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“It's Always the Mother's Fault”: Secondary Stigma of Mothering a Transgender Child

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Abstract

This instrumental case study (Stake, 2003) explores the process of transition and secondary stigma experienced by a white single mother who is parenting her six-year-old transgender daughter. Using an online chat interview format, a mother living in a rural U.S. community was asked to describe her parenting experiences as well as her perceptions of support services involving her child. Specifically, the aspects of mental health services that she deemed both helpful and not helpful are explored, as well as other contextual factors that contribute to the overall experience or impression of the therapeutic environment for a family with a transgender child.

KEYWORDS: feminist research, family, gender creative, gender identity, GLBT affirmative therapy, parent, mental health, mother, qualitative research, queer, therapy, transgender

INTRODUCTION

Parents of transgender children may seek support and information as they face parenting a child who challenges the dominant two-gender cultural system. In a culture that allows little flexibility in regards to gender norms and children, there are currently few already known gender-flexible affirming resources available to these parents (Lev, 2004), yet the establishment of support may increase parental acceptance of their gender-nonconforming child, and consequently the child's well-being (Brill & Pepper, 2008; Ryan, 2009). Likewise, clinicians find that some cisgender parents seek supportive and comprehensive therapeutic and health care services (Ehrensaft, 2011; Lev, 2004) as they navigate a phenomenon unfamiliar to them. Parents often face negative social judgment for their parenting decisions and secondary stigmatization for raising a transgender child (Menvielle & Tuerk, 2002). Moreover, due to the social reinforcement of strict binary gender roles, mental health care providers may often question parents' decision to affirm and encourage the transgender identities of their children. Single parents, specifically single mothers, face further stigmatization

due to the common societal notion that they are less competent at parenting their children (DeJean, McGeorge, & Carlson, 2012). Furthermore, single mothers are more likely to perceive less social support compared to married mothers, and also experience more stress and depression (Cairney, Boyle, Offord, & Racine, 2003).

The focus of this study is on a middle-class, white mother's experiences raising a transgender child as well as her perceptions and experiences of therapeutic services. Her parenting experiences were explored in-depth, as well as the aspects of mental health services which she deemed both helpful and not helpful, and other contextual factors that contribute to her overall impression of the therapeutic environment for a single mother with a transgender child. Previous studies have typically focused on the gender-nonconforming individual (Lev, 2004) rather than on the experiences of someone who holds a significant relationship, such as a mother.

The needs of gender-nonconforming individuals are unique and deserve attention within social science research. While gay, lesbian, bisexual, transgender, and queer (GLBTQ) populations are similar in that they are marginalized groups, sexual orientation is often the focus of social science research. Literature is just starting to address gender identity from a non-diagnostic lens (e.g., Ehrensaft, 2011; Grossman, D'Augelli, Howell, & Hubbard, 2006; Malpas, 2011; Vanderburgh, 2009), yet these issues present relevant and important considerations for gender-creative people and their families. As more research emerges that focuses on the needs and experiences of gender-creative people, better support and advocacy efforts can be made on their behalf, which in turn may lead to a better understanding by their loved ones. Relationally focused research in particular will be helpful as there is little guidance available for the families and loved ones of transgender people (Lev, 2004).

LITERATURE REVIEW

Parents of transgender children often experience secondary stigmatization which may intensify negative feelings such as isolation and shame (Menvielle & Tuerk, 2002). These parents may face multiple struggles stemming from their own personal acceptance of their children, to advocating for their children in spite of social stigma, to the seeking of acceptance from others of their commitment to advocate for their children (Johnson & Best, 2012), in a culture that privileges whiteness and class status (Rothenberg, 2008). Single parents face further negative stigma, and single mothers are viewed more negatively than single fathers. Single mothers are perceived as less secure, less fortunate, less responsible, less satisfied with life, less moral, less reputable, less of a good parent, and less economically advantaged when compared to single fathers (DeJean et al., 2012). It is important to consider the multiple layers of oppression a single mother who is parenting a transgender child experiences.

Transgender children may rely heavily on their home environments for acceptance since they are constantly told they do not belong in many public settings such as their school environment (McGuire, Anderson, Toomey, & Russell, 2010). A child's home environment may or may not be supportive; many parents may be ill-equipped to empower their transgender child, and they may even perpetuate the social oppression associated with transphobia (Burdge, 2007). The quality of transgender individuals' family relationships is related to their life satisfaction (Erich, Tittsworth, Dykes, & Cabuses, 2008); furthermore, parental attitudes shape children's self-worth. Many parents believe that the best way to help their gender-nonconforming child is to change the child's self-ascribed gender identity so that it may match the child's assigned sex at birth (Brill & Pepper, 2008), which matches socially ascribed identification. Even though these parents may have loving intentions, a child oftentimes experiences this as rejection. Rejection of a transgender identity may be experienced as

rejection of a child's entire identity (Ryan, 2009). Many transgender youth live in fear of parental and familial ostracism and ridicule (Grossman et al., 2006).

