

THE LIVED EXPERIENCE OF CHRISTIAN PARENTS OF TRANSGENDER  
CHILDREN:  
AN EXPLORATION OF THE RELATIONSHIP BETWEEN FAITH AND  
PARENTING THROUGH THE FRAMEWORK OF FAMILY SYSTEMS THEORY

A Dissertation  
Presented to the Faculty of  
the Division of Education and Human Services  
of Neumann University  
in Partial Fulfillment  
of the Requirements for the Degree of  
Doctorate of Pastoral Counseling

By

Jill E. Sieverts

October, 2018

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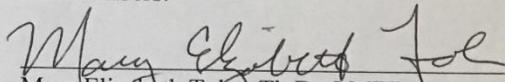
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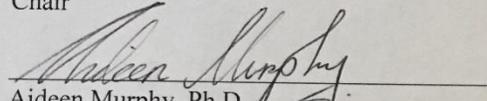
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Theory

Jill Sieverts

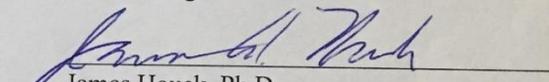
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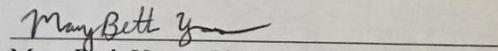
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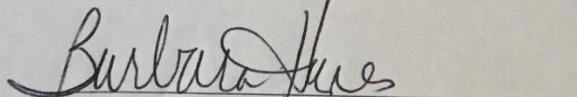
  
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## ABSTRACT

THE LIVED EXPERIENCE OF CHRISTIAN PARENTS OF TRANSGENDER  
CHILDREN:  
AN EXPLORATION OF THE RELATIONSHIP BETWEEN FAITH AND  
PARENTING THROUGH THE FRAMEWORK OF FAMILY SYSTEMS THEORY

Jill E. Sieverts

Dr. Mary Elizabeth Toler, Dissertation Chair

This qualitative study employed family systems theory to explore the processes that occur in family relationships when Christian parents discover they have a transgender child. This study explored the role of faith in how parents approach the parenting challenges associated with having a transgender child, and also explored the impact that parenting such children has on a parent's faith. In addition, this study identified words of scripture that Christian parents find helpful and unhelpful as they search for spiritual guidance on parenting. Much research has revealed the critical role parents play in the well-being of transgender persons, yet very little research has focused on how parents of faith are coping with, and responding to, the phenomenon of having a transgender child. This study addresses that gap in literature by providing insights into the lived experience of 16 Christian parents of transgender children.

Data collection was conducted in two parts. First, respondents were given a questionnaire to gather demographic and faith data. Second, all participants were interviewed individually using a semi-structured, open-ended interview process.

This research resulted in rich, thick data describing the emotional, relational, and spiritual experiences of these parents. Parents reported experiencing deep feelings of love, grief, fear, confusion, isolation, and anger. In addition, this study revealed that faith influences how Christian parents relate to their transgender children, and, that parental faith is deepened as a result of having a transgender child.

This study contributed valuable data to the existing body of knowledge for mental health professionals who work with transgender persons and their families. This study found that some Christian parents are deeply committed to loving and supporting their transgender children, and desperately desire to help their children reach a place of physical, emotional, relational, and spiritual peace. Results of this study have implications for the treatment of transgender children, teens, and young adults. Findings indicate that although Christian parents of transgender children face many unique needs and challenges, they may still be regarded as a valuable resource and support system for their transgender children.

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## Chapter I - Introduction

### Introduction

Parents of transgender children and teens face the often overwhelming task of caring for their children, while simultaneously sorting through complex emotional, psychological, medical, legal, and relational issues. For religious parents, spiritual issues also arise as they consider issues of faith, and words from sacred texts, all while searching for support and direction. Very little research exists on how Christian parents are coping with, and responding to, the challenges of raising a transgender child. The purpose of this phenomenological study was to explore the lived experience of Christian parents who have a transgender child. This research explored if and/or how Christians rely on their faith as a method of coping with these unique and complex parenting challenges. Additionally, this study explored whether a parent's faith is impacted by the experience of having a transgender child. Semi-structured, in-depth personal interviews provided data on the lived experiences of this group of parents, by offering them the opportunity to share their stories in their own words, and from their individual, unique perspectives.

The number of adults identifying as transgender in the United States is 1.4 million, and the number of teens is estimated to be 150,000, or, 1 out of every 137 teens aged 13-17 (Flores, Herman, Gates, & Brown, 2016). As the number of children presenting as transgender continues to rise (Bernal & Coolhart, 2012; Wiepjes et al., 2018; Wood et al., 2013), an increasing number of families will be tasked with making complicated choices about how to cope emotionally, relationally, medically, and spiritually. Although not every family with a transgender child considers it a crisis, the word crisis will be used throughout this study to describe the complex emotional,

relational, and intellectual tasks associated with raising a transgender child. Crisis is defined by Merriam-Webster as an emotionally significant event, or radical change of status in a person's life. Family Systems Theory asserts that when one member of a family experiences a significant loss or change, other members of the system are impacted, and relational crises ensue as the family works to restore family balance (Bethea & McCollum, 2013). The goal of this study was to contribute valuable and helpful information for parents facing this crisis, as well as for those who have relationships with transgender families, such as medical and mental health professionals, legal professionals, educators, and clergy.

Research indicates that two of the most important needs identified by transgender persons and their families, are information and support (Riley, Clemson, Sitharthan, & Diamond, 2011). Families need information on parenting, emotional adjustment, transitioning socially, safety from bias and harassment, and medical interventions. While there is a growing body of literature within the fields of medicine, psychology, and social work, there is a scarcity of literature that addresses the needs of transgender persons and their families from a faith-based perspective. Consequently, the purpose of this study was to provide descriptive information on the lived experience of Christian parents of transgender children/teens, and more specifically, the role of faith in how parents cope with the complexities of relating to their transgender children.

Family Systems Theory provides a useful framework for understanding the complex shift in dynamics and behaviors that occurs whenever one member of a system changes. Systems maintain themselves by operating within predictable patterns of interaction, and by resisting any changes that create excessive amounts of stress

(Minuchin, 1974). When a person reveals they are transgender, each family member experiences a shift in relationship expectations as new roles are created. These new expectations create relational struggles as each member adapts to the new rules. A number of researchers have explored the process of change that occurs in families with an LGBT member (Connolly, 2005; D'Augelli, 2005; Emerson & Rosenfield, 1996; Norwood, 2012, 2013b; Tyler, 2015).

Current research acknowledges the importance of parental support on the health and welfare of transgender children (Bernal & Coolhart, 2012; Bouris et al., 2010; Erich, Tittsworth, Dykes, & Cabuses, 2008; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). To the researcher's knowledge, only one study has specifically viewed the transgender experience through a Family Systems lens: Bethea and McCollum (2013) employed Family Systems Theory to understand the disclosure experience of male-to-female transgender individuals. They explored the impact the disclosure had on relationships with spouses, family, and friends, as well as greater systems, such as medical and mental health professionals. The goal of this present study was to use Family Systems Theory, and more specifically, the tenets of Structural Family Therapy, to understand the lived experience of Christian parents who have a transgender child, and to describe the processes that occur as these families adjust through periods of unknowns and change while they journey forward with their transgender child. This study provided helpful information for parents facing this crisis, as well as for those who have relationships with transgender families, such as medical and mental health professionals, legal professionals, educators, and clergy.

## **Definition of Terms**

*Christian*: For the purposes of this study, a Christian is defined as one who professes belief in the teachings of Jesus Christ (Merriam-Webster).

*Cisgender*: Refers to people whose gender identity aligns with their assigned sex at birth (Brill & Kenney, 2016).

*Gender*: The psychological, social and cultural aspects of being male or female (Yarhouse, 2015).

*Gender dysphoria*: Distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics (WPATH, 2011). The DSM-V eliminated the diagnosis of Gender Identity Disorder found in DSM-IV, and replaced it with Gender Dysphoria. This diagnosis emphasizes "gender incongruence" rather than the previous cross-gender identification. Gender dysphoria includes separate sets of criteria for children, adolescents, and adults (American Psychiatric Association).

*Gender identity*: A person's intrinsic sense of being male (a boy or a man), female (a girl or woman), or an alternative gender (e.g. boygirl, girlboy, transgender, genderqueer, eunuch) (WPATH, 2011).

*Gender Identity Disorder*: The DSM-IV, designated transgender as a form of Gender Identity Disorder (GID), which they defined as a "persistent desire to adopt the social role and to acquire the physical appearance of the other sex" (American Psychiatric Association, 1994, p. 532).

*Gender non-conforming*: Adjective to describe individuals whose gender identity, role, or expression differs from what is normative for their assigned sex in a given culture and historical period (WPATH, 2011).

*Gender variant*: Refers to behaviors and interests that fall outside what is considered normal for a person's assigned biological sex (Brill & Pepper, 2008).

*Hysterectomy*: the removal of the uterus (Israel & Tarver, 1997).

*Metoidoplasty*: a multistep technique to create a microphallus and scrotum (Israel & Tarver, 1997).

*Oophorectomy*: the removal of both ovaries (Israel & Tarver, 1997).

*Phalloplasty*: the creation of a neo-phallus (Israel & Tarver, 1997).

*Salpingectomy*: the removal of the fallopian tubes (Israel & Tarver, 1997).

*Sex reassignment surgery (gender affirmation surgery)*: Surgery to change primary and/or secondary sex characteristics to affirm a person's gender identity. Sex reassignment surgery can be an important part of medically necessary treatment to alleviate gender dysphoria (WPATH, 2011).

*SOFFAS*: an acronym referring to significant others, friends, and family members.

*Transgender*: Adjective to describe a diverse group of individuals who cross or transcend culturally defined categories of gender. The gender identity of transgender people differs to varying degrees from the sex they were assigned at birth (WPATH, 2011). The DSM-5 defines transgender as follows: "Transgender refers to the broad spectrum of individuals who transiently or persistently identify with a gender different from their natal gender. (American Psychiatric Association, 2013, p. 451).

*Transsexual:* Adjective (often applied by the medical profession) to describe individuals who seek to change or who have changed their primary and/or secondary sex characteristics through feminizing or masculinizing medical interventions (hormones and/or surgery), typically accompanied by a permanent change in gender role (WPATH, 2011).

*Transvestite:* One who dresses or adopts the presentation of the opposite sex, typically for the purpose of sexual arousal. Such a person may not experience gender dysphoria and may not identify as transgender. Most transgender persons do not cross-dress for arousal and see transvestism as a different phenomenon than what they experience (Yarhouse, 2015).

### **Background of the Study**

In 1952, Christine Jorgensen became front page news in New York City after transitioning from male to female (Meyerowitz, 2002). Although some people have desired to be the opposite sex, and have identified as the opposite gender for centuries, Jorgensen offered the first American opportunity for full media coverage of the transition. For the majority of United States citizens, very little thought was given to transgenderism until the media presented it again in 2010, when Chastity Bono became Chaz, and then again in 2015, when Bruce Jenner transitioned into Caitlin.

From its inception, American society has been organized around binary gender roles and binary sexual orientation. Those who have not defined themselves as exclusively male or female have been regarded as mutants (Mollenkott, 2007). In just the past several years, the concept of fluidity of gender identity has entered society's awareness. For some, gender fluidity means switching between the two known genders, but for others,

gender fluidity refers to something better described as a gender continuum, which contains an array of options (Nagoshi & Brzuzy, 2010). In 2014, the social media site, Facebook, offered users 58 versions of gender to describe themselves (See Appendix J). Just one year later, in 2015, all gender restrictions were eliminated, and users are currently invited to define gender identity any way they choose (Daly, 2016).

As society has begun to accept the realities of non-binary gender and gender fluidity, debates are raging on issues such as transgender rest room use in public places, churches, and schools. Even though these debates have raised consciousness, and have produced some improved treatment of, and increased recognition of, the rights of LGBTQ persons in the United States, there are still many evidences of bias, discrimination and unequal treatment (Gleason et al., 2016; Miller & Grollman, 2015). Transgender persons in the United States experience more violence than any other sub group in the country. Even within their own families, many are exposed to violence, rejection, and sexual abuse (Stotzer, 2009). Although reports vary across surveys, approximately 50% of transgender persons report they have been subjected to unwanted sexual activity, and 59% reported experiencing forced sex or rape. In one study, 40% of respondents reported being the victim of physical assault (Stotzer, 2009).

In addition to the discrimination produced by society, many transgender children also face fearful parents who may be unable or unwilling to support or accept them. A primary need of transgender children is family acceptance and support (Riley, 2012). In order for children to find and experience the support they need, parents require information, guidance and support (Riley et al., 2011). For Christian parents of LGBTQ children, there is an added need to gain information and support from church leaders and

faith communities, as they wrestle with issues of morality and faith, while trying to support their children (Maslowe & Yarhouse, 2015).

At present, very little research exists describing the experience of Christian parents who have transgender children. This study employed a Family Systems perspective, to find out if and how parents are relying on faith as a means of coping, as they work to reestablish homeostasis in response to their child's changing gender and role. Semi-structured interviews provided information on the role of faith and the church community throughout the adjustment process. Since it is not fully known how Christian parents rely on faith as they cope with the complex challenges of raising transgender children, this phenomenological study sought to understand the lived experiences of Christian parents as they come to terms with their child's transgender identity.

This literature review reveals the vast array of topics and information that parents of transgender children are likely to consider as they strive to make informed choices on behalf of their children and their families. Parents need facts and information from other parents, mental health professionals, medical doctors, educators, and clergy, as they labor to understand what is happening within their child, and what they can/must do to support their child through the process. Parents need clear information on best practices for emotional and psychological health, latest research on hormones and other medical interventions, knowledge of legal issues and school policies, and direction on where to find support and information on all aspects of journeying with their child through this confusing, and often frightening, new life (Brill & Kenney, 2016). At the same time parents are navigating all these unknowns and periods of ambiguity, they are also

processing their own fear, grief, and loss over losing the child they had, while simultaneously working to embrace the child they are gaining (Wahlig, 2015).

Discovering one's child is transgender may lead to many emotional, psychological, and relational challenges for parents (Wahlig, 2015). For Christians seeking to understand issues related to gender dysphoria, there are also spiritual challenges (Yarhouse, 2015). The purpose of this study was to describe the lived experiences of Christian parents who are coping with the vast array of challenges associated with having a transgender child. By understanding the experiences of these parents, professionals will be better equipped to provide support and guidance to these families, as they journey into the deep, unknown waters of raising and supporting a transgender child. Further, by understanding the role of faith in helping or hindering people's coping methods, clergy, church leaders, and other Christians, may gain a better sense of how they can best support people in this situation.

### **Purpose of the Study**

The purpose of this study was to explore and understand the lived experience of Christian parents as they cope with, and respond to, the needs of their transgender children. Through the use of in-depth, semi-structured interviews, understanding was gained about how Christian parents cope with the complexities of having a transgender child. Additionally, the qualitative data allowed Christian parents to fully describe their personal, relational, and spiritual lived experiences of parenting a transgender child. The information gathered raised awareness of the needs and wants of parents as they face the complex challenges inherent in having a transgender child. Also, this study shed light on

the role of faith in how parents navigate complicated, emotional, and ambiguous terrain while making critical decisions for their children that can be permanently life-altering.

The target population for this study was Christian parents who identify as Catholic or Protestant, and who have a child who identifies as transgender. The goal of this study was to understand the lived experience of these parents, and to identify the role of faith in how they cope with the parenting challenges of raising or relating to their transgender child. The results of this study provided information that will help families, mental health professionals, medical professionals, educators, civic leaders, and clergy to better understand the emotional, relational, psychological, medical, and spiritual needs of parents who have transgender children. In addition, this information may be useful to legal professionals who are defining lawful practices around mental health treatment for transgender children.

Christian parents of transgender children may face a uniquely stressful situation as they negotiate the conflict between their religious beliefs and their child's gender identity (Yarhouse, 2015). For some, this may result in a change in their faith as they choose to love and support their child (Kovalanka, Wiener, Munroe, Goldberg, & Gardner, 2014). Some Christian parents experience fear and anger believing that their child is abandoning the morals and values they tried to impart (Maslowe & Yarhouse, 2015). The purpose of this study was to understand the lived experiences of 16 Christian parents, and to identify what they needed from their children, from mental health professionals, fellow Christians, and church leaders in order to successfully manage this critical transformation within their family system.

### **Research Questions**

This study asked the following questions: What are the lived experiences of Christian parents who have transgender children? What role, if any, is faith playing in a parent's ability to cope with the challenges of having a transgender child? Is a parent's Christian faith changing/growing/diminishing as a result of having a transgender child? Is their Christian faith a help or a hindrance in accepting their transgender child? Is their Christian faith a help or a hindrance in making mental health and medical decisions on behalf of their transgender child? What specific words of scripture do they find comforting or upsetting as they make decisions about supporting their child?

This study focused on Christian parents who identify as Catholic or Protestant. The research questions were designed to gather information about if and how faith and religion were used by Christian parents to cope with the stressors of raising a transgender child. Also, the study offered insights into how faith changes as a result of, or during the process of, raising and supporting a transgender child.

### **Significance of the Study**

Very little research exists on how Christian parents are coping with, and responding to, the challenges of raising a transgender child. Previous studies that explored the experiences of transgender persons found that some Christian parents may be harsh, judgmental, or rejecting of their transgender child. Contrary to these previous findings, all 16 parents in this study chose to respond to their transgender child with love and acceptance, and chose to remain in relationship with their transgender child. Therefore, this study was significant because it challenged assumptions that Christian parents will likely respond to their transgender child in limited and negative ways. This study was also significant because it relied on Family Systems Theory to identify how

Christian parents are impacted as they adapt and adjust to having a transgender child. Research indicates that parents of transgender children have many specific needs for information, psychological support, emotional support, school support, and medical information (Brill & Kenney, 2016). This study reinforced these findings and also affirmed that Christian parents long for support and information from clergy, Christian counselors and Christian authors (Maslowe & Yarhouse, 2015). Findings from this study found that Christian faith plays a role in how parents cope with having transgender children, and, this study also found that faith and Christian experience change as a result of having a transgender child.

This study gathered data that will be of particular interest to Christian families, pastoral counselors, spiritual directors and mental health professionals. These findings are also useful for clergy and church leaders as they seek to understand the emotional and spiritual needs of parents of transgender children. This study shed light on what is helpful and what is hurtful to Christian parents as they seek spiritual direction and support while raising their transgender children. These findings are valuable to Christian families facing these challenges, but also to faith communities who wish to support fellow church members. Finally, the findings of this research are helpful for churches to better understand this phenomenon so they can remain engaged, relevant, and supportive when their members face the complex relational and spiritual challenges inherent in raising a transgender child.

