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The Experience of Being a Parent of a Transgender Adolescent

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THE EXPERIENCE OF BEING A PARENT OF A TRANSGENDER

ADOLESCENT

BY

SUSAN MARTELLO-GILL

Dissertation Committee

Dr. Judith Lothian, Chair
Dr. Marie Foley
Dr. Munira Wells

Submitted in partial fulfillment of the
Requirements for the degree of Doctor of Philosophy in Nursing

Seton Hall University

2019

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DEDICATION

I dedicate this work to the parents of adolescents who will wake up one morning to a life-altering event; hearing through the mouths of their child: “Mom, dad, I am transgender.” May these parents find the strength and courage to put one foot in front of other, and offer the support, love, and encouragement their children so desperately need in an unforgiving world.

Godspeed

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Abstract

Background: According to the Williams Institute at the UCLA School of Law, about 150,000 U.S. adolescents aged 13-17 identify as transgender (Singhal, 2018). Therefore, parents of these growing number of adolescents face the daily struggles of being a parent of a transgender adolescent.

Purpose of the Study: A scant amount of research exists on the multitude of issues that parents of transgender/ non-binary adolescents confront in seeking guidance and support with the challenges they face daily. There is little in the literature concerning the experience of being a parent of a transgender/non-binary teen. Hence, the purpose of this study was to answer the research question, “What is the experience of being a parent of a transgender adolescent?”

Method: Phenomenological inquiry was used to gain insight into the participants’ experiences. Multiple open-ended interviews were conducted. Data were analyzed and the themes that emerged from the data were documented in the written narrative.

Results: The parents could make meaning of their experience of being a parent of a transgender/non-binary adolescent. Despite the difficulties these parents often face, the unconditional love for their child remains unfaltering. Nine themes emerged from this study: *Grief and loss, Fear for their child’s physical, emotional, and mental well-being, Fear for the future, Advocacy, Sibling acceptance, Frustration with health care providers, They are still the same person, Intolerance of unaccepting, unsupportive parents, and Finding meaning.* One meta-theme also emerged: *Unconditional love.*

Conclusion: The most significant finding of this study is the participants need to advocate and protect their adolescent from a harsh, judgmental society with the strong hope and conviction that their child will one day soon be welcomed into a loving, accepting humanity.

CHAPTER I

“Through tears I saw a fuzzy image of my daughter: a girl developed out of the imagination of a small boy who had been broken by his difficulties. This was the girl who had been protected and nurtured by that dear boy. Then to assert herself, she destroyed him”. “How would I ever love this little bitch”? (Amato, 2012, p.1)

Introduction

The recent attention of the media has increased public awareness regarding the prevalence of children and adolescents diagnosed with gender dysphoria (formerly termed Gender Identity Disorder; GID) (Olsen, Durwood, DeMeules & McLaughlin, 2016), and the difficulties that these children, adolescents, and their parents face. The study of this phenomenon is essential since parents of these teens are faced with stigmatization and may feel embarrassed, insecure, and conflicted thus responding to their child in a harsh, critical manner (Moeller, Schreier, Li, & Romer, 2009). As a result, the parent’s negative attitude may increase behavioral and emotional turmoil in their child (Moeller, et al., 2009). Therefore, not only are these adolescents in need of emotional support, but their parents are as well (Moeller et al., 2009). Many of these adolescents are rejected from their homes and are often left alone lacking the emotional and physical support they require surviving in a hostile society (Moeller et al., 2009). Menvielle and Turk (2002), suggest that although parents cannot alter societal views, they can

change their own personal beliefs and attitudes by working through their grief and shame resulting in increased tolerance and ability to parent in a less punitive manner.

It is well-documented in the literature that transgender adolescents are subject to bullying, verbal harassment, physical abuse, depression, emotional distress, and suicide attempts (Hill & Menvielle, 2009; Hill, Menvielle, Sica, & Johnson, 2010; Moeller et al., 2009; Ryan, Russell, Heubner, Diaz & Sanchez, 2010). In one study based on a convenience sample of 55 transgender adolescents and young adults aged to 15-21 years, the researchers discovered that greater than one-fourth reported a prior suicide attempt (Grossman & D'Augelli, 2007). All of those participating in the study attributed their suicide attempt to being transgender.

Toomey, Syvertsen and Shramko's (2018) study used data from the Profiles of Student Life: Attitudes and Behavior survey (N=120, 617 adolescents aged 11-19) (Health & Human Council Services, 2016), to assess rates of suicide amongst teens. Data were collected from 2012-2015 using a dichotomized self-reported life-time suicide attempt survey tool. Prevalence statistics were assessed across categories of gender identity (male; female; male-female transgender; female-male transgender; not exclusively female or male; and questioning teens.) Prevalence data were affiliated with sociodemographic features such as race/ethnicity, urban lifestyle, parents' highest education level, sexual orientation, and suicide behavior (Toomey et al., 2018).

Approximately 14% of gender-variant (GV) adolescents reported prior suicide attempts. Female-to-male transgender adolescents reported the highest rate of suicide attempts (50.8%). Adolescents who identified as neither entirely male or female followed with a rate of suicide attempts reported at (41.8%). Male to female transgender adolescents reported a rate of suicide attempts at (29.9%), and questioning adolescents followed with a rate of suicide attempts at

(27.9%). For transgender adolescents, no additional sociodemographic factors were correlated with suicide attempts (Toomey et al, 2018).

There is a scant amount of research on transgender adolescents that is derived from larger population-based samples, such as the Youth Risk Behavior Survey (YRBS) conducted by the Centers for Disease Control (2017); as these surveys do not address questions directed toward transgender youth (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; CDC, 2018).

In addition, there are no statistics documented in the literature that report the rate of depression, emotional distress, and divorce among parents of transgender adolescents.

Common Terms, Definitions, and Concepts

LGBTQ refers to the lesbian, gay, bi-sexual, transgender, queer community (Krieger, 2010). *Gender identity* is the self-perception of an individual as a boy or man, or girl, or woman; and pertains to the manners in which people behave, interact or value themselves (American Psychological Association, 2009). *Self-identity* is a process that evolves over the life-span with rapid development in childhood, adolescence, and early adulthood (Steiglitz, 2010).

Transgender is an umbrella term used to delineate an individual whose gender identification reaches beyond the traditional norms. The term transgender is an expansive term that includes an array of gender-expansive behaviors and expressions (Stieglitz, 2010). For many *transgender persons*, there is a disconnect between “what one feels or know” she or he is rather than what the physical attributes of what her or his body are” (Stieglitz, 2010, p. 192). *Gender dysphoria* is the feelings of disquietude and anguish due to the incongruity between the individual’s birth sex and their gender identity (Murjan & T’Sjoen, 2017).

Many transgender persons identify with the opposite gender, both genders (also termed gender-queer or non-binary) or they may not identify with any gender at all (also termed

agender, or gender-free, or non-binary) (Krieger, 2010). *Non-binary individuals* prefer to be referred to with “*they*” and “*them*” pronouns as they infrequently identify with either the male or female gender. Many individuals feel that their gender does not conform to a binary model and identify their gender outside the formal concept of female or male (Arcelus & Bouman, 2017).

“*Coming out*” is a term used to acknowledge an individual’s gender identity or sexual orientation and being forthcoming with oneself and others about it (Arcelus & Bouman, 2017).

Conventional thoughts on gender identity propose that an individual is either male or female and that this remains unchangeable. However, current empirical and theoretical works advocate more contemporary models of gender development that view *gender on a fluid continuum (also termed gender-fluid)* (Olson, Forbes, & Belzer, 2011). *Gender-variance (GV)* is an umbrella term that is interchangeable with the more contemporary term *gender-expansive (GE)*. Both terms define individuals who stretch cultural and societal norms regarding the traditional definition of gender. *GV/GE* includes both non-binary and transgender persons and other individuals who broaden society’s idea of gender (Brill & Kenney, 2016). *Cis-gender or Cis* is a term assigned to individuals whose gender identity correlates with their birth sex (Brill & Kenney, 2016). *Cis* is borrowed from Latin and means “on the same side [as] “or on this side of” (Brill & Kenney, 2016, p. 305). The term *cis-gender* is equivalent to the term *non-transgender* (Evans, 2016).

Sexual orientation is not to be confused with *gender* as it is a term that describes one’s sexual thoughts, feelings and erotic fantasies that may be *heterosexual, homosexual, bi-sexual, or asexual* (lacking sexual feelings) and independent of gender (Savin-Williams & Cohen, 2004; Stieglitz, 2010). Sexual orientation is also fluid, especially in adolescence, as a time of query and

experimentation (Stieglitz, 2010). *Aromantic* is a term designated for individuals who lack romantic feelings towards another individual. The term *LGBTQ* is defined as an individual's affirmation that they are, for example, a *trans-female*, meaning that they were born biologically male but identify with a female gender identity and vice versa. This phenomenon is also termed *male-to-female (M-T-F)* and conversely *female-to-male (F-T-M)*. Most adolescents who verbalize about being transgender are *transsexuals* and most likely engage in the dress and mannerisms of the opposite gender (Krieger, 2010).

A transgender male frequently desires to be referred to as a *trans-man*, as a transgender female often prefers to be referred to as a *trans-woman* (Murjan & T'Sjoen, 2017). Many transgender individuals do not like to be identified as trans when it is not relevant and would rather be identified as simply men and women (Murjan & T'Sjoen, 2017).

An *affirmative* or positive approach to parenting stresses the importance of acknowledging and supporting the adolescent in their transgender identity. Clinical interventions with parents "emphasize adjustment to the social differences of the child and promote restoration and flourishing of the parent-child bond" (Malpas, 2011, p. 456).

Top-surgery is a lay-term for bilateral mastectomy with male chest reconstruction (Krieger, 2017). Frequently, transgender teens seek out top-surgery six to twelve months after beginning hormone therapy. This time frame allows the teen time to adjust to the progressive masculinization of testosterone therapy. Once the adolescent feels assured about their masculine identity, they often experience an increased urgency to undergo a bilateral mastectomy (Krieger, 2017). *Bottom-surgery* is a lay-term that refers to *Genital Reconstruction Surgery (GRS)* or *Sex Reassignment Surgery (SRS)* that revises the appearance and working of the genitalia that aligns with person's affirmed gender identity (Krieger, 2017).

Lack of Empirical Studies

Although there are few empirical studies that address the needs of parents of transgender adolescents, there are even fewer studies documented in the nursing literature that address the care of these parents. In addition, there are no phenomenological studies that describe the rich, deep, lived experience of being a parent of a transgender adolescent. Therefore, it is vital that quality studies be conducted.

Phenomenon of Interest

Parental support is crucial in supporting and assisting transgender teens through the process of transition into adulthood. Since many transgender individuals change gender identification, it is essential for their emotional well-being that their families acclimate to living with a gender-expansive (GE) family member. Due to societal norms, transgender children experience more difficulty in “coming out” as opposed to their gay and lesbian peers (Lev, 2004). Bulbar and Savci (2010), gender specialists based at the University of Southern California (USC) assert that when transgender adolescents “come out” to their families, the family engages in crisis.

These parents first typically respond with denial and attribute their child’s gender-variant behavior to a temporary phase. However, the longer a child displays gender-expansive behavior the more likely he or she will move into gender transition by young adulthood (Menvielle & Rodnan, 2011). Parents of children who lack gender-expansive behavior in childhood may be unprepared to deal with their child’s sudden gender transition at a later age (Menvielle & Rodnan, 2011). Parents may also fear that their teen may experience a change of mind at a later age following treatments or changes to their bodies that are no longer reversible (Sansfacon, Robichaud, & Dumais-Michaud, 2015).

Transgender teens have likely been struggling with the gender role that they have been forced to live in for many years. Undoubtedly, gender-variant children present their parents with a unique set of circumstances (Hill & Menvielle, 2009). Therefore, understanding the experience of being a parent of a transgender adolescent is a topic worthy of deep exploration.

Aim of the Study

The aim of the study is to understand the experience of being a parent of an adolescent who identifies as transgender.

Research Question

What is the experience of being a parent of a transgender adolescent?

Justification for Studying the Phenomenon

The earlier research has asserted that gender identity evolves in children by the age of three when the majority discern themselves as either boys or girls (Green, 1974; Meyer-Bahlberg, 1985; Money, 1973; Stoller, 1968). Children who questioned their birth-assigned gender were pathologized and labeled “gender dysphoric” (p. 219).

Gender dysphoria is being diagnosed more frequently today than it was in past years (Cohen-Kettenis & Pfafflin, 2003; Malpas, 2011). However, due to the lack of formal prevalence studies, validation of prevalence is not yet available (Ristori & Steensma, 2016). Over time, transgender adolescents have gone from being barely visible in society to being well exposed in the media. There is literature that supports studies related to the experiences and challenges facing transgendering adolescents (Lev, 2004); however, there are relatively few studies that have documented the experiences that parents suffer from facing the difficulties and issues related to be a parent of these transgender adolescents (Sansfacon, et al., 2015).

Given the association between parental rejection and poor health outcomes, such as substance abuse, depression, suicidal thoughts and risky sexual behaviors, Ryan, Huebner, Diaz,

& Sanchez (2009), suggest that the issues involved in being a parent of a transgender adolescent are of the utmost importance.

Ryan et al. (2009) suggest that the acceptance of transgender young adults will be associated with positive results and fewer mental health issues. Positive effects include increased self-esteem, improved overall health status, enhanced social support, along with decreased substance abuse, risky sexual behaviors, depression, suicidal thoughts, the risk for HIV, and homelessness (Ryan et al., 2010). The literature suggests that transgender adolescents are met with bias and abuse by society, healthcare, and their families (Lev, 2004; Malpas, 2011; Ryan et al., 2010). Therefore, it is essential that parents of transgender adolescents support, love, and accept their child in a bitter, critical society.

Relevance to Discipline of Nursing

As transgender families become more visible in society, health care providers, particularly nurses need to be knowledgeable about the phenomenon and issues related to caring for families of transitioning adolescents. According to Walsh, Barnsteiner, Siantz, Cotter, & Everett (2012), few health care providers are prepared to deliver competent care to the transgender individual and their families, and when they provide preventive care, it is not culturally sensitive. Awareness of the clients' and their family's physical, emotional and psychological needs may help promote nurses' competence when caring for this population.

The American Nurses Association (2018) position paper for the care of the LGBTQ population states that there is an estimated population of 1.7 million adolescents who identify as LGBTQ (Kann et al., 2016). The position of the ANA is that nurses provide culturally consistent care and "advocate for lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) populations" (ANA, 2018, p. 1). The ANA (2018) contends that due to prejudice and intolerance

from healthcare providers, many LGBTQ individuals avoid or prolong care due to intolerance and bias. Also, lack of knowledge and “understanding of the unique needs of this population contributes to ongoing health disparities and discrimination” (ANA, 2018, p.1). The nursing profession is professionally obligated to consider the needs of LGBTQ individuals in the scope of education, practice, policy, and research (Keepnews, 2011). Nurses attitudes are a representation of society’s beliefs including racism, sexism, and homophobia (Giddings & Smith, 2001).

Some nurses may battle with their own personal attitudes and beliefs about LGBTQ persons in order to provide adequate care to these individuals (Dorsen, 2012). Therefore, it is essential that nurses become educated to the culturally sensitive, appropriate care of these adolescents and their families putting their biases and judgments aside. According to Zunner & Grace (2012), when a nurse’s negative reaction is connected to inexperience or ignorance, it is the nurse’s ethical duty to gain knowledge about the particular subject. In addition, it is the nurse’s moral and professional obligation to be sensitive to and aware of the needs of parents of transgender adolescents avoiding stigma and blame.

This study’s findings will provide nurses with a thick, rich understanding of the experience of being a parent of a transgender adolescent and in doing so to appreciate and better comprehend the unique experience these parents encounter. This study’s findings will also offer nurses a deeper insight in assisting these parents in processing their feelings and in navigating their way through the healthcare system.

Researcher’s Perspective

As a mother of an adolescent, I have confronted the difficulties that adolescents face regarding peer relations and their ongoing development. Also, as a psychiatric nurse practitioner,

I have interacted with adolescents who are in the process of transgenering and through working with them, I have learned that these adolescents need professional support to deal with the particular set of circumstances they encounter daily.

I became interested in the transgender adolescent when watching a series of documentaries of male to female transgender adults. Due to my professional interest in the emotional and psychosocial needs of adolescents, I became involved in searching the literature about transgender adolescents and the parenting experience related to the upbringing of these children. I discovered that there was little research related to the parenting of transgender adolescents and therefore decided that a qualitative phenomenological study would be the research method to best support this inquiry.

While transgender adolescents face great difficulty in attempting to fit into society, their parents also experience turmoil and hardship regarding accepting and adapting to their child's transition. As I delved into the literature, I felt a profound sense of empathy and compassion for the parents of these adolescents. It was difficult for me to fathom the emotional and mental challenges these parents must face in raising their gender-variant child in an unforgiving society. For example, parents may acknowledge the importance of supporting their child's gender identity; however, they may also be distraught over their child's gender-variant identification due to realistic fears of their child being ostracized, abused, and living an arduous life (Hill, et al., 2010).

Parents are also forced to deal with difficult issues such as revealing their child's new gender identity to friends and other significant family members. Parents are often in opposition about their adolescent's desire to transition; one parent may be supportive while the other parent may be derisive towards their teen's transition. (Langer & Martin, 2004; Wren, 2002). Thus,

opposition among parents can cause even more confusion and emotional distress in the transgender teen.

CHAPTER II

“I just couldn’t reconcile this overwhelming sadness and feeling that my child had died while I was standing right in front of him.”

Anonymous Parent

(Brill & Kenney, 2016, p. 23)

Literature Review

Introduction

In the 1970’s the term gender dysphoria was used with increasing frequency to identify adult patients who felt discontent with their birth gender and searched for hormonal and sex reassignment surgery to adjust their body with their psychological gender (Green, 1974). But, as academicians researched further, it became clear that children and adolescents also experience extreme distress regarding their birth gender and believe they were “born into the wrong body” (Green, 1974; Green, 1987; Zucker & Bradley, 1995).

In 2009, it was estimated that the occurrence of gender-variant children varied from 2.6% to 6% in boys, and 5% to 12% in girls (Moeller, et al., 2009). However, as of 2017, the Williams Institute at the University of California Los Angeles (UCLA) School of Law estimates that 150,000 U.S. adolescents aged 13-17 identify as transgender (Singhal, 2018). Also, the number of new referrals to adolescent gender clinics has increased with waiting times up to 5 months or longer (Singhal, 2018). Specialists consider gender dysphoria to be a rare phenomenon as

opposed to other childhood diagnoses such as attention deficit disorder, or disruptive behavior disorders (Zucker & Bradley, 1995; Zucker & Green, 1992).

Historical Background of Gender Dysphoria and Transgenderism

The term transsexual appeared in the literature through the work of Hirschfield in 1923. At that time, the literature determined no formal distinction between transvestism, transsexualism, and effeminate homosexuality (Cohen-Kettenis & Pfafflin, 2003). In the 1940's the term transsexual was used to identify individuals who desired to live as the opposite gender or lived as the opposite gender and desired to undergo Sex Reassignment Surgery (Cauldwell, 1949). In 1973 Fiske coined the term *gender dysphoria syndrome*. This term embodied transsexualism and a variety of gender disorders (Fiske, 1973).

The attention paid to children who cross-dress and were later diagnosed with gender dysphoria increased following Christine Jorgensen's widely publicized Sex Reassignment Surgery performed in 1952 (Davenport, 1986). Harry Benjamin M.D. was one of the primary physicians to first understand the plight that transsexual individuals faced when there appeared to be no healthcare professionals invested in understanding their unique position. Benjamin's extensively promulgated book entitled *The Transsexual Phenomenon* was published in 1966 (Benjamin, Lal, Green, & Masters, 1966).

In the 1960's, Harry Benjamin instituted the formerly termed Harry Benjamin International Gender Dysphoria Association (HBIGDA) a well-known professional organization dedicated to supporting the treatment of gender dysphoria and transgenderism (Lev, 2004). In 1968 Robert Stoller M.D. published his ideas on transsexualism from a psychoanalytic viewpoint titled *Sex and Gender*. In 1969, Green and Money (M.D. and Ph.D.) wrote and published a co-edited book entitled *Transsexualism and Sex Reassignment* which proved to be another example

of ground-breaking research in gender dysphoria and transgender study that focused on gender non-conforming boys (Green & Money, 1969).