While a majority of the research has focused on parents' negative responses to their transgender child, research is beginning to demonstrate encouraging findings. Transgender youth who feel supported and valued by their families experience advantageous benefits such as higher self-esteem, a more positive sense of the future, lower risks for mental and physical health issues, and greater life satisfaction and well-being as compared to youths who do not feel supported and valued (Ryan, 2009). Indeed, one of the most important factors in the lives of transgender youth is the presence of an adult who is interested in their well-being and accepts them unconditionally (Ryan, 2009).

Many parents, after accepting and embracing their child's transgender identity, believe that their child has made them better people through the experience of being "different" (Menvielle, 2009). Parents of GLBTQ children may also develop critical thinking about the reality and impact of discrimination (Gonzalez, Rostosky, Odom, & Riggle, 2013). Gonzalez and colleagues (2013) found that parents of GLBTQ children reported psychosocial benefits including personal growth through open-mindedness and awareness; positive emotions such as pride; activism; and new social connections with the GLBTQ community and allies.

Parents who are unfamiliar with gender nonconformity may seek services from an experienced and affirmative therapist for a multitude of reasons. They may be confused about whether their child has a mental illness, they may be unsure about what to do regarding their child's nonconforming actions, or they may wish for help understanding the ramifications of a transgender identity (Vanderburgh, 2009). In addition, they may desire education about transgender identity, the process of transitioning, gender in a cultural context, consequences of disclosure, referrals or introductions to other families with similar experiences, advocacy for

the gender-nonconforming child within her or his school or community, or help with developing support systems (Vanderburgh, 2009).

There is an overwhelming need for mental health professional training programs to educate clinicians on working affirmatively with transgender youths and their families in order to address and reduce this distress that society has placed on them (Benson, 2013; Grossman & D'Augelli, 2007). Unfortunately, counselor training often does not include any extensive information on gender identity, which may serve to further negative stereotypes or at the least leave practitioners unprepared to work with this population (Carroll, Gilroy, & Ryan, 2002). Many transgender people who seek therapy are likely to be the first transgender client their therapist has ever worked with (Lev, 2004). However, therapists must be prepared to work with transgender youths, as they are at risk due to the stigmatization they experience. For instance, almost half of transgender youths report having had serious thoughts about taking their lives (Grossman & D'Augelli, 2007). As a highly stigmatized group, transgender children are subject to social isolation, mistreatment, and ostracism by their peers (Brooks, 2000). These reasons, combined with the social stigma and bias associated with transphobia, provide strong support for the therapeutic needs that a transgender youth may have in terms of care, support, and affirmation of identity.

Due to societal expectations based on gender-normative binaries, disclosure to family, friends, and significant others can often be a very frightening and painful process (Lev, 2004), so the rapport and trust built with a counselor or therapist is necessary in the process of therapy. As there is little cultural support for transgender children to actualize their true identity, the therapist's role in the child's life may become essential (Vanderburgh, 2009). The environment that the therapist creates should be respectful and safe, and allow the child and family to explore the child's gender identity and promote a positive sense of self (Grossman et al., 2006).

RESEARCH QUESTIONS

This study focused on a mother's experiences raising her transgender child, and her understandings, experiences, and perceptions of mental health services and other forms of support. The primary research questions that guided this study were “How does a parent describe her experiences raising a gender-nonconforming child?” and “How does a parent describe her perception of mental health services regarding her gender-nonconforming child?”

METHODOLOGY

The current project used a single-case study approach informed by a queer feminist lens, which explored the phenomenon of mothering a transgender child, and her perceptions of how mental health services promote her family's well-being. The use of queer theory allows researchers to examine how socially enforced binaries, such as girl/boy, construct normality and therefore deviance, and how the classification of “normal” and “deviant” serve to regulate and punish members of society (Oswald, Kuvalanka, Blume, & Berkowitz, 2009). Queer theory helps us understand the “deviant” classification that is placed on transgender children and their parents for living beyond gender-normative categories and the social expectations that have created harmful effects on the well-being of the participant and her family. The very nature of parenting a gender-nonconforming child essentially queers the dominant discourse surrounding parenting and family. The scope of feminist research emphasizes remaining outside of the limitations that society may place on groups without dominant social power, as well as centering on a group's gendered marginalization and the institutions that create the situation (Olesen, 2003).

We identified the phenomenon of mother-blaming, which is a sexist bias that mothers are ultimately responsible and to blame for the actions, behaviors, mental health, and overall well-being of children (Jackson & Mannix, 2004), specifically with a transgender child.