### **Rationale for Methodology**

This phenomenological study gathered qualitative data via in-depth, semi-structured interviews, to explore the lived experience of Christian parents facing the

complex tasks inherent in having a transgender child. Firestone (1987) asserts that qualitative studies provide rich details and insight into specific people and phenomenon. This study resulted in a uniquely comprehensive understanding of the lived experiences and faith experiences of a small group of Christian parents who have transgender children. The open-ended interview format allowed respondents to share, in their own words, the rich, deep, personal experiences of raising and relating to their transgender child, and revealed information on how relationship dynamics are impacted, and what role faith plays in how Christian parents cope as they face the challenges of raising a transgender child.

The methodology was phenomenological research, which focuses on people's subjective experiences and interpretations of the world. Phenomenologists believe that families and close relationships are best studied in the context of their own environments and from their own perspectives (Dahl & Boss, 2005). Phenomenologists assume eight things: (1) Knowledge is socially constructed and therefore inherently tentative and incomplete. (2) Because knowledge is constructed, objects, events, or situations can mean a variety of things to a variety of people in a family. Family therapy researchers then, must listen to and observe the "whole." (3) We can know through both art and science. (4) Common, everyday knowledge about family worlds is epistemologically important. (5) Language and meaning of everyday life are significant. (6) As researchers, we are not separate from the phenomena we study. (7) Because of the desire for understanding this range of family experiences, the phenomenological approach also assumes that everyday knowledge is shared and held by researchers and participants alike. (8) Regardless of

method, bias is inherent in all research and is not necessarily negative (Dahl & Boss, 2005, p. 67).

Interpretive phenomenological analysis (IPA) was chosen as the methodology for this study because interviews and open-ended inquiry lead to vastly descriptive data, and deep understanding of personal experiences. IPA asserts that “Less is More” and fewer participants results in deeper understanding of the lived experience of the participants (Smith, 2004). For PhD students, the ideal number of participants is four to ten, but this researcher included 16 parents in this study. Within that total were five married heterosexual couples.

IPA is an inductive approach to research, where each participant is regarded as an expert on the phenomenon being explored. This method allowed the researcher to view the distinct experiences of study participants, while also searching for common experiences. Phenomenology was espoused by Edmund Husserl who “encouraged researchers to go to things themselves, describe phenomenon as accurately as possible, and repeat analyses to sharpen the interpretations” (Allan & Eatough, 2016, p. 408). Heidegger expanded upon Husserl’s ideas by stressing that people always exist in relationship with other things. Heidegger’s key tenets include: lived experience, everyday ordinariness, and Dasein. Dasein is a concept which describes that subjects (people) and objects are inseparable and must be viewed together in context to achieve full understanding (Horrigan-Kelly, Millar, & Dowling, 2016).

IPA is well suited for health psychology and family therapy research (Allan & Eatough, 2016). Phenomenology provides data on individual experiences and first-order perspectives (Barnard, McCosker, & Gerber, 1999). IPA asserts that fewer participants,

fewer research questions, and fewer themes during analysis results in greater depth of understanding of the participants' lived experiences (Smith, Flowers, & Larkin, 2009). IPA encourages the researcher to compare one dimension of a single small group with the goal of gaining a deep level of analysis and understanding. Generalizability is not the goal of IPA research. Rather, researchers are encouraged to focus on how findings might be transferable to another group of people facing a similar phenomenon (Smith, et al., 2009). The goal of this study was to understand how Christian parents experience the phenomenon of having a transgender child, and what role their Christian faith plays as a coping strategy. This research provided an in-depth exploration of the lived experience of Christian parents who have transgender children, and described the complex adaptations that occur within a family system when one member makes a change as significant as changing their gender.

The target population for this study was parents who identify as mainstream Protestant or Catholic. Participants were purposively recruited (Smith et al., 2009) to represent a homogenous sample, so understanding could be gained about this group's experience of the phenomenon of having a child who is transgender. For the purposes of this study, the ages of the transgender children were unrestricted. Therefore, the parents who were interviewed had young children, teens, or adult children.

Subjects for this study were located in five different ways. First, in Acton, MA, there is a Christian ministry called Lead Them Home, which provides education and seminars to help parents, families, pastors, and ministry leaders to love and care for LGBT+ persons. (For more information, see [Leadthemhome.org](http://Leadthemhome.org)). Lead Them Home sent an email notice to their readership asking for willing participants. Second, a number of

pastors were contacted and several of them referred Christian parents to the study. Third, a pastor who had been featured in the media because his child was transgender was contacted directly by the researcher and invited to participate. Fourth, one couple agreed to participate after they contacted the researcher seeking a therapist for their transgender child. Finally, one parent was referred to this study by his own transgender child, who was previously known to the researcher. Once participants were identified, data was collected in three steps.

Step 1: Participants and the researcher had email contact to discuss the purpose and procedures of the study. They were asked to participate in a two-part method of data collection. First, they were asked to respond to a questionnaire about demographic information, religious affiliation, age, education level, and income level. Second, once the questionnaire was complete, arrangements were made to meet with the respondents individually, or via Skype, to conduct an in-depth, semi-structured interview at a time and place that was convenient for them.

Step 2 (Semi-structured interview): Each respondent participated in an interview, which was audio recorded. During the interview, they were invited to clarify or expand upon the questions they received in Step 1. IPA strongly encourages recording interviews, as it is difficult to maintain rapport while rapidly writing, and, it is impossible for most researchers to be able to capture every word and nuance without use of a recording device (Smith & Osborn, 2008)

Step 3 (Member checking): After all interviews were completed and coded, summaries were shared with each respondent, and they were invited to clarify any information that may have been unclear, misunderstood, or misrepresented.

Since the primary goal of this study was to understand the lived experiences of Christian parents of transgender children, semi-structured interviews were chosen as the best means to gather rich, descriptive data. Respondents were given the opportunity to provide explicit details of what it meant to them to be both people of faith and parents of transgender children. The information revealed how Christian faith influences the experience of parenting a transgender child. Specifically, the data shed light upon whether Christian parents experienced their faith as a source of conflict, added stress, and extra concerns, or, as a source of peace, comfort, and strength as they adjusted to significant changes in their child, and in their relationships.

### **Assumptions, Limitations, Delimitations**

The goal of this study was to understand the lived experiences of Christian parents of transgender children. The information was gathered from non-coerced, willing participants, so it was assumed that they were in an emotional and spiritual state where they had come to terms with deeply emotional events and were ready to share their experiences openly and honestly. Anonymity and confidentiality were thoroughly preserved, and respondents were assured that they were free to discontinue at any point in the study in order to ensure that answers were given freely and without fear. Sample size was limited, but it was assumed that the experiences shared were representative of a larger sample of Christian parents in similar circumstances.

By definition, an Interpretive Phenomenological Analysis (IPA) is limited to the experiences of a small group of homogenous people experiencing the same phenomenon (Smith et al., 2009). This study explored the experiences of 16 Christian parents who identified as Protestant or Catholic, so viewpoints and experiences of other people of

different faith perspectives were not explored or represented here. Therefore, the results may or may not be relevant to other faith communities. Another study limitation was time. This study was conducted over several months in the winter of 2018. Given the condensed time frame, as opposed to a longitudinal study, the data that was gathered offered a snapshot into the experiences of this group of people, at one period of time. This study was not designed to offer insights or generalizations about how people of other faiths or different cultures are coping with parenting their transgender children.

At the time this study was conducted, information about transgender children and their parents was limited, and studies exploring the specific experiences of Christian parents of transgender children were almost non-existent. Although much inquiry is still needed on transgender children and their families, this study focused on the role of parental Christian faith in coping with the complex issues that arise when raising a transgender child. This study was viewed through a family systems lens because when one member of a family faces a dramatic change, the entire system is impacted (Bethea & McCollum, 2013). This study focused on if and/or how Christian parents rely on their faith to maintain relationships and to create a new normal while accommodating the gender change of one of their children. The research questions were designed to explore if faith played a role in influencing personal experience and interpersonal relationship dynamics. In addition, the research questions sought to identify if parental faith was impacted during the process of accommodating the changes in their transgender children.

### **Summary and Organization of the Study**

This study provided an overview of the broad range of information that parents of transgender children may be confronted with as they make relational, emotional, psychological, educational, and medical choices for their children. Further, for Christian parents, religious and theological issues may present added concerns as they parent their transgender child in a gender binary society, and within heteronormative faith communities. This study explored the lived experience of 16 Christian parents of transgender children through the use of in-depth, semi-structured interviews. This study shed light on how parents adapt to the gender change of one of their children, and how they rely on their faith while coping with the many challenges inherent in parenting a transgender child.

This research was conducted January through April, 2018. Data was analyzed in spring and summer of 2018, and the findings were formally presented in fall, 2018.

Parents of transgender children experience numerous emotional and relational challenges as they adjust to the significant changes in one of their children (Gray, Sweeney, Randazzo, & Leavitt, 2016). These families experience changes in family relationships, changes in identity, grief, social stigma, ambiguous loss, and in many cases, changes in faith and church affiliation (Tyler, 2015). Many families experience a process of grieving and restructuring to accommodate the gender change (Norwood, 2013a). Christian families often have the added stress of seeing their children rejected by their faith communities (Kovalanka et al., 2014). Acceptance by social communities and religious communities has proven to have a positive impact on the mental health of LGBT youth and their families (Barringer & Gay, 2017). Many LGBT persons experience a conflict between their religious upbringing and their sexual identity (Schuck

& Liddle, 2001; Lease & Shulman, 2003), and choose to give up the faith of their youth (Anderton, Pender, & Asner-Self, 2011). More studies are needed to clearly define the process of how families adapt to the significant change of one of their members, and what role faith/religion plays in helping or hindering parents with accepting and supporting their transgender children. The purpose of this study was to understand the lived experience of 16 Christian parents, and to identify the role of faith in how these parents coped with accommodating the changes in their transgender children.

## **Chapter II - Literature Review**

### **Introduction**

Chapter 2 provides an overview of the needs and experiences of transgender children and their families. It begins by defining Family Systems Theory as the theoretical lens through which this study was viewed. Chapter 2 then provides information on the personal, relational, mental health, and medical needs of transgender children and their families. This section speaks to the challenges experienced by families, including feelings of grief and loss, ambiguous loss, tension with extended family, bias, prejudice, lack of support from social networks, and internal moral and spiritual dilemmas. In addition, it describes ethical and medical concerns currently being debated by medical and mental health professionals.

Chapter 2 concludes with exploration of literature on how Christian families are balancing the tension between maintaining their faith and supporting their transgender child. It includes information on Queer Theology, and implications for pastoral care and counseling with transgender families. People frequently turn to religion and spirituality during periods of change, stress, or grief. Religion serves a number of important purposes in day-to-day living and during periods of crisis, and can provide meaning and comfort during life transformations (Pargament, Keonig, & Perez, 2000). Most studies cited here are specifically transgender, but because so little research exists on the experiences of transgender families, some of the included research is more broadly focused on people who identify as Lesbian, Gay, Bisexual, Transgender, and Questioning/Queer (LGBTQ).

### **Theoretical Framework - Family Systems Theory**

When children reveal they are transgender, entire families are impacted. The goal of this study was to understand the experience of 16 Christian parents who have a transgender child. Family Systems Theory was chosen as the theoretical lens for this research project because it offered the constructs to understand the subtleties and dynamics of family relationships, and provided a framework for understanding the power of familial relationships during periods of stress and change. Systems Theory provided a method of conceptualizing the family unit, and understanding how change occurs within a family system.

Rubber fence and pseudo-mutuality are two terms used by family systems theorists to describe family communication. Rubber fence refers to a family's proclivity to include persons, experiences, and values that are consistent with their own beliefs about their family, and exclude those that conflict with their beliefs. Pseudo-mutuality refers to a family's need to present as unified and similar, even in cases where individual family members have differing thoughts, feelings, or values. In the interest of family harmony, many families expect members to put the needs of the family over and above individual needs for expression (Guttman, 1991). When a child presents as transgender, family beliefs are challenged and family harmony is tested. Many parents respond with shock, anger, guilt, shame, and blame (Mann, 2013), and work to dissuade the child from moving forward with the change (Gray et al., 2016). Sometimes, in an attempt to keep their child from changing, family members even threaten therapists, or treat them with aggression, for supporting and encouraging their transgender member to move forward with the gender transition (Ettner, White, & Brown, 2010).

Family Systems Theory provides a way to understand the life cycle of a family and to see how families process normative events like births and deaths, as well as less normative events like illness, or the dramatic change of one its members. Families allow for changes in structure but find some way to restore enough balance so they still resemble an intact family unit. Family Systems Theory examines individual and dyadic experiences, and provides a way to observe how each part impacts the whole, and how the whole impacts each part (Combrinck-Graham, 2014; Guttman, 1991; Smith & Tamis-LeMonda, 2013; Tyler, 2016).

General Systems Theory introduced two key concepts that are relevant for this study. First, by studying a system in its entirety, the researcher is best able to understand the functioning of each part of that system, and is able to see how each piece influences or impacts the whole. Second, all systems protect and preserve themselves through the use of feedback and homeostasis (Von Bertalanffy, 1968). Family Systems Theory operates according to these same principles and asserts that individuals can best be understood within the social contexts, or systems, in which they exist (Combrinck-Graham, 2014). This includes families, communities, and faith communities.

Systems theory explores the wholes of interacting parts, resulting in a comprehensive view of each member's reality. The systems view offers something like a zoom lens, allowing researchers and theorists to zoom in and out, fully exploring the many dimensions and individual pieces of a system, while also allowing for broader views and glimpses into how the parts work together and impact one another (Spronck & Compernelle, 1997). Family therapists frequently encounter families who have rigid ways of interacting, who find their way to the counseling room when faced with a

challenge too great for their system to integrate. With assistance, new boundaries can be defined, and homeostasis can be restored. Family therapists using systems models can help a family reorganize, and create lasting fundamental changes leading to harmony and adaptive functioning, even when faced with the daunting tasks associated with adjusting to a gender change in one of its members.

The family serves two primary functions: the psychosocial protection of its members, and the accommodation to surviving in, and adapting to, the larger culture (Minuchin, 1974). Individual identities are shaped within a family, and the family identity is the sum of its individual parts. When one member changes a key component of identity, such as gender, the entire family unit undergoes a readjustment and transformation, which usually involves a period of crisis and recalibration. Structural Family Therapy explores the transactional patterns, or the invisible set of demands by which family members behave. This school of systems thought focuses on hierarchy, order, and power, to help a family restructure and function effectively during periods of great stress. For parents of transgender children, their historical methods of coping and behaving may be intensely challenged. Some become angry and resentful at the magnitude of change expected of them. Often, parents in this situation will seek outside help. Some turn to the internet, authors, and support groups. Some enlist the help of family therapists to manage the changes within their family system.

Parents may struggle as they are encouraged to fully support their child's gender identity expression, and to embrace eight principles set forth by Brill and Pepper (2008):

1. Speak positively about my child to them and to others about them.
2. Take an active stance against discrimination

3. Make positive comments about gender diversity
4. Work with schools and other institutions to make these places safer for gender variant, transgender, and all children.
5. Find gender variant friends and create our own community.
6. Express admiration for my child's identity and expression, whatever direction that may take.
7. Volunteer for gender organizations to learn more and to further the understanding of others.
8. Believe my child can have a happy future.

As parents contemplate and work to embrace the eight principles set forth by Brill and Pepper (2008), some may feel that their boundaries, values, roles, rules, and visions for their children are being severely challenged or compromised. The role of a family is to mold a child in such a way that the child can function in society. The child must accommodate to the roles and rules of the family as he participates in the transactional patterns that the family employs. Each family member participates in a number of subsystems within the family and outside of the family, and these relationships help develop a sense of separateness and individuation. Family systems exist in a constant state of accommodation as they allow for the growth and change of members, while simultaneously resisting changes that produce excessive amounts of stress on the family system (Minuchin, 1974). As families adapt to the change in gender identity and gender expression of one member, all members can expect to experience some degree of emotional and relational adjustments.

The theoretical perspective for this study was Family Systems Theory, with specific emphasis on how families restore order and maintain boundaries during periods of great stress. Family involvement and support is critical to the functioning of transgender persons (Ryan et al., 2010), so understanding the family system and the adjustment processes is of utmost importance when considering the experiences of transgender persons and their families. When exploring the experiences of LGBT persons, attention must be given to how the “coming out” process impacts the entire family system, and how the family accommodates and assimilates the significant change of one of its members.

Each family member has a mutual, ongoing influence on the entire family system (Bethea & McCollum, 2013). In order for families to maintain their structures, members must adhere to an invisible set of functional demands which determine how they behave and interact. Transactional patterns influence parameters on how a family system operates by regulating each member’s behavior. Systems seek to maintain preferred patterns and intuitively offer resistance when change exceeds a certain range. In order for a family to remain intact over time, members must have a sufficient range of transactional patterns, and enough flexibility, to manage the array of challenges the family may face (Minuchin, 1974). When family systems experience a disruption in homeostasis, such as when a family finds out that a member is transgender, they must adapt to the changes and create a new normal so the family can move forward (Bethea & McCollum, 2013).

Given the tenet of systems theory that the part cannot be fully understood without examining the greater context in which it exists, the aim of this study was to explore and

better understand the lived experience of Christian parents of transgender children. Systems theory was chosen because there are roles and expectations within family systems that are stressed or challenged when a family member discloses a transgender identity (Bethea & McCollum, 2013). In addition, the family faces challenges while adjusting to changes in family dynamics and structure while simultaneously responding to, and negotiating changes in broader society (Minuchin, 1974; Tyler, 2016). It is not possible to fully understand the experiences of transgender children and teens without considering the impact of their gender identity on the larger family. Children need the support and understanding of their parents and extended families, and family acceptance of transgender children has been linked to positive health outcomes, including self-esteem, social support, and general health. Family acceptance has also proven to protect against negative outcomes, such as depression, substance abuse, suicidal ideation, and suicide attempts (Ryan et al., 2010).

LaSala (2013) identified three waves of family research regarding lesbian and gay people, which is pertinent to the study of transgender persons. The first wave identified gay and lesbian sexual identity as a disease, and families were blamed for creating the disorders. This began to change in 1974 when being gay or lesbian was no longer considered a disease. The second wave took place between the 1970's and the 1990's. During this timeframe, it was believed that families of origin prevented gay and lesbian people from fully expressing themselves and living happily. Therefore, many gay and lesbian persons distanced from their families (or were rejected by them), and created new "family" units comprised of accepting friends. Many voluntarily distanced to avoid the stress involved in renegotiating the family relationships. With the start of the new

millennium, the third wave of thinking emerged that recognized the family of origin as a vital resource for gay and lesbian people, that offers protection from mental illness, substance abuse, and other risks associated with family rejection. Although this study did not include transgender persons, it clearly illuminates the shift in cultural thought, and notes the importance of family acceptance and support of their loved ones regardless of their sexual identity or relationship choices. Studies of transgender persons consistently indicate that family support is desired and needed, and serves as a strong protector against mental health issues, substance abuse issues, suicide, and disease (Ryan et al., 2010). Therefore, understanding family dynamics and preserving familial ties is critical to the welfare of transgender persons (Bernal & Coolhart, 2012).