In 1974, Green's book entitled *Sexual Conflict in Children and Adults* became one of the most prominent works of literature on gender dysphoria of the 1970's (Green, 1974). Regarding gender dysphoria in children, Green & Money (1969) published a study with five examples of young boys with pronounced cross-gender behavior which they labeled "incongruous gender role" in the *Journal of Mental Disease* (Steiner, 1985). Green and Money were the first researchers to identify this childhood phenomenon with contemporary terms such as gender identity, gender dysphoria, and sexual orientation (Steiner, 1985). Over the years, research on gender dysphoria has benefited from advancements in similar areas including gender development, physical intersex diagnoses, and sexual preferences (Zucker, 2005; Zucker & Bradley, 1995).

In the 1990's, clinicians, based on their professional experiences with gender-variant males, documented evidence of disturbances in parents of gender dysphoric boys (Zucker & Bradley, 1995). These clinicians theorized that mothers of gender dysphoric boys had a predisposition to borderline personality disorder and depression that may cause attention deficit disorder, borderline personality disorder, depression and separation anxiety in their sons. Although, there is little research that supports this claim.

Contemporary beliefs about gender development claim gender-variance is a normal phenomenon and that parents have a significant impact on their child's gender preference (Ehrensaft, 2007; Vanderburgh, 2008). It has been documented that gender-expansive youth experience social ostracism from their peers and therefore tend to gender conform leading to depression and anxiety (Zucker & Bradley, 1995). In one study, it was found that children forced

to follow gender norms suffered from extreme anxiety, and other symptoms of internalized distress (Carver, Yunger & Perry, 2013). In another study, the association between gender victimization among trans-females and major depression and suicidality was profound (Nuttbrock et al., 2010). According to Wren (2002), much of the research on gender variance in interpersonal family relations focus on etiology that has been driven by psychiatry as resulting from trauma due to inadequate or sub-par parenting.

Adolescent Development

Classical theorists of adolescent development focus on the progression of the adolescent through specific developmental stages. According to Erikson (1968), the adolescent must develop his or her own identity and avoid the perils of role confusion. Piaget (1973) focused on the importance of cognitive development and theorized that the adolescent must move through the stage of formal operations, which is shown by the ability to reason about abstract ideas. Kohlberg's (1981) process of moral development has the adolescent transition from conventional moral reasoning in doing what is correct according to society's beliefs and regulations, to higher moral reasoning that is grounded in universal principles of justice.

Adolescents who are confronted with issues of gender identity deal with a higher level of emotional conflict in their development as opposed to their "normal" adolescent peers. A child's gender development is a "dialectical creation between the organism and the environment" (Ehrensaft, 2011, p. 537). Butler (2004) asserts:

One only determines "one's own" sense of gender to the extent that social norms exist that support and enable the act of claiming gender for oneself. One is dependent on this "outside" to lay claim to what is one's own (p. 7).

Grossman, D'Augelli and Salter (2006) suggest that male-to-female transgender children are often referred to as “sissies” in the middle-school years. Hence, the term holds significance for testing potential risk to these individuals.

Transgender Adolescents

Transgender adolescents hold a unique belief concerning gender identity and their choices involving the style of dress, friends, and activities that differ from the cultural norm of their birth gender. The prevalence of transgenderism is not high, but as media interest about the phenomenon increases, young people are revealing their authentic selves or “coming out” at a younger age (Olson et al., 2011). Gender identity develops from an individual’s idea of masculinity and femininity. So, gender identity defines one’s self-view. McGuire and Conover-Williams (2010), propose that the transgender individual may wish to change from male to female or vice versa; or may identify with a gender that incorporates both feminine and masculine traits; or relate to their gender assigned at birth but express non-conforming gender behaviors, or not identify with any gender at all. It is common for transgender youth to move back and forth on this gender continuum (McGuire & Conover-Williams, 2010).

Once the transgender individual’s gender is self-defined, they may alter their physical characteristics by ingesting either female or male hormones and or surgically transforming their bodies into the desired gender likewise known as Sex Reassignment Surgery (SRS). (McGuire & Conover-Williams, 2010).

One of the biggest fears faced by transgender adolescents is that those who love them most cannot accept them as who they are. In Wren’s (2002) qualitative study, many young people chose not to disclose their transgender identity to their parents, or only reveal their transgender status to their mother, or wait until after puberty to disclose their transgender status

(Wren, 2002). Transgender teens often hint at their true identities and often struggle with telling others who they are. Before “coming out” as transgender they may try to live as gay or lesbian to gauge other people’s reactions.

Lev (2004) proposes four developmental “*Family Emergence Stages*” that family members engage in concerning a family member’s “*transgender emergence*” (Lev, 2004, p. 281). Stage one is “*Discovery and Disclosure*,” where the family members learn of the gender-expansiveness of their loved individual. In this stage, family members are often faced with feelings of deception and uncertainty. Stage two is “*Turmoil*,” a period where family members are filled with stress and conflict when grappling with the acceptance of their loved one’s gender-variance. Stage three is “*Negotiation*” where family members realize that their loved one’s gender expression is not a phase, and compromises and adjustments must be reached within the family about their family member’s gender expression. The final stage, Stage four “*Finding Balance*” is where family members are now ready to integrate the gender-variant member back into the normative state of the family (Lev, 2004, p. 281). Although Lev’s (2004) model was suggested as a manner of dealing with a transgender spouse, it applies to assist a family with a gender-expansive child (Hill & Menvielle, 2009).

Parents of Transgender Adolescents

Successfully raising a child is undoubtedly one of the most difficult challenges a parent can face, regardless of race, religion, socio-economic status or geographical location (Gregor, Hingley-Jones & Davidson, 2015). But, raising a child with special issues can be even more of a challenge. A child with gender identity concerns is an issue that is poorly understood in society and can present the parent with life-altering decisions for their child and themselves (Gregor et

al., 2015). The mental state and parental reaction to a young child with gender dysphoria is likely to make an appreciable impact on the youth's development (Wren, 2002).

The parents of transgender adolescents often react with disdain and devastation when their children display gender-expansive behavior (Kane, 2006). Children, perplexed by their parent's reaction often try to pacify them by exhibiting gender conforming behaviors leading to anxiety, depression, low self-esteem, sadness, shame, and possibly even disgust (Grossman, D'Augelli, Howell, & Hubbard, 2005; Mallon & Di Crescenzo, 2006; Malpas, 2011).

Due to the stigma associated with transgender identities, parents of transgender adolescents may lack the social support vital for them to move towards acceptance of their child (Menvielle, Turk, & Jellinek, 2002; Riley, Clemson, Sitharhan, & Diamond, 2013). Some specialists believe clinical intervention should focus on the idea that parents do not cause gender-expansive behavior in their children, but their reaction can impact their child's emotional well-being (Lev, 2004; Wren, 2002).

A quantitative study by Ryan et al. (2010) was conducted to assess family acceptance in LGBT adolescents about sexual orientation, gender-variant behaviors, and family relationships as predictors of health outcomes. The authors' used a participatory research approach in the recruitment method. A quantitative measure, with items obtained from the author's earlier qualitative study, retrospectively examined behaviors of family acceptance in reaction to LGBT adolescents gender expression and sexuality, and their correlation with high-risk sexual expression, mental well-being, and substance abuse (N=245).

Scores on family acceptance spanned from the lowest to the highest level of 0-55 with an average score of 23.9 and a standard deviation of 15.2. The study's outcome suggests that transgender adolescents faced with significant levels of family rejection were 8.4 times more

prone to attempt suicide, 5.9 times more likely to suffer from depression, 3.4 times more likely to engage in unprotected sex and to use illegal drugs as compared to families where parental rejection was low or non-existent. (Ryan, et al., 2010). The study also revealed that family acceptance is associated with both the physical and mental health of transgender adolescents. Therefore, Ryan et al. (2010) suggest that family acceptance is a critical aspect needed to reduce health disparities.

Wren (2002) conducted a qualitative study utilizing grounded theory exploring how parents of transgender youth either come to accept or reject their child's gender variance. The study involved a sample of 11 family members of a group of transgender adolescents. Semi-structured interviews were utilized to gather firsthand accounts of parents with the purpose of eliciting the most significant answers to the proposed questions. Unfortunately, the questions put forth to the parents were not documented in the study report, nor were they able to be inferred.

Wren (2002) analyzed the data via first-person accounts using grounded theory. The findings that emerged from this study include that (a), verbalization about gender identity issues both outside and inside the family was handled precariously (b), parents' expressed thoughts and reactions to gender issues were morally rooted, (c), there was a strong relationship between the act of making sense of and either accepting and coping with or rejecting the youth's accounts, (d), better acceptance of the child was affected by the belief that transgenderism was biological and (e), that there were compelling differences in the narratives of the mothers and fathers (Wren, 2002).

Wren (2002) identified coping skills of affirming parents as joining a support group, seeking professional help and disclosing to at least one person. She also correlated parents understanding of their teens' transgenderism to their ability for acceptance. Non-accepting

parents support secrecy concerning the issue, hope the problem will disappear, and become fixated on the negative aspects of gender non-conforming behavior. Wren (2002) concluded by stating that the outcomes of the study will promote further research into the way families cope with this unordinary situation and how “reflexive thinking” is encouraged in practitioners in related disciplines. According to Wren (2002), “reflexive thinking” encourages practitioners to promote acceptance by parents by enabling their adolescent to express their thoughts and feelings in a manner that allows “some reflexivity in the parents’ response” (Wren, 2002, p. 392). The parents who reflected on their reaction to the issue and could consider the impact of the issue on their understanding of and relationship with their child, and found it allowed them to think about their personal experience of gender identity. This personal reflection allowed these parents to be more emotionally supportive of their child (Wren, 2002).

Although Wren’s (2002) study adds to the body of knowledge, it was conducted in England seventeen years ago and may not apply to the parenting experience in the United States today. Besides, the reader cannot identify the questions posed to the parents in Wren’s (2002) study, which limits analysis of the study findings.

A qualitative action research project conducted by Canadian researchers Sansfacon et al. (2015) explored parents’ experience with advocating for their gender-variant child. This project set out to discover the challenges and problems parents face in supporting their gender-variant child. The authors collected data from 28 hours of focus groups, using pen, paper, and flip charts. The participants were invited to access the data throughout the study and were encouraged to comment and correct the written record if they felt their thoughts and beliefs were not accurately represented.

The authors analyzed the data using the principles of grounded theory and the core category was the notion of parental “invisibility and nonrecognition” (p. 55). The parents promoted an affirmative approach to parenting their gender-variant (GV) child although it required time to accept. The participants were dedicated to loving and accepting their child regardless of the challenges this involved. The participants could identify the difficulties they confronted in assisting and supporting their children due to society’s ignorance of gender-variance. Although the study outcomes of this Canadian study are meaningful, they may not apply to parents of a transgender adolescent living in the United States due to potential cultural differences that may impact parenting.

Disclosure

Parents of transgender teens often worry how others will respond to their transgender child (Hill & Menvielle, 2010; Malpas, 2011; Wren, 2002). Although these worries may be well grounded, it is vital that they do not impede parental support of the child (Hill & Menvielle, 2010; Malpas, 2011). While parents are adjusting to their child’s emerging gender identity, most parents will only reveal their child’s gender identity to a few friends and family members due to the well-recognized stigma affiliated with transgender identities and the potential lack of support and rejection by family and friends (Zamboni, 2006). Parents may have trouble acknowledging their child by a new name due to underlying issues such as naming their child after a loved relative resulting in hurt feelings (Wren, 2002; Zamboni, 2006). The literature suggests that is beneficial for these parents to acknowledge the possible discomfort that both relatives and close friends experience when their child’s gender identity is disclosed (Zamboni, 2006).

Positive/Affirmative Approach to Parenting

Families of transgender youth may feel they are undergoing a process they cannot express to others (Wren, 2002). Parental feelings of anxiety, fear, and abhorrence may elicit feelings of hopelessness and despair in the transgender child (Ehrensaft, 2011). Ehrensaft (2011) asserts that gender should not be viewed as binary, but as a fluid spectrum denouncing society's gender norms.

The affirmative approach advocated by Ehrensaft (2011), Hidalgo et al. (2013), Malpas (2011), Menvielle & Hill (2010), Menvielle et al. (2002), and Wren (2002) encourages clinicians to support and guide parents in accepting their child's gender identity. Gender-affirming clinicians assert that parents should allow gender-variant children to live as comfortably as possible on the gender continuum. For gender-variant children, living on the gender continuum is a "fluid process" that changes over time. Therefore, in a gender affirmative model gender expression and identity is revealed over time allowing for fluidity and change (Hidalgo et al., 2013, p. 287).

Parents of GV children often pose such questions as: "Should we try to change our child more into a girl or boy, or should we accept them as they are?" "Is this a temporary period?" "Is our daughter a lesbian?" "What is the best way to respond to our child?" Parents may assume that being transgender is an exaggerated form of homosexuality (Lev, 2004; Vanderburgh, 2008, p. 139). It is important to note that the question "Is our child transgender?" is not the issue most parents initially raise (Vanderburgh, 2008, p.139).

Summary

There was one quantitative study published in the literature that correlates family acceptance with positive health outcomes and reduced health disparities for transgender

adolescents. There are also a few qualitative studies cited in the literature that identify parental acceptance and an affirmative approach to parenting the transgender adolescent as critical factors in supporting and contributing to the overall adjustment and mental health of the adolescent. However, there are no phenomenological studies done in the United States that describe the rich, deep, insightful, lived experience of being a parent of a transgender adolescent. This research will fill a critical gap in the literature.

CHAPTER III

“Willow told her she’d known she was a girl since she was two. Michelle asked, what is it that tells you that you’re a girl? Is it your brain? Is it your heart? What is it that tells you? Willow replied, Mommy, it’s my soul. My soul tells me I’m a girl, deep down where the music plays.”

(Meadow, 2011, p.740).

Methodology

van Manen’s Method of Phenomenology

According to van Manen (1990), phenomenological research is “The study of lived experience” (p. 27). van Manen describes the lived experience as an individual’s comprehension of their ordinary, daily encounters (van Manen, 1984). Phenomenology is unlike any other science since it attempts to develop descriptive knowledge of the way an individual perceives the world. In van Manen’s (1990) publication of *Researching Lived Experience*, the example of childhood learning is used as a phenomenological inquiry of the nature of a phenomenon. van Manen (1990) states, “Phenomenology does not ask, “how do these children learn this particular material?” but it asks, “What is the nature of the experience of learning (so that I can now better understand what this particular learning experience is like for these children)” (p. 38).

Phenomenology is distinguished from most other qualitative research methods in that it studies the universe as we normally “*experience it*” before analyzing, theorizing, or thinking about it (van Manen, 1990; 2014).

van Manen (2014) further defines phenomenology as an approach to the universe as humans experience it *prereflectively*. Prereflective experience is the mundane occurrences that human beings live through on a day to day basis. For example, activities such as eating, drinking, bike riding, and watching a movie are prereflective from a phenomenological standpoint. The act of phenomenological contemplation can be viewed as prereflective and become the focal point of reflection (van Manen, 2014).

Phenomenology is essentially a philosophic method for questioning versus a method of answering or discovering or illustrating specific conclusions (van Manen, 2014, p. 29). van Manen (2014) describes phenomenology as being a method that does not need to neatly fall into a systematic category that adheres to steadfast rules. van Manen (2014) states that phenomenology does not need to adhere to a traditional standard of empirical data collection via interview, observation, written, or thematic analysis. Phenomenology can be practiced in a reflective manner on topics that may, for example, require an in-depth knowledge of photography, the study of novels, travel experience, new creative art forms, and topics of interest via the internet. According to van Manen (2014), the main goal of phenomenological inquiry is to “nurture a measure of thoughtfulness and tact in the practice of our professions and in everyday life” (p. 31).

Phenomenology does not merely present a question to be answered or an issue to be solved. A robust phenomenological inquiry either begins with wonder or moves through a stage of wonder. van Manen (2014) defines wonder as a “disposition that has a dis-positional effect: It dislocates and displaces us” (p. 37). “Wonder is not to be confused with amazement, marveling, admiration, curiosity or fascination; Wonder is deep” (p. 37). van Manen’s phenomenology not only places importance on the study of the world before reflection but also asserts that it is

scientific in nature. van Manen (1990) proposed a varied phenomenological technique of examining the lived experience that takes an interpretive, creative approach, the underpinnings of dialect and script.

According to van Manen, “Writing is our method” (p.124). and “Writing fixes thought on paper” (p. 125). van Manen’s inquiry commences with the research participant either writing or verbalizing their lived experience with the researcher. Alternatively, researchers may observe participants or have them submit diaries, logs, or journals. The experiences of the participants are then correlated with those discovered in poems, essay, journals, memoirs, as well as creative works such as sculptures, paintings, music, and cinema. Supplementary phenomenological information regarding the subject can also be deliberated for comparison and discussion. Phenomenological structures or themes of experience are then withdrawn. As the inquiry and integration continue, it is writing that extricates the definitions, structures, and comprehension of the phenomenon (De Chesnay, 2014).

van Manen utilizes descriptive phenomenology akin to the ideas of the early German philosopher Husserl; but leaning more towards an interpretive (hermeneutic) approach based on the works of Husserl’s student Heidegger (Dowling, 2007). van Manen differs from Husserl in the use of bracketing and states: “If we simply try to forget or ignore what we already “know,” we might find that the presupposition persistently creeps back into our reflections” (van Manen, 1990, p. 47). A phenomenological-hermeneutic approach is “essentially a philosophy of the nature of understanding a particular phenomenon and the scientific interpretation of phenomena appearing in text or written word” (Streubert & Carpenter, 2011, p. 84). An interpretive approach to phenomenology is used to seek out the correlation and significance that context and meaning have for each other (Lincoln & Guba, 1985).

This study utilized van Manen's techniques as the phenomenological approach to this inquiry. The descriptions of those experiencing the phenomenon are the primary data source; and their narrative produced rich and robust data that may serve to further nursing science (Halloway & Galvin, 2017).

Researcher's Stance

As the mother of two former adolescent children, I have encountered many of the difficulties that parents often face in raising a teenager in modern day society. Being the parent of a transgender adolescent exponentially increases these difficulties due to stigmatization and rejection by society of both the parent and the transgender adolescent. As a result, these parents often experience feelings of fear, devastation, confusion, and anger (Coolhart & Shipman, 2017). As the parent of a daughter with substance abuse issues, I can relate to the powerful emotions and feelings such as powerlessness, hopelessness, and despair that parents of transgender adolescents often face in learning that their child suffers from gender dysphoria.

Many of these parents feel conflicted about accepting their transgender adolescent's decision to live as the opposite gender including pronoun changes, name changes, puberty-blocking hormones, and possible Sex Reassignment Surgery. As parents of children with substance abuse issues often blame themselves for their child's problems with substances, these parents may similarly blame themselves for their child's transgenderism.

Although these two situations are very different, the intense feelings and earth-shattering emotions associated with them are probably very much the same. The deep feelings and the richness of the lived experience are analogous to one another. I can certainly empathize with the challenges and difficulties these parents often face in working towards proper treatment and

ultimate acceptance of their child, a process which may prove to be arduous and take years to achieve.

Trustworthiness

The objective of rigor in qualitative research is to represent the study experience of each participant appropriately. Rigor in qualitative research is validated through the researcher's attentiveness to the verification of information revealed through discovery (Streubert & Carpenter, 2011). When the findings are determined by the participants to be true, the trustworthiness of the data is further verified. Lincoln and Guba (1985) have identified the following terms that define operational strategies supporting the rigor of the work: *credibility*, *confirmability*, *dependability*, and *transferability*. *Credibility* is established through extended encounters with the subject matter. This process is known as *prolonged engagement*. I conducted 45-60-minute interviews with a total of two to three encounters with each participant to establish the credibility of the data. Credibility is established when confidence in the verity and interpretation of the data is verified (Polit & Beck, 2008). The act of returning to the participants to determine if they recognize and acknowledge the study outcomes is often referred to as *member checking* (Streubert & Carpenter, 2011).

