of forbidden words: Fetus, transgender, diversity. *Washington Post*. Retrieved from https://www.washingtonpost.com/https://www.washingtonpost.com/national/health-science/cdc-gets-list-of-forbidden-words-fetus-transgender-diversity/2017/12/15/f503837a-e1cf-11e7-89e8-edec16379010_story.html

Tebbe, E. A., & Moradi, B. (2016). Suicide risk in trans populations: An application of minority stress theory. *Journal of Counseling Psychology, 63*(5), 520-522.

Thomson, P. (2010). Loss and disorganization from an attachment perspective. *Death Studies, 34*(10), 893-914. doi.org/10.1080/07481181003765410

Tullis, J. A. (2017). Death of an ex-spouse: Lessons in family communication about disenfranchised grief. *Behavioral Sciences, 7*(2), 1-7. doi.org/10.3390/bs7020016

Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics, 145*(2), 1-8. doi.org/10.1542/peds.2019-1725

Tusaie, K. R. (2015). Learning from our transgender youth. *Archives of Psychiatric Nursing, 29*(24), 255-256. doi.org/10.1016/j.apnu.2015.04005

Tuval-Mashiach, R. (2017). Raising the curtain: The importance of transparency in qualitative research. *Qualitative Psychology, 4*(2), 126-138.

- Unger, R., & Crawford, M. (1993). Commentary: Sex and gender: The troubled relationship between terms and concepts. *Psychological Science, 4*(2), 122-124.
Retrieved from <http://www.jstor.org/stable/40062521>
- Vagle, M. D. (2018). *Crafting phenomenological research* (2nd ed.). New York, NY: Routledge.
- VanderWaal, C. J., Sedlacek, D., & Lane, L. (2017). The impact of family rejection and acceptance among LGBT+ millennials in the Seventh-day Adventist Church. *Social Work & Christianity, 44*(1), 72-95.
- von Doussa, H., Power, J., & Riggs, D. W. (2017, September 21). Family matters: Transgender and gender diverse peoples' experience with family when they transition. *Journal of Family Studies*. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/13229400.2017.1375965>
- Wahlig, J. L. (2014). Losing the child they thought they had: Therapeutic suggestions for an ambiguous loss perspective with parents of a transgender child. *Journal of GLBT Family Studies, 10*, 1-22.
- Wallerstedt, C., & Higgins, P. (1994). Perinatal circumstances that evoke differences in the grieving response. *The Journal of Perinatal Education, 3*(2), 35-40.
- Wertz, F. J. (2005). Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology, 52*(2), 167-177.
- Wertz, F. J., Charmaz, K., McMullen, L. M., Josselson, R., Anderson, R., & McSpadden, E. (2011). *Five ways of doing qualitative analysis*. New York, NY: Guilford.
- Whipple, V. (2006). *Lesbian widows: Invisible grief*. Binghamton, NY: Harrington Park.
- Wong, W., & Chang, S. C. H. (2019). Social transitioning for gender dysphoric children: A practical guide for parents. In A. I. Lev & A. R. Gottlieb (Eds.), *Families in*

transition: Parenting gender diverse children, adolescents, and young adults (pp. 356-373). New York, NY: Harrington Park.

Wren, B. (2002). "I can accept my child is transsexual but if I ever see him in a dress I'll hit him": Dilemmas in parenting a transgendered adolescent. *Clinical Child Psychology and Psychiatry*, 7(3) 377-397.

Zamboni, B. D. (2006). Therapeutic considerations in working with the family, friends, and partners of transgendered individuals. *The Family Journal*, 14(2), 174-179.
doi.org/10.1177/1066480705285251

Zhao, P., Li, P., Ross, K., & Dennis, B. (2016). Methodological tool or methodology? Beyond instrumentality and efficiency with qualitative data analysis software. *Forum Qualitative Sozialforschung/Forum: Qualitative Research*, 17(2).
<https://doi.org/10.17169/fqs-17.2.2597>

APPENDIX A

Glossary

AFAB: Assigned female at birth

AMAB: Assigned male at birth

CIS or cisgender: An individual who identifies with their gender assigned at birth

Deadname: The name given to a transgender person at birth, which is no longer used after a gender transition

FTM: Female to Male (Transman)

Gender Affirmation: Individuals view their transition as an affirmation of their internal gender identity. Transgender individuals do not always elect surgical interventions to affirm their gender identity and may call themselves “affirmed females” or “affirmed males.”