Numerous researchers have focused on the importance of the family unit when working with transgendered persons, and have recognized the profound impact that a changing member has on the entire system (Bethea & McCollum, 2013; Broad, 2011; Campbell, Zaporozhets, & Yarhouse, 2017; Catalpa & McGuire, 2018; Connolly, 2005; Emerson & Rosenfeld, 1996; Wahlig, 2015; Zamboni, 2006). Significant others, friends, and family members (SOFFAS) are greatly impacted by the changes created by a person's change in gender, and they have unique needs as they move forward. The 2001 AAMFT Code of Ethics speaks to professional ethics and competence when providing therapeutic services for transgender persons and their families. Professionals must understand the benefits and harm of different therapeutic interventions involved in moving toward gender transition in order to fully inform families of best practice and procedure (Bernal & Coolhart, 2012). Understanding the family dynamics, normalizing the process, and restoring healthy functioning is the goal of family treatment. The goal of

this study was to contribute to the understanding of what Christian parents of transgender children experience, and what elements contribute to them being able to successfully move forward with their changed family member.

Swango-Wilson (2010) employed Systems Theory to explore the development of sexual identity for individuals with intellectual and developmental disabilities. She notes that systems theory is applicable to nearly every aspect of the human experience, and affiliation within systems provides identity and validation to individual members. Family membership can be challenged, and even lost, in cases where members cannot perform expected tasks or live up to certain standards. Although her work is not related to transgender persons, her use of family systems theory stresses the importance of belonging, being heard, feeling valued, and enjoying protection from a larger system so each individual member can reach their highest potential.

Another research team used Family Systems Theory to understand the impact of the first-born children on new parents (Holmes, Sasaki, & Hazen, 2013). The researchers noted that during times of high stress and transition, like that of having a first child, instability and disequilibrium can either create growth or exacerbate dysfunction, as the family strives to restore homeostasis. The researchers sought to understand not only what individual factors contribute to people adapting well, but also, what relational factors contribute to a healthy transition. To identify the latter, they looked at the qualities and patterns of the marital dyad, and searched for changes in expectations and behaviors before, during, and after the anticipated change. Although this study did not include transgender children, it is included here because of a noteworthy finding about the impact of the child's gender. In cases where the first child was female, fathers experienced

significantly more conflict, which resulted in increased marital discord. The authors encouraged more research about infant gender and impact on marriage. Since a child's gender impacts the family system at birth, it is reasonable to conclude that when a child changes gender, the family system is again impacted as it recalibrates to allow for the changes within each dyadic relationship within the family system.

Fully understanding the transgender experience involves viewing the relational systems in which the transgender person exists. Family Systems Theory provides the lens through which one can view the roles, rules, and expectations of each member within the system. Bethea and McCollum (2013) chose Family Systems Theory to explore the disclosure experience of transgendered persons, because they noted that coming out is a personal, interpersonal, and systemic phenomenon which involves a series of decisions and interactional processes, which has lasting impact on all members of an individual's social world.

Much research reveals the importance of family support and acceptance for transgender children, but very little research explores the processes whereby the family adjusts to having a transgender member. Family Systems Theory describes the complex processes involved with helping a family move from the emotional and behavioral crisis of a significant change in one of its members, through the creation of new interactional patterns between each member, to restoration of homeostasis, and finally, to a place of acceptance of the new normal. This study explored the role of faith in how parents experience and respond to the needs of their transgender child, and to the changes in their relationships resulting from the gender transformation.

### **Needs of Transgender Children and Teens**

**Information & support.** In recent years, there has been an increase in the number of children and adolescents coming out as transgender (Wood et al., 2013). It is unclear if the number is actually increasing or if it is simply becoming easier to admit to gender variant thoughts and feelings. Given the accessibility of information available on the internet, many young people are finding words to express their internal struggles, and finding peers who are validating their gender variant thoughts and feelings (Wood et al., 2013).

Adolescence is a period of time devoted to the process of identity consolidation. During this time, children gain a strong, stable sense of self that helps them journey toward adulthood. Gender identity consolidation is a primary task of this phase, presenting many gender non-binary teens with confusing and complex challenges. Brill and Kenney (2016) assert that gender identity consolidation occurs in six stages: dissonance, comparison, tolerance, acceptance, pride, and consolidation. Dissonance is marked by tension, confusion, and sometimes denial. Comparison to others in their gender group can result in distress and emotional pain as they realize they cannot relate to gender norms. Tolerance is the beginning of self-acceptance, which may lead to isolation, guilt, shame, or depression. During acceptance, teens begin to embrace their gender identity and become more confident and comfortable as they work to create congruence between their gender identity and their physical appearance. This stage can last for years, and ends when a person reaches a place of peace and a sense of wholeness. Pride is the stage where individuals positively accept their gender identity and relinquish guilt or shame about being outside of societal norms. The final stage, consolidation, is when

gender identity is integrated into other dimensions of identity, such as ethnicity, family, and religion.

Children require guidance and support as they develop and define their identities, but gender-variant children have a variety of additional, specific needs as they cope with unique developmental and social challenges (Stieglitz, 2010; Riley et al., 2013; Brill & Pepper, 2008). Transgender youth face complex internal conflict which may result in increased susceptibility to depression, anxiety, and suicidal ideation (Bauer, Scheim, Pyne, Travers, & Hammond, 2015), while they simultaneously cope with numerous external stressors, including discrimination, harassment, rejection, and violence (Stotzer, 2009; Testa et al., 2012). Solid social support has a direct positive impact on reducing depression and anxiety in transgender individuals (Budge, Adelson, & Howard, 2013). Many transgender youth experience the loss of social support, which may lead to increased vulnerability to homelessness, sexual abuse, and risk of sexually transmitted diseases, including HIV (Stieglitz, 2010). Family acceptance of LGBT adolescents is positively correlated with lasting, improved mental and physical health on the part of the children (Ryan et al., 2010). The needs of gender-variant children can be summed up with the acronym H-A-P-P-I-N-E-S-S: to be Heard, to be Accepted, to have Professional access and support, to have Peer contact, to have access to current Information, Not to be bullied, blamed, punished, or otherwise discriminated against, to have freedom of Expression, to feel Safe, and to have Support (Riley, 2012).

Transgender children are essentially invisible in most western cultures where a binary definition of gender remains the expected norm, and they are frequent victims of discrimination and victimization (Grossman & D'Augelli, 2006; Testa et al., 2012).

Many transgender youth live in fear of being ridiculed and rejected by family, especially their parents. One study found that more than 59% of the transgender participants experienced initial negative reactions from their parents (Grossman, D'Augelli, Howell, & Hubbard, 2005). Although some reported that the relationships improved over time, 50% of the mothers and 44% of the fathers were still behaving negatively at the time the study was conducted.

Another study of fifty-five transgender youth explored their gender development and their stressful life experiences related to their gender identity and gender expression (Grossman, D'Augelli, & Frank, 2011). More than two-thirds of youth indicated that they had experienced verbal abuse from their parents or peers related to their gender identity, and approximately one-fifth to one-third indicated that they had endured physical abuse. This study found that three variables contribute to positive mental health outcomes in transgender youth: higher self-esteem, a higher sense of personal mastery, and greater perceived social support.

Gender variant children need information, peer contact, personal gender expression, safety, and acceptance from their parents (Riley, Sitharthan, Clemson, & Diamond, 2013). LGBTQ children find much information, support, and a sense of belonging on the internet, and the more access that children have to others with their same sexual orientation or gender identity, the more comfortable they seem to be (Tyler, 2015). Transgender children need to feel accepted, supported, and allowed to discuss their feelings about being gender variant in a gender binary society (Riley et al., 2011). They also need to feel safe both at home and at school. Many LGBTQ U.S. high school students experience harassment and violence at school (Wyss, 2004). Most transgender

people report having experienced harassment, physical abuse, and sexual abuse both at home, and in public places (Stotzer, 2009).

LGBTQ youth report that coming out and living authentically is necessary for their emotional well-being, and they wish to do so with explicit acceptance and support from their parents (Catalpa & McGuire, 2018; Roe, 2017). In addition, these young people indicate that parents who verbally affirm them, and who take intentional action to support them, give them a powerful validating message that they are accepted. Even in cases where youth are initially met with parental rejection, they continue to seek parental support (Roe, 2017). Family acceptance and support has strong positive impact on self-acceptance of sexual orientation, and provides strong protection against emotional and mental distress (Riley et al., 2011; Shilo & Savaya, 2011). Family support, social support, and identity pride are key components of promoting resilience in LGBTQ youth (Brill & Kenney, 2016). Key areas of tangible support include housing, food, clothing, and education (Stieglitz, 2010).

One study explored the lived experiences of four college-age transsexual individuals to identify factors contributing to academic persistence and success (Goodrich, 2012). Four factors: level of discomfort, perceived social supports, level of secrecy, and academic achievement all affected levels of academic persistence. The researcher noted that being transsexual had a significant impact on their educational experiences, and greatly influenced their educational persistence. Lack of social acceptance and support affected their ability to persist and succeed in their academic endeavors.

Acceptance by family members is associated with optimal functioning. One study explored the experiences of three hundred transgender youth and found that family acceptance contributes to increased self-esteem, social support, and overall health. Family acceptance also protects against depression, substance abuse, and suicidal ideation (Le, Arayasirikul, Chen, Jin, & Wilson, 2016). These findings affirm previous research that found that family acceptance of LGBT adolescents is positively associated with mental and physical health (Ryan et al., 2010).

One study explored the experiences of 45 predominantly white primary caregivers of 45 trans and gender-nonconforming (TGNC) children between 6 and 12 years of age. They examined the impact of caregivers' rates of depression and anxiety on children's mental health and social behaviors, and found that TGNC children who grow up in supportive family environments are able to function well, both individually and relationally (Kualanka, Weiner, Munroe, Goldberg, & Gardner, 2017).

For LGBTQ youth, their relationship with their parents can be either a source of stress or a source of support (Bouris et al., 2010). Two distinct dimensions of parenting reduce risky behaviors and improve health outcomes on the part of their children: responses to their child's sexual orientation and emotional qualities of the parent-child relationship, including support, caring, and sense of connectedness. Lack of support from a parent after coming out has been linked to a range of negative health risks, including bouts of depression (Rothman, Sullivan, Keyes, & Boehmer, 2012), substance abuse (Bouris et al., 2010), suicidal ideation (Bauer et al., 2015a; Stieglitz, 2010), and increased risk of HIV and other sexually transmitted diseases (Stieglitz, 2010). Acceptance by family members is associated with increased life satisfaction and improved self-esteem

(Erich et al., 2008). “Relative to other sources, family of origin may have the most influence in protecting against psychological distress” (Bariola et al., 2015, p. 2112). In addition to family support and access to relevant information, transgender youth want the freedom to express their gender identification, the opportunities to meet gender-variant peers, and the ability to develop strategies to cope with rejection and bullying. They wish to be protected, advocated for, and treated as equals (Riley et al., 2011).

Transgender persons appear to thrive in cases where they have strong family support (Mann, 2013). In one study of male to female transgendered persons, most participants mentioned the importance of joining a transgender support group, and the need for mental health professionals to gain a better understanding of gender identity issues. Most said that they were discriminated against after transitioning, and indicated that they did not find acceptance or support from the wider GLB community (Brown et al., 2013). Many participants admitted that they had thoughts of self-harm or suicide before transitioning, but felt increased happiness after the transition. In this same study, people shared specific problems they were experiencing such as: finding useful information about transgender issues, finding access to hormone treatments, experiencing issues with public restrooms, name change process, hate crimes, and issues related to modifying voice.

**Medical needs.** As increasing numbers of children, adolescents, and adults seek medical treatment to correct gender incongruence, many members of society are facing personal, moral, and ethical dilemmas, including family members, medical and mental health professionals, educators, and policy makers. Much tension exists between members of society with conflicting ideals, understandings, and agendas, and this tension

is exacerbated by the lack of clear answers pertaining to gender dysphoria. Levine (2018) notes that these controversies are likely to diminish as advancements in science begin to provide clearer answers. Strong ethical issues arise with the prospect of removing perfectly healthy genitalia in order to reconstruct replacements that may be less functional and less normal in appearance (Brownstein, 2009).

Because transgender children and teens are not old enough to make their own medical decisions, they are entirely dependent on parents and caregivers to make medical decisions on their behalf. These vulnerable children need counselors and educators that can help their families make well-informed choices that may influence the whole course of their lives (Drescher & Byne, 2012). Children and their parents/caregivers need information on puberty blockers and other hormone treatments, chest binding, and sex reassignment surgeries. In addition, information is needed on topics such as voice coaching, walk coaching, electrolysis, and other appearance and behavior-related alterations (Boedecker, 2011).

Well before children are born, Christian parents value the life that is forming, and take steps to offer their unborn child the best possible care (Baines & Hatton, 2015). Even if disabilities are perceived while still in the womb, Christian parents agonize over, and take action steps to determine the best possible outcome for their child (McConnell & McConnell, 2014). Parents can feel isolated and overwhelmed when facing health challenges in their children, and they long for dialogue and support from medical professionals as they make complicated decisions about the health and well-being of their children (McConnell & McConnell, 2014). The realities of influencing or changing genders poses a unique challenge to Christian parents and Christian ethics, which

traditionally adhere to the affirmation of God's creations, and the acceptance of the provisions or bodies bestowed upon humans by God. Christians have been encouraged to accept and care for their given body as a temple (Daly, 2016). Despite traditional viewpoints, some Christian ethicists have come to recognize that transsexual surgery may be morally permissible within a Christian ethical framework (Daly, 2016).

**Puberty Blockers & Cross-Sex Hormones.** Parents of gender-variant children are faced with the task of making complex, overwhelming, and sometimes permanent decisions on behalf of their children. Most parents rely on the advice of experts, yet professionals have varying opinions on issues such as hormone treatments, chest-binding, cross-sex hormones, and surgeries. Puberty blockers are used to prevent the development of secondary sexual characteristics that are inconsistent with the gender identity of the adolescents. Experts debate the pros and cons of puberty suppressing hormones. On the one hand, this intervention allows the child more time to consider living as the alternate gender without creating additional issues, such as breast development in natal girls, and facial hair and Adam's apple development in natal boys. On the other hand, although these hormones prevent the need for additional surgeries in the future, there are concerns about decreased bone density, and possible negative impact on cognitive development (Sadjadi, 2013). Some experts contend that introducing puberty blockers inhibits the natural tendency of most children to outgrow gender dysphoria by the end of puberty. They argue that by taking steps to halt puberty, parents are unintentionally pushing their children down the path toward gender transition (Stein, 2012).

Because gender identity may fluctuate in adolescence, compelling arguments can be made to withhold hormone treatments. However, for some gender variant children

presenting with high levels of emotional and psychological distress, withholding hormone treatment appears to be harmful (Kreukels & Cohen-Kettenis, 2011). Some argue that forcing a child to wait until age 18 disrespects their autonomy, and negatively impacts the treatment results they will later achieve (Abel, 2014). Although there are concerns about the long-term effects of puberty suppression, hormone therapy appears safe and is reversible, so it is regarded by most as an ethically appropriate treatment intervention for adolescents with gender dysphoria (Abel, 2014).

One study explored the case of a female to male transgender person twenty-two years after he made the decision to transition (Cohen-Kettenis, Schagen, Steensma, DeVries, & Delemarre-van de Waal, 2011). At follow-up, he had no regrets, and showed no adverse health conditions as a result of puberty suppression hormones. One later study also determined that puberty suppressing hormones have no detrimental effects on later executive brain functioning (Staphorsius et al., 2015). In the Netherlands, once gender dysphoric children reach the age of 12, they can be considered for puberty suppressing hormones, and when they become 16, they may begin cross-sex hormones (De Vries & Cohen-Kettenis, 2012).

Chest binding refers to the compression of chest tissue for natal females who desire to identify as male (Peitzmeier, Gardner, Weinand, Corbet, & Acevedo, 2017). Although chest binding is a common practice, of 1800 people surveyed, 97% experienced at least one of 28 negative outcomes associated with this practice, such as pain, numbness, fatigue, shortness of breath, scarring, and itching. Despite the negative physical results, chest binding contributes to significant improvement in mood and to significant decreases in anxiety, depression, and suicidal ideation.

To create a gender congruent body, transgender teens and adults can expect to participate in triadic therapy: hormone therapy, real-life experiences, and sex reassignment therapy (Brill & Kenney, 2016). Children under 16 receive hormones to block puberty. Those older than 18 receive other-sex hormones to promote bodily changes toward their desired gender (Kreukels & Cohen-Kettenis, 2011). Real-life experience refers to living as the other gender for a significant period of time, and it is an important indicator that the patient is motivated to move forward, and is comfortable living as the alternate gender (Brownstein, 2009). Sex reassignment therapy involves intricate and permanent procedures to transform their genitalia into the sex they believe they should be (Aydin et al., 2016).

Puberty suppression appears to relieve acute suffering in gender dysphoric adolescents, but little is still known about how the period of adolescence and the role of gonadal hormones influence the process of gender identity development (Steensma, Keukels, DeVries & Cohen-Kettenis, 2013). Therefore, many experts encourage parents and professionals to use great caution while making medical decisions, while information and understanding about the long-term impact of these choices is still quite sparse.

Cross-sex hormones are used to transform bodies into the opposite gender, altering body shape, body fat distribution, body hair, and scalp hair (Fein, Salgado, Alvarez, & Estes, 2017). In F to M persons, cross-sex hormones usually create a more masculinized hair line and lower the voice, but in M to F persons, this is not the case. Instead, M to F persons generally require voice coaching to develop feminized speech patterns. Cross-sex hormones appear to have a positive impact on the mental health of gender dysphoric individuals (Costa & Colizzi, 2016; Fein, et al., 2017). Some

transgender people are hesitant to enter clinics or speak with doctors about hormones. One study found that one in four trans women self-prescribe cross-sex hormones and usually acquire them via the internet. This same study found that self-prescribing is rare for trans men. The researchers found that among those who self-prescribed, little information was known about side-effects and health risks (Mepham, Bouman, Arcelus, Hayter, & Wylie, 2014).