Member checking consists of reviewing data and interpretations with the study participants to confirm the credibility of the written account. While maintaining focus on the study participants, the researchers consistently review the data along with the narrative (Creswell & Miller, 2000). Per Lincoln & Guba (1985), member checks are "the most crucial technique for establishing credibility" (p. 314). In this study, I engaged in member checking by maintaining detailed, methodical logs while consistently validating the data with the participants. I reviewed

each transcript, and if any questions concerning clarification arose, I presented those questions during the following interview.

The process of clarification allowed me to get a more exact interpretation of the participants thought process. Another technique in assessing credibility in the findings is through peer debriefing. Lincoln and Guba (1985) have defined *peer debriefing* as “A process of exposing oneself to a disinterested peer in a manner paralleling an analytical session for exploring aspects of the inquiry that might otherwise remain only within the inquirer’s mind” (p. 308).

Peer debriefing is the review of the data and the research process by an individual who is experienced and comfortable with the chosen phenomenon (Creswell & Miller, 2000). A peer commentator offers support, challenges the researcher’s suppositions, propels the researchers to the next methodological phase and proposes tough questions about methods and interpretations (Lincoln & Guba, 1985). I reviewed the data with my dissertation chairperson throughout the study to ensure that my analyses were valid and grounded in the data.

Confirmability is a process in which researchers leave an *audit trail* which is utilized to document activities to confirm the findings. The goal of an audit trail is to track events over a period that another person can follow (Streubert & Carpenter, 2011). The audit trail is crucial in demonstrating proof of the trustworthiness of the data. The researcher relies on outside auditors or readers formally brought to the study who review the narrative account and substantiate its credibility. I established an audit trail by maintaining clear, well-written rich data, logs, field notes, audiotapes, and written transcripts. My dissertation chair evaluated the narrative account to verify the trustworthiness of the data.

In establishing an audit trail, researchers offer a thorough affirmation of all research decisions and actions. They may provide proof of the audit trail within the narrative or in the appendices (Creswell & Miller, 2000). *Dependability* is a standard that is met once the significance of the findings has been revealed. Analogous to validity in quantitative methods in which there can be no credibility in the absence of reliability, conversely there can be no dependability without credibility (Lincoln & Guba, 1985). Qualitative researchers often use bracketing in the data to establish credibility in a phenomenological inquiry. According to Chen, Fung & Chien (2013), bracketing is a method of placing aside the researcher's prior thoughts, ideas, beliefs, values, and pre-conceived notions to appreciate the participants' life experience fully.

Qualitative researchers need to be cognizant of their beliefs, values, and pre-conceived notions to be able to put them aside. Therefore, the ability to be aware of one's thoughts, values, ideas, and pre-conceived ideas becomes a prerequisite before the researcher can place aside the issues that impact the research process (Chen, et al., 2013). I used the technique of bracketing before and throughout the process of data collection and analysis, to remain as unbiased and objective as possible, thereby enhancing the credibility and transferability of this study to a similar phenomenon.

Transferability implies that the results of a study can be applied to similar circumstances (Lincoln & Guba, 1985). Rich descriptions of the data allow the reader to make the leap themselves relating to the applicability in situations in which they have experienced. *Transferability* can also be termed *fittingness* (Streubert & Carpenter, 2011). The deep, rich, meaningful descriptions of the participants' experiences and the emerging themes from the data allow the reader the ability to apply the findings of this study to other comparable occurrences in

their lives. It is my hope that some of the findings of this study can be utilized as a catalyst for other researchers to conduct further studies with parents of transgender adolescents.

Recruitment of Participants

Individuals agree to take part in qualitative studies based on their direct experience with a social process, culture, or topic of interest. The participants' involvement in a study serves to assist those individuals that are interested in their cultures or experiences to better comprehend their lifestyles and social exchanges (Streubert & Carpenter, 2011). The participants are invited for the sole purpose of relating an experience that they are integrally involved in. The inclusion criteria for this study were English-speaking parents who are raising either male or female adolescents aged 13-19 who identify as either transgender or non-binary.

I contacted the executive director of a transgender youth organization named True Colors located in Hartford, Connecticut, via e-mail asking for her assistance in recruiting study participants. The executive director facilitated the recruitment process by placing me with the Hartford Parents and Friends of Lesbians and Gays (PFLAG) group at the two-day True Colors conference. The initial plan was for me to sit next to the door of the PFLAG group and hand out recruitment flyers (see Appendix A) to incoming parents with a brief explanation of the purpose of the study. This process quickly evolved into me joining in the parent-moderator discussion. I was then permitted to explain to the parents the purpose of my study at the beginning of each group discussion and to hand out recruitment flyers.

I then approached the parents at the end of the group discussion to ascertain possible interest in study participation. Once I explained the purpose of the study and satisfactorily answered their questions, two of the parents of a transgender adolescent male requested to sign

the consent at the end of the group. I obtained the contact information for five of the other parents and later contacted each of them initially by e-mail and then followed up with the participants via phone.

An adult transgender female who attended the two-day conference referred me to two mothers of non-binary adolescents who subsequently contacted me through e-mail and then also followed up via phone. Once the contact was initiated with each of the participants, I explained the study in detail and answered any questions that they posed. Seven of the participants e-mailed the consent before the start of the first interview. The other two participants signed the consent at the first contact at the conference as they requested and felt comfortable in doing so.

The interviews were scheduled two to three weeks apart due to the extremely busy schedules of the participants, and hence the fear of study attrition. Initially, I found it to very be challenging to get the participants to commit to a date and time for the first interview. Although, once a rapport was established during the first interview it became more comfortable for the participants to commit to a date and time for the second and third interviews. I set up dates and times for the following interviews before the close of the current interview. I found this to be an effective method of establishing further commitment from the participants. I had initially planned to conduct the interviews face-to-face, but due to geographical considerations and participant time constraints, I chose to conduct the interviews via telephone.

My initial thoughts were that face-to-face interviews would have allowed me to observe facial clues and body language possibly yielding richer data. But, due to the sensitivity of the topic, I realized that phone interviews would likely be the best approach. One participant e-

mailed her written response to the first interview question due to time constraints. I then clarified any written responses during the subsequent phone interview with that participant.

Protection of Human Subjects

Participants of this study provided informed consent (see Appendix C) before beginning the interviews and verbally throughout the study. Informed consent means that participants have proper information in terms of the purpose of the study, potential benefits of the study, and their understanding of the information. Informed consent also explains potential risks of the study, the right to power of choice about voluntarily declining participation in the study, and the protection of their identity (Polit & Beck, 2008).

In obtaining informed consent the researcher is required to offer pertinent and sufficient information to the participant concerning the scope of the study and questions that may be posed before and throughout the interview process (Streubert & Carpenter, 2011). Per Munhall (2012), informed consent is an archaic term that does not reflect the dynamic, changing, perpetual process of qualitative research. Munhall (2012) asserts that a “Verb-like consent seems necessary, and the concept of *process reflecting* reflects the ongoing dynamic nature of qualitative research” (p. 492).

I obtained informed consent from each participant before the first interview. The purpose of the study was detailed in length. The questions were presented on the consent form, so the participants were aware of the preliminary questions to be asked before signing the consent. Before each interview, I reassured the participants that I was settled into a quiet place in my home and that I was separated from the rest of my family. Questions from the participants were encouraged prior to signing the consent.

The most frequent concern verbalized by the parents were issues of confidentiality in terms of their child's identity. I reassured the participants that they and their adolescents would be assigned fictitious names ensuring their anonymity and will only be known to me. I reinforced to the study participants that they may withdraw from the study at any time if they were having great difficulty in processing their feelings or for any other issues that may arise throughout the study. Referrals to parent support groups such as PFLAG were not warranted as six of the participants were already involved in either online or active parent support groups. The other three participants declined my suggestion to join a parent support group as they felt that support through these venues was not necessary. However, I stressed the importance of peer support and encouraged them to join their local parent support groups in addition to their current avenues of support such as family members and friends.

I obtained approval from the Seton Hall Institutional Review Board (IRB) before the commencement of data collection. A Letter of Support was obtained from the executive director (see Appendix B) of True Colors, a non-profit organization serving LGBTQ youth, and submitted to the Seton Hall University IRB before the commencement of the study. Data are being kept confidential and audiotapes along with written material are placed in a locked cabinet in my home. The identities and demographical data of each participant are protected and are only known to me. Each participant, as well as their child and other family members, were assigned a fictitious name which was again, only known to me. The fabricated names were used throughout the transcripts and the writing of this study to ensure their anonymity. One participant and their child chose their pseudo-names per their request.

Data Collection

The purpose of gathering data in qualitative research is to furnish evidence for the phenomena being studied through the personal accounts of the participants (Polkinghorne, 2005). The gathering of data begins with the specific and moves toward the general. Phenomenological interviews are open and unplanned. The researcher attempts to guide the participant, so they offer full accounts of the phenomenon through examples from their daily life and their personal experience (Holloway & Galvin, 2017).

According to Seidman (2013), quality interviewing in phenomenological inquiry often involves three ninety-minute in-depth interviews with each study participant. The first interview focuses on the participant's life history with the goal of the interviewer gathering as much information as possible about the participant's experience with the phenomenon to date. Statement's such as "Tell me about your family growing up, and family life today" were appropriate statements during the initial interview (Seidman, 2013). At the close of the first interview with each participant a rapport was established creating a sense of comfort and ease throughout subsequent interviews. At the beginning of the first interview, I found myself trying to control the flow of the conversation. I soon realized that this action was unproductive and that it was vital that each participant share their experience freely and at their individual pace. As soon as I "let go," the interview process became more comfortable and both the participant as well as myself felt more at ease.

The second interview according to Seidman (2013) needs to focus on the participant's description of the "their present lived experience" including elaboration of the details of the experience (p. 21). I included statements such as "Tell me about what it is like to be a parent of

a transgender adolescent,” “Describe any difficulties you face or have faced in terms of being a parent of a transgender adolescent,” and “Talk about how being a parent of a transgender teen has affected both your family and outside relationships” during the second interview. The response to these statements yielded rich data that significantly enhanced the study outcome. The parents were very forthcoming and appeared eager to share their experience in an open, honest, manner.

The third and final interview focuses on the participant’s meaning of their experience and how they came to understand this meaning. (Seidman, 2013). It is the third interview where the participant reflects on how the individual components of their life connected to bring them to their current situation. Statements such as “Tell me what it means to be a parent of a transgender adolescent,” and “Tell me how being a parent of a transgender adolescent has altered your outlook on life or yourself in any way” are examples of statements made in the third interview. These statements provoked the participants’ thoughts, feelings, and emotions. Each participant took a long pause before responding to these statements which allowed them to deeply reflect on their thoughts hence providing rich, meaningful descriptions of their experience. I continued to conduct interviews with each participant until the data were saturated.

In this study, data obtained via telephone conversations were reviewed, transcribed, and coded before the next interview to clarify or re-direct further questioning to obtain rich, robust data. Utilization of open-ended questions, audio recordings, and careful attention to the content of the transcripts enhanced the veracity of the data. The addition of handwritten notes to verbally transcribed encounters assists in obtaining the most complete and exact description of the participants’ experiences (Streubert & Carpenter, 2011).

Data Analysis

The purpose of data analysis in phenomenology is to support the distinctiveness of every lived experience of the phenomenon while allowing an understanding of the explanation of the phenomena in and of itself (Banonis, 1989). Data analysis requires the researcher to embed herself into the data in a deep, reflective manner. Qualitative data are obtained through narrative sources with verbatim transcripts from in-depth interviews. This strategy involves the methods for data analysis that can augment trustworthiness (Streubert & Carpenter, 2011). According to Thorne (2000), data analysis is the most complicated and enigmatic of all the phases of a qualitative study and the one that draws the least thoughtful consideration in the literature.

In phenomenology, the researcher connects with the analysis as a dedicated witness to the personal accounts embedded in the data. As the researcher fully submerges themselves in the data, they need to be candid and observant concerning their views, preconceived ideas, beliefs, and emerging hypotheses (Starks & Brown Trinidad, 2007). Creswell (1997) has described a technique for coding data from a phenomenological inquiry in which statements are analyzed and categorized into groups of meaning that represent the phenomenon. Assumptions are examined, and notable attention is given to accounts of what and how the phenomenon was experienced. van Manen (1990) asserts that phenomenological investigation is essentially a classification exercise as it is through the writing and rewriting process that the researcher obtains meaning.

The data were analyzed utilizing a descriptive phenomenological approach. Data were collected via 45-90-minute in-depth interviews with each participant. The narrative was clarified and re-clarified throughout the data collection process. I engaged in the process of writing and

re-writing memos throughout the process as a means of establishing an audit trail. An audit trail is created when the researcher documents his or her ideas and reactions as a method of tracking emerging impressions of what the data mean, how they identify with each other, and how interacting with the data forms the understanding of the primary hypotheses (Cutcliffe & McKenna, 1999).

The data were coded, categorized, and analyzed for emerging themes in a thoughtful, meaningful way. Through thorough analysis, the participants described the experience of being a parent of a transgender adolescent in a rich, meaningful, significant manner. I transcribed and coded all data within 72 hours of the interview. This process allowed me to reflect, analyze, and clarify any questions or thoughts I had in preparation for the next interview. I wrote down memos throughout the interviews as this assisted me in “capturing the moment” and later bringing back to life the tone and emotion of the participants. I found this method to be extremely effective in “keeping it fresh” when analyzing the data.

CHAPTER IV

“There’s a simple way to look at gender. Once upon a time, someone drew a line in the sand of culture and proclaimed with great self-importance, on this side, you are a man; on the other side, you are a woman. It’s time for the winds of change to blow that line away. Simple”.

(Bornstein, 2016, p. 25-26).

Meet the Parents

Each participant described their experience of being a parent of a transgender or non-binary adolescent. Although the parent’s stories were unique, they also shared several similarities. I chose to use vignettes to serve the purpose of giving the reader a more unobstructed view of each participant as told in their own words, and to bring their personalities to life. Vignettes are described as stories about individuals and circumstances which refer to pertinent points of consciousness, suppositions, and perspectives (Hughes, 1998).

Cleo

Cleo is a 41-year-old married homemaker and self-acknowledged agoraphobic. She is the mother to a 16-year-old female born, non-binary adolescent who prefers “they” and “them” pronouns and the chosen name of Ari. Ari is an only child, as is Cleo. Neither Cleo or Ari engage in social relationships outside of the home. Ari “came out” as non-binary to Cleo at age 15.

Cleo readily accepted her non-binary child; however, her own mother has great difficulty accepting Ari’s non-binary status, and as a result, she often mis-genders Ari and refuses to grasp

the concept of a non-binary identity. Cleo's relationship with her mother is very significant, and she often discusses her mother's struggles as well as their tumultuous relationship throughout each interview. Ari also struggles with her maternal grandmother's difficulty with accepting her non-binary status and constant mis-gendering of "them."

Cleo's biggest struggles as being a parent of a non-binary adolescent are fears about her child's future in integrating into the workplace and in society. The state in which Cleo resides is very unaccepting of the LGBT community and she fears that Ari will become gender dysphoric due to being forced to hide her true self in the work arena and in society. When Ari first "came out" to Cleo she was confused regarding the concept of being non-binary. Ari does not suffer from gender-dysphoria, wishes to take hormones, bind her breasts, or plan for future top-surgery.

Cleo describes Ari as non-binary and likely asexual. Ari was bullied throughout their school years by "mean girls." Cleo feels that Ari was bullied by her female classmates due to "internal misogyny." As a result of the bullying, Cleo decided that the best alternative would be to remove Ari from school, and Cleo began to homeschool "them" their junior year of high school. Ari's biological father sexually molested her at age three, and as a result, she suffers from Post-Traumatic Stress Disorder (PTSD). Cleo admits to feelings of guilt concerning the molestation to this day which may impact her current parenting skills.

Well, that night we did story time like we did every night. I've been reading to "them" when I was pregnant with "them" and continued that for several years into their childhood. And um, this one night I don't even remember what the story was or why "they" told me, but "they" told me that something had happened. I just said goodnight, I'm sorry. Then I left the room and went far into the house and I just screamed (p. 60, lines 5-11).

Hilary

Hilary is a 43-year-old married manager of a specialty health clinic and mother of three children. At a young age, she was forced to take on the role as primary caregiver to her two younger siblings as her mother was incapable of doing so. Fourteen-year-old Sam is her non-binary child who prefers to be addressed with “they” and “them” pronouns. Sam first “came out” as gay at age thirteen and shortly after as non-binary/transgender. Sam describes “their” sexuality as both “bi-sexual and asexual.” Hilary was not knowledgeable about the concept of a non-binary identity and questioned Sam for clarification. Sam doesn’t identify with either gender but prefers to wear male clothing.

Hilary along with the rest of her immediate family was accepting of “their” non-binary status from the time they first came out at age 14. But, Hilary often mis-genders Sam and often uses “their” birth name throughout the interviews. Hilary attributes these “slip-ups” to the pronouns “they” and “them” as being unfamiliar to her.

Hilary’s biggest struggle is her fear of Sam not integrating into the workplace and society as a young adult. Hilary believes that Sam’s health care providers are not keeping her informed in terms of Sam’s care.

Hilary asserts that gender and sexuality are a private issue and society needs to view it as such. Hilary is disturbed by health professionals who attribute Sam’s mental health issues (depression) to being non-binary. Hilary feels that “Everything is clumped together, and it needs to be separated out.” Hilary strongly believes that Sam’s depression may not be related to her non-binary identification and attributes it to usual teen angst. Sam does not wish to take testosterone in the future. Her dysphoria revolves around their breasts, and “they” may choose to undergo top-surgery (bilateral mastectomy) in the future.

Jessica

Jessica is a 39-year-old married mortgage broker and a mother of two adolescents aged 18 and 14. Jessica endured an anguished childhood filled with sexual abuse and abandonment by her mother. Through the years, she has worked through these issues and has evolved into a strong, confident woman who refuses to expose her children to her dysfunctional family. Ian aged 18, is her female born non-binary child who prefers “they and them” pronouns.

Ian is aromantic (devoid of romantic feelings towards any sex) and asexual. Ian does not plan on getting married, having kids or developing any romantic relationships in the future. Ian identifies themselves as feeling neither gender and prefers to wear male clothing. As a young child, Ian never liked to wear bows in “their” hair and as they grew into adolescence, they never wore makeup, pierced their ears or any other “girly-girl” attributes. Jessica was not knowledgeable of the concept of a non-binary identity when Ian initially came out. Ian is not gender dysphoric and therefore does not wish to take testosterone, bind their breasts, or undergo top-surgery. Jessica struggles with Ian’s non-binary identification and believes it “would be easier” if Ian identified as a trans-male.

Jessica experiences difficulty responding to acquaintances when asked if she has a son or a daughter. She usually says that she has one of each but feels as if “She is turning her back on Ian” by not representing “them” as their true self.

Ann

Ann is a 57-year-old separated government worker of two children. Lila is her 19-year-old male-to-female transgender adolescent. Ann is now in the process of divorcing her husband due to his inability to accept their trans-daughter.

I said you (husband) have to learn to deal with it, “cause if you don’t, you’re gonna make me choose between you and her, and you will not win.”

Lila initially came out as a gay male at age thirteen and Ann readily accepted it. Although, when Lila came out as a transgender female at age 15, Ann had difficulty accepting Lila’s transition.

Ann’s greatest struggle is dealing with her fears of physical and emotional harm caused by society’s inability to accept trans-females. In high school, Lila was often a target for bullying which contributed significantly to depression and self-harming behaviors such as cutting and burning. Lila uses humor to cope with anti-trans behavior from her schoolmates and teachers. However, Ann is confronted with the “fallout” about Lila’s feelings of sadness and humiliation. Ann fears for Lila’s future concerning Lila becoming a victim to violence amongst trans-females. Ann also expresses that trans-women are faced with greater difficulties versus trans-males.

“Whereas a male that says they’re female, it’s like a slap in the face to the male population. WHY WOULD YOU EVER WANT TO BE A WOMAN? They do menial labor. They’re not valued and all that kind of stuff.”

Lila has been taking estrogen for the last four years and is now “passing” as a female.

Ann feels that experiencing Lila’s journey has made Ann a stronger and more accepting individual.