Gender Affirmation Surgery: There are surgical procedures that can transform an individual’s body to align with their identified gender identity. Specific medical terms are used to identify the types of genital surgeries that individuals above age 18 can elect with gender-affirming surgery.

Gender Expression: The external expression of an individual’s gender identity which may or may not conform to socially defined behaviors and external characteristics identified as masculine or feminine.

Gender Identity: An individual’s innate, psychological identification as a male, female, or other gender, which may or may not match the individual’s external body or assigned sex at birth.

MTF: Male to Female (Transwoman)

TGNC: An acronym for transgender and gender non-conforming individuals who do not fit into traditional “male” and “female” gender categories.

Transgender: A term for individuals whose gender identity or gender expression differs from their assigned sex at birth.

Transition: The process individuals pursue to align with their innate gender identity, gender expression, and physical appearance. The transition may include medical interventions such as hormones or surgery. A transition occurs over time and may include coming out to family, friends, classmates, a name change, and a change to the sex designation on legal documents.

Transphobia: The hatred or revulsion of individuals whose gender identity or gender expression does not conform to traditional or binary gender roles.

All definitions were adapted from Beemyn (2014, 2018) and Hill & Willoughby (2005).

APPENDIX B

Recruitment Email

Dear Program Facilitator:

I am a doctoral candidate pursuing a Ph.D. in Counseling and Psychology at Lesley University in Cambridge, MA. Currently, I am conducting a qualitative research study, under the supervision of Dr. Sue L. Motulsky (smotulsk@lesley.edu) for my doctoral dissertation.

My study will explore the emotional contours of parental experiences during their child's transgender transition. The study examines how parental emotional responses, including those related to grief and loss, influence the relationship and acceptance process. My study will explore the ways in which parents navigate their emotional responses, cope with stigmatization, and how negative emotions might impact their relationship with their child.

May I ask if you are (or someone you know is) the parent of a transgender child, and if you (or someone you know) would be willing to participate in an interview that asks questions about the experience of parenting a transgender child? This study will be asking participants about their experiences before, during, and after their child's transgender transition and their emotional experience as a parent during the process.

This study has been approved by Lesley University's IRB. Participation is completely voluntary, and participants may withdraw from the study at any time. Resources will be provided to participants who need help or support and to those experiencing distress. Thank you for considering my request and I would be happy to provide more information upon request.

IRB Number: 18/19-075

Best regards,

Maura McCullough
M.A., N.C.C., L.P.C., L.S.C.
doctoral candidate
Counseling and Psychology
Lesley University
mmccull3@lesley.edu

APPENDIX C

Informed Consent

You are invited to participate in the research project titled:

Navigating the Emotional Contours of Parenting a Transgender Child

Dear Participant,

Thank you for agreeing to participate in this study exploring parents' experience navigating the transgender transition of their child. This consent form details the purpose of the study which is being conducted as part of my doctoral program for Lesley University. The study will be used to write my doctoral dissertation, which will be publicly available. A description of your involvement, your rights as a participant, and contact information is described below.

PURPOSE OF THIS STUDY

The specific purpose of this research study is to understand your experience as a parent raising a transgender child. Specifically, this study will focus on your emotional journey during your child's transition, how you managed any feelings of loss or grief, how you made sense of their experience, and how you adapted during the transition process.

WHAT IS INVOLVED IN THE STUDY?

Initially, you will be asked demographic questions related to age, race, SES and marital status. Your participation will involve one interview of approximately 90-minutes, at a mutually agreed upon time. The interview will be audio recorded and later transcribed.