Feminism and queer theory together attempt to address and deconstruct categories of gender, and both have explored the ways through which gender and sexuality are performed within contextual environments (Oswald et al., 2009). This lens also guides discussion regarding mother-blaming and the perception of mothers who support and advocate for their transgender children. We maintained an awareness of the social construction of gender and family, and the marginalization that stems from the distribution of social power (van Eeden-Moorefield, Martell, Williams, & Preston, 2011). More specifically, we continually remained aware of the social context which reinforced gender norms for the child and parental expectations of a white mother, and how this context affected the participant and her family. This project is intended to help researchers and mental health clinicians move toward social change and freedom from ideologies that have historically been oppressive through analyzing dominant discourse (Hesse-Biber, 2007).

Method

The purpose of a case study is to obtain comprehensive information in rich detail about a case of interest, resulting in an organized and systematic product (Patton, 2002). A case study is a useful methodology for encapsulating the meaning derived from a complex story into a finite report (Stake, 2003). The instrumental case study approach can produce unique information about a phenomenon that other methods cannot (Creswell, 2007). This case study explored the phenomenon of a mother parenting a gender-nonconforming child, her lived experiences, and her perceptions of how and to what extent mental health services and providers promote her family's well-being.

We used purposeful sampling to recruit the participant for this single-case study project by inviting organizations that support and/or advocate for GLBTQ families (i.e., PFLAG, Gender Spectrum) to post research announcements and flyers on electronic discussion lists, Web sites, and social networking Web sites. Parents and caregivers of a gender-nonconforming or transgender child were invited to participate in an interview conversation, because they are usually responsible for seeking out therapy services or take on the role of gatekeeper for their child's health care needs. More specifically, we used criterion-based sampling (Creswell, 2007), which encompassed the selection of a single parent who is raising a transgender child ages 6 through 18, prepubescent through age dependency. The second criteria required that the participating parent have the child reside in her home a majority of the time. The third criterion for the study was that the participant had to have sought some sort of support related to her child's gender identity personally or professionally. This research study was reviewed and approved by the North Dakota State University Institutional Review Board.

Data Collection

Data were collected via online chat sessions. Online qualitative methodology can be beneficial to reach marginalized groups, who often connect online and maintain member electronic discussion lists for the exchange of information (Mustanski, 2001). This study follows an online interview model developed by van Eeden-Moorefield, Proulx, and Pasley (2008), who designed a study in which gay male participants were interviewed individually online and participated in online focus groups. Marginalized populations, such as the parents of gender-nonconforming youths, may participate in online research due to the safety and anonymity that this method provides (Mustanski, 2001; van Eeden-Moorefield et al.,2008). Online methodology can give researchers access to underrepresented populations that might not be reached otherwise (Mustanski, 2001).

Only chat services with published privacy statements who comply with federal regulations to protect users' personal information were considered for use for online interviews. When the participant registered to use the online chat program, she was required to indicate that she read and agreed to the Terms of Service, which included the privacy policy of the program. We were mindful that in the event of a technical problem, an employee of the company (i.e., Yahoo Messenger technical support) who is bound by confidentiality obligations may access the user account. The participant was instructed to create a user account for the interview and delete the account after the interview was complete to minimize the likelihood of access by technical support. We prepared additional information about security for the preferred program to address questions or concerns about privacy protection (i.e., Security at Yahoo; http://info.yahoo.com/privacy/us/yahoo/security/).

After the participant responded to recruitment materials via e-mail, we contacted her by phone to answer questions about the study and set up an interview time. She completed informed consent and a demographic questionnaire online. The online interview took place as scheduled, lasting for approximately three hours. There were two remaining questions, which the participant requested to answer via e-mail. She responded within three days with a total of two more e-mail correspondences. We then combined and edited the transcript for grammar and formatting purposes, identified areas that were in need of clarification, and asked follow-up questions through e-mail and a brief phone interview, as it was most convenient to her. A semistructured interview guide with open-ended questions guided the online chat interview and subsequent correspondence. In addition to online transcripts, field notes and reflections were maintained throughout the interview process.

Data Analysis

After the interview, a completed transcript was e-mailed to the participant to

ensure that the interview accurately captured her words and experiences. She was invited to make corrections or clarify points in the transcript. After she responded, we organized the data into a case record by including all of the edited and reordered information important to the final case analysis (Patton, 2002). The case record was then organized to form initial codes, develop primary themes and patterns, and finally, present an in-depth and organized picture of the case (Creswell, 2007). Trustworthiness (Patton, 2002) was established by use of member checks with the participant, ongoing reflexive writing of the researchers, and cross-checking codes between multiple coders during data analysis.