Cross-sex hormones bring about desired physical changes within the body, but they also result in permanent sterilization (Abel, 2014, Sadjadi, 2013). Therefore, most experts advise that adolescents reach a certain level of maturity before choosing opposite sex hormone therapy. In cases where parents refuse to consent to such treatments, lawmakers are working to make it possible for mature minors to over-ride parental veto (Ikuta, 2016).

### **Surgical Interventions**

Gender Dysphoria results in dissatisfaction with physical appearance and low rates of body satisfaction. Incongruent physical appearance may result in psychological distress, discrimination, and stigmatization (van de Grift et al., 2016). Failure to visibly pass as the desired gender is associated with increased discrimination, harassment, violence, and homelessness (Begun & Kattari, 2016). In 2008, the World Professional Association for Transgender Health (WPATH) determined that sex reassignment treatment is a medical necessity for persons experiencing gender identity issues (Lev, 2013).

A 20-year follow up study of people who had undergone transgender surgery found that the age of gender-confirming surgery decreased between the years of 1994 and

2015 from a median age of 40 in 1994 to a median age of 27 in 2015 (Aydin et al., 2016). As the age of children presenting as transgender decreases, and the use of puberty blockers and cross-sex hormones increases, genital surgery is becoming more commonly requested before the age of 18 (Milrod, 2014). Although some experts fear the possibility of later regret, many argue that delaying the process results in emotional discomfort or distress (Kreukels & Cohen-Kettenis, 2011). Case-by-case considerations seem to be the most prudent way to best serve the individuals involved (Milrod, 2014).

Society generally seems more receptive to females transitioning to males than vice versa (van de Grift et al., 2016). This may be because for females, appearance and presentation are easier to change than for males, who may have more obvious natal features such as facial hair. The goal of most transgendered persons is to alter their appearance to the point that others view them as their identified gender.

There are many decisions to be made about gender transitioning involving hair, face, and body. Nearly every part of the body can be altered, yet some changes cannot be made, such as height and foot size. Transmen who begin taking testosterone will become masculinized by developing body hair and deepening voice. Transwomen who went through puberty as males, and who begin taking estrogen and antiandrogens, will not see the automatic removal of secondary sex characteristics, such as a larger jaw or squarer chin. Facial feminization surgery is needed to reshape the bones of the face (Drummond, 2009). Most transgender persons report high satisfaction and improved quality of life following surgery (Fein et al., 2017). The American Society of Plastic Surgeons (2017) reported that more than 3,200 gender confirmation surgeries were performed in the

United States in 2016. These procedures ranged from facial and body contouring procedures to gender reassignment surgeries.

### **Male to Female Surgeries**

Males transitioning to female usually wish to remove unwanted facial and body hair, grow head hair long, and make adjustments for a receding hairline. Laser treatments and electrolysis are costly processes that can take months to complete (Drummond, 2009). Breast augmentation can be accomplished with saline or silicone gel implants. A vaginoplasty can provide a fully functional vagina and sensate clitoris. Labiaplasty provides labia minora and majora. For transwomen who do not wish to have a vagina surgically constructed, they can choose orchiectomy to remove testicles, and penectomy to remove their penises (Drummond, 2009). For adult transgender women, hormone therapy, breast augmentation surgery, and genital surgery are associated with lower levels of suicidal ideation and lower levels of substance abuse (Wilson, Chen, Arayakirikul, Wenzel, & Raymond, 2014)

### **Female to Male Surgeries**

Females transitioning to males will grow facial and body hair once testosterone treatments begin, and may also experience sudden male pattern baldness or receding hairline. Double mastectomy removes unwanted breast tissue and is usually accompanied by contouring procedures to create a more masculine chest (Drummond, 2009). Other surgical options include hysterectomy, vaginectomy, salpingo-oophorectomy, metoidioplasty, scrotoplasty, urethroplasty, testicular prostheses, and phalloplasty. Because of expense and risk of complications, many transmen do not

choose full reassignment therapy, but instead choose only to remove their ovaries and uteruses (Drummond, 2009).

### **Risks Associated with Surgical Interventions**

Sex reassignment surgeries are never completely without risk (Boedecker, 2011), so parents have much to consider before giving consent on behalf of their children. Sex reassignment surgery permanently removes the organs that produce hormones needed for living a healthy life. It is possible that both transmen and transwomen may develop problems with weak bones earlier in life than they would have if they had not changed gender. Long-term use of hormones such as testosterone, estrogen, and progesterone may result in liver damage, blood clots, heart disease, and cancer. Long term studies are needed to see the impact of sex reassignment therapy on future health, so for now, it is not entirely clear whether hormone replacement therapy is safe or not for long term use (Drummond, 2009).

Boedecker (2011) provides an extensive list of possible complications, including: blood clots, infection, scarring, bowel injury, vaginal collapse, numbness, hypersensitivity, and aesthetically unsatisfactory results. She notes that surgery for voice modification carries high chances of complications and poor results. Injections of liquid silicone to sculpt the body is dangerous, and illegal in the United States and Canada, and can lead to “permanent disfigurement, lung disease, brain damage, and death” (Boedecker, 2011, p. 296). Male-to-female transgender patients who use silicone injections to contour their bodies may experience short or long-term complications, including lipogranuloma, hypercalcemia and kidney failure (Visnyei, Samuel, Heacock, & Cortes, 2014).

## **Follow-Up Studies on Sex Reassignment Surgery**

The past several years has seen an increase in research concerned with identifying long-term effects of sex reassignment treatments. One study of 47 Brazilian male-to-female transsexual individuals found significant improvement in psychological and social relationships post-surgery, but significant worsening of physical health and independence, even one full year after surgery (Cardoso da Silva et al., 2016). Another follow-up study in Sweden (Dhejne et al., 2011) found that transsexual persons post-surgery experience higher rates of overall mortality, death from cardiovascular disease and suicide, suicidal behavior, and suicide attempts than the general population. They conclude that although surgery and hormonal therapy may effectively alleviate gender dysphoria, these interventions do not appear to reduce rates of morbidity and mortality in transsexual persons.

One Swiss study (Kuhn et al., 2009) found that 15 years post -surgery, trans people reported lower quality of life compared to control groups Conversely, one German study of 47 male-to-female persons found that 91% reported improvement in quality of life, and all participants said they had no regrets about the sex reassignment surgery (Papadopoulos et al., 2017). The largest Dutch gender identity clinic examined their records from patients serviced between 1972 and 2015. They found that the number of people reporting regret about gonadectomy remained small, and showed no evidence of increase over time (Wiepjes et al., 2018).

Some persons do experience regret following sex reassignment surgery and seek additional surgery to revert to original gender (Djordjevic, Bizic, Duisin, Bouman, & Buncamper, 2016). These researchers found that the main factor contributing to gender

change regret is the absence of effective pretreatment assessment. One study of 681 persons who surgically changed gender in Sweden between 1960 and 2010, found that only 15, or 2.2% expressed regret to the point of requesting reversal surgery (Dhejne, Oberg, Arver, & Landen 2014).

One study in Denmark (Simonsen, Giraldi, Kristensen, & Hald, 2016), found that post sex reassignment surgery, some individuals experienced reduced psychological issues, whereas other individuals experienced an increase in psychological issues.

Another study examined the quality of life of 190 transgender women undergoing gender reassignment surgery in Sweden (Lindqvist et al., 2017). These trans women reported a lower quality of life, both physical health and mental health, than the general population. Although surgical treatment led to an initial trend towards improved quality of life, this decreased over a period of five years. The researchers postulated that the follow-up disappointment could be due to dissatisfaction with the long-term effects of surgery, or could be because only disappointed persons responded to the follow-up questionnaires. The major finding of this study was that transgender women reported a poorer quality of life than the general population, thereby confirming that this vulnerable segment of society needs improved methods of care and treatment.

### **Transgender, Mental Health, and Suicidality**

Transgender individuals have a strong need for competent, well-informed therapists to support and guide them as they process complicated feelings, and navigate complex intrapersonal and interpersonal experiences (Maguen, Shipherd, & Harris, 2005). Gender variant children may experience poor peer relationships, low social acceptance, and vulnerability to negative self-concepts (Balleur-van Rijn, Steensma,

Kreukels, & Cohen-Kettenis, 2013). By adolescence, many sexual minority youth have experienced rejection, harassment, and bullying, and have developed clinical depression and suicidal ideation (Stieglitz, 2010). Transgender youth need competent, compassionate providers who can understand, educate, and support them (Stieglitz, 2010). Mental health professionals are in a vital place to offer acceptance and to cultivate a sense of hope for the future (Applegarth & Nuttall, 2016).

One study used three focus groups to explore factors that affect the health and mental health experiences of transgender youth ages 15 to 21 (Grossman & D'Augelli, 2006). Researchers investigated their exposure to risks, discrimination, marginalization, and their access to supportive resources. Three themes emerged: gender identity and gender presentation, sexuality and sexual orientation, and vulnerability and health issues. Most participants experienced negative reactions to their gender non-conforming behaviors, and experienced confusion between their gender identity and sexual orientation. Respondents identified four problems related to their vulnerability in health-related areas: the lack of safe environments, limited access to physical health services, limited resources to alleviate mental health concerns, and limited consistent support from families and communities (Grossman & D'Augelli, 2006).

Although people with Gender Identity Disorder do not show significant pathology on the Minnesota Multiphasic Personality Inventory (MMPI-2), some do show a slightly higher score on the paranoia and schizophrenia scales. This may be related to a history of being ridiculed and rejected, which may result in distrust and cautiousness about providing honest responses (Karia, Jamsandeker, Alure, DeSousa, & Shah, 2016). In the first study of frequencies of DSM-IV diagnoses in LGBTQ youth, Mustanski, Garofalo,

and Emerson (2010) found that one third of their sample met the diagnostic criteria for at least one diagnosis, but their results did not indicate a substantial increase in mental disorders among their 20 transgender respondents.

In the United States, the lifetime prevalence of suicide attempts among people who identify as transgender is estimated to be nearly 41%, compared to 9% of the general population, and 10-20% of LGB adults (Perez-Brumer, Hatzenbuehler, Oldenburg, & Bockting, 2015). It appears that the suicide rate of transgender is associated with internalized transphobia, racial/ethnic minority status, and with lower levels of education and socioeconomic status. This affirms the findings of a previous study which found that increased suicide risk exists in transgender people who experience high levels of discrimination, score high on a clinical depression scale, and report having an annual income below \$25,000.00. Research indicates that transgender persons experience suicidal ideation across their lifespan, not just during their adolescent years (Irwin, Coleman, Fisher, & Marasco, 2014).

Research has shown that when transgender persons experience social inclusion, medical transition, updated documentation, and parental support, rates of suicidal ideation drop substantially (Bauer, Scheim, Pyne, Travers, & Hammond, 2015a). Parents of transgender youth play a crucial role in off-setting the pain their children experience from societal harassment and discrimination (Simons, Schrager, Clark, Belzer, & Olson, 2013). Conversely, transgender youth who experience verbal or physical abuse from parents are at risk for suicidal ideation and life-threatening behaviors. In one study of fifty-five transgender youth, nearly half reported having seriously considered taking their own lives, and one quarter admitted to attempting suicide. Factors significantly related to

having made a suicide attempt included suicidal ideation related to transgender identity, verbal and physical abuse from parents, and low body esteem, particularly focused on dissatisfaction with weight, and concerns about how peers viewed their bodies. Youth who attempted suicide reported more verbal and physical abuse from their parents than those who did not (Grossman & D'Augelli, 2007).

Several studies have explored the relationship between housing issues and suicidality among transgender people. One recent study used the minority stress model to explore the relationship between the psychological health of transgender people and their access to bathrooms and gender-affirming campus housing (Seelman, 2015). Results indicate an increased risk of suicidality when transgender people are denied access to desired bathrooms and housing. Another study of transgender persons in Argentina (Marshall et al., 2015) found that 33% attempted suicide, and the median age at the time of first attempt was 17. Further, they found that study participants with stable housing “had half the odds of reporting attempted suicide” (p. 12). In a study of suicidality in veterans, “homelessness, military felt stigma, and current depressive and PTSD symptoms were correlated with both past-year suicidal ideation and lifetime suicide plan or attempt” (Lehavot, Simpson, & Shipherd, 2016, p. 519).

One study examined the influence of family rejection, social isolation, and loneliness on negative health outcomes among Thai male-to-female transgender adolescents. The sample consisted of 260 male respondents: 129 (49.6%) transgender and 131 (50.4%) cisgender. Transgender respondents reported significantly higher family rejection, lower social support, higher loneliness, higher depression, lower protective factors, and higher negative risk factors related to suicidal behavior, and sexual

behaviors. Results indicated that family rejection, social isolation, and loneliness were significant predictors of levels of depression, suicidal thinking, and sexual risk behaviors in both transgender and cisgender adolescents (Yadegarfar, Meinhold-Bergmann, & Ho (2014).

Applegarth and Nuttall (2016) explored the experiences of transgender individuals engaged in talk therapy and identified four key themes: fearful time, becoming comfortable with their personal gender, the importance of the relationship with the practitioner, and moving beyond therapy. For transgender clients, the therapeutic relationship may be complex and fear inducing. Transgender clients may feel particularly vulnerable and stressed in cases where they need their therapist to attest to their psychological readiness to begin hormone treatments or other medical care. Clients reportedly want therapists who can provide acceptance and support, and who also can help them develop a sense of hope for the future (Applegarth & Nuttall, 2016).

Wester, McDonough, White, Vogel, and Taylor (2010) suggest that gender role conflict theory can be a useful framework for understanding the distress and gender identity conflicts experienced by male-to-female transgendered clients. They found that a common process for this population involves awareness of their gender difference, seeking information about gender variance, exploration of transgenderism, disclosing to others one's transgender identity, and finally, integration of the transgender identity. Final integration varies by individual with some choosing hormones and medical procedures, whereas others find contentment by living as the opposite gender without any medical interventions.

Many transgender persons are disowned or estranged from their families of origin after disclosing their gender identity, so many are forced to create “new families” by aligning with friends who accept their gender status (Maguen, Shipherd, & Harris, 2005). Estrangement results in deep emotional struggles and a desire for acceptance. As the number of transgender persons increases, an increased number of families will be seeking mental health professionals who can help them sort through the complexities of transforming relationships associated with supporting a transgender child or adolescent (Bernal & Coolhart, 2012).

Transgender individuals need to feel heard and understood. Because the transgender label is complex and still evolving, it is important for clinicians to ask the client what language they use to describe themselves, their gender identity, and their sexual identity. Some trans people identify with binary labels and others do not. It is wise to ask their pronoun and use their language in order to show proper respect and gain trust (Giammettei, 2015). (See Appendix H for a list of gender pronouns).

Transgender persons are likely to encounter many internal and external challenges as they alter their gender expression to align with their internal gender identity. Some transgender persons choose to conceal their trans identity and not move forward with transitioning in order to avoid possible persecution or rejection. For this same reason, others exercise great caution in their coming out, and may choose to conceal their history after transitioning. This identity concealment may serve as a protectant on one hand, but can also result in additional feelings of inauthenticity and distress (Rood et al., 2017). In sum, the physical, relational, and mental health of gender dysphoric individuals may be tenuous no matter what course of treatment they choose.

### **Rapid-Onset Gender Dysphoria**

Experts note there are differences between children who present with gender dysphoria versus adolescent-onset gender dysphoria. The latter group is more likely to present with significant pathology and may be experiencing a reaction to trauma (Byne et al., 2012). One study found a strong relationship between degree of self-reported gender dysphoria, and memories of cross-gender behaviors in childhood (Singh et al., 2010). Another study found a strong link between level of gender-identity distress in childhood and persistence rate (Wallien & Cohen-Kettenis, 2008).

Rapid-Onset Gender Dysphoria (ROGD) is not in the DSM-V. Rather, it is a recent term used by Littman (2018) to describe a phenomenon where adolescents suddenly present with gender dysphoria despite showing no evidence of gender distress in childhood. Current research indicates that the influence of media may be contributing to the increase in adolescents and young adults coming out as transgender (Littman, 2018; Marchiano, 2017). This condition has not been well studied, and appears to have a link with social media use or peer pressure (Marchiano, 2017). This condition poses new and increased concerns about the current trend to immediately affirm a young person's self-diagnosis as it may result in false positives and poor outcomes for many (Marchiano, 2017).

### **Reparative Therapy**

Mental health treatments seeking to alter gender identity, gender expression, sexual orientation, or sexual expression are known as reparative therapies. Reparative therapies are also called conversion therapy, or reorientation therapy, and they are usually associated with religious or orthodox practitioners wishing to cure people of

homosexuality (Grace, 2008). Reparative therapies have employed strategies such as electrical shock treatments, shaming, hypnosis, and medication, and has resulted in severe harm to some clients. These treatments have been banned in fourteen states (CA, CT, DE, HA, IL, MD, NH, NJ, NM, NV, OR, RI, VT, WA), and the District of Columbia for transgender persons under the age of 18 (retrieved online from Re-Wire news, 2018/06/20), and are condemned by numerous professional organizations including: The American Association of Pediatrics, the National Association of Social Workers, and The American School Counselors Association.

### **Do Children Outgrow Gender Dysphoria?**

Vanderburgh (2009) found that when transgender children find acceptance and permission to live out their internal gender identity, the children usually do not need therapy, but their family members do require professional support. Many parents hesitate to move toward acceptance of a child's transgender identity because they believe their child is merely experiencing a temporary phase (Gray et al., 2016), and research supports the fact that many gender dysphoric children will outgrow their dysphoria and embrace their natal gender identity (Balleur-van Rijn et al., 2013; Callens et al., 2016; Mishra et al., 2016). Gender fluidity is not uncommon in young people. Persistence rate of Gender Identity Disorder remaining through puberty is only 15.8%, so postponing gender affirming treatment until adolescence is a wise choice for many families (Steensma & Cohen-Kettenis, 2011).

It appears that critical gender identity development occurs between the ages of 10 and 13, when adolescents become more aware of whether their gender dysphoria should progress to a change of gender. Three factors appear to impact whether gender dysphoria

will persist or desist after this point. First, during this time, children who develop a stronger affiliation with others of their same gender are likely to experience less gender dysphoria. Second, as puberty approaches and bodily changes begin, persisters experienced distress, whereas desisters began to view their changing bodies positively. Third, falling in love and experiencing sexual attraction also plays a role in whether gender dysphoria persists or desists. Persisters all reported feeling sexually attracted to partners of their same natal sex, and determined they should transition to the opposite gender and have a heterosexual lifestyle. Desisters, upon falling in love, questioned their desire to transition no matter the gender they found themselves attracted to. One significant difference was found between persisters and desisters in their motives for wanting to transition: persisters reported a true desire to have a body belonging to the opposite gender, whereas desisters revealed that their desire for the opposite body was due to their desire to live in the opposite role rather than experiencing an actual aversion to their natal gender. Steensma, McGuire, Kreukels, Beekman, and Cohen-Kettenis (2013) found that children who persisted in their gender dysphoria identified as being the opposite gender, whereas those who desisted, reported wishing they were the other gender.