Eileen

Eileen is a 48-year-old married homemaker and mother of two children aged 17 and 13. Ava is her 17-year-old male born transgender daughter who suffers from anxiety and a cognitive processing disorder. Eileen also believes that Ava falls within the autism spectrum but disqualified from a formal diagnosis of autism by a few criteria. Ava has issues in school in

terms of social interaction with her peers. Ava “came out” to Eileen when she was 15 years of age. Eileen states that when Ava came out it was a “milestone date.” Ave texted Eileen stating, “I’m not your son, I’m your daughter.” “I identify as a girl.” When Eileen read Ava’s text she reacted calmly, and although she was very distressed, she was careful not to show her true feelings to Ava. When Ava first “came out,” Eileen felt the need to educate herself and immediately sought out support from other parents of transgender adolescents. She attended her first parent support group shortly after Ava’s “coming out.” When I asked Eileen how her first group experience was, she responded that she “felt a lot of emotion.”

Eileen’s husband had a difficult time with the transgender concept and frequently misgendered Ava much to Eileen’s dismay. He has since become more accepting, and he now respects Ava’s name and pronouns. Ava had a difficult time coming out at school. She dressed in male attire when going to school and female attire when home on the weekends for the first year after “coming out.” Eileen states that throughout her first year of “coming out” Ava experienced great difficulty attending school on Monday’s due to Ava’s anguish of needing to present as a male throughout the school week.

Ava suffers from gender dysphoria and has been taking estrogen for one year. She is looking forward to both top and bottom-surgery in the future. Eileen fears for Ava’s future being accepted by society. She also fears for Ava’s emotional, mental, and physical safety in the community.

Joyce

Joyce is a 57-year-old Scotland born divorced teacher and mother of a 15-year-old female born transgender son named Paul, and a 14-year-old son named Jax. Joyce is very accepting of her son but struggled with his transition. Paul first came out as a lesbian at the beginning of his

14th summer and then announced that he was transgender by the end of that summer. Since the age of three, Paul has refused to dress in typical girl attire. He has always preferred to dress in dark colors despite Joyce's encouraging him to dress in lighter colors such as pink and purple. When Paul came out as a lesbian it was a resounding, "I'm gay!" However, when he revealed to Joyce that he was transgender, he announced it in a somber tone. Paul is very introverted but is slowly "coming out of his shell."

Paul suffers from gender dysphoria, has recently undergone top-surgery and is currently taking testosterone. He is looking forward to bottom-surgery in the future. Joyce describes the experience of Paul's top-surgery as being very emotional for her. Joyce describes how Paul desperately felt the need to undergo top surgery. Joyce desired to wait until her insurance would cover the procedure, but due to Paul's insistence that he NEEDED the surgery now due to intense gender dysphoria, Joyce acquiesced, and Paul subsequently underwent surgery shortly after.

Rachel

Rachel is a 50-year-old divorced social worker and mother to a female born transgender son whose chosen name is Christian. Rachel readily accepted her son's transition from male to female although she struggles with fears for Christian's physical and emotional safety. Christian presently identifies as a gay male. Rachel describes herself as being very open-minded and accepting of everyone. Rachel struggles with her mom's Alzheimer Disease, as she has severe memory loss and is presently unable to remember her children as well as her grandchildren. This proves to be a painful experience for Rachel.

Rachel had no understanding of the distinction between gender versus sexuality until she began to experience her son's transitioning process. Christian suffers from gender dysphoria, is

presently on testosterone, wears a breast binder and is looking forward to top-surgery. Rachel's most significant stressor is negotiating the finances for the top-surgery that Christian feels he desperately needs. Rachel's biggest struggle is dealing with her emotions around Christian's physical safety and her son trying to make his way in the world.

Christine

Christine is a 46-year-old married school teacher and a mother of three children. Her youngest child is a 17-year-old female born transgender son with George as his chosen name. Growing up, Christine wasn't exposed to "the LGBTQ thing." George "came out" to his parents as transgender at age 15. Christine readily accepted George's transgender identity. Christine's family is accepting of George's trans-status, although her father initially had difficulty accepting George as a trans-male. Christine is very outspoken and is quick to set firm limits and boundaries when her son is involved. When George "came out" to his grandfather, he knew that his grandfather needed time to process the concept of a transgender grandson. Christine spoke to George's grandfather and set firm boundaries and limits on his behavior by refusing to accept him to continue to refer to George as his granddaughter and call him by his birth name.

Christine is an outspoken advocate for trans-rights in her school as well as healthcare for trans-teens. She fears for George's physical safety out in the community, although she does not want to instill her fears into George. Christine is married to Charlie, the only male participant in the study.

Charlie

Charlie is a 46-year-old married IT specialist and father to a 17-year-old transgender son, George. Charlie and Christine have been married for the last 20 years. Charlie was adopted into a liberal household. His father was a pediatrician who worked for the underprivileged. His mother

was an ex-nun who later became a pediatric nurse practitioner. She was a mother of two other children when Charlie was adopted.

Charlie was readily accepting of George's transgender identity although it "felt weird" in the beginning. Charlie expressed concern regarding "what other people would think." Charlie did not struggle acclimating to the new pronouns and George's chosen name. George has not preferred to dress in stereotypical girls' clothing since the time he was very young. Charlie describes George as being a "tom-boy without the sports." George always preferred playing with the boys and getting dirty outside in the yard. Although he had female friends, Charlie states that George developed more meaningful and unique relationships with boys.

George began experiencing mental health issues (auditory hallucinations) at age 15 which Charlie attributes to George's gender dysphoria. Once George began to transition, his "mood disorder" improved and he was no longer experiencing auditory hallucinations. However, George's "mood disorder" has recently returned and he was forced to take off a semester of school. He is currently taking medication for the depression.

Charlie describes being the parent of a transgender adolescent as "a lot of work." He has concerns for George in the future about forming meaningful relationships and a gratifying sex life. George is uncertain of his sexuality at present but is confident that he will "eventually figure it out."

CHAPTER V

“All I wanted for Chanukah when I was six years old was a pink castle. Instead, my parents got me a boring gray castle, I think it had some knights and dragons, I’m not sure, because I never played with it. And you know, I wasn’t a kid who cried a lot, but all these years later I remember sobbing when I opened that present. It wasn’t just that I didn’t get what I wanted; it’s that somehow I knew already that the things I wanted most were not okay with them.”

Anonymous

Parents Journeys

Introduction

As I analyzed the data, the importance of describing the participants experience with their child’s “coming out” and their subsequent transition was a significant event, and therefore, the participants’ voices need to be heard. Also, it was imperative to describe any signs or clues leading them to question their child’s gender preference and subsequent transition, so that the reader can comprehend the emotions, thoughts, and feelings of the participants related to this process. The description of the parents’ experience regarding these major events allows the reader to develop further insight into the parents’ journeys.

Mom, Dad, I Have Something Important to Tell You...

Each of the participants experienced unique yet somewhat similar reactions to their adolescent's "coming out." Each of the participants expressed that they were unaware of the transgender concept as they had never been exposed to a transgender individual. The three participants that were parents of the non-binary adolescents were confused as to the meaning and implications of a non-binary identity.

Rachel's transgender son Christian woke her up at 11 o'clock one night stating that he had something to tell her.

He comes in my room, "Ma, I have something to tell you." "It's nothing bad, but I'm transgender." Cause, what are you going to tell me? And my first thought was, oh, God, thank God! Is that all? You know, I had suspected for years. So, that was it (p. 7, lines 2-4).

Joyce's 16-year-old transgender son Paul came out as transgender at age 15. Just before "coming out" as trans, he asked Joyce what she would have named him if he was born male.

Akin to Rachel's experience, Joyce had been sleeping one night when Paul came into her room and said, "Oh, by the way. I'm transgender. I think you know this anyway, but I'm transgender."

[Joyce] I said okay, wow, I'm going to need a little time to....and by this time it's 10:30 at night or something. I'm usually in bed by 9:30. And I said, yeah, I'm going to need

some time to think about this one. Yeah. I said to him, but we'll talk. We'll talk (p.27, lines 7-10).

When I questioned Joyce as to her reaction, feelings, and emotions when Paul first “came out,” her response revealed her ambivalence and confusion.

[Joyce] “Um, not exactly numb. Kind of surprised, but kind of not. (Long pause.) It's not like I knew, I didn't. It seemed like, oh, yea, that's right, you are. I also had absolutely no idea what transgender was, not really.”

I then went on to ask Joyce about her feelings and emotions throughout her son's transition.

“It's a lot. It's exhausting, it's stressful, it's huge. There's a lot more grief associated with it than really makes sense to me. That probably sounds a little odd.”

You kind of go from the whole being together, one foot in front of the other, and suddenly it's like, oh, wow, you have the space to fall apart. You tend to fall apart big time, and then, yeah. Get ready for the next blow-up (p. 35, lines 12-14).

Eileen, mother to a 17-year-old trans-daughter Ava describes her “coming out” as an apprehensive, anxious moment for her child. Ava “came out” at age 15. She could not verbalize her thoughts and feelings, so Eileen suggested that she text her a message that Eileen then read. Eileen expresses that a few days before “coming out” Ava asked her if she thought she was “odd, or weird, or a freak.”

Eileen further describes her feelings and emotions when Ava “came out” to her. She felt overwhelmed with a lack of direction at the start of Ava’s transition.

Probably my first reaction was, can’t you just be gay? I knew it was not something you can choose or anything like this. But, oh, did it really have to be that you’re transgender? It was just so overwhelming. I didn’t know anyone at the time who was transgender (p. 22, lines 14-16).

[Eileen] “Of course, inside I’m kind of freaking out, but to her I said, I love you. I will never stop loving you. We’ll get through this together. We’ll figure out what to do.”

“I gave her a big hug and said I still love you and accept you., we’ll get through this.”

Eileen also describes the distress she experienced regarding Ava “coming out” in school.

It was the beginning of tenth grade for my daughter and originally when she “came out,” she wanted to start tenth grade as a girl. I was still very overwhelmed. My head was still spinning with all of this. I told her I don’t know if we can be ready for that (p. 28, lines 6-9).

When I asked how Eileen’s husband reacted to Ava’s “coming out” she stated that he was in denial and believed it was just “a phase.” He thought she was too young to know. Through meeting with Ava’s gender therapist, Eileen realized that her husband’s thoughts and emotions were coming from a place of fear. Eileen states that her husband’s initial unacceptance of Ava caused tension and turmoil in her marriage.

Eileen was contemplating leaving the marriage if her husband did not come to accept Ava. She expressed to him that “You can accept your daughter or bury your son.” However, after realizing the implications associated with hiding her gender expression, he accepted her transition. Five weeks after she “came out” he addressed her with her chosen name and preferred pronouns. According to Kane (2006), fathers experience greater difficulty in using current gender pronouns versus mothers of gender-variant children. Heterosexual male parents particularly, struggle with accepting gender-variant children (Kane, 2006).

Ann describes her trans-daughter’s “coming out” as an “evolving process.” Her trans-daughter Lila “came out” as a gay male at age 13, two years before her transition to female. Much like Eileen, Ann describes the feelings she experienced when Lila progressed into becoming female as scared, and full of fear, begging her higher power not to let her be transgender.

I remember thinking to myself, please God, don’t let her be transgender! Please not let her be transgender! And I thought, what am I gonna do? It was just very, very scary to me. I thought it’s hard enough for her. I can’t even IMAGINE. It’s hard enough for her in high school being gay, now as a woman? (p. 15, lines 6-10).

Ann can put her feelings into perspective realizing that the focus should be on her trans-daughter’s feelings rather than her own.

But, ultimately, I kinda take a few deep breaths and say, it’s not about me, it’s about her. And you know, you start reading statistics, and you start hearing things, and that was

enough to tell me that I can't force her to be someone who she isn't, and she shouldn't
(p. 15, lines 13-15).

Ann's husband could not accept Lila's transition even though she has been "out" for the last four years. Ann made the decision to end the marriage because of issues related to his inability to accept his trans-daughter and his lack of support of Ann.

Hilary's non-binary/trans-son Sam's identity was never revealed to her. One day Hilary noticed that Sam was wearing a breast binder, and when questioned about the binder; Sam admitted that "they" were non-binary and that "their" gender therapist provided "them" with the binder without Hilary's knowledge. This action became a source of contention for Hilary as Sam is only fourteen years of age and unable to make well-informed mature decisions. Hilary was confused about the concept of a non-binary identity. Sam explains to Hilary that "they" feel neither gender although, "they" lean toward transitioning to male. Hilary was accepting of Sam's identity as was her husband.

Christine and Charlie, parents of their 17-year-old transgender son George, were very accepting of George's transition. George "came out" to both his parents one afternoon, and since that moment, they have supported him and encouraged him to live life as his authentic self. Christine is very outspoken while Charlie is quieter and more subdued. They both educated themselves about the transgender concept and have become advocates for transgender children in their school system. Christine tells a humorous story about George's "coming out."

We were going into the living room and George said, "You might want to sit down for this." I'm like, is she pregnant? I'm like, you don't ask your parents to sit down on

the couch if you just want to talk about something. We're like, okay. George looked at us and said, "I've been thinking about this for a while." "I'm not your daughter, I'm your son." "My name is George and I want you to call me that from now on." I looked at her and said, Okay, GEORGE, what do you want for dinner, SON? So, that was it. He's been George ever since (p. 14, lines 2-10).

Christine also describes George's transition as being less difficult than many other trans-teens, due to her accepting and non-judgmental attitude. She also states she and Charlie have had an easier time with George's transition because of his easy-going personality. Christine also views George's "coming out" as a gift.

"It's awesome because I got to have a little girl and a little boy, because George was never a girl per-se. I got two for the price of one pregnancy."

Rachel shares Christine's sentiments.

I always try to look at the positive side. I was happy with the daughter I had, but then I'm like, I have a son! Who gets that without going through another pregnancy? I was never like, oh, crap. I have a daughter, and now I have a son (p. 18, lines 10-13).

Jessica's 18-year-old non-binary adolescent Ian "came out" to her via text while Jessica was at work one day. Ian texted that "they" were non-binary and apologized for not "coming out" earlier. Jessica had suspected that Ian was lesbian or non-binary but could not get "them" to acknowledge it for one year. She states that she did not react when Ian "came out" because she dealt with the situation by emerging herself into "researching the topic and becoming a moderator for non-binary adolescents' online support groups." Jessica describes that Ian does not identify with either gender nor do "they" have romantic feelings or sexual desires.

Cleo's 16-year-old non-binary adolescent Ari "came out" to Cleo at age 15. When Ari "came out," she told her that "I've come to the realization that I'm non-binary and prefer "they" and "them" pronouns." Ari can only describe her perception of being non-binary as when someone refers to her as she or her she "feels hurt."

Like Jessica and Hilary, Cleo was unfamiliar with the concept of a non-binary identity.

I was trying to figure out if "they" were non-binary or if "they" were thinking in terms of being non-binary/trans. Like, was this a stepping stone to wanting to transition to male? So, I asked about that, and "Like, yea, no, I don't want those parts" (p. 37 lines1-5).

When I questioned Cleo about what she had the most difficulty with in terms of Ari "coming out," she responded by saying she did not have difficulty in terms of support. However, her biggest difficulty was not comprehending the importance of identifying as non-binary "if no physical change was to take place."

Were there any Clues?

During the second interview, I asked the participants if in retrospect, were there were any signs or clues that their child displayed showing a propensity towards "coming out" as either transgender or non-binary in adolescence?

Cleo stated that when Ari was younger, she preferred stereotypical girl play such as dressing up as Disney princesses. Cleo states that when Ari became of school-age the only sign she displayed regarding leaning towards the male gender was her desire for a very short hair-cut.

Jessica's non-binary child Ian played with gender-neutral toys growing up and preferred to dress in gender-neutral clothing. Ian also disliked ear piercings and make-up. When "they" were a young child "they" refused to wear bows in "their" hair and would often pull out "their"

pony-tail holder. Akin to Ari, Ian's first step towards a non-binary identity was cutting "their" hair short followed by "their" preference to dress in stereotypical boys clothing.

Rachel's transgender son preferred to dress in stereotypical male clothing from the fourth grade forward. Christian also refused to engage in stereotypical girl's play such as playing with makeup and dressing up. As Christian became older, he was still not interested in ear piercings or wearing make-up.

Rachel states when Christian started puberty and developed breasts; he became very uncomfortable and self-conscious related to his gender dysphoria. Like Rachel's trans-son Christian, Joyce's trans-son Paul refused to wear bright colors and stereotypical girl clothing from the age of three. Joyce describes that when Paul was a young child (age three), he would smile when people would mistake him for a little boy.

Charlie and Christine's trans-son George disliked being dressed in stereotypical girl clothes from the age of two. George despised wearing dresses and putting bows in his hair. If George's parents forced him to wear a dress (i.e., junior bride's maid), he would wear it for the wedding ceremony, then take it off. Christine describes a time when her relatives came to visit and brought a dress as a gift for a young George. Christine states she had to hold George down to get the dress on, he then made a sour facial expression, and after taking pictures he tore off the dress.

Ann's transgender daughter Lila engaged in typical girl play from a young age. Lila enjoyed playing house (always wanting to play the mother) and preferred bright colors such as pink and bright red. Lila would ask Ann if she could wear her skirts and high heels. She would often take a towel and put it on her head simulating long hair. Lila also asked her parents for a Barbie doll as a young child. Ann allowed Lila to play with the doll in the house but never in

public, due to her fear of Lila being ridiculed and bullied by her peers. Lila played with girls versus boys despite the boys trying to engage her in activities such as kickball. Ann speaks about how she missed the signs that Lila was struggling with her gender identity.

She was young when she started with the heels and the dresses. And, I would say probably, three, four, years old. But, even, she never told me that like, “Mom, I’m a girl.” She just liked to play dress-up as a girl. So, I never wondered. You know what I’m saying? (p. 10, lines 6-9).

“If I really look back at things the signs were all there. I just didn’t know how to interpret them. None of us did.”

When Lila began her transition to female, she would dress in male clothing in school and female clothing on the weekends until she was ready to live full-time as a young woman.

Eileen states that Ava always played with gender-neutral toys. However, because she was the first child and born male, typical female toys were not available to her as a child. As Ava started puberty at age 11 or 12, she refused to go swimming without a swim-shirt on. Eileen never gave thought to the possibility of modesty as being a predictor of Ava’s future gender confusion. However, in retrospect, Eileen considers that it was a possibility.

CHAPTER VI

“When I’m with Solo, I tend to behave more like a guy, because I think that’s how he sees me. But around Bec, I’m inclined to be more ...I don’t know. Feminine is the word that comes to mind, but it’s too simple a word for what I feel. There *aren’t* words for what I feel, because all the words were made up by people who never felt like this.” (Garvin, 2016, p. 179).

Themes

One uses themes to describe a structural meaning unit of data essential to presenting qualitative findings (Streubert & Carpenter, 1995, p. 31. Nine themes emerged from the data along with twelve corresponding sub-themes: (1), ***Grief and loss***: sub-themes-(mourning the loss of a son or a daughter, happier childhood if lived as their true self, hiding their grief and feelings of loss from their child); (2), ***Fear for their child’s physical, mental, and emotional well-being***; (3), ***Fears for the future***: sub-themes-(fear of unacceptance in workplace, fear of inability to be accepted by society, fear of not forming meaningful relationships in adulthood); (4), ***Advocacy***: sub-themes- (advocacy in school, advocacy in family relationships, protective moms); (5), ***Sibling acceptance***; (6), ***Frustration with health care providers***; (7), ***They are still the same person***; (8), ***Intolerance of unaccepting, unsupportive parents and***; (9), ***Finding meaning***: sub-themes-(personal growth, increased tolerance and acceptance of others, and their child’s journey brought them closer). One meta-theme also emerged from the data: ***Unconditional love***.

Grief and loss

The first theme that emerged from the data was the participants' feelings of loss over what they once knew as their son or daughter; and the grieving process associated with that loss, albeit to varying degrees. Upon further analysis of the parents' descriptions regarding grief and loss, three sub-themes emerged: *mourning the loss of a son or daughter, happier childhood if lived as their true self, hiding their grief and feelings of loss from their child.*

Mourning the loss of a son or daughter

Eileen grieves over the loss of a son who now has become her daughter Ava. She shares a profound incident where she believes she is "losing her child."

I felt like when she was 11, 12, that I was losing her. Almost like she was slipping away right in front of me. At that time, I tried to every night before bed just to have some one-on-one time. It was only 5 minutes or so, just to kind of touch base. Of course, earlier, it was like pulling out teeth to get anything. Now we do it 90 % of the time. Now she spills out how she's feeling. She had gotten dressed and went to the bathroom to brush her teeth and brush her hair. I found her on the floor crying and I would ask her what is wrong? She would ask, "Do I look like a boy?" "Will I ever pass?" It's just so heartbreaking. I just try my best to reassure her that things will get better. Try to give her hope. To keep going (p. 17, lines 1-8).