FINDINGS

Case Description

Sarah is a 40–year-old, white, middle-class, divorced single mother who lives in a small Midwestern U.S. city with her 6-year-old, white, transgender daughter, Lee. Sarah is divorced from Lee's biological father, and while they share co-parenting responsibilities, Sarah is responsible for the majority of parenting and maintains physical custody of Lee, who is a first-grade student at a public school. Their local community is not aware that Lee was assigned male at birth and transitioned to her affirmed gender at age five, as Lee presents as a girl and is currently enrolled as a female at her elementary school, thus they are non-disclosing about her male birth sex and only know her as a girl. Therefore, in order to protect their privacy, Sarah did not disclose details about her profession and employment beyond reporting that she attended some college, plans to return to school, and is employed full-time. In an effort to honor Lee's self-ascribed identity as a girl, which is affirmed by Sarah, we will refer to her by female pronouns throughout this article.

During the interview conversations with Sarah, we asked a variety of questions about her experiences and perspectives as a single mother parenting a transgender child. She highlighted her Unitarian faith and liberal political views, as well as the lack of support she received during her own childhood, which seem to influence her perspectives on parenting. In an effort to provide a clear and accurate portrayal of Sarah's parenting experiences, we describe the following themes that emerged: Gender Identity: She Is a Girl in All Aspects; Facing Adversity: “It's Always the Mother's Fault”; Distant Dad: “I Will Keep Trying to Help Them”; Professional Help: “They Wanted to Be Supportive”; Support: “They Saved Us… Her…”; Educator and Advocate: “We Are Modern-Day Pioneers”; and Being Mom: “The Toughest Job I Will Ever Love.”

Gender Identity: She Is a Girl in All Aspects

When asked about her child's gender identity, Sarah stated that Lee is female and transgender. As mother and child, they have embarked on a journey to better understand gender and gender identity. In talking about Lee's gender, Sarah stated,

> *Lee is female and she sure KNOWS it. Seems to have always known it. Made sure everyone around her knew it even if it meant negative feedback from others. Unfortunately her identity does not match the body she was born into. So, I feel, she was incorrectly identified as male at birth. I almost feel like my child was born with a birth defect.*

Sarah described her experience discovering that her son identified as a girl at a young age. She perceived her son as gentle and found that he had a strong preference for feminine clothing, hairstyles, and toys. The child she viewed as a little boy preferred to spend time with girls rather than boys. She said,

> *When she started preschool around three, she noticed a distinct difference between girls and boys, how they wore their hair and their clothing. [Lee]*

> *started expressing a very strong preference for all things typically girl....*

Sarah's attempts to persuade Lee to pursue more masculine interests backfired, resulting in frustration, anger, and depression. Sarah described one of her first memories of her realization that Lee saw herself as a girl:

> *Around that time I was reading a bedtime story that had a line: "Some of us are boys and some of us are girls." That is the first time she broke down into tears and started expressing fears of growing up into a man with a man face and a beard. It was a little scary.*

Sarah had never thought about gender identity; however, she began researching online when Lee was approximately three or four years old. This research led her to believe that gender identity is "complicated and multidimensional." Based on the majority of information she discovered about children and gender identity, Sarah allowed Lee to begin determining her own gender presentation. Sarah reported that Lee embraced her transformation and became an "amazingly happy, spunky, and outgoing young girl who wears her hair long, has an all-girl wardrobe, and a bubblegum pink bedroom." She eventually legally changed Lee's name from a masculine name to the name of her choosing and enrolled her in school as a girl.

Facing Adversity: "It's Always the Mother's Fault"

Sarah's willingness to allow Lee to live as a girl elicited accusations from her family suggesting child abuse or neglect. Her uncle made phone calls to family members to voice his discontent, they aren't invited to certain family events, and Lee doesn't get invited to her cousins' birthday parties, even though they are the same age. Sarah learned that organizations like Focus on the Family, led by James Dobson, and well-known gender specialists such as Ken Zucker, advocated for reparative therapy, which focuses on rejecting the trans identity, can be ineffective and dangerous (Vanderburgh, 2009). Her family still encouraged her to

pursue these practices. Sarah stated,

> *It was obvious that Lee wasn't expressing herself as a "typical" boy.... Everyone flipped out. The family is still fractured. My mother and her husband are conservative Christians who refused to support in any way, kept shoving Dr. Dobson and Zucker information at me. Were talking to Lee about right and wrong, heaven and hell and changing her clothing during visits, etc. Lee would come home from visits and be very upset.... It was just awful.*

As a reaction to the judgment Sarah faced from family members, she began to question her parenting and blame herself for Lee's girl gender identity. She said,