One study researched the persistence rate of 25 adolescents (M age 15.88, range 14-18), diagnosed with a Gender Identity Disorder (DSM-IV or DSM-IV-TR) in childhood. Both persisters and desisters indicated that the period between 10 and 13 years of age were crucial to their gender identity development, and during that time period they became aware of the persistence or desistence of their childhood gender dysphoria. Both persisters and desisters stated that the changes in their social environment, the changes in

their bodies, and the first experiences of falling in love and recognizing sexual attraction influenced their gender identity and behavior (Steensma, Biemond, DeBoer, & Cohen-Kettenis, 2011). Although it is not yet clear which biological and psychosocial factors influence or predict persistence versus desistence of gender dysphoria, it is clear that the period of adolescence is crucial for the development of gender identity (Steensma, Kreukels, DeVries, & Cohen-Kettenis, 2013).

### **Gender Dysphoria and Sexual Orientation**

Research suggests a link between gender variance in childhood and homosexual sexual orientation in adulthood for both men and women, though there does not appear to be a significant link between gender variance in childhood and bisexual orientation in adulthood (Steensma et al., 2013). Most adolescent girls with gender identity issues have a childhood history of masculinity, and report feeling sexually attracted to biological females. Likewise, adolescent boys with gender identity disorder have a childhood history of femininity and sexual attraction to biological males. For some adolescent boys however, the Gender Identity Disorder does not become evident until puberty, and this group of boys report being heterosexual or bisexual (Zucker et al., 2012).

Parents of transgender children need to be aware that most children diagnosed with gender dysphoria will no longer present this way by the time they reach puberty, although children who present with extreme gender dysphoria are more likely to continue into adulthood. Almost all children who persist into adulthood with gender dysphoria are sexually attracted to people of the same biological sex. For teens who outgrow their gender dysphoria, only 50% report same-sex attraction. Most children with gender

dysphoria will become adults who identify their sexual orientation as homosexual or bisexual (Wallien & Cohen-Kettenis, 2008).

### **Gender Dysphoria and Autism Spectrum Disorders**

Evidence suggests that there is a link between Gender Dysphoria and Autism Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) (Strang et al., 2014; DeVries, Noens, Cohen-Kettenis, van Berckelaer-Omnes, & Doreleijers, 2010; Wood et al., 2013; DiCeglie, Skagerberg, Baron-Cohen, & Auyeung, 2014). One study of children and teens found that participants with ASD were 7.59 times more likely to express gender variance, and participants with ADHD were 6.64 times more likely to express gender variance than a comparison group (Strang et al., 2014).

Most adolescents with gender identity disorder are sexually attracted to individuals of their birth sex, but the majority of gender dysphoric adolescents with ASD report feeling attracted to partners of the opposite sex (DeVries et al., 2010). Research indicates that gender dysphoric females score lower on empathy scales than control groups, which may impact their identification with males and their gender identity development (DiCeglie et al., 2014). Jones et al. (2012) arrived at a similar conclusion that autistic traits are related to the development of gender identity disorder. They found that natal females who identify as males had difficulty relating to female peers in childhood and were more easily able to socialize with, and identify with males. Lemaire, Thomazeau, and Bonnet-Brilhault (2014) found that ASD is 10 times higher in people with GID than in the general population. Parkinson (2014) found that among a group of young children presenting at a gender identity clinic, 7.8% also had Asperger's syndrome. This is much higher than the 2012 U.S. average of 1.5% from the general

population (retrieved online from the Centers for Disease Control and Prevention).

Similarly, May, Pang, and Williams (2017) found that parents of children with ASD also reported that their children showed signs of gender variance. Van Der Miesen, Hurley, and DeVries (2016) found that 20% of individuals with Gender Dysphoria also presented with Autism Spectrum Disorder, thereby concluding that the co-occurring of GD and ASD is frequent.

Kaltialo-Heino, Sumia, Tyolajarvi, and Lindberg (2015) found that 26% of adolescents seeking sex reassignment treatment were diagnosed on the autism spectrum. They suggest that because children on the autism scale have difficulty relating to their same gender peers, this may play a role in gender dysphoria in adolescence. They note that much of the existing literature suggests that gender dysphoria begins in childhood and exacerbates in adolescence during puberty. In their study, however, most adolescents did not present with gender dysphoria and cross-gender identification until after the onset of puberty, and they found the presence of significant psychopathology and identity confusion beyond gender identity issues. Their research presents important cautions for both parents and medical professionals. Sex reassignment treatments for adolescents should not proceed without thorough consideration of the presence of additional developmental or psychopathological issues.

Lastly, Rajkumar (2014) found a possible link between Gender Identity Disorder and Schizophrenia. He found that there are higher rates of schizophrenia in GID patients than in the general population. Schizophrenic patients may experience disturbances in body image, and many persons with GID also experience social cognitive issues which make it difficult for them to related to, or interact with, members of their own gender. He

notes that both Schizophrenia and GID are neurodevelopmental disorders which may share similar root causes.

### **Transgender and Substance Abuse**

Transgender young adults are more likely than non-transgender young adults to engage in heavy episodic drinking. For transgender youth, sexual assault and verbal threats are associated with increased alcohol consumption. In addition, incidents of sexual assault and suicidality after drinking are higher for transgender people than for non-transgender people (Coulter et al., 2015).

### **Transgender and Violence**

Transgender people are more likely to be victims of violence than any other subgroup of the population (Stotzer, 2009). Sexual assault occurs with a high level of frequency among transgender persons, and it appears that most rapes occur in their mid-teens by persons they know, such as partners and family members, who are usually motivated by hatred and bias against transgender persons (Stotzer, 2009). The majority of transgender people report they have experienced physical and/or sexual violence from people they know and from strangers. Many report that they experienced harassment or violence from an early age, and many report that they experienced this at home, at school, at work, and in public places. Both trans men and trans women report comparable rates of physical and sexual abuse from both family and strangers. Transgender people who experience physical and/or sexual violence are significantly more likely to have suicidal ideation, to have a history of suicide attempts, and substance abuse (Testa et al., 2012). In addition, these rates of violence seem consistent across race, age, and socioeconomic

status, except, it appears that sexual violence is less likely for people with higher socioeconomic status (Testa et al., 2012).

### **Gender Dysphoria/Gender Identity and Media**

Research indicates that media is a powerful and influential force in society. Gomillion and Giuliano (2011) found a significant link between media and gay, lesbian, and bisexual identity. They studied 1,126 LGB persons and found that the media influenced their identities and coming out by presenting them with role models who offered inspiration. Hartley, Wight, and Hunt (2014) explored the relationship between media and the alcohol and sexual/romantic relationships for teenagers in Scotland. They found that media had a greater influence on sexual/romantic behaviors than on drinking behaviors, and they postulated that this may be due to the fact that the teens already had experience with drinking behaviors but not romantic behaviors. Therefore, they were more open to suggestive information in their area of unknown. Luxton, June, and Fairall (2012) explored the role of media's influence on suicide-related behavior and found that media can influence suicidal behavior both negatively and positively. Trekels and Eggermont (2018) found an interesting correlation between teen self-sexualizing behaviors, media, and peers. They found that teens were mildly influenced by media initially, but subsequently, they were greatly influenced once the media information was shared and reinforced by peers. Claudia (2016) found that media has significant impact on people's beliefs, attitudes, opinions, emotions, values, and behaviors.

One group of researchers (DeLay, Martin, Cook, & Hanish, 2018) found that homophobic name calling in adolescents appears to be a significant form of peer influence, and adolescents internalize the messages from their peers and incorporate these

messages into their self- views of gender. Another study (van der Mervwe, 2017) found that adolescents try out new identities online, and say and do things they might not do off-line, and these activities may result in identity confusion. All of these findings suggest that transgender youth and young adults may be influenced in their gender identity formation by messages they receive from the media.

### **Needs of Parents of Transgender Children**

**Information and Emotional Support.** Like their children, parents of transgendered persons have numerous, specific needs. These parents need correct information, professional support, parenting strategies, and peer support (Riley et al., 2011). Parents need: information, education, support from family and friends, support from schools, counselling, professional support, peer support, community support, contact with transgender people, financial support, legal support, and government support (Riley et al., 2011; Riley, 2012). For parents whose children are approaching puberty, they also need information about, and access to, hormone blockers (Riley et al., 2011). Support groups can be excellent resources to provide knowledge and to reduce feelings of isolation (Di Ceglie & Coates Thummel, 2006). Parents of gender variant children need support and encouragement in managing their own distress over the possibility that their child will have a complicated life, be socially ostracized, or become the victim of a violent crime (Hill, Menvielle, Sica, & Johnson, 2010).

Research indicates that children and parents have direct impact on the behaviors and well-being of the other (Pardini, 2008). Overall, it appears that child behavior problems strongly influence changes in parenting practices and parental depression, and parental influences impact child behaviors. Children's behavior appears to have as strong

as (if not stronger than) the influence that these parent factors have on changes in child behavior problems. Although causation is not proven, this study attests to the bidirectional impact of parent-child behavior and well-being.

Social support and education are critical needs of parents with transgender children (Johnson & Benson, 2014). Parents need information about how to relate to their changing child, and advice about how to support gender socialization as their child transitions (Whitley, 2013). Parents need assistance in managing the changing roles and expectations as their child transitions, and support as they face relationship challenges as their child transforms (Riley et al, 2013). Parents of transgender children frequently turn to other parents in similar situations to gather information on how to best protect their children from bullying, as well as how to support their children when they become sad, anxious, fearful, depressed, or suicidal (Riley et al., 2013).

Just as transgender children and teens need affirmation and support, parents also require external emotional, relational, and intellectual support. Many turn to the internet for information and guidance, join PFLAG, (the organization for parents, families, and friends of lesbians and gays), or selectively share information with people they trust. For some parents, this may include sharing with church friends and clergy, but for other parents, leaving their church congregations and finding less hostile environments for their transgender child seems to be the answer (Tyler, 2015).

Parents of transgender youth are likely to face a complex struggle as they desire to support their child's self-expression while at the same time, protecting the child's safety in a society that can be hostile and rejecting (Hill & Menvielle, 2009). Parents of gender variant-children recommend that other parents facing this same challenge should become

well-informed by reading books, scrolling the internet, and forming relationships with other parents of transgender children. They also recommend that parents examine their own beliefs and seek counseling if necessary, because they found that it is not the child who will change; it is the parent who must change to provide a safe home for the child. Research supports this, as parental disapproval and rejection does not appear to influence a child's sexual or gender orientation, but does impact the child's willingness or ability to be honest about their sexual or gender identity (Bouris et al., 2010).

Parents and family members of transgender and gender nonconforming (TGNC) youth need information and support on developmental and medical issues. Gender fluidity can be normative in childhood and throughout the life span, and is not isolated to people who are TGNC. In addition, family members, may not know that TGNC people have existed throughout history and around the world, and they may be unaware of the language TGNC people use to describe themselves and their gender identity, such as pronouns (Harper & Singh, 2014). In order to best support their children, families also need information on school policies and state and federal laws that may impact their TGNC child. Integrating TGNC-affirming psychoeducation into the counseling process supports and educates family members, while equipping them to perhaps educate others and promote TGNC-affirming environments (Harper & Singh, 2014).

Parents who identify as Christian employ many of the same coping strategies as non-religious parents including: seeking support from others, seeking education/information, self-care, including sometimes distancing from the situation for a period of time, and, giving back by engaging in advocacy or compassionate support of others in similar situations (Maslowe & Yarhouse, 2015). However, Christian parents

also seek specific information on how to instruct and support their children from a Christian perspective by searching for information from Christian ministries or from Christian families that have experienced the same issues. In addition, they employ specifically religious coping strategies, such as prayer, fasting, meditating on scripture, seeking support from clergy, seeking education about the church's teachings on LGB issues, and making a conscious decision to put their trust in God (Maslowe & Yarhouse, 2015).

Parents report that the support they receive from gender variant communities helps them parent through this process, and support from therapists and pediatricians is very important in understanding that their child's gender variance is not something they must change or fix (Gray et al., 2016). Parents who understand and embrace the biomedical basis for gender variance have an easier time supporting their child. This basis underscores that neither the individual nor the family created this issue or has the ability to change it. Parents who accept that gender variance is not a choice on their child's part, tend to be more supportive, and reason that a medical condition is not a basis whereby family members should be rejected (Norwood, 2013b).

### **Challenges to Family System Identity and Homeostasis**

When individuals come out as transgender, entire families are impacted (Norwood, 2013a; Norwood, 2013b). Very little data exists on how family members and SOFFAs are impacted when a loved one comes out as transgender, yet complex emotional reactions are understandable and expected because gender and sexuality are closely tied to a person's values, religion, politics, and overall identity (Zamboni, 2006). Some parents describe the coming out process as stressful, emotional, surprising, or

shocking (Rothblum, 2014). Belonging to a family provides security and a sense of belonging, yet this can be compromised when gender or sexual identity do not match family expectations (Rothblum, 2014). Parents, siblings, and extended family members need time to adjust to the complex changes happening within one member, which in turn is impacting the entire system (Kovalanka et al., 2014). Parents of transgender youth may find themselves living in a long-term state of discomfort and uncertainty as they wait for their child to arrive at a stable gender identity (Hill & Menvielle, 2009).

One study explored the reactions of children when parents come out as transgender (Dierckx, Mortelmans, Motmans & T'Sjoen, 2017). They found that children successfully adapted to the transitions when four protective family processes were present: family continuity, including enough time between stages to allow for understanding and acceptance, open communication, acceptance from significant others and peers, and attributing meaning through the process of reflection. This study identified that positive outcomes can occur for all family members when each member has adequate time and information to process the transformation.

When individuals come out as transgender, entire families face relational identity challenges surrounding sexual orientation, social role, and religion. These families face external stigma and bias, while at the same time grappling with internal emotional challenges (Whitley, 2013). Family members and significant others must weigh the cost of remaining in relationship with transgender loved ones, as it may result in the loss of other key relationships and sources of support (Whitley, 2013). When a child changes gender, this impacts how family members behave, relate to, and set expectations for that child. Parents who have raised a child of one gender for many years are now faced with

letting their social groups and extended families know that they are now the parents of a child with the opposite gender (Whitley, 2013).

Therapists working with transgender individuals and their families must identify their own beliefs and prejudices about gender, sexual identity, and the definition of family, and should be specifically educated about the unique challenges facing these families, including feelings of shame and guilt, homophobia, marginalization, discrimination, family hostility, and changes in family dynamics (Perosa, Perosa, & Queener, 2008). Since entire families are impacted by one member coming out as transgender, family therapist training should include information and skills to help families navigate this experience. Families need help in understanding gender dysphoria, and managing feelings of shame and loss, while they contemplate how to move forward with their transformed family member (Lesser, 1999). Although it usually takes several years, parents can formulate a new perspective on gender variance, and reach a place of acceptance of their child. Many parents choose to arrive at acceptance, rather than risk adding to the stress and distress their child is already experiencing (Brill & Pepper, 2008).

Coming out to families of origin is an event that leads to permanent changes to the entire family system (Rothblum, 2014). Parents raising a gender-variant child, experience confusion, fear, grief, and loss. In addition, they may face dilemmas in making life-altering social and medical decisions, sometimes rather quickly, and frequently have no idea where to turn for help or support. Families generally wish to protect their child and themselves from judgment, stigmatization, bullying, and violence. Parents who are unable or unwilling to accept their gender variant child tend to be

inflexible and focused on maintaining the status quo. They hope that by ignoring the problem it will disappear. Some of these parents insist on secrecy to other family members and outsiders. These parents focus on the negatives of transgenderism and avoid any information that may challenge their beliefs (Wren, 2002).

Tyler (2015) identified a five-step process that occurs between an LGBTQ child and his/her parent. First, the transgender child must come out to self and accept his/her gender identity. This generally involves an awareness of feeling a strong desire to cross-dress or identify as the opposite gender. The next step is to come out to parents and let them know what the child is experiencing internally. The third step is a period of relational tension once the parents are aware. Some children try to limit what they disclose during this time, as they wish to be sensitive to how much the parents are already processing. Step four involves relational adjustment, during which individual behaviors, attitudes, and external relationships are assessed. During this phase, some parents leave their faith communities in search of more affirming ones, while others become advocates of the LGBTQ community. Step five describes an ongoing, evolving, relational identity as the family accepts the changed gender identity of its member. This phase allows for new roles, changed expectations, and the creation of a new normal. Although this process is sequential, it is not necessarily linear, for as new challenges arise, the relationships will revisit various stages of this process.

In one study of 11 parents of gender-variant children, two processes were identified: a process of accepting and supporting their child, and a process of rescuing their child from being gender variant (Gray et al., 2016). Accepting was linked to promoting the child's happiness with gender-variant expression, and rescuing was linked

to limiting such expression to protect the child stigma or abuse. All parents admitted that understanding and accepting their child's gender variance was an emotional and intellectual journey. Almost half the parents reported that they first thought gender variance would be a passing phase, but reached a place of acceptance over time. Recognizing that gender variance is biological, rather than chosen, helped parents accept their children. Almost all parents decided that their child's feelings were of paramount concern, so they chose to give their child messages of love, support, and acceptance. Many parents reported that the support they received from gender-variant communities increased their ability to parent, and more than half said that professional guidance enabled them to support and embrace their gender-variant child. Acceptance led to improved relationship with the child, but increased the stress of the adults. Almost all parents admitted that having a gender variant child impacts the entire family system, and parents frequently differ on how to support their transgender child, and how to cope with extended family members (Gray et al., 2016).

Herman (2009) encourages transgender persons to be sensitive to the changes and losses experienced by the whole family as a result of his/her transitional process. She speaks of the importance of allowing family members to fondly recall past experiences and photos of the pre-transitioned member. She notes that although it can bring up sensitive memories, invalidating the entire past brings confusion and pain to family members. She recognizes that family members can have negative feelings about being forced to accommodate so many changes, but including them in the process can be empowering and helpful. For example, allowing them to help in setting some terms of

disclosure, or enlisting their input while choosing a new name can convey a sense of moving ahead together rather than existing in isolation.

The stress of having a transgender child sometimes results in total rejection of that child. In one study, nine male-to-female transsexuals were interviewed, and most indicated that they lost a relationship with a family member because of their gender identity. Some said that they had relatives who later were able to accept them, but even then, they could not understand why a person would switch genders (Brown et al., 2013).