Eileen also shares feelings of loss of her own identity as her daughter Ava transitioned. She describes her loss in terms of the sense of no longer being the mother of two boys. Eileen's identity as a mother of two boys determined who she was, and her purpose in life. Once her identity changed, she struggled to redefine herself.

That was the badge I wore. I was the mom of two boys, that's what I was comfortable

feeling. And so, this changes that, and that was hard for me to kind of reconcile that that wasn't me anymore. So, in that way, when a lot of parents talk about the grieving, for me it was more about what changed my identity rather than hers. (p. 43, lines 5-6). Although Ann experienced little difficulty when her son came out as gay, it distressed her when Lila came out as a trans-female two years later. Ann described her experience of mourning the loss of her son.

You know, Lila came out in her teens so, yeah, I definitely went through a grieving period. That's not to say those who have kids that come out younger, don't. I guess because they haven't had as many years of knowing them previously. You know what I'm saying? All your hopes and dreams are based on gender. You have to change that picture. You know? (p. 25, lines 1-5).

"So, even though I knew I still had my same kid, she, just by virtue of telling me that she was a female not male, made her seem different. Although, when I gave myself time and really looked, she wasn't."

Ann's greatest difficulty concerning Lila's transition was looking at her baby pictures. Lila has been "out" for four years, and only until recently has Ann been able to look at her baby pictures without crying. Ann realized the importance of Lila living as her authentic self and expresses she got "used to it." Ann's grieving process was lengthy, and it took several years for her to overcome her feelings of loss of a son.

Eileen expresses feelings of loss and grief regarding the birth experience. She explains that when she was pregnant with Ava, she and her husband agreed on a girl's name but struggled with the choice of a boy's name. Eileen describes Ava's birth process as being a very significant event for both she and her husband.

They had both agreed on a boy's name when Eileen was pregnant. However, when she was born male, they looked at their newborn baby and decided that the chosen name did not fit their child and agreed on a different name. She describes the naming of her child coupled with the birthing experience as something that is "now lost". Eileen experienced great difficulty and discomfort mentioning Ava's birth name to me. She revealed Ava's birth name towards the end of the second interview after a rapport was firmly established. It appeared that Eileen was reliving the pain surrounding the experience of Ava's birth name by verbalizing her name.

And, so now that she's Ava, I felt like I was erasing her birth. I couldn't talk about her being born, because she doesn't have that name anymore. That special name we came up with when she was born that seemed so right and so perfect (p. 45, lines 4 -6).

[Eileen] It wasn't so much about the name as it was about the experience. It was the first time we became a family. It was the moment when you first hold your baby. It's just a special moment and thinking or feeling that by her now being Ava, I would lose all that. So, that part was hard for me (p. 45, lines 7-10).

Joyce does not mourn losing her daughter because she feels she never had a feminine girl. However, she grieves over the loss of her trans-son's birth name and the meaning it once held.

"It's like the name I chose for this child before this child was even born. And you have this name, and you speak to this child you know, and that name doesn't exist anymore."

Joyce also mourns for the experience she will never have in terms of her trans-son being pregnant and giving birth, as these were very significant events for her; and something she would have liked to have shared with her trans-son Paul.

Um, I guess what I'm saying is it's not like I was losing this "girly-girl" or a vision of oh, yes, she's going to be feminine eventually. She's going to stop being a tom-boy, I didn't care. But, there's a lot of grief associated with..... just comes in waves. I can't attribute them to a particular picture because, it's not like I'm losing this female picture that I had, because I didn't really have it. The only thing that I can put it to you what it is, is that oh, yea, um, history being pregnant and giving birth. (p. 17, lines 9-15).

[Joyce] And I was definitely looking forward to, oh, wow, I'm going to be able to share with my kid. And she's there, and she's giving birth, and she's pregnant because it comes down the maternal line. This is something I can give her. So, that's gone. (p. 18, lines 2-5).

Joyce also describes how difficult it is to share her grief with friends and family. She explains that others can only personally experience her grief to understand her grieving process.

"So, it's the same kind of grief when you grieve but, you're not, nobody else gets it unless you've been through it yourself. Even my, dearest friends or whatever, they don't get it. You just don't.

Rachel grieves over the loss of her female born trans-son Christian and the pain he feels daily. The focus of her grief is on her trans-son's loss over the life he can never have because he was not born biologically male.

“You know, I wished he could have been born into the body that he wanted. That's where it's painful. Because, I, um, I mean, he wants a male body, and he can never really have that.”

[Rachel] Just with everything else that every person in the world has to deal with, you know, why, why, did he have to be born with this? I can't imagine how I'd feel if I felt male all the time, or, was in a male body. That's where it hurts (p. 38, lines 10-14).

Rachel's grief also takes the form of anger when she hears other parents complain about common issues related to “normal” adolescence. She feels that other parents' issues with their adolescents are minimal compared to the issues her trans-son faces. I found it to be very interesting how Rachel appears to not grieve for herself, but for her trans-son Christian's pain and loss.

“I'll have my moments that, you're bitchin' about that your own 17-year-old daughter can't find the perfect prom dress? You know, my kid wishes to God that he wasn't born with boobs.”

Jessica expresses her emotions and feelings in terms of Ian's non-binary status. She expresses her thoughts in a profound, sad manner. She feels it leaves her in a very precarious situation when asked by others if she has a son or a daughter.

[Jessica] I think it's going back to when people ask you. You know, I have a "they" and a "them." I don't have a son or a daughter. I don't want to say I have an "it," because that's degrading. But I don't know how else to explain it (p. 35, lines 12-14).

Hilary describes her feelings of loss as akin to a parent of a transgender adolescent.

I probably had an emotional reaction that was similar to a transgender parent [parent of a transgender adolescent] in that there was kind of this sadness about the loss of my daughter. Um, just the loss of what my idea of her was, I guess (p. 52, lines 7-10).

Hilary continues on to elaborate on her grieving process. She discusses her grieving as generational as it relates to "growing up in the 90's" and "girl power." She expresses that because of the feminist movement her children grew up in a non-stereotypical home, and she feels that as a result, she promoted raising "strong women" and "strong girls" promoting pro-female daughters.

So, when Sam first "came out," I felt like oh, my God, like I've done such a disservice to these kids. Like, what have I taken away from Sam in the process of doing that? So, NOW, you hear about parents that are raising gender-free kids, and, I'm like okay, maybe that's a little extreme, but maybe that's more the point (p. 53, lines 10-15).

Hilary hopes that because of "her own mistakes" raising her daughters, her children will veer away from gender stereotypes when they raise their own children.

Happier childhood if lived as their true self

Eileen describes feelings of sadness and loss regarding her trans-daughter Ava not living her childhood as her authentic self.

For me, I've evolved to the place where I try to see my daughter in the pictures, and I try to see her as what I always call her "boy mask." For 15 years, she wore her "boy mask." So, if I look back at old pictures, I get sad that she didn't get to have the girlhood that maybe she had wanted (p. 42, lines 5-10).

Eileen continues to express her sadness and loss regarding Ava's childhood.

"Other parents grieve for the future of what they thought. But, now I'm to the point of where I get sad about the past. Like, would she have wanted to dress up?"

Rachel shares similar feelings to Eileen concerning feelings of sadness regarding her trans-son's childhood.

"I always kind of suspected he was like this, and you know, and yay, gay son. Yeah, but that's what it was. It's like feeling bad. Like your childhood could have been different, he might have been happier."

Rachel also feels sadness and loss when looking at Christian's baby pictures. Christian won't allow her to hang baby pictures of him as a female. The only pictures that Christian will allow Rachel to hang are ones where he presents as gender-neutral.

[Rachel] So, just say if there was a favorite picture of me with him running around with you know, long red hair; I'm not allowed to put them up. It's that kind of stuff. It's like, well, wait, that can be a little sad. Like, you know, you were my kid like this too (p. 19, lines 2-5).

Charlie has a different perspective when looking at George's baby pictures.

It's a little off because it's not right now, do you know what I mean? So, it's, um, in that sense, it looks like an aberration in a way. But, I mean, I have the viewpoint that when Sarah was Sarah, Sarah was Sarah. And, Sarah is now George. So, it's another life phase that you just happen to look different and have a different name (p. 36, lines 4-7).

Hiding their grief and feelings of loss from their child

Ann expresses the significance of hiding her grief from her trans-daughter Lila, as she did not want her to feel distressed or hurt. However, Lila knew of her mom's sadness and grief and they occasionally discussed Ann's grieving process.

"I mean, I certainly...she knows that I cried over it and stuff, but I also tried to not let her see it too much, cause, I didn't want to make her feel bad."

"She had no reason to feel bad. This was my processing of it, my part of her journey, in dealing with her journey."

It was important for Eileen to hide her grief and loss from Ava. Her focus was on expressing love and support for her trans-daughter.

[Eileen] I knew despite whatever I was feeling, I do still love my child. That's all I wanted to convey, that no matter what I love my child and we would get through this together. I gave her a big hug and said I still love you and accept you, we'll get through this (p. 22, lines 10-12).

The theme of *grief and loss* delve into the pain that each of the participants experienced in the transitioning of their child. Although their stories are different, their feelings are very likely the same. As their child progresses in their transition, the pain, loss, and grief they experience slowly dissipates. However, many of these emotions remain to this day.

Fear for Their Child's Physical Safety, Mental, and Emotional Well-being

The second theme that emerged from the study was the theme of the participants' *fear for their child's physical, emotional, and mental well-being*. Each participant expressed fear about their child being physically assaulted in the community. The participants expressed grave concern for their child's emotional and mental well-being due to self-harm, ongoing gender dysphoria, bullying, and verbal harassment that transgender individuals often face.

Christine expresses fear for George's physical safety in the community. She shares that she is fearful of George becoming a statistic of physical violence amongst transgender persons. Although Christine is in constant fear for George's safety, she hides her deep concerns from George to protect him from her own fears.

Akin to Christine, Rachel constantly fears that when Christian goes out into the community, an individual may realize that he is not a biological male and he will be physically injured. She expresses that “Violence against the trans-community is horrible.”

Eileen is concerned about her trans-daughter Ava being bullied and verbally harassed by her peers. She describes a situation on the school bus where her son overheard a classmate calling Ava an “it.” Eileen feels that she must be vigilant in terms of potential bullying by Ava’s peers. She also expresses concern in terms of Ava’s social isolation as she was unable to form a connection with her classmates. Eileen also expresses fear for Ava’s physical safety “when she goes out into the world.”

[Eileen] But, I know she’s getting to the age where she’ll be an adult and out on her own, and I do worry about that. I worry about her leaving the, I don’t know if it’s actual safety or my perceived vision of safety in the Northeast (p. 39, lines 10-12).

Ann describes how she acutely felt the repercussions of the bullying and verbal harassment that Lila was subject to for years. Due to frequent bullying, and relentless verbal harassment, Lila has internalized her hurt, anxiety, and depression, resulting in self-harming behaviors such as cutting and burning. Ann believes that transgender children have little control over their home, school, and social environment and therefore need extra support from their parents.

Ann expresses her fear and emotions in terms of Lila’s self-harming behavior.

It just never leaves you once you see your kid doing something to themselves. Not that I actually saw her, but you see what they’ve done to themselves. You realize how serious

this is. Um, you know, it's always in the back of my mind. How can I phrase this? And cause her to go spiraling down (p. 61, lines 4-7, 11).

Ann describes her sentiments about the most effective way of empowering her child.

The easiest way you can support your child without having to get them on hormones or anything else like that, if you're hesitant to do all that; at least use the proper name and pronouns. It's the only thing they have control over. Everything else is at the mercy of the parents (p. 56, lines 1-4).

Eileen concurs with Ann. She shares that the parents at her support group advises the "new" parents to respect their trans-teens chosen name and pronouns as it the only thing they have a choice about.

Charlie describes being "protective" of George. When George first transitioned, Charlie feared that George's peers would ridicule him. Charlie was concerned that the school would not "be on board" with George's transition. Fortunately, the school administration was supportive and accepting of his son's transition, much to Charlie's relief. Charlie also fears for George's emotional and mental well-being. He describes how George's gender dysphoria was a major contributor to his "mood disorder." George experienced auditory hallucinations that were "mean to him." But once George transitioned, his gender dysphoria dissipated, and the auditory hallucinations resolved. Unfortunately, Charlie stated that George's "mood disorder" exacerbated within two months before the first interview. Charlie also fears that George may get into a financial bind in the future and become unable to afford testosterone injections. "I mean, that's just cruel."

Rachel shares her concerns for her trans-son's emotional and mental well-being. Early in Christian's transition, he would often "shut down" and became extremely self-conscious, refusing to go to restaurants and other public places. Rachel attributes his self-consciousness to dysphoria related to his developing breasts. Rachel describes a time when she and Christian took an hour's drive to the ocean. After spending a half hour on the beach, Christian began to complain that he was hot.

Rachel became irritated and headed back to the car. She soon realized that Christian had been wearing a breast binder in the intense summer heat. After this realization, Rachel immediately apologized for her irritability and impatience. She described feelings of empathy and remorse for not acknowledging Christian's predicament, although she was unaware of his extreme discomfort at the time.

Joyce emulates the other participants' feelings about Paul's physical safety and emotional well-being.

Like, I don't know. I'm crying again. Yeah, it's really hard to describe. I mean it's not just not all the worry. The whole transition, it's okay, so the top-surgery's fine. He survived the anesthetic. He's not in pain, he feels great, and that's great. But I remember the part of the transition where he's using the men's room and that kind of thing. It's like, oh, shit! Is someone going to bust him and beat him up? You know, until he's transitioned and passing, then, yeah. I'm worried about the physical safety. But it's, I don't know. I don't know (p. 19, lines 1-7).

Joyce expresses that Paul suffers from “intense depression.” She also states that before “coming out” as male, Paul experienced significant gender dysphoria when writing his female name at the top of his schoolwork.

He started writing boy’s names on papers because he’d get too much dysphoria having to write Lauren. And he’d write whatever boys name he was trying out at the top of the paper in pencil and do the paper, then rub it out. And then sometimes of course he’d forget (p. 20, lines 12-15).

Joyce is very concerned regarding Paul’s lack of social interaction with his peers as it will negatively affect his emotional and mental well-being as he continues to mature into young adulthood.

Joyce explains how Paul’s increasing depression before “coming out” was related to his gender dysphoria although this thought never occurred to either Joyce or Paul at that time.

But, yeah, at the time the thought that an actual, this is a boy in a female body didn’t occur to me as such. So, yeah. But the depression that started to set in makes a lot more sense now. And he wasn’t doing the standard of schoolwork that he’s very capable of. Not following through with things. Yeah, there was just plenty of depression, but he couldn’t say what it was. “I don’t know.” “I don’t know.” Just, “I don’t know” (p. 29, lines 6-11).

Joyce expresses concern about Paul’s self-harming behavior that takes form in the act of cutting. Joyce describes an incident that occurred on the drive home from his therapy session.

[Joyce] And then I was driving home from the therapist and just checking in with him and something was nagging at me. And I said, have you been thinking about hurting yourself? And he ‘fessed up to having been cutting himself and I realized that there was another crisis is coming. And he was like, “It’s all fine.” “It’s all good.” (p. 53, lines 15-16; p. 54 lines 1-2).

Jessica shares Ian’s experience when “they” were being verbally harassed in high school. She states that due to bullying, Ian saw a therapist and was prescribed “anxiety pills.” “Their” primary care physician “took them out of school” the latter part of “their” senior year. Ian was not permitted to go to “their” senior prom or “walk across the stage” at graduation. Jessica describes Ian’s absence from the latter part of senior year in high school due to bullying and harassment, along with “their” mandated absence from high school graduation, as a humiliating sad experience.

The theme of *fear for their child’s physical, mental, and emotional well-being* describes the challenges and struggles that the participants are dealt with daily. Despite their difficulties, the parents continue to support and accept their child’s transition. The fear and emotion that the participants’ experience was deeply felt and came across clearly in the analysis of the data.

Fears for the Future

The third theme that emerged from the data was the theme of fear each participant expressed about their child’s future as they progress into young adulthood. Upon further analysis of the participants’ descriptions of their experiences, three sub-themes emerged: *fear of unacceptance in the workplace, fear of inability to be accepted by society, and fear of not forming meaningful relationships in adulthood.*

Fear of Unacceptance in the Workplace

Cleo describes her fears for Ari's future as deep concerns of "them" not being accepted in the workplace. She is concerned that Ari will often be mis-gendered, and this will lead to gender dysphoria. Cleo's fears are intensified by Ari's short stature and large bust size, therefore, making it impossible for "them" to "pass." As a result, Cleo believes Ari is more susceptible to ridicule and verbal harassment in the work arena. Hilary emulates Cleo's fears of Sam not being supported in the workplace as an adult.

Jessica fears for Ian's acceptance in the workplace due to "their" social awkwardness. She expresses that Ian will not be able to obtain employment in the public venue due to "their" significant social deficits.

Eileen describes her fears for Ava when she enters the workplace. Eileen's concerns are related to how others will perceive Ava in the work arena and in society. The fact that her child is extremely introverted and poorly adjusted socially contributes greatly to Eileen's fears.

But, you know, there's still, I just try to think about her future and what it will look like.

And, you know, will we be in a place where she can just get a job, and have it be no big deal? And live her life, and not have to constantly worry about what other people think of her? (p. 40, lines 1-5).

Akin to the other participants, Joyce fears for Paul being verbally harassed and physically assaulted in his future place of employment.

[Joyce] He's going to get a job and walk home at night and all these things I did as a kid. I didn't tell my mom half of what went on, you know? So, but it's all obviously amplified. It's like you're going to get a job, somebody's going to know that he's trans and he's going to get bullied for that or victimized or get hurt (p. 40, lines 12-15).

Fear of Inability to be Accepted by Society

Cleo expresses her concerns regarding Ari not being able to integrate well into society.

I mean it's difficult in the sense that I worry, and you know, cuz, I'm on board with it just cuz, you know, like, I've always been an ally towards everybody. So, I understand it. But it's hard because the rest of the world isn't caught up. And I know that the majority, the rest of the, especially this country is very held up in the gender binary. So, I just worry about "them" (p. 30, lines 1-4).

Cleo further expresses her frustration with society's views of gender-variant individuals.

And there's no way to stop any of that because people go with what they see and it's frustrating. That's what's hard for me you know, because I can't do anything about that really, you know? Um, so, I can make "them" feel as comfortable as possible at home, but I can't you know, kid-proof the rest of the country (p. 30, lines 8-14).

Eileen describes her fears and concerns in terms of Ava being accepted into society. She states that Ava is very dependent on her parents although other parents' adolescents crave their independence. She realizes that Ava is maturing into young adulthood and as she gets prepared to leave home, she struggles with Ava being accepted as she ventures out into the world.

Eileen expresses concern and worry concerning choosing a college that will be supportive and accepting of transgender individuals.

[Eileen] I'm always the worrier and I think ahead to, and I can't just go look at colleges with her. I gotta look at, is this a safe environment for her? Do they have LGBTQ housing for her? Does it have the clubs? How accepting is it gonna be? So, there's another layer that you have to worry about (p. 56, lines 7-11).

Hilary's fears and concerns revolve around the community Sam chooses to integrate into, and whether Hilary can ensure that that community is supportive and empowering Sam in terms of her gender identity.

Jessica shares Eileen's concerns for Ian's future in terms of "what young adulthood holds for them."

"Just the worrying part of this, you know? Like, we don't know what the future's going to be like. Are they going to live with us forever? What's the job situation going to look like? Are they going to drive?"

Joyce is hopeful for Paul's future concerning his acceptance into society.

[Joyce] But, I think once he's passing relatively well, maybe as a rather effeminate male. If he can pass most of the time, it takes so much of the worry away. You know, he can be out in the world without being quite so vulnerable (p. 42, lines 11-13).

Rachel believes that the lack of acceptance of transgender individuals in society is related to peoples misunderstanding of sexuality and gender.