> *I went from patting myself on the back for being such a progressive parent... to being really concerned that I must be doing something terribly wrong to cause this gender "confusion." EVERYONE, mostly my mother and ex-husband told me I was being too permissive, I should try to affirm his maleness and not allow all the girl stuff. I started to wonder if perhaps I was doing something wrong and am embarrassed to say that I did start to try getting her interested in typical "boy" stuff.... It really just made things much worse.*

Sarah began to realize that she was being blamed for Lee's gender identity and expression. She was told that somehow her "feminist" beliefs caused her son to be feminine and it was her responsibility to fix what family members perceived as problematic. She explained,

> *My family liked to tell me that I must be doing something wrong to make my son loathe his maleness. I was too permissive and supportive with all his girly interests. It's always the mother's fault, don't you know?*

Sarah's ex-husband's family became more vocal about their lack of acceptance and contacted legal counsel along with child protective services, claiming that

allowing Lee to live as girl was neglectful. Sarah stated,

> *In the very beginning, when I allowed Lee to socially transition, some family members were trying to band together to get an attorney to "save this boy" from me. I know [my ex-husband] was having conversations with them regarding this, but also that he didn't go so far as to think that was the answer, nor reparative therapy thank goodness.*

While she has developed ways to deal with critics in her family, Sarah described her ongoing concerns for Lee. She knew she had created a safe home life for her, yet the outside world is often not kind to transgender people or their supportive parents, especially mothers.

> *I worry about her future. I worry about her safety. I worry sometimes about doing the right thing in order to keep her healthy, happy, and emotionally secure. I worry about people who don't understand or bigots who may want to have her taken away from me.*

Distant Dad: "I Will Keep Trying to Help Them"

Although Sarah and Lee's father are divorced, she believes it is important for him to have a nurturing and supportive role in Lee's life, so she continues to encourage his relationship with Lee. She explained her role in maintaining her ex-husband and daughter's relationship by saying:

> *I go overboard probably trying to get together with him for her sake. My/our therapist says it's not my responsibility, but I can't help myself. I guess I'm trying to shield her for as long as possible and feel that if I don't do something to help them nurture a relationship and stay in contact no one will. I see her intently watching other children with their fathers, especially daughters and it breaks my heart that she will probably never have a close relationship with him. I will keep trying to help them though.*

While custody arrangements allow Lee's father to have visitation with her every other weekend, Sarah reported that he does not see Lee regularly. She described feeling sad for her daughter and frustrated with her ex-husband due to the discomfort in their father-child relationship since Lee's transition. Sarah described Lee's father as a “manly man” who holds fairly conservative and homophobic beliefs, which she believes contributed to his secrecy about Lee. For example, Sarah stated,

> *He is still very much grieving the loss of a son. No one in his life knows either... friends, coworkers, etc., still ask him how his boy is doing.*

Sarah provided Lee's father with an immense amount of research to look through, and attempted to take him to therapy appointments. She wants to keep Lee's father educated, involved, and “on her side” so that she and Lee will always have him as an ally.

Professional Help: “They Wanted to Be Supportive”

Sarah has seen several mental health professionals in the hopes of learning how to best support her transgender daughter, and to ensure that Lee has professional support. When asked about her overall impression of the field of mental health in regard to helping gender-nonconforming individuals and families like hers, Sarah's response was that it is “crappy.” She has seen therapists that have been somewhat supportive, but most do not seem very educated on gender-nonconforming children and how their families should be supported. She held the impression that professionals wanted to help, but did not know how. For example, one therapist suggested that Lee live how she wanted at home, but present as a boy to the rest of the world, which Sarah knew would not work for Lee based on her experiences. She said,

> *I think everyone I saw did seem like they wanted to be supportive... I guess I wanted “professional” confirmation that I was doing the right thing by*

> *allowing Lee to live as a girl. I also was terrified of having CPS show up at my door one day and wanted proof that I wasn't just some crazy mother who wished she had a girl instead of a boy. I felt I needed proof that I was seeing a therapist/doctors and had confirmation that this was the best course for Lee.*

GLBT resource centers generally provide GLBTQ-friendly referrals to therapists and health care providers. Sarah initially went to a local therapist, who was referred by her GLBT resource center, and was discouraged to learn her parenting was again scrutinized by professionals who she had hoped would be helpful. She described her experience with the therapist:

> *She knew nothing. Was good to talk to but had some really unappealing ideas, didn't know anything about trans youth what-so-ever, made us jump through hoops before she was willing to write a support letter... .and told me the lesbians in charge at the LGBT center thought I was a crazy mother who was doing the wrong thing!*

She then traveled out of town a few times to see a psychiatrist, but the distance was a deterring factor for continuing. They traveled to a large city nearby to see a therapist who specialized in working with youths in counseling who they were hopeful would be helpful since this therapist also had a gender-variant son, but reported that therapy with this provider did not work out. When asked about who they currently see for therapy, Sarah replied that a therapist in a nearby town works with other transgender youths. She described that both she and Lee like the therapist because:

> *She just seems to "get it".... She also just seems to be exceptionally supportive. Thinks Lee just seems like a normal kid.*

In Sarah's experiences, the most helpful aspect of therapy has been the inherent knowledge that a therapist understands gender identity and children specifically.