### **Parental Responses to Initial Disclosure**

Younger generations of transgender persons are more likely than their older counterparts to disclose their transgender identity during adolescence, and to present to others in their desired gender roles. This is likely due to historical shifts in attitude and awareness about transgenderism (Nuttbrock et al., 2009). Numerous studies indicate that transgender children desire to be honest with their families and hope to experience full acceptance from their families of origin (Riley et al., 2011; Riley et al., 2013; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Steiglitz, 2010). Unfortunately, for many transgender children and teens, the initial reaction is not supportive, and reactions can range from disappointment to rage. Many transgender persons express concern about coming out to conservative religious parents (Fuist, 2016). Some parents ignore their child's disclosure, whereas others become hostile or abusive, or even tell the child they will go to hell. Some parents repeatedly make scriptural references to sexual sin (Maslowe & Yarhouse, 2015). Some children are disowned (Roe, 2016).

Therapists need to be aware that in some cases, clients may be better off emotionally and relationally by not coming out to their parents or families (Green, 2000).

Clients know best whether their disclosure is likely to make their family relationships more strained than they wish to experience, so if they choose to not disclose their sexual identity or gender identity to their family of origin, this choice should be respected and supported rather than pathologized. In many cases, the coming out experiences of LGB youth results in negative responses from their parents (D'Augelli, Hershberger, & Pilkington, 1998). In one study, only half of mothers and one-quarter of fathers were fully accepting, and one-quarter of fathers and 10% of mothers were fully rejecting. Many youth reported that their disclosure to family members resulted in threats, or verbal and physical abuse (D'Augelli et al., 1998).

In some cases, it appears that the manner in which a transgender child approaches his/her parent impacts the parental response. In cases where the child presented as hesitant, insecure, or confused, parents seemed to focus less on the words spoken and more on the child's vulnerability, and they responded with supportive concern rather than voicing their own fears, doubts, or concerns about the child's future or his well-being (Tyler, 2015). Some parents made religious references, and some parents offered immediate cautions about disclosing to others too soon, including extended family members.

It appears that parental responses to their child's coming out are impacted by four moderating influences. First, parents who have LGBTQ acquaintances tend to be less concerned than parents who do not have positive experiences with this population (Trahan & Goodrich, 2015; Tyler, 2015). Second, parents who had no idea about their child's sexual identity/sexual orientation, were more likely to have a negative reaction. Third, parents' personal beliefs about gender issues and orientation play a role in how

they respond. Lastly, belief in a higher power impacted responses, with some parents asking their children about their own spiritual beliefs, indicating that they may see a conflict between religious identity and LGBTQ identity. Although disclosure frequently brings new tension to relationships, LGBTQ children report feeling an increased sense of closeness to their parents after their initial disclosure (Tyler, 2015).

In one study of Christian parents, parental responses to their child's coming out as LGB were broken into three categories: emotional, cognitive, and behavioral. Emotional responses included: shock, grief/sorrow, anger, concern/fear, shame, love, and in some cases, relief. Cognitive responses included: concern for child's safety, concern that child abnormal, fear that child will change, evaluation of child's future, parental self-blame, pride that their child could be honest, and examination of the situation. Behavioral responses included: crying, insomnia, support seeking, information seeking, and navigating the new relationship with their child. This last part often involved becoming protective of their child and moving away from relationships with people who would not support their child (Maslowe & Yarhouse, 2015).

Parents of transgender children face unique challenges and concerns (Brill & Kennney, 2016; Field & Mattson, 2016; Whitley, 2013). In one study, 14 parents of transgender children identified four reasons why parenting a transgender child is more difficult and isolating than parenting an LGB child (Field & Mattson, 2016). They noted that they face dramatic physical changes to their children, limited media portrayals of transgender lives, changes to their parental identity, and tension over society's responses to their child's transition. The researchers note that this parental isolation may be slightly alleviated if parents of transgender children recognize what they do share in common

with many other parents of LGB children, such as changes in the child's dress and appearance, a period of grief and mourning, and fears about being an inadequate parent. The researchers further note that the isolation experienced by parents of transgender children is due not only to prejudice and limited information, but also is impacted by the lack of awareness and validation they receive acknowledging the impact their child's gender transition has on the lives and identities of parents (Field & Mattson, 2016).

**Positive Parental Responses to Transgender Children.** One early study of parents of transgender children found that although many highly supportive parents experience long-term feelings of sadness and grief, many other parents are able to reach a place of peace, and even celebration, over their child's transformation (Wren, 2002). Some parents show great support for their gender variant child and become ardent advocates for their children. Some believe that their child's ability to come out and live honestly is due to their own loving and tolerant parenting style, and they pride themselves on raising a child that grew to be brave and honest in such a hostile world (Wren, 2002).

Later studies reinforce these positive findings. One mother said that her child's coming out made her more aware of marginalization in general, and more sensitive to people feeling left out (Tyler, 2015). One mother said that her transgender daughter's struggle had challenged and inspired her to grow personally (Johnson & Benson, 2014). In one study of 17 parents, 40% felt that raising a gender variant child taught them important life lessons, helped them grow personally, and taught them tolerance (Hill & Menvielle, 2009). Although many LGBTQ youth live in hostile environments, many parents are successful at creating a safe environment where children find love and acceptance (Hill & Menvielle, 2009). Many parents are willing to defend their children to

extended family and beyond (Riley et al., 2011). Many parents choose to join a support and advocacy group such as PFLAG (Parents, friends and family of lesbian and gays) where the focus is on moving past the grief of the child and dreams they lost, and loving and accepting the child they now have. PFLAG encourages family members to actively work toward social change on behalf of LGBT people, yet some parents who reach acceptance have no interest in working as advocates (Broad, 2011).

One study found that many parents demonstrate a commitment to raising their children without stigma, and they accomplish this in two ways. First, they took active steps to rescue their child from stigma and hurt, and second, they advocated for a more tolerant world. All parents in this study reported intentionally working to create a “normal” childhood for their child. Eight of the eleven parents, expressed a desire for their child to feel comfortable living as their preferred gender (Gray et al., 2016).

Some parents see many positive aspects to parenting an LGBTQ child. Five primary benefits were noted: personal growth, positive emotions, activism, social connection, and closer relationships (Gonzalez, Rostosky, Odom, & Riggle, 2013). Parents citing personal growth indicated that they became more open minded, gained new perspectives, became more aware of discrimination, and developed deeper compassion for others. Positive emotions referred to renewed pride and admiration for their child for expressing their LGBTQ identity. Activism was cited as giving parents new purpose as they fight for equality and provide support to other LGBTQ families. Social connection was regarded as a positive outcome in that parents appreciated the opportunity to form relationships with people they otherwise would not have met. Lastly, parents reported

feeling an increased sense of closeness to their LGBTQ child, as well as to their extended family members.

**Negative Parental Responses to Transgender Children.** Parents have a variety of emotional responses when they find out their child is transgender or gender-variant, including: devastation, loss, shock, confusion, anger, fear, shame, and grief. For some parents, the internal crisis may take years to resolve (Brill & Pepper, 2008). Many transgender people report being abused or bullied in their youth by classmates and their own family members (Stotzer, 2009). In one study of 31 male-to-female transgender youth, (Grossman, D'Augelli, & Salter, 2006), respondents reported that they felt, acted, and were told they were different between eight and nine years old. All participants said they were verbally harassed by peers because of their gender expression, and more than two-thirds of the youth recalled being verbally harassed by their parents. Many said they were called sissies and were told to change their behavior by parents, and many indicated that they were abused by their parents because of their gender expression. Many parents respond to their child's gender expression with negativity, and give their children a clear message that something is wrong with them. In some families, transgender youth are targeted as the scapegoats for all that goes wrong in their family. This results in stress for the whole family and leads the youth to seek out alternate environments where they can feel accepted (Grossman & D'Augelli., 2006).

Even among parents who are highly supportive of their transgender children, there are many who never reach a place of full acceptance because of ongoing feelings of sadness and loss (Wren, 2002). The ability to reach acceptance, or not, is tied to how parents make sense of their child's gender identity. Parents need time to understand their

child's behavior, gain information about transsexuality, build a story to tell others, and contemplate their own understanding of gender identity. Making sense of gender identity and reaching acceptance is an iterative process, whereby each element feeds into, and promotes the other.

One study explored the experiences of familial acceptance and rejection among 20 transwomen of color (Koken, Bimbi, & Parsons, 2009), and found that many of these transwomen experienced rejection or abuse from their parents or caregivers when they were children and adolescents. Although many participants indicated that at least one parent or close family member treated them with warmth and acceptance, the majority experienced hostility, aggression, neglect, and rejection from their families. Many transwomen were kicked out of their homes as teens, resulting in homelessness and poverty. This study notes that experiences in youth have long-term consequences, and direct impact on opportunities and outcomes as youth move into adulthood.

**Differences in Responses from Mothers and Fathers.** Mothers and fathers have different ways of responding to their gender variant children. Both mothers and fathers instill gender norms while raising young children, and may have difficulty responding to children who do not conform to gender binary expectations (Dietert & Dentice, 2013). In one study of early socialization of gender variant children, mothers placed a great deal of emphasis on wearing gender appropriate clothing and taking on roles that matched their birth gender. These expectations and behaviors are not inappropriate for parents of young children. As the children became more intent upon living out their preferred gender, one mother cried, one shamed, and one encouraged continued femininity while supporting her child's desire to also do more male oriented things. Some families provided an

atmosphere where children could conduct themselves in ways that matched their gender identities. These families were able to accept gender variance and could redefine gender as fluid. Other children experienced rejection, harassment, and physical harm as a result of their gender non-conformity (Dietert & Dentice, 2013).

Mothers tend to maintain positive communication with their children and look to the future with hope and optimism. Mothers seem to believe that one of their main tasks is maintaining a relationship with their child no matter what the circumstances (Wren, 2002). Many mothers deal with secrecy and isolation while simultaneously fearing the harm that may befall their child. In addition, they experience feelings of sadness and loss when faced with conversation about, and invitations to, heterosexual events like engagements and weddings. Mothers struggle with feelings of grief while at the same time nurturing a relationship of acceptance with their child. Pearlman (2006) describes these contradictory feelings as normal responses to daughter-loss in a transphobic, marginalizing, persecutory world.

In one study of 55 transgender youth, the youth described their parental responses to their gender identity disclosure. 54% reported that their mothers first reacted negatively and 25% first reacted positively; 21% had no reaction. At the time of the study interviews, three years later, the mothers' reactions had become more positive. At that point, youth reported that 50% of their mothers reacted negatively, while 48% reacted positively. Only 2% of mothers had no reaction (Grossman et al., 2005).

Some mothers report experiencing larger personal transformations than their transgender children (Hill & Menvielle, 2009). Some mothers described themselves as initially uninformed about transgender issues and they had reactions such as shock, relief,

or intense grief (Kovalanka et al., 2014). Acceptance of a transgender child is extremely complex, and tends not to be an either/or matter, but rather one of degree. A mother's acceptance hinges on multiple factors including: "personal characteristics, educational background, political and religious beliefs that value diversity and human rights, exposure to trans people, wanting a closer, more authentic relationship with their child, and recognition of a child's happiness" (Pearlman, 2006, p. 120).

Although fathers frequently take longer than mothers, they eventually arrive at the same place as mothers, and accept their gender variant children (Hill & Menvielle, 2009; Kovalanka et al., 2014; Malpas, 2011, Grossman et al., 2005). One study of 26 transgender youth found that upon disclosure, 63% of fathers first reacted negatively, while 22% first reacted positively, and 15% exhibited no reaction. Three years later, the youth reported that 44% of their fathers reacted negatively while 56% reacted positively. None of the fathers had no reaction" (Grossman et al., 2005, p. 12). It appears that mothers and fathers have different roles, or tasks as parents. Unlike mothers, who seem to track the child's emotional journey through life, fathers tend to emphasize behavioral expectations and feel the need to guide the child into a safe adulthood (Wren, 2002). Whereas mothers are prone to offer immediate unconditional acceptance, fathers feel more fear about endangering their child. Both mothers and fathers report feeling grief about their child's change in gender.

### **Fear, Grief, and Loss**

Discovering one's child is transgender usually results in feelings of fear, loss, sadness, confusion, and grief (Brill & Pepper, 2008; Dierckx & Platero, 2018). Parents of transgender children experience two categories of grief: loss of the dreams they had for

their child, and loss of the child they once knew, as their new child emerges (Brill & Pepper, 2008). Some parents report feeling a loss of expectations they previously had for their child, a loss of aspects of their child that they valued, and a loss of family relationships (Wren, 2002). One father spoke of always dreaming of walking his daughter down the aisle, and his feelings of loss of that dream once his daughter became a son (Norwood, 2013a).

Many parents fear for their child's safety, fear the effects of hormone treatments and surgeries, and fear for their child's future happiness (Hill & Menvielle, 2009). Parents hope their children will find safety and acceptance, but fear the stigma and medical interventions that their children may experience (Gray et al., 2016). Some fear the reactions and opinions of coworkers, extended family members, and society (Tyler, 2015). Some parents fear having their parenting skills criticized and being blamed for their child being transgender (Whitney, 2013). Many families turn to counselors for help in addressing their feelings of fear, grief and loss as they work to accept their child's gender identity and expression (Harper & Singh, 2014).

Family, friends, romantic partners, and other loved ones of transgender relatives may experience stages of grief during the coming out process, including denial, anger, and depression. To heal, families need to mourn their perceived losses and reach a place of acceptance of the changes to the family identity and the transgender relative's identity. This acceptance frequently involves calling the loved one by a new name and accepting the change to the family system identity (Zamboni, 2006).

Emerson and Rosenfeld (1996) were among the first to identify the stages of adjustment among family members of transgender individuals. They observed that

families progressed through a series of grief stages much like the grief process defined by Kubler-Ross (1969): denial, anger, bargaining, depression, acceptance. Many family members experience shock and denial upon learning a loved one is transgender. During this phase, the family may shut the transgender member out so they can avoid dealing with the crisis and preserve as much continuity as they can. During the anger stage, it is not uncommon for the transgender member to be scapegoated and held up as the only thing that is causing stress in a family. The bargaining stage may contain threats or promises, and parents may even threaten to disown or disinherit their child in an attempt to prevent change and maintain homeostasis.

Once it becomes clear to the family that the transgender member is not experiencing a passing phase, there is usually a period of depression. This period may be characterized by tearfulness, sadness, or somatic complaints. Sometimes the transgender person becomes physically ill, and sometimes family members act out by abusing substances, emotionally withdrawing, losing jobs, or even divorcing. In extremely dysfunctional systems, the transgender individual or another member of the family may choose suicide (Emerson & Rosenfeld, 1996).

The final stage of grief is the acceptance phase. During acceptance, family members accept that their loved one is not going to change. At this point, whether they agree with the transgender person's decision or not, they accept the loss that has occurred and begin to focus on accepting the person in his/her new role. During this stage, many family members begin to focus on the challenges facing their transgender relative and are able to express concern and offer support (Emerson & Rosenfeld, 1996). Coolhart (2018) refers to this stage as attunement, and describes it as a period when a family reaches

harmony, understanding, and peace regarding their family member's gender or sexual identity and expression.

Norwood (2012) identified three sites of dialectical struggle for family members as they grapple with accepting the transgender identity of their loved ones: Presence vs. Absence, Sameness vs. Difference, and Self vs. Other. Presence vs. Absence refers to the family grieving a member who is not actually gone. During this process, the family grieves the lost child while accepting the new one that takes his/her place. Sameness vs. Difference involves discourse on whether the transgendered person is the same or different after transitioning. This involves understanding the person's true self vs. the self he/she presented before reaching a place of honesty. Self vs. Other rests on the issue of support. Many family members ultimately want to support their transgender member, but struggle with doing so due to misunderstanding, conflicts with religious or moral beliefs, or personal emotional issues. Although transgender individuals view full disclosure as best for themselves, they sometimes recognize that it is not best for their families, so they struggle with meeting the needs of all concerned ((Norwood, 2012). The grief associated with parenting a transgender child can be a long-term, ongoing process (Pearlman, 2006).

Grief is an expected reaction to loss, and many parents report feeling grief and devastation when they learn their child is transgender (Bill & Pepper, 2008; Dierckx, Motmans, Mortelmans, & T'sjoen, 2016; Dierckx & Platero, 2018; Emerson & Rosenfeld, 1996).

**Ambiguous Loss.** In addition to feelings of fear, grief, and loss, parents of transgender children also experience a phenomenon known as ambiguous loss. Ambiguous loss refers to a loss which is unclear or uncertain (Boss, 2007; Brill &

Pepper, 2008; Coolhart, Ritenour, & Grodzinski, 2018; Maslowe & Yarhouse, 2015; McGuire, Catalpa, Lacey, & Kuvalanka, 2016; Norwood, 2013a; Wahlig, 2015). When a child comes out as transgender or transsexual, parents often experience a sense of loss and confusion about their child's new identity and the new role that child will play in the family. Although the transitioning child is still present in both mind and body, something significant feels lost. Wahlig (2015) speaks of dual ambiguous loss to describe the unique loss experienced by parents of transgender children. She notes that the child is physically present yet psychologically absent, while at the same time, physically absent yet psychologically present. Like Norwood (2012), she highlights the uniquely confusing situation these parents face as they wonder if their child is still the same person they've always known. Because gender transition is a more recent cultural phenomenon, many parents do not have words to discuss their emotional and relational process. Many are confused by the grief they are experiencing, and struggle to describe what they feel they have lost (Wahlig, 2015).

Some parents experience their child's transition as a living death, as the person on the outside becomes dramatically changed (Norwood, 2013a). Norwood identified four different meanings family members may assign to the transformation of their loved one: replacement, revision, evolution, or removal. In replacement, families regard their loved one as a new person and grieve the loss of the original. Revision is regarded as a change in outward appearance, so grieving the loss of an individual is not necessary. Revision is a two-part process. It is not a change of the person, but rather a recognition that only the outward identity of that person has changed. And, secondly, family members choose to revise their own understanding to align with the gender identity of the loved one.

Evolution regards the transgendered person as transitioning into an updated version of themselves that is more consistent with their core. This view allows the parents to accept that no one is gone; rather two identities have evolved into one. The final meaning, removal, refers to the view that sex or gender are irrelevant in defining a person. Some parents never fully stop grieving the loss of their child's birth gender and the expectations they had for that child (Norwood, 2013a).

The feelings of grief and loss that parents of transgender children feel may be described as disenfranchised loss (Houck, 2010). Many in society may be unable or unwilling to consider this form of parental grief legitimate, or the parents may be blamed for creating their own problem. Thus, families may find themselves grieving without social or religious support, which results in another layer of loss as they process their grief in isolation, wondering if their feelings are legitimate.