VOLUNTARY PARTICIPATION

Your participation in this research is entirely voluntary and you can stop participating at any time. You may also decline to answer any question asked without any penalty. Please note that you do not have to give me a reason for not responding to any question or for refusing to participate in the interview.

RISKS

The risks to participants is minimal for those contributing to this study. However, there is a possibility that the interview may remind you of difficult experiences which could provoke strong emotions.

BENEFITS

There is no promise that you will receive any benefit from taking part in this study, but your contributions may be useful in advancing knowledge on this topic to assist other parents with parenting transgender children. It is possible that discussing your feelings, and ways of coping might bring some relief or assist you with processing your experiences.

CONFIDENTIALITY

The information that is collected for this research project will be de-identified and kept private. All information about you will be kept confidential and you will be assigned a pseudonym, with any identifying information removed or concealed. Your name and identifying information will not be associated with any part of the written report of the research and all efforts will be made to uphold the confidentiality of research participants. Though direct quotes from you may be used in the study or doctoral dissertation. Your name and other identifying information will be kept confidential. Demographic data collected will also be assigned pseudonyms. Audio recordings will be secured in a locked cabinet and research data will reside on a non-networked computer, only accessible by a security password. All data will be destroyed after 5 years.

YOUR RIGHTS AS A RESEARCH PARTICIPANT

You are encouraged to ask questions or raise concerns at any time about the nature of the study or the methods I am using. Please contact me at the email address or telephone number listed below.

CONTACTS FOR QUESTIONS OR PROBLEMS

You may wish to discuss this with others before you agree to take part in this study. If you have any questions about the research now or during the study, please contact:

Researcher:

Maura McCullough
mmccull3@lesley.edu

Participant's signature _____ Date _____

Researcher signature _____ Date _____

There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research project may, and should, be reported if they arise. Contact the Committee Chairpersons at (irb@lesley.edu).

APPENDIX D

Interview Protocol

Navigating the Emotional Complexities of Parenting a Transgender Child

Date: ____ / ____ / ____

Time: _____

Script:

Thank you for speaking with me. My name is Maura McCullough and I am a doctoral student in the Counseling and Psychology Program at Leslie University in Cambridge, Massachusetts. I am conducting research on parenting experiences with transgender children.

This study focuses on exploring the life experiences of parents who are raising transgender children and the unique challenges that they may confront. The purpose of this study is to understand the parenting experience and identify best practice methods to assist parents during their child's transgender transition.

We will have one interview session which will last approximately 90 minutes. During the interview, I will ask you several questions, some of which may have follow-up questions to enable me to understand what you have shared. Are you ready to begin? (If the participant answers yes, I will proceed, and start the interview. If no, I will ask if I can reschedule another time that is more convenient. If another time is not possible, I will not proceed and thank the person for their time and effort.)

Please review the study consent form and allow me to answer any questions. To confirm that you agree to participate in the study, please sign the form.

Do you feel ready to begin?

APPENDIX E

Interview Questions

1. Please tell me the age of your child and their birth order?
2. Can you tell me the story of your child?
3. Please tell me the story of your child's coming out and how you first discovered that your child was transgender.
4. I would like to hear about your experience of becoming a parent of a transgender child and how you were affected.
 - a.) Can you tell me about it?
 - b.) Can you tell me about your emotional reaction?
5. Can you tell me about the reactions of your immediate and extended family members?
6. Please tell me about your relationship with your child/adolescent. How did your reactions or emotions affect your relationship with your child?
7. Some studies have suggested that parents of transgender children might experience feelings of grief or loss. What would you say about your feelings of grief or loss?
 - a.) Can you describe any feelings of grief or loss?
8. How did you navigate the experience of becoming a parent of a transgender child?
 - a.) Which strategies helped you to adjust during this time?
 - b.) What kinds of supports or assistance do you wish you had during this time?
 - c.) How were you able to cope?

9. If you could mentor a parent who is currently confronting the same situation, what advice would you share?