[Rachel] I think the vast majority of people don't understand. I didn't get it 6 years ago. So, I think once people grasp that, and they get wait, you can be...they're completely different. Like, Christian, "Oh, he wants to be a boy, so he must like women." No, that's different. I think once people grasp that, they can start to get their heads around it. You know, it's not a guy in a dress. It's not a chick with a dick. It's none of that (p. 21, lines 5-10).

Fear of Not Forming Meaningful Relationships in Adulthood

Charlie expresses his concerns about George's sexual future. He questions whether George will have a healthy sex life as a young adult.

Well, I'm a firm believer in a healthy sex life. It's an adult requirement. I don't want him to be, if he was going to date that heavily, I can see where that could be difficult for him. And, um, that could give him trouble (p. 30, lines 8-10).

George is presently uncertain about his sexual preferences. He is in the process of "figuring it out." Charlie believes that George "has a need," however, he doesn't "feel compelled to date or that he's missing out." George believes he has ample time to figure out his sexuality.

Jessica is concerned regarding her non-binary child Ian's inability to form close relationships in adulthood. Ian is extremely introverted and is reluctant to venture out in the public arena. "Their" world is very small in terms of "their" social interaction and peer relations. Jessica

describes Ian as being aromantic and asexual which further adds to her fears of “them” developing significant, meaningful relationships as “they” progress into adulthood. Jessica’s best hope for “them” is to develop a circle of close friends that understand and accept “their” non-binary identity.

Hilary’s concerns and fears regarding her non-binary child Sam emulate those of Jessica. Hilary describes Sam’s world as being “very small” and fears that it will remain so as “they” move into adulthood. Hilary’s hopes for Sam is that “they” will integrate into a community that will “support and empower “them.”

Rachel shares concerns that her trans-son Christian will continue to struggle with his wish to be viewed by society as a biological man versus a trans-man, thereby impeding his ability to develop meaningful relationships in the future.

The theme of *fear for the future* and its following sub-themes adequately describes the participants’ fears and concerns that they are confronted with about their child’s future in adapting, integrating, and acclimating into society. The sub-theme *fear of forming meaningful relationships in the future* appeared to hold the most significance for the participants. Most parents wish that their children live happy, healthy lives with meaningful adult relationships that will ensure their legacy.

Advocacy

The fourth theme that emerged from the data was the theme of *advocacy*. As the data were further analyzed three sub-themes emerged: *advocacy in school*, *advocacy in family relationships*, and *protective moms*. Each participant described the importance of advocating for their trans/non-binary child. As adolescents, the parents believe that their role and responsibility is to make sure that their child's voice is heard through them.

Advocacy in School

Christine describes herself as being a strong advocate for her trans-son George concerning his schooling. As soon as George "came out" as transgender, she notified the school administrators as well as his teachers. Christine set firm boundaries with the school administrators as well as his teachers regarding the proper use of his name and pronouns.

So, I went in and I said look, FYI Sarah is no longer Sarah, he's George. We need to change that in the school records. You need to have the teachers all call him by George. You need to refer to him as he and him. If you can't do that, then there's another discussion (p. 27, lines 10-12).

Christine describes the reaction of George's classmates when he first "came out" in school.

School kids weren't like, there were some idiots, but not all of them. So, you know, you have to be mindful of your child's emotional state when they're in school. Especially doing it like George did it, "coming out" in the middle of Freshman year. That's a really big, huge deal (p.30, lines 11-15).

Christine further describes her role as an advocate for her trans-son George. She describes her experience raising a trans-son as different and more difficult than those parents of “normal” teenagers.

It’s different than most medical things. It’s just a difference. You know, your kid goes to school they take care of themselves, whatever, everything’s good. Trans-kids, then they change their name, and then it’s like this whole meeting and nobody knows what they’re doing with it. You know, you have to be an advocate for your child, and you don’t want to come across as “hey,” but, sometimes you have to come across as “hey,” because, if not, they don’t do what they need to do for your child. So, it’s a push and shove kind of thing (p. 17, lines 3-9).

Ann’s trans-daughter Lila was faced with constant verbal harassment by her schoolmates, along with inappropriate behavior from her teachers. Although Ann wanted to discuss these issues with the school administrators, Lila felt that it would make the situation worse, so, Ann acquiesced by not doing so.

Joyce and Eileen’s experience with their children’s school differed from those of Christine regarding advocacy. Joyce and Eileen share that their adolescent’s teachers and guidance counselors were very supportive of their teens’ transition. The school administrators were willing to assist with their adolescent’s transition in school ensuring that it was made as smooth as possible. The support from both the teachers and the school administrators as well as school peers significantly decreased Joyce and Eileen’s need for advocacy in the school environment.

Advocacy in family relationships

Eileen speaks about the means of informing her and her husband's relatives regarding Ava's transition. She states that she wrote e-mails and made phone calls to family members who did not live near to her. Eileen chose to reveal Ava's trans-identity in person to those relatives who lived closer. She wanted to make certain that her relatives would be accepting and supportive of Ava before them witnessing her as a trans-female. It was essential to Eileen that her relatives be respectful of Ava's chosen name and pronouns. Eileen was anxious at the first family gathering, fearing that Ava will be mis-gendered and ignored. However, much to her relief, all the family members who attended the family get-together were respectful of Ava using her chosen name and pronouns.

Hilary's experience with her extended family emulates Eileen's. Hilary informed her family members of her non-binary child Sam's identity. Hilary states that her family members readily accepted Sam's non-binary status. However, although her father-in-law is respectful of Sam's identity, he has great difficulty comprehending the concept of being non-binary.

Rachel expressed that her extended family has been accepting of her trans-son Christian. However, it brings her great sadness that her mother who suffers from advanced stage Alzheimer's Disease is unable to acknowledge her trans-son, due to profound memory loss and the advanced disease process. Rachel states that dealing with her mother's inability to recognize her son has been her biggest stressor.

The majority of Charlie's extended family was accepting of his trans-son George's male identity. Charlies reinforced to his family the importance of respecting George's chosen name and

proper pronouns. Charlie's mother initially had difficulty accepting George's transgender identity, however, after a year of George "coming out" she has chosen to accept her grandson.

Christine set firm limits on her father's negative attitude and behavior towards his transgender grandson George.

We talked a little about that, and he was like, he's always gonna be my granddaughter and that's that. I'm like well, that's fine, that's good. If you want to talk about your granddaughter, you're welcome to do that as much as you want. But you need to tell your friends when you're talking about HER, that she died when she was 15, cause you're never gonna see her AGAIN. He was like, holy shit! You're serious? I was like, dead ass dad. (p. 9, line 14; p.10 lines 1-4).

Protective Moms

When Lila first transitioned, Ann, protected her from hurtful questions posed by family, friends, and acquaintances. Ann explains that their questions were unintendedly hurtful and inappropriate, however, she felt the need to protect Lila from emotional distress. Ann describes her feelings when her classmates endlessly verbally harassed Lila at school.

You know, so, as a parent, it was very hard to see. And then the mama bear takes over, and I want to go and punch them. And even the grief you know, from the teacher. It's, what the fuck are you thinking? (p. 36, lines 12-16).

Lila hid specific information from Ann regarding the constant verbal harassment and bullying she experienced in high school. Ann states that if she had been made aware of these issues, she would have reported them to the school administration.

There were a couple of instances where I wouldn't have given a shit and I would have got involved. That involved teachers, substitute teachers, and the administrators. But, anyway, so, she just didn't want to; and not that she didn't deal with it at the time, but it was just that she shouldn't have to (p. 68, lines 5-8).

Akin to Ann, Hilary is also protective of her non-binary teen, Sam.

That's where I worry, I want "them" to grow up to have friends and family that love them and support "them," like "they" have now. At some point, I'll have less and less control over that. So, I will always be standing by ready to pounce on anyone that looks at them sideways (p. 47, lines 1-5).

Christine emulates both Hilary and Ann's sentiments.

"I think you kind of become mama bear to advocate and try to understand what they're saying. Sometimes, you come off as a "know-it-all," but you're just trying to support your child."

The theme of *advocacy* portrays the participants' passion and heartfelt wish to protect their child and ensure that their child's voices be heard. Advocacy for each child is not only important in school, but in family relationships as well. The mom's take on the role of "mama bear" when they believe that their child's emotional and physical well-being is being threatened. The role of

advocate and the need to protect their child manifests the lengths these parents will go to promote the health and happiness of their transgender/non-binary child.

Sibling Acceptance

The fifth theme that emerged from the data is the theme of *sibling acceptance*. Each participant describes the emotions and feelings their offspring experienced when their/non-binary brother or sister began their transition.

Ann states that Lila's older brother readily accepted her transition despite the small bit of grief that he endured.

They are very close. He's very much her supporter. Um, you know, I mean he picked up on it right away. And, you know, it wasn't an issue with pronouns or saying, "my sister" that I knew of anyway, that I ever saw. I'm sure to a certain extent he may have struggled a little bit himself. But, you know, (laughs). You know, he's not like an old fart. The younger generation seems to get it (p. 20, lines 13-15).

Ava's little brother was very emotional when Eileen told him about Ava's decision to transition.

My younger son was 11 when I told him. He grieved and cried for the "best big brother ever." He seemed to get it all out. Then, we would talk for hours. He seemed to get all his emotions out. But, after I explained that it was hurting her to pretend to be a boy, he really understood. He is very nurturing and empathetic. After he got it all out, he was totally on

board. I told him, you know, she's Ava, and she's your sister. I cannot remember him ever mis-gendering her. From day one he has never (p. 25, lines 11-16).

Jessica shares Ian's younger brother's Jax struggles when asked by his peers if he has an older brother or sister. "You know, he's 14." "I said, just say you have a sister for argument's sake." This predicament has been very uncomfortable for Jax in the past. Jessica has made every possible attempt to try to reduce her son's discomfort when this particular situation presents itself. Unfortunately, there is no easy solution to this issue although Jessica ensures that her son processes his feelings with her in an attempt to diffuse his unease and discomfort in this very complicated situation.

Joyce describes the ease in which Paul's younger brother accepted Paul's decision to transition from female to male. She explains that the siblings have always been very close. "He's been a really good sport about it." Joyce attributes a large part of sibling acceptance to the familiarity between siblings.

The participants experience with their offspring in terms of their trans/non-binary child's decision to transition was a positive one. Although a few of the siblings went through a brief grieving period, they were able to remain close to their transgender/non-binary sibling. A few of the parent's attributed sibling acceptance as relative to the younger generation's progressive attitude about cultural diversity and acceptance of individuals' personal life choices.

Frustration with Healthcare Providers

Upon further reflective analysis of the data, the sixth theme that emerged is the theme of *frustration with healthcare providers*. Several of the participants expressed the lack of direction they received from their health care professional about inadequately addressing the issues common to transgender/non-binary adolescents.

Throughout each interview, Hilary continued to express her disdain with the lack of direction she has received from Sam's healthcare providers. She shares that she felt kept "out of the loop" during Sam's visits with the pediatrician. She was "left in the dark" regarding the conversations Sam was having the pediatrician as she was left "outside the door;" due to issues of patient-doctor confidentiality. Hilary goes on to express that she is concerned as to what information Sam is relating to the doctor regarding "their" non-binary status. Hilary believes that the appropriate questions aren't being asked by the pediatrician relating to gender and she often feels frustrated and helpless.

"Like, I know our pediatric practice has transgender kids. And I know that our health system has a really robust support system for transgender kids, but why hasn't it come up for my kid?"

Hilary describes her anger and frustration when the gender therapist provided Sam with a breast binder without her knowledge and consent. She states that at a young age (14), "they're" still vulnerable and she is ambivalent as to whether the breast binder was indeed Sam's wish and not a suggestion from the gender therapist.

[Hilary] I would have liked direction in some way. You know, I kind of felt undermined a little bit. It was given to “them” without a conversation. Because, you know, my thing was, let’s make sure you have one that fits properly, and you feel good in it, because this is about the way you feel. So, let’s make sure you have what you need (p. 18, lines 14-16; p. 19, lines 1-3).

Jessica emulates Hilary’s feelings and thoughts in terms of lack of direction from “their” primary healthcare provider. She states that Ian’s visits with the primary care physician were focused on prescribing “anti-anxiety pills” and contraception medication.

So, in their eyes, I think all they care about is how they were born to know the physical checkups and stuff, what to look for. And since Ian doesn’t plan to transition, most of the health forms still say “female.” But we do ask, you know, hey, is there an option of a given name or a nick-name? Can you put Ian there instead of Jillian? (p. 40, lines 11-16).

Jessica goes on to state that Ian has not been proactive in attempting to find a physician that is willing to discuss transgender/non-binary issues; therefore, Jessica is forced to take the initiative in doing so.

Then I’ll go and call the doctor, or, I’ll stay behind an appointment and say, hey, you know, my child is actually non-binary and dah, dah, dah, dah, dah. They’re like, “okay.” So, we kind of see if the doctor is curious enough to even address that. Or, think how open the doctor actually is to share that information. Yeah, the doctors aren’t asking (p.42, lines 10-14).

Christine describes her experience with healthcare professionals in terms of the transitioning process.

[Christine] There's a lot of advocating I have to do that most parents take for granted, I think. They don't realize the amount that goes into getting the proper healthcare, getting the proper diagnosis, getting the proper care for your child. You know, most people they have their child, they go to the pediatrician, boom, everything's done. Me, you have to find a pediatric endocrinologist. You have to find someone who is willing to work with you, with your child. You have to find whether your child is considered "trans-enough" to get the services they need (p. 16, lines 11-15; p. 16, lines 1-2).

Joyce expresses frustration concerning the unavailability of gender therapists.

You know, I think I talked last time about trying to find a therapist that's a good match for my kid. Their personality, interests and that kind of thing. It's hard. There aren't many therapists doing this work and even fewer with doing it with children. And all their schedules are full (p. 53, lines 8-9; 11-12).

Rachel expresses concern about her trans-son Christian being mis-gendered and not receiving gender sensitive care from healthcare providers.

Doctors they should know, because, if my son goes in for a medical exam, and he's male, well, he may need a pap smear. So, not only how do you deal with that, how do you deal with that respectfully? They'll be mis-gendering him, or saying something inappropriate (p. 48, lines 4-6).

Rachel appreciates the sensitive and respectful manner of the surgeon who will be performing Christian's top-surgery in the future. She is grateful for her choice of a surgeon as she ponders whether a different surgeon will be as sensitive and respectful as the one, she has currently chosen.

[Rachel] “I can see some doctor blundering his or her way through that. So, anything, I appreciate this so much, anything you can do to make it easier for our kids would be greatly appreciated.”

The participants expressed strong, significant feelings of not being supported by their child’s healthcare provider. They share that their child’s gender issues are not adeptly addressed during encounters with their healthcare professional. They also lack direction in navigating their way through the health care system, which ultimately leaves these parents frustrated and alone concerning their child’s physical and psychological care throughout their transition.

They Are Still the Same Person

As I delved further into the analysis of the data, the seventh theme of *they are still the same person* emerged. Despite the physical change that has occurred, the participants share that their child’s personality characteristics and views on life have remained the same.

Christine puts a humorous spin on her description of George remaining the same individual he was before his transition.

He’s still the same person he was. He just has a different name and he got to pick it. I mean, I kind of teased him a little bit. I said, thank you for saving me money for a second wedding, cause, I had two girls (p. 31, lines 1-5).

Charlie emulates Christine’s thoughts and feelings regarding George’s transition and the subsequent issues related to being transgender.

“Um, you know, I don’t care about that much, um, and he was always kind of a tom-boy anyway. But, uh, he’s the exact same person he was.”

Charlie goes on to express that the issues related to be a parent of a transgender adolescent are like the issues any adolescent faces.

[Charlie] I don't think it's any more of a trial than having a significant issue with any teenager. Do you know what I mean? Whether it's pregnancy, discipline, or fighting with grades and future opportunities kind of thing. So, I don't think it's worse than any of that (p. 31, lines 9-12).

Hilary emulates Charlie's views and thoughts in terms of trans/non-binary adolescent's issues being the same as the issue's other adolescents encounter.

Ann also mirrors Christine's sentiments in terms of her trans-daughter "being the same person."

She still has the same sense of humor, she still has the same level of intelligence, she still has the same compassion and empathy. All those things that make each of us. But, it's just something about sex, you know, what you're assigned, you know, what your biological sex is. You don't realize how much you put into that until it changes (p. 28, lines 12-16).

Ann further describes her thoughts and feelings regarding her trans-daughter Lila "being the same person."

So, even though I knew I still had my same kid, she, just by virtue of telling me that she was a female not male made her seem different. Although, when I gave myself time and really looked, she wasn't. In fact, the only way in which she seemed different was in many positive ways; in that she was more confident because she could be herself (p. 25, lines 8-11).

Jessica expresses thoughts and feelings akin to those of Ann and Charlie.

"My child is my child. They're the same as they always were, but now there's just a name and a label to it."

The participants spoke in detail regarding their child being the “same person” despite changes to their physical characteristics. The participants reflected on their child’s special attributes and their unique personality characteristics that make up who they are as individuals.

Intolerance of Unaccepting, Unsupportive Parents

Through in-depth and insightful analysis of the data, the eighth theme emerged: *intolerance of unaccepting, unsupportive parents*. The participants described the anger and resentment they feel towards parents of transgender adolescents who refuse to accept, love and support their transitioning child. The participants could not fathom the notion that transgender adolescents were left alone to navigate their way through their transition.

Rachel expresses her disdain for parents who do not accept their transgender teen.

“I, there, was NEVER a moment where I thought, oh, I lost my daughter. How can anybody say that? How can ANYBODY grieve that when kids are dying?”

Christine is forceful in expressing her views of unaccepting parents. She states that she has no interest in meeting other parents of transgender teens who live in her city because “they’re assholes.” When I further questioned her regarding her strong feelings concerning these parents, she replied that they were unsupportive of their transgender adolescents.

“Just assholes, and I would probably go to jail. So, it’s probably better that I don’t know them. You just don’t do that to your kid, I’m sorry, you just don’t do that shit!”

Eileen shares Rachel’s thoughts in terms of not comprehending how parents of transgender teens can be so unsupportive and unaccepting of their trans-child.

“I was just reading online and yet another parent who has disowned their child. I just cannot, cannot, understand that, AT ALL!”

The participants describe their strong feelings of intolerance, anger, and resentment, toward unaccepting parents that proves to be a contentious issue for them. The love, acceptance, and support they demonstrate towards their transgender children will not allow them to perceive the issue any differently.

Finding Meaning

The ninth theme that emerged from the data is the theme of *finding meaning*. In the second and third interview when I asked the participants what it meant being a parent of a transgender adolescent, each of them took a long pause while they deeply reflected on their response. As I continued to analyze the data further, three sub-themes emerged: *personal growth*, *increased tolerance and acceptance of others*, and *their child's journey has brought them closer*.

Personal Growth

Cleo explains that Ari's non-binary identity has broadened her outlook on the human condition. She goes on to state that she has acquired the ability to respect her child and their identity on "their" own terms. She further elaborates on how she never gave much thought to the idea of a non-binary identity although she had non-binary friends in the past. When first learning of Ari's non-binary identity, it sent her "on a quest" in becoming a more "empathetic person."

Joyce agrees with Cleo's sentiments in terms of how her son Paul's trans-identity promoted her personal growth. She describes how Paul's transition is "a gift."

It's um, it's a real gift and not all challenge. It's not easy by any means, but there's a gift in it; which you get this whole view of your child, but also your children. Everyone you know, and yourself too. You have to um, this box that you had them in, that you didn't

realize you had them in, all these expectations of their gender. Um, both have to get stripped away and you're really looking at who is the human being. So, that's a huge bit (p. 38, line 12-15; p. 39. Lines 1-2).

Charlie describes his personal growth as a parent of a transgender son as becoming more "concerned about LGBT rights and issues." He states that he has always been very open-minded and liberal believing that "People are people and they should have the same rights as everyone else." However, his sentiments about the LGBT community are those of increased support and understanding of the issues unique to that group of individuals.

Eileen describes how her trans-daughter Ava's transition has caused her to question her own gender identity.

Because, I wonder what makes me a woman? Like, how do I feel about that? Well, am I more non-binary? It really made me question, I think after months and months after thinking about this, I think I'm cis. [cis-gender] So, that's okay. Well, then what does it mean to be a cis-woman and things like that? (p. 17, lines 4-7).

Increased Tolerance and Acceptance of Others

Eileen discusses how her trans-daughter Ava's "coming out" has "changed her for the better." She describes that Ava's transition has changed her view and expanded her thoughts and beliefs about the LGBT community.