### **Social Stigma**

Transgender people are very likely to experience violations of their human rights, including stigma, discrimination, and violence. In the United States, transgender individuals residing in states with nondiscrimination laws experience lower rates of discrimination, victimization, anxiety, and suicidal ideation (Gleason et al., 2016). Despite efforts to reduce stigma, many transgender persons encounter extreme social isolation, increased vulnerability to HIV and other diseases, and limited access to education, employment, housing, and healthcare (Divan, Cortez, Smelyanskaya, & Keatley, 2016). Stigma impacts the social, political, and economic power of various individuals and groups. Health professionals who believe transgender persons have control over their gender identity are more likely to exhibit stigma and discrimination

toward these patients than providers who believe transgenderism is biologically based (Poteat, German, & Kerrigan, 2013). One study found that half of trans patients revealed that they were uncomfortable with speaking to their family physician about the trans health issues or status (Bauer, Zong, Schelm, Hammond, & Thind, 2015). One national survey found that 28% of transgender and gender-nonconforming study participants had been harassed in a medical setting, and 19% reported that they had been refused care (Buckholz, 2015).

The National Institute of Health has made LGBT a low research priority, thereby preventing advances in understanding and improving outcomes for this segment of our population (Coulter, Kenst, Bowen, & Scout, 2014). Likewise, a review of journals addressing transgender issues indicates that transgender issues have been ignored and marginalized by marriage/couple and family therapy journals, thereby offering professionals few resources on transgendered persons and their relational systems (Blumer, Green Knowles, & Williams, 2012).

Because transsexuality is generally viewed as an undesired trait in society, families of transgender frequently experience stigma from external sources, such as extended family, friends, community, and religious affiliations. Some SOFFAs internalize the stigma and experience self-blame, disgust, and fear. These challenges limit their ability to support their loved one (Whitley, 2013). Many families lose social support and encounter social stigma once they admit to having have a transgender child. Some families feel shame and embarrassment, and fear the responses they will receive from friends, extended family members, and employers. These difficulties, along with complex personal emotions, sometimes result in total rejection of the transgendered person

(Zamboni, 2006). Parents report that their ability to raise their gender variant child is greatly impacted by social tolerance (Gray et al., 2016).

Heterosexual adults have more intensely negative attitudes toward transgender people than toward other sexual minorities (Norton & Herek, 2013). Greater levels of negativity are correlated with higher levels of psychological authoritarianism, political conservatism, and anti-egalitarianism, and for women, greater levels of religiosity. Heterosexual men have more negative attitudes than heterosexual women toward transgender people. And, both men and women who hold tightly to a binary understanding of gender, express more negative attitudes toward transgender persons than people who accept a wider range of gender expression (Norton & Herek, 2013).

Heterosexual LGB affiliates, such as family members and friends, experience stigmatization and may experience discrimination or rejection at work, school, or from their religious communities (Robinson & Brewster, 2016). Some parents experience negative responses from extended families, bosses, and friends (Tyler, 2015). One mother of a young transgender daughter experienced harsh social judgment for supporting her son's decision to live as a girl. She also experienced family disruption, pride regarding her open-mindedness as a parent, and frustration with inexperienced health care providers. Her story is a testimony that multiple layers of discrimination may exist for parents of transgender children (Johnson & Benson, 2014).

Depression, suicidality, anxiety, substance abuse, and other self-harming behaviors in the GLBT community can be linked to the harmful effects of stigma and discrimination in our society. Heterosexual people may hesitate to support or affirm members of the LGBTQ community out of fear and shame. Without proper awareness,

mental health clinicians and faith leaders may unwittingly promote exclusion and reinforce social stigma (Mann, 2013).

### **Religion and Transgender Families**

Many families with an LGBTQ member look to clergy and church leaders for guidance and support. Christian parents earnestly search for answers about how to honor God and the church while raising their children (Esposito-Garcia, 2011). Some parents find what they are seeking, whereas others find few answers and sometimes, even rejection. There can be personal and professional costs for clergy who affirm LGB persons. Professional costs include damaged relationships with some parishioners and disciplinary action from higher-ups. Personal costs include negative emotions, such as impatience, discouragement, and frustration, and worry about how their own families will be impacted by their advocacy efforts. Despite stress, sanctions, and loss, many LGB-affirming clergy continue in their efforts to promote acceptance and systemic change on behalf of these individuals and their families (Dewey, 2011).

Many families struggle with maintaining their religious identity and church affiliation while simultaneously supporting their transgender loved one (Whitley, 2013). For some, the need for a supportive worship community remains very important, so they abandon their church in order to find one that is more tolerant and affirming (Whitley, 2013). It appears that religion contributes to successful aging in transgender adults, and many actively participate in gender-affirming religions (Brennan-Ing, Seidel, Larson, & Karpiak, 2013). Transgender persons highly desire to connect with religious communities, but are likely to avoid mainstream Christianity where they may experience bias and rejection (Porter, Ronneberg, & Witten, 2013).

People experiencing grief and loss are likely to turn to religion and spirituality to make sense of their suffering, and to find a source of comfort and support (Pargament et al., 2000). Faith plays a key role in helping people survive periods of pain and uncertainty. Religion provides people with improved coping mechanisms, increased feelings of well-being, and increased opportunities for social support (Barringer & Gay, 2017). LGBT persons who identify with mainline Protestant denominations report greater levels of happiness than those who identify as Catholic, or as members of conservative protestant denominations. People who are invested in their church communities seek spiritual and emotional support from people they trust. Even people who had distanced from the church tend to seek God during periods of loss and grief.

Religion can either be a source of conflict or strength for transgender individuals and their family members (Tyler, 2015). For some families, their values and religious beliefs make it difficult for them to support their transgender children (Norwood, 2012). Religion seems to pose a hindrance when the SOFFA's religious identity or affiliation creates a direct conflict to accepting a loved one's transgender status (Whitley, 2013). From a family systems perspective, it is helpful to identify which religious beliefs contribute to family cohesion during the coming out process, and which beliefs promote isolation and secrecy on the part of the youth (Heatherington & Lavner, 2008).

Many LGBTQ youth report that religion has been used against them by families and church leaders to condemn their sexual orientation. Because they no longer feel welcome in their houses of worship, even those who once were active, no longer attend church services or events (Kidd & Witten, 2008; Roe, 2016). Some children report that their experience of defining their sexual or gender identity led to a loss of their religious

beliefs (Tyler, 2015). Religious conflict plays a significant role in outcomes for same-sex attracted youth, and young people suffer emotional and psychological harm when they feel they must sever their religious ties because of their sexual orientation (Ream & Savin-Williams, 2005). For those who managed to find a compromise between their sexual orientation and their faith, they appeared to gain some benefits from their sense of religious belonging (van Bergen & Spiegel, 2014).

Religious affiliation has proven to be a significant factor in the level of happiness reported by LGBT persons (Barringer & Gray, 2017; Brennan-Ing et al., 2013; Riley et al., 2013; Yarhouse & Carrs, 2017). Spiritual struggles are common among transgender persons and should be screened for during treatment (Grossoehme, Teeters, Jelinek, Dimitriou, & Concord, 2016). One study of 115 transgender persons and caregivers screened for spiritual struggle using the Rush Protocol, and found that 38-47% experienced spiritual struggle. Researchers encourage the use of this screening method because it proved to be acceptable and feasible to both adolescents and adults, and provided important information about the presence of spiritual struggle. Spiritual struggles are associated with poor health outcomes, including depression, which has higher prevalence among transgender individuals than the general population.

Many LGBTQ people have experienced discrimination and rejection by their religious communities, and for some, this has resulted in negative self-talk such as “If I go to church, they will tell me I am bad,” or, “If I don’t change my fundamental understanding of myself and ‘repent’ of my behavior I will go to hell,” or, “If God hates me and religious people hate me, why even bother?” (Mann, 2013, p. 203). Some transgender individuals report that transitioning is very difficult when those closest to

them consider their sexuality to be sinful (Brown et al, 2013). Many LGBTQ people have given up on connecting with a faith community, thereby losing a rich opportunity for supportive relationships with other spiritual people, and with the divine (Mann, 2013).

One study of religious conflicts experienced by 66 LGB individuals revealed that nearly two-thirds experienced conflict between their sexual orientation and their religion. Denominational teachings, scriptural passages, and congregational prejudice became sources of conflict. Reactions included shame, depression, and suicidal ideation. Participants found resolution in a number of ways. Some decided to identify as spiritual rather than religious, some reinterpreted religious teachings, some changed church or denominational affiliations, some continued to be religious but stopped attending worship services, and others abandoned religion completely (Schuck & Liddle, 2001).

Religiosity has been associated with lower levels of acceptance and support from family and friends, lower levels of honest disclosure, and higher levels of internalized homophobia (Shilo & Savaya, 2012). In contrast, one study of 395 LGB youth found that although religious conflict significantly impacts same-sex attracted youth, not all sexual minority youth suffer from religious conflicts. 38% of their respondents did not experience conflict, and more than two-thirds remained active in their original religious denomination (Ream & Savin-Williams, 2005).

Religion and faith play an important role in many lives, and Christian parents of LGB youth frequently make a focused effort to remain connected to their child, their families, their social network, their religious beliefs, and God (Maslowe & Yarhouse, 2015). Parents seek support from friends, family, church members, Christian ministries, and pastors. Religious coping mechanisms, such as looking to the Bible and the church

for answers and support, are primary resources relied upon by these parents. In addition, prayer, fasting, and connecting with other Christians and clergy is very important. Parents desire specific information on church teachings regarding sexuality and sexual ethics, and many seek out this information through ministries, books, and seminars (Maslowe & Yarhouse, 2015).

One early study on the role of religion and family members of LGB found that most reconciled their conflicts by choosing to believe that the unconditional love associated with God should be extended to their LGB family members (Lease & Shulman, 2003). Given the importance that many people ascribe to their faith and religion, the church has an opportunity to meet the needs of vulnerable and suffering people. If the Christian church wishes to remain relevant in the lives of LGBTQ people and their families, then the church needs to provide a safe place for them to go when they are in need of information or support (Sprinkle, 2015). The church has a responsibility to share the love of Christ in such a way that all people know it is a place of acceptance, love, and salvation (Sprinkle). Many churches represent that “All are welcome” but in fact, acceptance is conditionally based on behaviors, or relationship status. Communities of faith should consider their mandate to care for the wounded and recognize and preserve the sacredness of all souls (Houck, 2010). Religious leaders are in a unique position to model respectful conversation about issues related to transgender children (Elischberger, Glazier, Hill, & Verduzco-Baker, 2016). Yarhouse (2015) entreats the church to support families of gender dysphoric individuals by extending grace and compassion, asking questions, and withholding judgement.

**Queer Theology.** Despite research indicating that gender identity and gender dysphoria are biologically based entities, some believe that gender distinctiveness should be maintained, and the surgical alteration of gender should be discouraged (Kuehne, 2009). As Christians strive to raise their transgender children in a society that is largely gender binary, and within churches that are traditionally heteronormative, many parents will encounter challenges to acceptance and inclusion (Barringer & Gay, 2017; Johnson & Benson, 2014; Kuvalanka et al., 2014; Pearlman, 2006). In addition, many will face deeply personal and spiritual challenges as they reconsider Biblical passages of creation, gender, and sexuality in a way that will not exclude their children (Anderton et al., 2011; Lease & Shulman, 2003). Many Christian parents will seek churches that are based on more expansive interpretations of scripture, and will encounter theologies that may have been unknown to them prior.

The past 30 years has seen an increase in different approaches to theology, including lesbian/gay, womanist, and queer theologies. Queer theology challenges binary limitations of Christian/Biblical doctrine to reduce or eliminate exclusionary themes (Schneider & Roncolato, 2012). Queer theology is postmodern and deconstructionist in origin. As such, it rejects traditional dualistic thinking such as gender binary, or gay/straight. Queer theology asserts that meaning itself can be deconstructed so it is no longer based on a relationship of difference. Gender and sexual identity do not have fixed meaning, but instead are constructs that must be understood in context. Gender is not regarded as natural and static. Rather, it is performed and fluid (Lowe, 2009).

Queer theology challenges the church to explore theology through the eyes of the marginalized and disenfranchised, making room for all those who differ from ourselves

(Sanders, 2013). Queer theology sacralizes LGBT religious identities (Fuist, 2016). Sacred texts that diminish the value of each person should be challenged to create safety and inclusion for the non-binary, rather than labeling them as the problem (Hornsby & Guest, 2016). Rainbow theology expands upon other LGBTIQ theologies by specifically providing a voice for LGBTIQ persons of color who have been marginalized by society for both sexual/gender identity and race/ethnicity (Cheng, 2013). Womanist queer theology gives voice to Black women in the church, and asserts that the church's stand on sexuality has been more about control than faith, and God's kingdom allows for the transformation of mind, soul, and even body. Gender transition is regarded as a true attempt to live authentically and whole, and many believe there is room in God's kingdom for all living beings (Lightsey, 2015).

**Pastoral Care/Counseling with Transgender Families.** Pastoral care givers and other mental health clinicians have the opportunity to help LGBT persons and their families navigate the complexities of gender identity and sexual identity, while simultaneously considering the influence of spiritual and religious matters. The majority of the adults in the United States describe themselves as religious, and many LGBT persons report that religion and spirituality are important dimensions of their lives (Halkitis et al., 2009). During periods of stress, loss, or crisis, people frequently turn to faith and God to search for meaning and to find comfort (Pargament, Koenig, & Perez, 2000). Discovering one's child is transgender, often leads to crises for parents and the entire family, as they feel desperate to become educated about this phenomenon in order to make many, complicated choices. Most families seek mental health support, and many

Christian families search for Pastoral Counselors who can speak to the emotional, psychological, relational, and spiritual dimensions of this life-changing experience.

The Bible is clear in its rejection of hatred and violence toward disenfranchised individuals and groups. Wirth (2015) notes that the Bible speaks of caring for widows, orphans, and foreigners, and he contends that in today's society, this grace and protection should extend to those suffering from cross-gender issues. He argues that within the vastness of the Judeo-Christian creator there is room for diversity, variation, and individual freedom, and he asserts that this acceptance should extend to transgender people so they can live without despair, and with the full acceptance of God.

Many mental health professionals and pastoral counselors avoid issues pertaining to gender identity and sexual identity because they are complicated and political. Many counselors feel unqualified in education and training to speak clearly to these issues. Mann (2013) encourages professionals to become informed, and to join the challenge against apathy and oppression. He explores general stress and minority stress theory, to raise awareness of the profound level of coping required by disenfranchised minority groups, such as those identifying as LGBT. He presents a framework identifying how internalized homophobia impacts LGBT persons and their families, and calls for faith leaders and clinicians to reject societal stigma, and help these clients develop skills and supports to "ameliorate the deleterious effects of harmful stimulus" (p. 209).

Given the vast number of opinions and perspectives on issues pertaining to gender identity and sexual identity, some Christian mental health professionals may experience a dissonance between their own religious views, and the values, views, and choices of their LGBT clients. In such cases, professionals must rely on the ethical codes established by

their disciplines, which always protect the freedom, autonomy, and integrity of the client. Ethical practice begins with the principle of client self-determination, and this allows for differences in the understanding and interpretation of scripture (Harris & Yancey, 2017). In addition, it is helpful to focus on the core, shared Christian values of love, justice, and the inherent worth of all persons.

The spiritual and religious experiences of LGBT persons and their families will vary greatly based on numerous factors, including which denominations they are part of, or have been associated with. Fuist, Stoll, and Kniss, (2012) studied 25 of the largest religious denominations to search for a relationship between church rhetoric on gay and lesbian issues, and each denomination's religious organization, or movement for, LGBT inclusion, affirmation, or rights (which they refer to as LGBTRO). They were able to identify clear patterns about denominational assumptions, rhetoric, and ideology, and how they influence treatment of, and inclusion of, LGBT persons. This analysis provides valuable information about where clients are most likely to find spiritual support and acceptance, also referred to as "welcoming and affirming" faith communities. The authors based their research on published materials from each denomination, and suggest that a fuller picture will be available as researchers explore the actual lived, spiritual experiences of LGBT individuals and their families. This information is important because individuals who participate in welcoming and affirming faith communities are less likely to experience conflict between their religious beliefs and their sexual identity. Further, participation in hostile faith environments has led to LGBT leaving organized religion, and in some cases, abandoning Christian faith completely (Halkitis et al., 2009). This present research study contributes to the body of literature by revealing the

subjective experiences of 16 Christian parents who are associated with a variety of denominations and church communities.

Conroy (2010) examined the religious mythology of western culture and determined that it is far too limited to describe the actual bodily experiences of many people. She challenges religious scholars to further examine the narratives that inform our society, for she notes that transgenderism is not a universal term. Rather, in other cultures there does not exist a fixed sense of gender, so persons in other cultures do not experience a sense of change or fluidity. “The idea of crossing genders or mixing genders, in the way the Western world conceives those terms, is possible only when a fixed sense of gender underlies this movement” (p. 306). She adds that 110-150 societies have documented the existence of three or four genders, indicating that in numerous other cultures, gender is fluid and impermanent.

Fehige (2011) notes that contemporary Christianity is one of the strongest opponents to sexual diversity, and he believes Christianity and science can perhaps be reconciled by adopting a cluster concept, which “is a concept that consists in a relation between concepts” (p. 62). He contends that no concepts can be fully understood on their own, or function sufficiently on their own. Rather, there is an interrelationship that impacts, and gives meaning to, the other. He encourages scholars to consider the cultural reality that existed at the time Scripture was revealed, and consider the possibility that present- day understanding may shed different light on God’s nature, and on human sexual diversity.

Counseling with LGBT persons and their families is likely to focus on issues pertaining to bias, discrimination, and bullying. Marston (2015) explores the work of a

charity called Educational Action Challenging Homophobia (EACH), to better understand homophobic and transphobic bullying on children. She cautions professionals against overly focusing on negative outcomes, and notes that many young people are positively changing their school environments and inspiring social action and activism. She encourages therapists and researchers to focus not only on suffering and harassment, but also on positive elements of LGBT lives, such as fun, happiness, and fulfillment.

Pastoral Care and Counseling with transgender families should be sensitive to a number of unique and complex issues. Most transgender persons are fully aware of the emotional impact their gender identity has on their family members. Some feel selfish and guilty because their family members may experience so much pain on their account (Clark-King, 2016). Some choose to protect their families by staying away rather than asking them to cope with their “new self” (Kidd & Witten, 2007). Either choice can lead to complicated emotions on all sides. Although relatives were likely to be more comfortable when they were uninformed, seeing their family member at peace brings both joys and struggles. Estrangement frequently results in pain and confusion for all involved.