The importance of education and prior experience with gender-nonconforming youths holds a high value to her. She stated that therapists should:

> *LEARN FACTS! [Remain aware of the] updated research regarding what it means to be transgender/gender-nonconforming. Know which course of medical treatment might be necessary as a child/teen grows. Knowing about transgender/transsexual adults and their issues is not even close to being enough information for helping trans/gender-variant youth and their families.*

Support: "They Saved Us… Her…."

The Internet served as a tremendous resource to Sarah as she sought information to better understand her child. Since her early discoveries, Sarah has kept up-to-date on research regarding transgender children that includes both medical and critical queer frameworks that promote transgender child health, advocacy, and inclusion. She connected with other parents through an online support group she found by conducting a Google search for transgender children. Peer support has allowed Sarah to correspond with parents who have asked the same questions and sought support for their transgender and gender-creative children. She stated,

> *Oh my. I seriously don't know what would have happened without [a support network]! I had no idea [we] could be helped in such a way! It's amazing! Wonderful! Also, being able to compare notes with other parents going through the exact same experiences. Learning from those who have gone before you. Being able to offer support to those just beginning and in so much turmoil.*

Connecting Lee with peer support was also important to Sarah. She wanted to ensure that Lee knows she is not alone. Since locating the online and subsequent in-person support groups, Lee has had the opportunity to meet other

transgender and gender-creative children, which Sarah believes has created significantly positive experiences. She stated,

> *Lee knows that she is not alone. She is not the only transgender kid out there. She gets to see pictures and videos of other kids. Other normal little girls like her. They saved us... her....*

Trusted friends have been an ongoing source of social support for Sarah, which is critical as she and Lee are non-disclosing about Lee's birth gender in their community. She exclaimed, “My friends are the best!” and described a friend who sent Lee a Dora the Explorer lunchbox to show her support. Sarah shared that friends have accompanied her to therapy and attorney visits, and have been there during difficult times. Yet support eventually came from an unexpected family member: time and information have helped Sarah's mother, who initially struggled with Lee's gender identity, to become understanding. Sarah said,

> *My poor mother has been through a lot and come such a long way. She seems to be fully supportive now... even bought Lee a top the other day that was bright pink and sparkly that says GIRLS ROCK.*

Support also came from another unexpected source based on Sarah's concerns about religion. Sarah explained,

> *I expected [my grandmother] to react negatively because, you know the God thing. She ended up being pretty nonchalant though. It was really amazing. She said not to listen to all the Christian people criticizing me because who were they to speak for God, and how many of them had been divorced or done other things supposedly against God. She also said that she may not understand everything, but wanted to and also wanted to be and stay in our lives. We've had many conversations since and she says she feels better and better the more she learns about this whole trans thing.*

Educator and Advocate: “We Are Modern-Day Pioneers”

Sarah described her process of learning and becoming an advocate for her daughter:

> *I spent so much time in the beginning with extreme anxiety. I spent many nights crying myself to sleep. There have been some very scary times. I worry still sometimes. It was just awful. Now though, I feel strong. I feel educated. I feel that I can be an advocate and supporter of my child 100%. I see myself (and Lee) as somewhat modern-day pioneers regarding how we are choosing to deal with gender issues.*

Sarah was discouraged to discover that the director of Lee's former preschool disclosed Lee's gender identity to staff but did not offer subsequent education to them. It became so uncomfortable that she eventually removed Lee from that preschool and was beginning to consider homeschooling. Sarah has since worked to develop awareness about gender identity to multiple institutions and various professionals within the medical and mental health community. She explained what happened when she advocated for her daughter with their family doctor:

> *Our family doctor thought back to concerns I had had years earlier about my son wanting to be a girl. She apologized to me about blowing me off and telling me it was just a phase. She told me she would take any and all information I had, would be sure to study it all and would be sure her staff used proper names and pronouns and were respectful.*

Being Mom: “The Toughest Job I Will Ever Love”

When asked to describe her daughter in three words, Sarah responded, “creative, dramatic, [and] loving.” Sarah maintained the perspective that her child is happy and healthy, and it is other people who take issue with her parental decisions regarding her child's gender. She expressed her love and support for her daughter throughout the interview.