It most definitely changed me for the better I believe. I feel like I'm a better person for having her in my life. I've, it's really made, raised my awareness to a higher level than it was. I always considered myself liberal, progressive. Um, an open-minded, loving,

caring person. But it just brought me more understanding and more awareness of other people that I haven't necessarily had contact with in the past (p. 13, lines 5-11).

Jessica emulates Eileen's broadened perception of others as a result of her daughter's transition. Jessica's views were very conservative regarding gender and sexuality until Ian came out as non-binary.

Um, you know, there's female and male, and I had no idea that anything else existed. Very closed off. And, you know, you get married, and you have kids, and that's life. And, for my child to say now I'm non-binary; okay, so, my rules and thinking are now thrown out of the window, right? Because I raised this child, so I have to take what they're saying as truth (p. 14, lines 8-11).

Jessica describes her journey towards becoming more tolerant of others she initially identified as different. She is no longer judgmental of other people, and she now has the attitude of "live and let live."

It seems to me as a human, I used to see people and I'd be like, oh, my gosh, this guy is wearing this, or, this girl is wearing this. I don't view people as necessarily man or woman's clothes. It's more of I guess, the spirit and if they're human. I don't care what people wear anymore, or, how they look or, if a guy's wearing makeup, or if a girl has guys clothes on. As long as they're happy and living their life, I could care less. You know, it's not for me to judge (p. 21, lines 5-10).

Rachel describes the ease of accepting her trans-son Paul's transition and how she "was meant to be the mother of a transgender kid."

[Rachel] This sounds so dumb and cliché to say, but it just seems like, of course I was supposed to have.... the person I am, it seems just likely that, just the person I am, and the way that I am. Oh, a transgender kid! Well, gay transgender kid. Why not? You know? It's a weird response (p. 35, lines 5-8).

Their Child's Journey Has Brought Them Closer

Joyce describes in an honest manner how her transgender son Paul's journey has brought them closer. She believes that if Paul had never transitioned from female-to-male, their relationship would not have been as meaningful as it is today. She expresses that the adversity her trans-son Paul faces and the feeling that he could turn to her for support and guidance has been a positive and heart-warming experience for her.

“So, I think that's what it's like to be a parent. Where you show up, and you really have to if you're going to help your kid be who they really are, you have to be who you really are.”

Joyce further describes the close relationship that she and her trans-son Paul enjoy today.

“But I think I got to know him a lot better than I would have if he wasn't trans. Even if he was gay, I still wouldn't have this insight, cause of the challenge he's facing.”

Joyce's statement about the inner strength and fortitude her trans-son Paul possesses is heartfelt and poignant.

I mean you see what people are already like in adversity, and I see what he's like in adversity, and it's pretty amazing. It's awesome. And, it's an age when usually I think teenagers, they're shutting you out and he certainly does that. He disappears in his room

for hours on end or whatever else. But he knew that he needed help to make the transition, and he needed a parent to get the help for him (p. 39, lines 9-13).

Eileen's feelings and emotions related to her personal journey emulates Joyce's description of her journey in terms of her own child's transition.

But I think this experience has definitely brought us closer. I can see the growth in her from this experience. And just being able to be herself and talk as openly as we can, do, that makes it worth it too. That she's growing and becoming more herself (p. 17, lines 6-10).

The statement *finding meaning* describes how the participants gained further insight and gave meaning to their own as well as their child's journey. Their personal experiences promoted personal growth and increased tolerance of others. The most important outcome of their journey was, however, that as parents, it brought them closer to their children in a loving, supportive manner that may have never transpired had their child not questioned their gender identity.

Meta-theme: Unconditional Love

Through further analysis of the nine themes that emerged from the study, one meta-theme emerged which describes the quintessence of being a parent of a transgender adolescent: *unconditional love*. The findings of this study reveal the unwavering love each participant feels toward their non-binary/transgender adolescent despite the uncertainty and apprehension the participants experienced throughout their child's transition.

Despite the grief, the fear, the turmoil, the challenges, the adversities, the mood swings, the heartache, the endless trips to the gender therapist and the ups and downs each parent faces, they still advocate for, protect, support, and love their child unconditionally.

Eileen expresses that her child's transition has broadened her perspective of gender, and despite her transgender daughter's changed physical appearance, her love for her child remains unfaltering.

“Part of it is just opening yourself up to the idea of that someone can feel one way and look another way on the outside, I guess true unconditional love.”

Joyce views her son Paul's transition as “a gift.” Despite the turbulent times, she experienced through her son's transition, her love for her child has endured. She expresses that her son's transition made her aware of how vital her unwavering support proved to be. Joyce also expresses her deep sentiment in terms of the desperation her trans-son felt when looking to her for assistance in his transition.

Christine's unconditional love for her trans-son George was apparent through her never-ending advocacy for appropriate and sensitive health care that meets both his psychological and physical needs. Charlie demonstrated his unconditional love for his trans-son George by readily accepting his transition from the moment he “came out” as transgender. Rachel's unconditional love for her trans-son Christian was demonstrated through the pain she felt for him not being able to live as a biological male. Jessica's unconditional love for her non-binary adolescent Ian was revealed through her pain, hurt, and despair of being only left to describe her child as an “it” for true lack of a better term. Ann's true unconditional love for her transgender daughter was shown by her choice to divorce her husband due to his unacceptance of their daughter.

Cleo's unconditional love for her non-binary adolescent Ari is demonstrated by her overwhelming desire for “them” to fit into society and form meaningful, happy, healthy, adult relationships in the future. Hilary's unconditional love for her non-binary teen Sam is proven by

her intense need to secure the appropriate, sensitive, physical, and psychological health care that “they” deserve. Hilary is also hopeful that Sam finds “their” place in society with a meaningful career and future healthy adult relationships.

The meta-theme *unconditional love* captures the essence of the participants’ experience of being a parent of a transgender/non-binary adolescent. Throughout each interview, the parents’ unconditional love for their child became clearly apparent. Through reflective thoughts, tone of voice, and relatability of their personal experiences, the unconditional love for their child was undeniable.

CHAPTER VII

Tick...Tick...Tick...Hour after hour ticked away the life of our young boy---a frail, lonely child whose epilepsy, emotional problems and sadness had consumed him, until Angie---that interloper----sneaked through the cracks of his anguish and despair (Amato, 2012, p. 3).

The author's reaction to her trans-daughter undergoing bottom-surgery.

Discussion of the Findings

This chapter summarizes the findings of this study and then compares them to the existing literature. Nine themes emerged from the data along with twelve corresponding sub-themes: (1), *Grief and loss*: sub-themes-(mourning the loss of a son or a daughter, happier childhood if lived as their true self, hiding their grief and feelings of loss from their child); (2), *Fear for their child's physical, mental and emotional well-being*; (3), *Fears for the future*: sub-themes-(fear of unacceptance in workplace, fear of inability to be accepted by society, fear of not forming meaningful relationships in adulthood); (4), *Advocacy*: sub-themes- (advocacy in school, advocacy in family relationships, protective moms); (5), *Sibling acceptance*; (6), *Frustration with health care providers*; (7), *They are still the same person*; (8), *Intolerance of unaccepting, unsupportive parents and*; (9), *Finding meaning*: sub-themes- (personal growth, increased tolerance of others, and their child's journey brought them closer). One meta-theme also emerged from the data: *Unconditional love*.

Grief and Loss

The literature rarely mentions the theme of *grief and loss*. Menvielle et al. (2002) and Wren (2002) confirm this lack of findings in the literature most likely due to the absence of the urgency for parents “to grieve,” although a few parents acknowledged original feelings of sorrow, turmoil, disappointment, and fear (Riley, Sitharthan, Clemson, & Diamond, 2011). Furthermore, Hill & Menvielle’s (2009) study asserts that while the literature mentions an expected period of parent sorrow, only three out of 41 parents reported feelings of grief and loss in accepting their child’s gender variance. The authors support the former assumption that parents need to grieve is based on older children and young adults “coming out” to parents after living several years in their assigned gender; or, after parents realize that their child’s gender-expansiveness is perpetual and the necessity for medical intervention becomes clear (Lev, 2004; Menvielle et al., 2002; Riley et al., 2011).

Grief and loss involve an individual’s ability to make meaning of transition and the trans-person’s gender identity, therefore decreasing feelings of loss through a process termed evolution. Evolution means that one person is progressively changing in a way that “the before” leads into “the after” (Norwood, 2013, p. 35). Norwood (2013) suggests that family members “experience transition as a living death” (p. 24) whereby the trans-individual is “somehow present and absent, the same and different, at once” (p. 24).

Although several of the participants were overwhelmed with grief, loss, and fear when their trans-gender child “came out” to them, they were cautious in hiding their feelings from their

transgender child; wishing to show to their child their love, support, and acceptance regardless of society's repercussions.

Fear for Their Child's Physical, Mental and Emotional Well-Being

All of the participants in this study acknowledged their feelings of fear and concern for their adolescent's physical, mental, and emotional well-being. The participants in this study were vigilant concerning bullying, verbal harassment, and the physical safety of their adolescent as they ventured out into the community leaving the safety of their home. The theme of *fear for their child's physical, mental, and emotional well-being* is well supported in the literature.

Hill's et al. (2010) study reveals that parents may feel distraught due to the realistic fears of their child being ostracized, abused, and living an arduous life. In Hill & Menvielle's (2009) study, 26, (60%) of parents verbalized fear and concern that their transgender child would be injured, harassed, bullied, and teased due to their child's gender-variant behaviors. These parents' fears became intensified as they contemplated their child entering high school.

Research by Riley et al. (2013) indicates that other individuals barrage parents and nauseum with unrelenting discrimination of their child and family through the constant observation of their teen's gender-variant behavior. Malpas (2011) suggests that a lack of community support can cause parents to encounter hardships accepting their child who has issues conforming to traditional societal norms. Parents need to be vigilant and prepared to defend their child from personal assaults and harsh judgment of their child from community members.

After this study was started, Gray, Sweeney, Randazzo & Levitt (2016) published a qualitative study examining the question, "What is the experience of raising a GV or transgender child?" Three fathers and 8 mothers aged 37-48, of GV males and females aged 5-13, took part in the study. The recorded transcripts were analyzed using modified grounded theory. The study

participants sought to create a non-stigmatized upbringing for their child through two avenues: extricating their child from shame and hurt, or, validating their child's gender variance and advocating for their child in society.

Semi-structured in-person interviews were conducted with 11 parent participants. In order to gain a broader social perspective of the analysis, parents were questioned concerning their experience with both school and the healthcare systems. Akin to some of the themes that emerged from this study, the main theme that emerged from the authors' data analysis was "seeking a non-stigmatized childhood for a GV child: Pathways include either rescuing a child from fear or stigma and hurt, or accepting and advocating for a more tolerant world" (Gray et al., (2016, p.13). Comparable to some of the findings of this study, Wren's (2002) qualitative study, and the authors of Gray et al. (2016) study, report findings that propose preliminary recommendations of how a set of parents linked to gender-variant supports; and, realized their child's gender variance through the influence of the child as well as the environment.

Fears for the Future

There is no literature that describes the third theme of *fears for the future* but this theme ties into the theme of parents *fear for their child's physical, mental, and emotional well-being*. Findings from Hill & Menvielle's (2009) study suggested that parents fear for "a hard life for their child" (p. 261). Seventeen parents (40%) felt that their child would "not have an easy life" due to their gender-variant behavior and feared that their child's melancholy might lead to a life filled with despair. Hill and Menvielle's (2009) study also revealed parents fears for their gender-variant child in confronting individual's in society with less diverse, more conservative views with intolerant notions of gender-expansive individuals, hence making their child's

integration into society an arduous task. The findings of this study support those documented in the literature.

Advocacy

The fourth theme of *advocacy* also supports the findings of Riley et al. (2011). Parents must commit to being prepared to safeguard their child often within their own families. Most of the parents showed an undying obligation to advocate for their children regardless of the consequences (Riley et al., 2011). The participants in this study advocated for their child in both the school arena and within their extended family, supporting what is known in the literature. The findings of this study are also supported by both those of Wren's (2002), and Gray et al. (2016) suggestion that parents advocate for their transgender adolescent by accepting their gender-variant child and "advocating for a more tolerant world" (Gray et al., 2016, p. 123).

The mom participants in this study were protective of their trans/non-binary child, often taking on the role of "mama bear." The participants of this study fully informed their school administrators concerning their child's trans/non-binary identity and ensured that the proper services for their child were put into place. Gray et al. (2016) suggest that because parents are challenged by others about their individual core beliefs, many of these parents developed a continuous commitment to advocate for their teens.

Sibling Acceptance

This is the first study that identified *sibling acceptance* as an important theme. The participants in this study all expressed the critical nature of sibling acceptance regarding the added support and sibling alliance that is so crucial for the mental well-being of their trans/non-binary sibling. Each participant described a special closeness amongst the siblings of the

trans/non-binary adolescent that stems back to early childhood. The siblings of the trans/non-binary adolescents were careful in respecting their sibling's appropriate pronouns and chosen name and never made the mistake of mis-gendering them. The siblings of the trans/non-binary adolescents served the role of strong advocate and ally to their trans/non-binary sibling.

Similar to participant responses in this study, gender therapists Coolhart & Shipman (2017) assert that siblings may have been privy to more education and information concerning gender expression due to generational influences. In situations where family interactions can be stressful, Coolhart & Shipman (2017) suggest role-playing as a means of families practicing coping with difficult situations when revealing their adolescent's gender identity to family members, peers, teachers, and school administrators. Role-playing can serve as a positive tool for gaining the skills families may find indispensable in confronting certain individuals with their adolescents changing gender identity (Coolhart & Shipman, 2017).

Frustration with Health Care Providers

The sixth theme of *frustration with health care providers* is supported by survey research by Riley et al. (2011) which revealed that schools and healthcare professionals could be a source of tension for parents due to the lack of availability of support and a true understanding of the gender-variant child. Riley et al. (2011) also found that parents of gender-variant children needed better medical services and support. Some parents expressed the necessity for "more awareness in the medical profession," encompassing "better informed medical professionals" and "better trained medical staff." (p. 189). Also, parents were unhappy with the unavailability of medical support and dissatisfied with "difficulty accessing information and medical help" (Riley et al., 2011, p. 189).

The participants in this study described health care professionals lack of sensitivity and lack of knowledge of trans-health care issues. These participants were very passionate in describing their experiences with health care professionals and expressed the vital need for improvement in health care for their child. This proved to be a very relevant issue for each of the participants as they emphasized that appropriate healthcare and guidance is essential for the smooth transition of their adolescent's gender identity. Several of the participants expressed frustration over the paucity of resources and the lack of proximity to these required sources of healthcare.

Riggs and Due (2014) assert that parents' interaction with healthcare providers can be a challenge and parents may find health professionals to be unsupportive or even unavailable. This finding is supported by several participants in this study.

Hilary's most significant source of frustration with her non-binary child Sam's health care providers is her feeling of lacking the direction she needs to assist her child best.

Jessica, the mother of an 18-year-old non-binary adolescent, confirms Hilary's thought and feelings regarding inadequate health care and lack of direction from her teen's health care provider.

Joyce describes the frustration she feels in terms of the lack of gender therapists.

You know, I think I talked last time about trying to find a therapist that's a good match for my kid. Their personality, interests and that kind of thing. It's hard. There aren't many therapists doing this work and even fewer with doing it with children. And all their schedules are full (p. 53, lines 8-9; 11-12).

Joyce also states that the closest healthcare providers specializing in the care of transgender adolescents are over an hour's drive away from her home. The literature supports Joyce's predicament. DeVries and Leibowitz (2017) assert that strong barriers to care include long waiting times and long distances to specialized care and issues with insurance reimbursement in some situations.

Before visiting an interdisciplinary transgender healthcare team, most gender-variant youths will first encounter a school nurse, pediatrician, primary care provider, and adolescent mental health provider (de Vries, Klink, Cohen-Kettenis, 2016; de Vries & Leibowitz, 2017). These professionals are likely to play an essential role in attempting to hurdle the obstacles experienced by most transgender teens in seeking transgender-specific healthcare (Gridley et al., 2016). One significant barrier is that many gender-expansive youth encounter health professionals and support staff that are not well versed in the care of transgender individuals.

A warm, respectful environment that appreciates all gender expression and endorses the validity of respecting the teen's preferred name and pronouns is crucial (de Vries & Leibowitz, 2017). When conversing with adolescents, it is wise to clarify what terms the teen prefers and the context in which the term applies. Primary care providers can assist in organizing the care and support the adolescent requires until the plan of care has been established (de Vries & Leibowitz, 2017).

The theme of *frustration with health care providers* proved to be a passionate theme for the participants as they realize the significant role of the healthcare professional in the success of their transgender adolescent's transition. Each study participant depends on the health care

provider to act as an advocate for their family to help them navigate their way through the proper health channels and help them secure the services they require.

They Are Still the Same Person

Each participant described that although their child's physical appearance has changed, the unique characteristics that define who they are as individuals remains the same. A participant described how her daughter's transition helped her child to become more self-confident and self-assured living as her authentic self. Norwood (2013) suggests that a transgender individual is essentially an "updated version of the same self" (p. 35) supporting the findings of this study.

Intolerance of Unaccepting, Unsupportive Parents

Several of the participants expressed their disdain and intolerance of parents who do not support, accept, and affirm their trans/non-binary adolescent. Some of the participants have become advocates for rejected, homeless trans/non-binary adolescents as they feel they can offer a venue of support that these adolescents need in attempting to navigate their way through society. There is no literature other than the findings from this study that describe the eighth theme of *intolerance of unaccepting, unsupportive parents* as part of the experience of being a parent of a transgender adolescent.

Finding Meaning

The ninth theme of *finding meaning* describes the significance each participant attributes to their experience of being a parent of a transgender/non-binary adolescent. Their rich, insightful thoughts, feelings, and ideas capture the essence of each participant's journey in the experience of being a parent of a transgender adolescent. The participants of this study were passionate in describing their personal journeys of loving, accepting, and affirming their

trans/non-binary child. There is nothing in the literature that describes parents experience of *finding meaning*, therefore this finding adds to the literature.

Meta-Theme: Unconditional Love

Transgender children wish to articulate their gender identity, need to be heard, and desire their parents' unconditional love (Mallon, 1999). The participants in this study describe their unconditional love for their gender-variant children. This is consistent with the findings of Wren (2002) who noted that although fathers of gender-variant adolescents initially experienced difficulty addressing this issue, once they comprehended their child's process; they loved their child. Wren (2002) asserts that unconditional love has always existed in the parent despite episodes of difficult behavior demonstrated by their transgender child.

Hill and Menvielle's (2009) qualitative study centered on the experiences of parents of gender-questioning children and adolescents. The focus of their study was to report circumstances and issues confronted by parents of youth and adolescents with gender-expansive behaviors and or gender-variant identities. The authors held telephone conferences with 43 parents of 31 children spanning across the United States (Hill & Menvielle, 2009).

The authors questioned the parents regarding the history of their child's gender identity, narrowing in on the parents' experiences, thoughts, and ideas concerning parenting their gender-questioning children. The parents elaborated on their notions of gender, the greatest challenges they encountered, and the manner in which they came to accept their child. One of the main themes that emerged was the parents' unconditional love for their child (Hill & Menvielle, 2009).

[Y]ou have to love your kid unconditionally. And you have to love them even a little bit more I think when they're like this, because you know they're different....You have to

give them a place where they feel protected, and safe, and loved, and free to be who they are or what they're going to be (Hill & Menvielle, 2009, p. 255).

Hill and Menvielle (2009) also discuss the parents different avenues to acceptance. Their findings show that almost half (20 of 48%) of parents had reached a point of “unconditional acceptance” at the moment of the first telephone encounter in their study. A mother of a gender-variant youth expressed:

I just believe that we're given children... that come in all different shapes and sizes, and our job is to love them... That's our biggest job. And we have to love them for who they are. You know?... You would love your kid if your kid were born without an arm... (Hill & Menvielle, 2009, p. 254).

Riley et al. (2013) Australian retrospective study questioned transgender adults about their needs growing up as transgender adolescents. The authors reported that the second most common need these adults identified going through adolescence as transgender was the desire for their parents to offer them an “unconditional loving environment” (p. 9) with understanding and receptiveness. It was important for the adolescent to be able to openly express to their parents their thoughts, feelings, and to ask questions (Riley et al., 2013).