> *[Parenting Lee is] the toughest job I will ever love.... It's challenging, but I love it. I love her so much and feel incredibly blessed to have such an absolutely amazing little being in my life.*

While support groups and online research have been helpful, Sarah explained her position as a mom by saying,

> *I see myself as being exceptionally lucky to have somehow been chosen to be Mom to the most amazing person I have ever met. My child is/has been my greatest teacher. I also see myself as just a normal parent trying to get through and do the very best I can for my child and her future.*

DISCUSSION

Sarah's lived experience reinforces much of the existing literature and research regarding transgender youths and their families. Some of the parallel themes throughout her interview and relevant professional literature include harsh social judgment of parenting decisions when choosing to support her transgender child and the subsequent secondary stigmatization parents face, family disruption, pride regarding open-minded parenting, and frustration with inexperienced health care providers. Her experiences reflect the multiple layers of discrimination a single mother of a transgender child faces. Sarah took the initiative to educate herself about gender identity and sought out a support network to advocate for Lee within the family and health care community.

Sarah experiences secondary stigmatization, which was highlighted by the belief of others who judge her as too permissive or “crazy,” a theme shared by parents of gender-nonconforming children (Menvielle & Tuerk, 2002). As transgender individuals are often highly stigmatized and subject to social isolation (Brooks, 2000; Lev, 2004), their loved ones are certainly prone to feeling affected by

this judgment. Being a single mother, Sarah faces gendered stereotyping, as negative attributes are imposed on single mothers more so than single fathers (Haire & McGeorge, 2012). This intersection of stigma only further complicates the social message of deviation; Sarah has repeatedly received the message that she has done something wrong in parenting Lee, and this message has, at times, caused her much anguish and doubt.

Conversely, Broad, Alden, Berkowitz, and Ryan (2007) describe activist parenting as protecting GLBT children by challenging the traditional definition of parenting and responding to bigotry with activism that is both political in nature and relational within a community. They conceptualized this idea from the experiences of poor mothers of color, who resisted racism and poverty in the early 1990s by challenging traditional meanings of parenting and politics (Broad et al., 2007). Similarly, Sarah has responded to societal discrimination by her ongoing advocacy for her child as well as herself. Oftentimes parents believe that their gender-nonconforming children make them better people through living the experience of being “different” (Menvielle, 2009), which we see as a strategy to resist and counter stigmatization. Similar to Gonzalez and colleagues’ (2013) findings that most of the parents of GLBTQ children in their study experienced positive outcomes, Sarah described how she has personally grown thanks to her transgender daughter. It was apparent that Sarah cares deeply for Lee's well-being, and she is doing everything in her power to ensure that Lee leads a full and healthy life through the nurturance of her identity.

This study sought to understand social and therapeutic supports; however, Sarah also demonstrated that her political stances and ability to think critically led her to access her primary resources, such as her ongoing self-education about gender identity, and the development of a supportive community, which exist outside of therapy. Results support the limited yet current literature demonstrating that parents of gender-nonconforming children are in need of support (Lev, 2004) as their decisions are subject to much scrutiny (Menvielle &

Tuerk, 2002). This mother illustrated the ways in which her parenting has been called into question by family members and gender-normative mental health professionals, and how she has developed supports and remained resilient as a mother throughout her daughter's transition. Sarah's middle-class status allowed her to access therapists, legal representation, and her choice of preschools, which underscores how class privilege grants access to resources. Notably, race was not brought up as an issue central to the experience of this family, which is reflective of the racial invisibility of most white people who do not face racial oppression (Rothenberg, 2008). While Sarah may not realize it, her whiteness allows her advantages even in the face of adversity. Her experiences markedly highlight the multiple layers and complexity of concerns mothers of transgender children face, and help us conceptualize how this experience is further complicated as we consider the intersections of gender, race, and class.

Sarah experienced both positive support from therapists and the misuse of therapy as a form of social control, which has the potential to further stigmatize mothers of transgender children. There is a need for mental health professionals to be aware of mothers' abilities to self-organize and develop knowledge relevant to parenting their transgender child in order to help counter stigmatization. Yet it is still necessary for therapists to be educated and reflexive when working with mothers of transgender youths in an effort to reduce the distress that society has placed on them, to affirm, and provide care for their families. For example, research shows that mothers are disadvantaged post-divorce and frequently continue in the role of primary caregiver (Kelly, 2007). While current literature addresses mother-blaming to some extent (e.g., Jackson & Mannix, 2004), scholarly research has not yet addressed mother-blaming specific to parenting queer children.

Mental health professionals would benefit immensely from more graduate-level training on the subject of affirmative practice with transgender individuals and their families (Benson, 2013). The Association for Lesbian, Gay, Bisexual, and

Transgender Issues in Counseling (ALGBTIC) outlines competencies for providing counseling to transgender clients. These include the use of transgender-affirmative language, maintaining a belief that all persons are able to live healthy lives while embracing the full spectrum of gender diversity, an acknowledgment of the fact that the oppression of transgender people pervades this culture, and an understanding that therapists must seek consultation or supervision to address personal biases (ALGBTIC, 2009).

An affirmative therapeutic environment can be helpful to families (Benson, 2013), particularly mothers who may benefit from helpful explorations and discussions about the fear of condemnation, grief over lost dreams, and regrets or self-blame (Brill & Pepper, 2008). Family therapy may help parents focus on their love for their child, and parents who hold love paramount fare best in accepting their gender-nonconforming child (Brill & Pepper, 2008). This acceptance is related to positive emotional outcomes that persist over time (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). Therapists need to be aware of the stigma single mothers face (Cairney et al., 2003); specifically discrimination based on gender, race, and class. Therapists should address the importance of supporting single mothers specifically in family therapy with a transgender child, and they should be considered advocates for supportive parents, empowering their decisions in spite of negative social messages (Brill & Pepper, 2008).

Families have a tremendous impact on children's well-being, so discussing a gender-nonconforming child's family life in therapy is crucial to providing comprehensive mental health services (Ryan, 2009). An important aspect of this therapy includes addressing which family patterns serve to promote the healthy development of a child's transgender identity, and which serve to pathologize the child's identity (Vanderburgh, 2009). Ehrensaft (2011) refers to helping parents and professionals “untangle gender” and listen to the unique experiences of their children so they are able to be their true and authentic

selves (p. 10). A therapist can help parents to move beyond social messages that are experienced as, and/or are, non-affirming and defeating, thereby creating space for more positive emotional possibilities and relationships within and outside of the family (Ehrensaft, 2011). More specifically, therapists must be aware that mothers' secondary stigmatization is real; it is essential not to trivialize these experiences as her being oversensitive or paranoid. In addition, therapy for the parents and families of transgender children should address physical and emotional safety concerns, particularly for children in school; educate family members; support each family member emotionally; and serve as a safe place where the family can receive referrals to other professionals (e.g., medical doctors, school administrators, and even legislative support) (Riley, Sitharthan, Clemson, & Diamond, 2011).

Sarah's experience of never having questioned gender-normative identity reflects the initial lack of information that many parents of gender-creative children experience (Riley et al., 2011). Many parents, particularly mothers, notice their children's gender preferences and look to the Internet for answers. They may find resources such as TransYouth Family Allies (imatyfa.org), which includes educational information for parents, educators, youths, and helping professionals, as well as online discussion groups and information about in-person support groups across the United States. Parents, Families, and Friends of Lesbians and Gays, more commonly known as PFLAG (PFLAG.org), hosts the Transgender Network (TNET) which provides educational and support information online along with a search function to locate one of their 350 chapters in the United States. Gender Spectrum (genderspectrum.org) offers education and support online, and hosts an annual conference for families with gender-nonconforming and transgender young people.

LIMITATIONS AND FUTURE DIRECTIONS

There are certain limitations associated with this study. One limitation of the online chat format is the absence of face-to-face contact, which limited our ability to make observations such as facial expressions and other types of nonverbal communication. It is traditional to include these observations in the form of field notes, thereby allowing readers to assimilate certain descriptions into their memories (Stake, 2003); therefore, we tracked subtleties such as which questions elicited a longer pause before the participant typed her response. There are undoubtedly differences between field notes from an online interview and a face-to-face interview.

Another limitation presented itself when the chat session timed out before all of the questions were answered. The last few questions of the interview took place via e-mail correspondence, which restricted our ability to follow up with probing questions or ask for clarification on the spot. E-mail format tends to produce broken conversation rather than a smoother flow, as with instant messaging. Furthermore, conducting a study that requires a participant to have access to the Internet may limit the available participants since there are certain class issues associated with owning a computer and having Internet access. As the Internet has become a primary source of information and networking for mothers of transgender children, it was deemed worth the limitation to conduct the study online.

In the present study, Sarah's responses to interview questions almost completely supported current research and professional literature regarding transgender parents and their children and families. Her immersion in literature and research also serves to inform her experience. While Sarah faces many challenges, she also benefits from race and class privilege; thus, additional research is needed to understand how racism and class informs parenting experiences. We also encourage researchers to look specifically at the roles of fathers in parenting gender-creative children. As such, more research is needed regarding other, more diverse, queer family structures that do not reflect heteronormative and

gender-normative family structures. Another major area for further research involves gaining multiple perspectives by interviewing other family members. For example, siblings of gender-nonconforming children have received very limited attention in professional literature (Lev, 2004) and would offer interesting and important perceptions regarding family therapy, family well-being, and ways to best support families such as their own.

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