Additional Findings Supported by the Literature

Affirmative/ Positive Approach to Parenting

A qualitative research project conducted by Canadian researchers Sansfacon et al. (2015) explored parents' experiences with advocating for their gender-variant child. The results of Sansfacon et al. (2015) showed that all the parents promoted an affirmative approach to parenting their gender-variant child although it required time to accept. The findings of this study support Sansfacon's et al. (2015) study outcomes concerning the participants affirming or

supporting their child's gender identity. Wren (2002) identified coping skills of affirming parents as joining a support group, seeking professional help, and disclosing to at least one person. She also linked parents understanding of their teens' transgenderism to their ability for acceptance.

The findings of this study support those of Wren (2002). Gray et al. (2016) study found that parents need to “seek a non-stigmatized childhood for a GV child by either “rescuing a child from fear or stigma and hurt or accepting and advocating for a more tolerant world” (p. 13). All of the participants in this study were accepting of their child and sought help from parent support groups, literature, healthcare professionals, and family members soon after learning of their transgender/non-binary adolescent's identity. Akin to the findings of Gray et al. (2016), the participants in this study are strong advocates for their transgender/non-binary adolescents in school and in their communities. They are also protective of their children when negotiating their way through society.

Christine shares the importance of affirming her transgender son George's identity. She feels that if she doesn't affirm, love, and support her child and “give them the attention they need” it will possibly invalidate them leading to self-harming behaviors.

“So, therefore, your child is going to be that child that goes out and does cutting or is into drugs, or, maybe even a prostitution kind of thing, something. Because they don't feel valued and worthy.”

Upon learning of Ava's transgender identity, Eileen began an online search on the topic of transgenderism to learn all she could about the meaning and implications of identifying as a transgender individual. Eileen revealed her trans-daughter Ava's identity to a close circle of relatives fearing that they would react negatively to her trans-identity. Unlike the findings of

Zamboni's (2006) study, Eileen, Rachel, Ann, and Christine's families reacted positively to their child's transition. Also, each participant expressed that all family friends responded to their trans-child's transition in an affirming, supporting manner. The few family members that initially encountered difficulty in accepting their trans-relative have come to resolve this issue.

In addition, the findings of this study support those of McGuire & Conover-Williams (2010) in terms of the affirmed transgender individual's desire to alter their physical appearance with either hormones and/or surgical procedures. All of the transgender adolescents in this study ingest hormones and have either undergone or plan to receive top-surgery in the near future. Three of the participant's transgender adolescent's plan to undergo bottom-surgery. Two of the non-binary adolescents do not plan to alter their physical appearance in any manner. One of the non-binary adolescents may wish to undergo top-surgery in the future.

The findings of this study refute those of Lev (2004), a well-known clinician specializing in the care of transgender individuals. Lev (2004) proposes the common belief that the earlier the gender intervention, the more likely the absence of gender-variant behavior. Malpas (2011) disagrees with Lev (2004) and asserts that there is a lack of evidence in the literature to support the assertion that the treatment of gender dysphoria in childhood can affect later gender identity. The findings of this study also contradict Lev's (2004) suggestion in terms of early gender intervention leading to the omission of gender-expansive behavior.

The participants in this study sought care for their transgender teens following their adolescent's earliest gender-variant expression. The participants did not intervene in their child's gender-expansive behavior and were very supportive of their child, tending to all of their

physical and psychological needs; which they found to be of the utmost importance in affirming their adolescent's gender identity.

Summary

This study adds to the body of the existing literature as heard through the voices of the participants. The concept of *grief and loss* is rarely documented in the literature; however, this study adds to the body of literature by describing grief and loss directly through the voices of the participants in an unbiased, heartfelt manner. Several of the participants expressed feelings of intense grief and loss of a daughter or son. Some participants also described the sense of loss of the child they once knew. One participant discussed feelings of loss over never being afforded the opportunity to experience her trans-son's future pregnancy and birthing process; as these experiences held much significance for her, and are now gone.

Another participant experiences feelings of loss in terms of her previous role as the mother of two boys. She describes that "she has lost herself." She struggles to re-define her new role as the mother of a girl and a boy. She also describes that she has grieved over the loss of her own identity versus the identity of her transgender daughter.

Several of the participants described the terror and fear they experience each time their trans/non-binary adolescent steps outside the safety of their home. The theme of *fear for the future* captures the essence of each participant's hope for a productive future for their child, free from fear and worry and creating meaningful, future adult relationships. The literature supports the theme of *advocacy* and shows the participant's commitment to protecting their children and endorsing the freedom and rights their children deserve.

There is no mention in the literature of the theme of *sibling acceptance*. Acceptance and support by the trans/non-binary adolescent's sibling are vital to the love and kinship formed by the sibling bond. The theme of *frustration with healthcare providers* is documented in the literature and is an issue passionately felt by each of the participants. Sensitive health care is a right that every human being is entitled to; particularly those individuals who are affected by health care's inadvertent insensitivity. Several of the participants expressed frustration over the lack of resources and knowledge of their healthcare providers.

The theme of *they are still the same person* is supported in the literature and expresses the participants' sentiments that although their child's physical appearance has changed, the special characteristics that make up their child's being has remained unaltered and intact.

The theme of *intolerance of unaccepting, unsupportive parents* is not documented in the literature. The participants describe extreme disapproval of parents who choose not to affirm, love, and support their trans/non-binary child when these adolescents' need their parents' care, guidance, and supervision the most.

The final theme of *finding meaning* is not found in the literature. This theme captures the embodiment of the experience of being a parent of a transgender adolescent in a raw, honest, manner that proves to be at the heart of the parent's emotions.

CHAPTER VIII

“She shed her mask and put on her soul.”

Anonymous

Assumptions and Biases, Final Summary, Strengths and Limitations, Implications, Recommendations, Personal Reflections

Assumptions and Biases

Before beginning this study, I assumed that many parents struggle with the acceptance of their transgender teen but will eventually come to terms with accepting their child’s new gender identity. Through the outcomes of this study, I found that all of the parents accepted their adolescent’s trans/non-binary status although they faced unique challenges in coping with their child’s transition. Before starting this study, I also wondered if mothers and fathers of gender-expansive teens will react in the same manner when discovering that their child is transgender. The findings of this study also revealed that the fathers of the male-to-female transgender adolescents experienced greater difficulties accepting their teens transgender status versus the mothers of these same adolescents. This finding may be related to society’s better acceptance of masculinity as opposed to femininity (Kane, 2006).

Before the start of this study, I also believed that most parents of transgender adolescents are committed to fostering their child’s gender expression as they want what is best for their child. The study outcomes revealed that the participants are vested in encouraging their

adolescent to live as their authentic selves and will go to great lengths to ensure their child's health and happiness.

Conclusion

The purpose of this study was to understand the experience of being a parent of a transgender adolescent through the rich, profound, insightful, experiences of each participant. Eight mothers and one father took part in the study. The ages of the participants ranged from 39-57. Two of the moms are divorced, one mom is in the process of divorce, and the remaining six participants are married. One of the moms is married to the dad participant. Three of the participants are moms of non-binary adolescents whose adolescents do not identify with either gender. Two of the participants are moms of male-to-female transgender adolescents. The remaining four participants are parents of female-to-male transgender teens. Eight of the participants identify as heterosexual, and one participant identifies as bi-sexual. All of the participants identify as cis-gender.

van Manen's (1990) phenomenological approach was the chosen method of inquiry as it offers the reader an in-depth, rich, insightful description of the lived experience of being a parent of a transgender adolescent. The data were collected via three open-ended interviews, two to three weeks apart; according to Seidman's (2013) method of data collection. The data were transcribed verbatim, as this offers the reader an intimate connection with each of the participants and allows the reader to hear their voices in a clear, concise manner.

Through an in-depth, thoughtful analysis, nine themes emerged from the study. The literature supported several of the themes that emerged from this study: *grief and loss, fear for their child's physical, mental, and emotional well-being, fears for the future, advocacy,*

frustration with healthcare providers, and they are still the same person. The three themes that add to the literature are *sibling acceptance, intolerance of unaccepting and unsupportive parents,* and *finding meaning.* One meta-theme also emerged: *unconditional love.*

The participants shared their experiences in an honest, open, and willing manner. Although their stories told a tale of challenge, fear, frustration, and loss, the deep, unconditional love they feel for their transgender/non-binary adolescent reigned supreme. Each of the participants were eager to share their experience with me. Several of the participants expressed gratitude for the study in hope that the outcomes will open the door to better informed, sensitive health care for their transgender/non-binary adolescents that is well deserved.

Strengths and Limitations of the Study

A phenomenological approach to this inquiry proved to be a strength, as it allowed the participants to describe the lived experience in a productive, rich, meaningful manner. Hence, the study's aim to richly describe the participants' experience was met. The geographic locations of the participants spanned 5 states and this therefore adds strength and diversity to the study's findings. The ages of the participants ranged from 39-57, and the ages of the adolescents ranged from 14-19 which also adds to the strength of the study. The time period the participants transgender/non-binary adolescents were "out" ranged from 1-4 years, which also added strength to the study's findings by providing the participants differing perspectives of their adolescent's transitioning process. Another strength of the study was that the interviews were spaced two to three weeks apart allowing the participants ample time to reflect on their thoughts without risking the fear of study attrition.

The limitations of the study include the small number of parents of male-to-female transgender adolescents who took part in the study. It would have added richness to the study if a more significant number of parents of male-to-female adolescents' voices had been heard, also adding to the strength of the findings. Through the True Colors conference, an organization which supports and services the needs of thousands of transgender and gender questioning youth, a much higher number of conference participants were parents of either female-to-male transgender or non-binary adolescents. As this conference served as the primary source of recruitment for this study, this therefore restricted my exposure to parents of male-to-female transgender adolescents.

Another limitation of the study was the homogeneity of the participants. Eight of the nine participants were Caucasian living in middle-class suburban neighborhoods. One participant was Scotland born and a mixed-race individual living in a middle-class neighborhood. Due to the homogeneity of this study, the outcomes are lacking insight into the racial/ethnic and cultural nuances to the experience of being a parent of a non-binary/transgender adolescent.

An additional limitation to the study is that the participants of this study included parents of transgender/non-binary adolescents who are affirming and accepting of their teens. It would have added a different perspective to the study if I also heard the experiences through the voices of parents who struggled with their adolescent's transition and were unaccepting of their teen's gender identity. However, access to this population of participants would be extremely challenging. The final limitation to the study was that only one father took part in the study; therefore, the descriptions of what it means to be a parent of a transgender adolescent were told through the majority of the mothers' voices.

Implications for Nursing

In 2014, the Bureau of Labor Statistics reported that Registered Nurses make up the most significant component of healthcare occupations: 2.7 million out of 11.8 million healthcare workers. (Bureau of Labor Statistics, 2014). Therefore, nurses are the health professionals that come in most contact with adolescents and their families. Also, nurses are the healthcare professionals that individuals come in the first contact with when seeking healthcare for their transgender/non-binary adolescents.

The findings of this study provide visible indications concerning nurses being well educated about the sensitive care of transgender/non-binary adolescents and their parents. Nurses are often viewed by society as the most trusted profession and are in an optimal position to establish a trusting rapport with patients and families for whom they provide care. Therefore, nurses should be knowledgeable and careful to show these adolescents and their parents the universal respect they deserve. For example, nurses should feel comfortable addressing trans/nonbinary adolescents with their chosen name and pronouns; and if uncertain of the adolescent's gender, nurses should clarify what gender the adolescent identifies with if any gender at all. Nurses can serve as advocates by promoting changes in documentation that reflect sensitivity to expanded gender identities.

Nurses may encounter unsupportive, unaccepting parents of transgender teens in various settings such as emergency departments, pediatrician offices, and school health centers. It is therefore essential that nurses be aware of these parents' feelings and be educated on how to handle these less than optimal situations in an appropriate manner. Listening to parents and acknowledging the parents' feelings in a nonjudgmental, neutral manner is critical to supportive

nursing care. The nurse may also seek out information from a nurse educator or research scholarly literature on how to best handle the situation (Zunner & Grace, 2012). As told through the voices of the study participants, sensitive, knowledgeable, healthcare is a necessity for these parents and their adolescents as they attempt to grapple their way through the proper healthcare channels. Nurses need to serve as advocates for these parents and offer them the guidance, support, and dignity this ever-growing population deserves.

Recommendations for Further Research

The indications for further research include a phenomenological study where the voices of fathers of transgender/non-binary teens are heard. Also, a qualitative study of nurses' perceptions, attitudes, and experiences with parents of transgender/ non-binary teens will be invaluable to this important phenomenon. Society believes nurses to be caring, giving, intellectual individuals who are forever on a quest for additional knowledge. Due to the importance and complexity of this issue, and the unquestionable fact that nurses are valued by humanity, the study of their experiences will prove to be a great asset to the nursing literature. A phenomenological inquiry of young adults' experience of being a child of a transgender parent would also contribute meaningfully to the literature. In addition, a study of being a parent of a transgender adolescent in different ethnocultural populations would also prove to be an asset to the literature.

Personal Reflections

As I reflect on the doctoral process, I am overwhelmed with a mix of emotions. The first, being extreme gratitude for completing the dissertation phase of the doctoral process. I would be remiss not to mention the regret I experienced for allowing the years to pass by in total inertia. Life situations held me back from completing this dissertation in a timely fashion. But the past is the past, and I realized that as I moved forward and accomplished my sometimes-elusive goal.

I came to appreciate the amount of passion I have for this inquiry, and I hope to continue the pursuit of my passion through future research with both parents of transgender adolescents, and transgender adolescents themselves. The joy and fulfillment I have received from working with these parents is immeasurable, and this work has proved to be one of the most significant experiences in my life.

I have laughed and cried with the parents throughout this journey, and this has left an indelible mark on my soul. After careful thought, I concluded that these parents looked to “bare their soul.” I was often there to serve as a “sounding board” for these parents when they needed someone to listen most.

Sometimes I felt impatient with some of the participants and thought they “weren’t giving me what I needed.” How untrue this proved to be in the final analysis. The passion, joy, and sometimes despair in which these parents told their stories were meaningful, gut-wrenching, and heartwarming. Through this experience, I have learned to put my personal biases and pre-conceived notions aside to open myself up to the full embodiment of the experience. I have also learned through this journey that challenges and hardships can be overcome through dedication, hard work, and love.

I can only imagine the devastation many of these parents feel when first learning of their child's questioning gender identity. As parents, I believe we have a fixed set of ideas about our children's lives, and it does not prepare us for the curveball life sometimes throws at us. We do not question our ingrained beliefs about gender and sexuality until something challenges those beliefs. Our first reaction is to go into a tailspin until it forces us to reflect on what we held to be as truth our entire lives.

We owe it to both our child and us to re-examine our values, morals, and belief systems. The dedication and unconditional love we have for our child will always reign supreme despite our convictions which it now forces us to test. It is then we must come to terms that our child looks to us as their mentors to direct, guide, and help them on their journey to living life as their authentic self.

In retrospect, this experience has proved invaluable to my growth as a professional and as a human being. I remember speaking to Dr. Lothian earlier on in the dissertation process and how she described this process as a "journey."

A remarkable journey, it was indeed.

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Appendix A

Invitation to Participate in Research Study of Parents of Transgender/Non-Binary Adolescents

Are you a parent of a transgender/non-binary teen? Would you be willing to participate in a research study describing the experience of raising your child?

Susan Martello-Gill, MS, RN, FNP-BC, NP-C, CPNP, PNP-BC, PMHNP a nursing doctoral student at Seton Hall University in South Orange, New Jersey is seeking participants to enroll in a study entitled:

“The Experience of Being a Parent of a Transgender Adolescent”

The purpose of this study is to explore and understand the experiences of raising a transgender/non-binary adolescent. The researcher would like to learn what this experience is like from a parent’s perspective.

- Participation involves a total of three 60-90-minute audio-taped interviews approximately 3-6 weeks apart.

All information shared during the interviews will be held in strict confidentiality. All information will be stored on a USB under lock and key in a cabinet in the researcher’s home known only to the researcher

- All participant’s identities will remain anonymous.
- Participants will be referred to by an alias throughout and after study completion.
- Participation in the study is strictly voluntarily and participants may withdraw from the study at any time.

To participate in the study, you must:

- Be over the age of 21.
- Be a parent who is raising a transgender/gender-variant teen between the ages of 13 and 19. fluent in English. **For more information or any questions about the study please**

contact the researcher at: Seton Hall University.

Phone: (516) 445-7848 or e-mail: Susan.martellofill@shu.edu



Institutional Review Board (IRB)
400 South Orange Ave.
South Orange, NJ, 07079

February, 8, 2018

To Whom It May Concern:

True Colors, Inc. a non-profit organization that works to ensure that youth of all orientations and genders are valued and affirmed, has agreed to support and assist Susan Gill in obtaining research participants for her study, "The experience of being a parent of a transgender adolescent."

True Colors is also willing to dispense recruitment flyers outlining her study. Please feel free to call with additional questions or concerns. I can be reached at (860) 232-0050, x 302.

Sincerely,

A handwritten signature in black ink that reads "Robin P. McHaalen".

Robin P. McHaalen, MSW
Executive Director

Appendix C

IRB Seton Hall University

Informed Consent

Seton Hall University
Institutional Review Board

FEB 23 2016

Approval Date

Expiration Date

FEB 23 2016



Informed Consent for Participation in Research

- 1. Title of Study: The Experience of Being a Parent of a Transgender Adolescent.
- 2. Researchers: Susan E. Gerstel, PhD, MSW, MPP-PAE, MPH-C, CEPIC-PC, DPH-DE, FAHAAP
- 3. Purpose of Research: The purpose of this study is to understand the experiences of being a parent of a transgender adolescent.

Duration: The research of recruitment involves participants in three 90-120 minute interviews at approximately 2-3 week intervals.

4. Typical Interview Questions: Typical interview questions that you will be asked include:

- Interview I
 - o Tell me about your family.
- Interview II
 - o Tell me about what it is like to be a parent of a transgender adolescent.
 - o What are any difficulties you face or hope to face in being a parent of a transgender adolescent?
- Interview III
 - o Tell me what it means to be a parent of a transgender adolescent.

5. Voluntary Nature of Participation: Participation in the study "The Experience of Being a Parent of a Transgender Adolescent" is completely voluntary. You may choose to withdraw from the interview process and the study at any time and your name will not appear in any way whatsoever. You do not have to give a reason for withdrawal or refusal.

6. Anonymity: You will not be identified by name. However, data will be collected without any identifying information. Except for the signature on the consent form, your name will not appear at any point in the research study. The consent form will be kept in a secure locked cabinet and not be able to be linked to you personally.

7. Confidentiality: No names, addresses or other identifying information will be included in the information we can provide. All recorded data will be only stored on a USB memory bar and kept in a locked and secured place. The recorded data will be kept for a period of three years after the completion of the study.

8. Confidentiality of Research: A typical manuscript of the data will be kept in a locked cabinet for at least three years after the completion of the study. The only people to read the typed transcripts will be the researcher and the study subject. The typed transcripts will be kept by the researcher in a separate locked and secured location.



8. **Ways or Disadvantages:** There will be no payment made to any participants as all materials are being already available. The primary researcher is the only person who has access to materials used in the study. The participant has the right to modify the copy/label of their stories to withdraw from the study at any time.

9. **Benefits:** There are no financial benefits that the participant(s) can expect to receive however there are personal benefits that can be expected in the form of new emerging knowledge which can help formulating profession in different culturally sensitive ways.

11. **Contact Information:**

Susan Munkle-Miller, Ph.D. - Primary Investigator
 P: (973) 410-7845
 E-mail: smunkle@setonhall.edu

Justin Lobbins, Ed.D. - Dissertation Advisor - Seton Hall University
 P: (973) 782-6519
 Email: Justin.Lobbins@setonhall.edu

Mary E. Bantala, Ph.D. - Director, Ed.D. Seton Hall University
 P: (973) 512-6844
 Email: mbantala@setonhall.edu

I have read the information about the study and consent to participate. **SIGNED COPY TO BE GIVEN TO SUBJECT**

Signature: _____

Date: _____

Seton Hall University
 Institutional Review Board
FEB 20 2018
 Approval Date

Expiration Date
FEB 26 2018