Pastoral care and counseling with transgender persons and their families is of vital importance, as these clients seek to reconcile gender identity, spirituality, and faith. Many transgender persons and their families have experienced spiritual or religious isolation, and have felt rejected by God. Many long to return to a faith community but feel unwelcome (Kidd & Witten, 2007). Many transgender people report that once they began to live honestly, without confusion, angst, and secrecy, they find an inner stillness and peace which results in a richer prayer life, and a deeper relationship with God (Clark-

King, 2016). Pastoral counselors are in a unique position to help transgender clients and their families sort through painful experiences and to help them identify a path to personal, interpersonal, and spiritual peace.

Some churches and pastoral counselors are laboring to understand the emotional, relational, and spiritual needs of transgender persons and their families, and struggling to develop a protocol to meet those needs. Yarhouse (2015) identifies three lenses, or frameworks, through which Christians might view gender dysthymia: the integrity framework, the disability framework, and the diversity framework. He defines each one and considers the relational consequences of each approach. He encourages the church to adopt an integrated framework, and respond to the issue of gender dysthymia with thoughtful grace and compassion in order to offer the best pastoral care and to remain relevant and impactful in a rapidly changing culture. Froelich (2016) composed a pastoral letter outlining issues pertaining to transgender and the organized Christian church. He makes recommendations for how Christian transgender persons might look to God, scripture, and faith communities as sources of support, hope, and direction. He also makes recommendations for how Christian family members and church communities might best support a gender dysthymic friend or loved one. He encourages love, prayer, integrity, compassion, and hospitality. The literature indicates that faith and spirituality are vital resources to transgender persons and their families. The literature also reveals that some churches and pastoral counselors are making it a priority to understand the lived experience of transgender persons and their families, and are working to remain a source of hope, healing, and compassionate support.

## **Summary**

This chapter provides an overview of the needs and experiences of transgender children and their parents. It begins by defining Systems/Family Systems Theory, which serves as the theoretical lens of this study. It provides information on the personal, relational, mental health, and medical needs of transgender children and their parents. It also describes ethical and medical concerns currently being debated by medical and mental health experts, including reparative or conversion therapy. This section speaks to the challenges experienced by families, including feelings of grief and loss, ambiguous loss, tension with extended family, bias, prejudice, lack of support from social networks, and internal moral and spiritual dilemmas. Chapter 2 concludes with exploration of religion, the organized Christian church, Queer Theology, and implications for Pastoral Care and Counseling with transgender individuals and their families.

The purpose of this study was to identify the lived experience of Christian parents who are coping with, and responding to, the needs of their transgender children. In addition, this study was designed to identify if and how Christian parents rely on faith as a coping skill as they parent through periods of great unknowns. This study identified the complicated choices that parents must make on behalf of themselves and their children regarding emotional, social, educational, relational, medical, and spiritual issues. The goal of this study was to describe the lived experiences of 16 Christian parents as they faced fear, grief, loss, isolation, anger, confusion, and social stigma, while simultaneously navigating the unknowns of their child's gender identity formation and expression, all while seeking to protect themselves and their children from harm.

The needs of transgender children and their families are numerous, and much research is still needed to determine how best to help these members of society. As the

number of children presenting as transgender increases, more families will be faced with the challenges of parenting through the unknowns associated with the transgender experience. Transgender individuals and their families require support from extended families, mental health experts, educational systems, social groups, civic leaders, and religious communities (Hill & Menvielle, 2009).

Because increasing numbers of LGBTQ children are coming out at earlier ages, families need ready access to information and support. Research is needed to better understand relational dynamics so parents can most effectively parent through this process (Tyler, 2015). There is still much to learn about the experiences of transgender individuals, and how family members are responding to gender exploration and transition (Wahlig, 2015). Research is needed to shed light on how families are impacted, and how they are coping and making decisions as they raise their transgender child (Gray et al., 2016).

More research and information is still needed to educate counselors on the best way to support and empower families of transgender children. These families find themselves in the position of needing to be allies and advocates for their children, yet they frequently lack information, tools, and support to address these challenges (Harper & Singh, 2014). Affirmative approaches are needed to help families reach acceptance of their gender variant child, because research suggests that a child's need for expression does not seem to change regardless of a parent's attitude or behavior toward his/her sexual identity expression (Riley et al., 2011).

The experience of Christian parents with LGBTQ children may be uniquely stressful because of the tension they feel between honoring their religious beliefs and

loving their child (Maslowe & Yarhouse, 2015). Since some families cite religion as a source of strength, and others regard it as a source of division, further research is needed to shed light on the factors that contribute to these outcomes (Tyler, 2015). The Christian community needs to engage in thoughtful scholarship as they consider how to best meet the spiritual needs of transgender persons and their families. Becoming educated and aware is paramount, as the church seeks to provide effective pastoral care to individuals and families facing these unique challenges (Yarhouse, 2015).

## Chapter III - Methodology

### Introduction

This study was a qualitative exploration of the lived experience of 16 Christian parents who have a transgender child. When parents discover their child is transgender, they find themselves thrust into a complicated situation that has emotional, psychological, relational, medical, and legal consequences. For Christian parents, moral and spiritual issues may take center stage as they grapple with how to meet the needs of their child without compromising their faith and the teachings of their church. This study identified the vast array of information that parents of transgender children may consider as they make decisions on behalf of their children. The purpose of this study was to listen, describe, and interpret the lived experience of a small cohort of Christian parents who have a transgender child. An Interpretive Phenomenological Analysis (IPA) approach was chosen in order to gain a deep, first hand understanding of the lived experience of this group of parents as they struggled to honor their faith and religious commitments while simultaneously making difficult decisions on behalf of their children, or watching as their children made sometimes permanent choices for themselves.

Consistent with the format for conducting IPA research, data was gathered using semi-structured, in-depth interviews (Smith, 2004). IPA asserts that “less is more.” Therefore, researchers are encouraged to deeply and thoroughly investigate a phenomenon by choosing fewer participants, asking fewer questions, and searching for fewer themes during analysis (Smith et al., 2009). This researcher sought to thoroughly understand, describe, and interpret how Christian parents of transgender children are coping with, reacting to, and processing the complexities involved in raising or having a transgender child. By limiting the length and number of questions, the researcher enabled

respondents to freely and fully share their experiences in their own words, and from their own unique perspectives.

This IPA study explored the lived experience and faith experience of 16 Christian parents of transgender children. IPA has flexible guidelines and uses questions that guide rather than control. IPA relies on rapport and dialogue between the researcher and the respondent, and the interplay between the respondents' narrative and the researcher's interpretations results in rich discussion and data (Smith et al., 2009). IPA is an iterative data gathering process that employs a flexible data collecting instrument. Unlike structured interviews that focus on control, reliability, and speed, the semi-structured interviews espoused by IPA employs an interview schedule that builds rapport, guides discussion loosely, allows for flexibility, and gives the interviewer freedom to probe deeper into areas that seem to interest the study participant (Smith & Osborn, 2008) This open-ended interview format provided a forum for respondents to share, in their own words, their rich, deep, personal experiences of raising a transgender child. The questions allowed them to reveal if and/or how faith plays a role in their coping. Further, the study allowed respondents to share their personal faith experiences, as well as their interpersonal faith experiences with church leaders and fellow church members.

Interpretive phenomenological analysis (IPA) was chosen as the methodology for this study because IPA is particularly useful to researchers exploring complex or novel phenomenon (Smith & Osborn, 2008). This study sought to understand how Christian parents come to terms with, and make meaning of, the phenomenon of having a transgender child. This study began with broader, less sensitive questions to elicit general views, and then used the technique of funneling to find answers to specific questions. The

interviewer maintained an attitude of humble curiosity while asking open-ended questions designed to gather rich, deep, personal insights into the lived experience of each study participant.

Researchers using IPA adopt a stance that is curious and exploratory. IPA is an inductive approach to research where each participant is regarded as an expert on the phenomenon being studied. IPA seeks to understand the convergence and divergence that occurs within a group's experience of a shared phenomenon. Participants are purposively chosen to represent a homogenous sample so comparisons can be made case to case (Smith et al., 2009). In this case, Christian parents of transgender children were invited to share their individual experiences so the researcher could understand distinct individual experiences, while also searching for themes and commonalities between stories.

Phenomenology was espoused by Edmund Husserl who “encouraged researchers to go to things themselves, describe phenomenon as accurately as possible, and repeat analyses to sharpen the interpretations” (Allan & Eatough, 2016, p. 408). Heidegger expanded upon Husserl's ideas by stressing that people always exist in relationship with other things. Heidegger's key tenets include: lived experience, everyday ordinariness, and Dasein. Dasein is a concept which describes that subjects (people) and objects are inseparable and must be viewed together in context to achieve full understanding (Horrigan-Kelly et al., 2016).

IPA is a common method of conducting family therapy research (Allan & Eatough, 2016). Phenomenology provides data on individual experiences and first-order perspectives (Barnard et al., 1999). Qualitative research provides holistic views of

individual experiences and allows researchers to see phenomenon through the subjective lens of each participant. The goal of this study was to understand how Christian parents are experiencing the phenomenon of having a transgender child, and what role their Christian faith played as they sought answers and support. This research project provided a comprehensive exploration of the lived experience of 16 Christian parents who have a transgender child.

This chapter presents the methods used to understand and describe the lived experiences of a small group of Christian parents as they cope with, and respond to, the needs of their transgender children. Included in this chapter is information on Interpretive Phenomenological Analysis (IPA), which served as the tool for gathering data. This chapter also details the research design, the population sampled, data collection processes and procedures, ethical considerations, and limitations of the study.

### **Statement of Problem**

Recent demographic data indicates that one out of every 137 teens (aged 13 to 17) in the United States, identifies as transgender (Flores, Herman, Gates, & Brown, 2016). For each member of this group of approximately 150,000 teens, there are parents and guardians who face the daunting tasks of finding pertinent information, qualified mental health support, effective medical interventions, and reliable social support. For many parents, complex emotional and relational issues arise as they strive to understand and support their child, while also working to protect themselves and their children from harm, bias, and discrimination. Christian parents face the added dimension of moral and spiritual considerations as they contemplate words of scripture pertaining to creation,

gender, and sexuality. Very little research exists on how Christian parents are coping with, and responding to, the complexities of having a transgender child.

Since it appears that the number of transgender children is increasing (Wiepjes et al., 2018; Wood et al., 2013), an increasing number of parents will find themselves in the position of making numerous complicated decisions about how to cope with this phenomenon, emotionally, relationally, medically, and spiritually. Family systems theory is based on the assertion that each member of a system impacts, and is impacted by the others. In a family, when one member has a crisis, all members are impacted (Bethea & McCollum, 2013). Therefore, the goal of this study was to provide valuable and helpful information for parents raising a transgender child, as well as for those who have relationships with transgender families, such as medical and mental health professionals, legal professionals, educators, and clergy.

Research indicates that information and support are two of the most important needs identified by transgender persons and their families (Riley et al., 2011). This phenomenological study was designed to provide rich, deep, personal information on the lived experience of 16 Christian parents who have a transgender child. The goal was to identify, describe, and interpret the personal accounts of this cohort of parents in order to better understand their experience of the phenomenon of parenting a transgender child.

Through the use of in-depth, semi-structured interviews, this study sought to identify if and/or how Christians rely on their faith as a method of coping with these unique and complex parenting challenges. Using the flexible guidelines of IPA interviewing (Eatough, Smith, & Shaw, 2008), the researcher was able to collect intensely rich, deep, personal data on the lived experiences of this group of parents,

offering them the opportunity to share their stories in their own words, and from their individual, and unique perspectives.

From its inception, American society has been organized around binary gender roles and binary sexual orientation. In the past 50 years, there has been a complete shift in sexual ethics, relational paradigms, and individual expectations (Kuehne, 2009). The past several years has seen an increased awareness of gender identity and gender fluidity, but even with the increased recognition of this phenomenon, there are still many evidences of bias, discrimination and unequal treatment (Gleason et al., 2016; Miller & Grollman, 2015). Transgender persons in the United States experience more violence than any other sub group in the country. Even within their own families, many are exposed to violence, rejection, and sexual abuse (Stotzer, 2009). As more youth and adults are presenting as transgender, more families are searching for answers and support in determining how to best care for their transgender loved one.

At present, very little research exists describing the lived experience of Christian parents who have transgender children. This study explored this segment of society from a family systems perspective, to see if or how the family relies on faith to help restore harmony and homeostasis and to continue to function as a unit after a child identifies as transgender. In-depth, semi-structured interviews provided information on the role of faith and the influence of the church community throughout the adjustment process. This phenomenological study provided first hand data on the lived experience of Christian parents who have transgender children. The results provided valuable insights into the role faith plays as a coping strategy in dealing with the complex challenges of raising or relating to a transgender child.

Discovering one's child is transgender leads to many emotional, psychological, and relational challenges for parents (Wahlig, 2015). For Christians seeking to understand issues related to gender dysphoria, there are also spiritual challenges (Yarhouse, 2015). This study was designed to understand, analyze, and interpret the lived experience of Christian parents who have raised or, are currently raising, a transgender child. By understanding the experiences of these parents, professionals will be better equipped to provide support and guidance for families with transgender children. Further, by understanding the role of faith in helping or hindering peoples' coping methods, therapists, pastoral counselors, clergy, church leaders, and other Christians, may gain a better sense of how best to support Christian parents of transgender children.

Balancing the tension between religious beliefs and a child's gender identity can be very stressful for Christian parents (Yarhouse, 2015). It is not unusual for parents to expand their traditional understanding of faith and gender, and many times parents choose new places of worship that are more tolerant of sexual and gender diversity (Kuvallanka et al., 2014). Christian parents may experience fear that their child is not living up to expected societal norms, and anger that their child is abandoning the morals and values they tried to impart (Maslowe & Yarhouse, 2015). The purpose of this study was to understand the lived experiences of a small group of Christian parents, and to identify what they may need from mental health professionals, fellow Christians, and church leaders in order to successfully manage this significant transformation within their family system.

### **Research Question**

What is the lived experience of Christian parents who have a transgender child?

This study explored, described, interpreted, and analyzed the lived experience of a group of Christian parents who have raised, or are currently raising a transgender child. The researcher was interested in discovering the participants' individual, subjective perspectives and experiences as they lived through this phenomenon. Sixteen Christian parents were interviewed for this study. Within that number, there were five, heterosexual, married couples. The researcher analyzed the participants' responses to determine how they perceive, feel, process, and make sense of, the experience of having a transgender child.

This study asked questions pertaining to the spiritual and faith aspects of having a transgender child. The researcher asked questions such as: How are Christian parents relying on faith to cope with having transgender children? What role, if any, is faith playing in a parent's ability to cope with the challenges of having a transgender child? Is a parent's Christian faith changing/growing/diminishing as a result of having a transgender child? Is their Christian faith a help or a hindrance in accepting their transgender child? Is their Christian faith a help or a hindrance in making mental health and medical decisions on behalf of their transgender child? What specific words of scripture do they find comforting or upsetting in making decisions about supporting their child? The research questions were designed to gather information about the role of faith/religion as a coping strategy in parenting a transgender child. Also, this study explored how expressions of faith, such as prayer and attending church, were impacted as a result of, or during the process of, raising and supporting a transgender child.

### **Research Methodology**

This study was a qualitative analysis of the lived experience of Christian parents of transgender children. The study employed the method of Interpretive Phenomenological Analysis (IPA) to explore and describe the first hand, individual parenting experiences of a group of 16 parents who have a transgender child. IPA provided the framework to fully understand the subjective experience of each participant, by affording them the opportunity to share in their own words how they perceive, describe, and make sense of their everyday experience of having a transgender child. Qualitative studies provide rich details and insight into specific people and phenomenon (Firestone, 1987). Qualitative research methods focus on discovering meaning, purpose, or the individual reality of their subjects. Qualitative research is interpretive and naturalistic. It is inductive in nature, and multiple truths are expected and accepted. The desired result of qualitative research is to understand the reality of a given experience, by specific persons, by creating a forum to listen to their story.

Qualitative research asserts that reality is socially constructed based on how individuals experience their reality. The purpose of qualitative research is to understand the reality of the person or persons being studied. The qualitative researcher uses ethnography to gain understanding of the reality of the subjects under study. The role of the qualitative researcher is to immerse himself in the lives or situations being studied, and to understand the phenomenon in its natural context (Allan & Eatough, 2016).

This study resulted in a uniquely deep and comprehensive understanding of the lived experiences and faith experiences of 16 Christian parents who are presently raising, or have raised, transgender children. The open-ended interview format allowed respondents to fully share, in their own words, the rich, deep, personal experiences of

having a transgender child, and resulted in information on if and/or how faith plays a role in how Christian parents cope as they face the challenges of raising or relating to a transgender child.

Interpretive phenomenological analysis (IPA) was chosen as the methodology for this study because interviews and open-ended inquiry lead to vastly descriptive data, and deep understanding of personal and relational experiences. IPA is an inductive approach to research, where each participant is regarded as an expert on the phenomenon being explored. IPA invites respondents to openly share their subjective, individual experiences of a given phenomenon, thereby giving researchers access to both individual truths and common experiences. Phenomenology encourages researchers to observe things first hand, and to deeply immerse themselves in the phenomenon being studied. IPA allows researchers to gain a particularly robust understanding of a given phenomenon and how it impacts people and relationships (Allan & Eatough, 2016). Since people exist in relationship to other people and systems, their truth can best be observed and understood by studying their lived experience in their ordinary, natural context (Horrigan-Kelly, et al., 2016).

IPA is well suited for health psychology and family therapy research (Allan & Eatough, 2016) because phenomenological studies provide data on individual experiences and first-order perspectives. IPA reveals how people engage one another, and how each person experiences, makes sense of, or makes meaning of, a given phenomenon. The goal of this study was to understand how Christian parents experience the phenomenon of having a transgender child, and what role, if any, their Christian faith plays as a coping strategy. This research project provided an in-depth, comprehensive exploration of the

lived experience of Christian parents who are raising, or have raised, a transgender child, and provided data on both individual and collective themes and experiences. The target population for this study was parents who identify as Christian and who have a child who identifies as transgender. For the purposes of this study, the age of the children was unrestricted. Therefore, the parents who participated in this research project had young children, teens, or adult children.

Since the primary goal of this study was to understand the lived experiences of Christian parents of transgender children, semi-structured interviews were chosen as the best means to gather useful data. Respondents were given the opportunity to provide explicit details of what it means to them to be both people of faith and parents of transgender children. The gathered information provided insight into the role of faith in the lives of Christian parents who have the experience of raising a transgender child. Specifically, the data provided information about whether Christian parents experience their faith as a source of conflict, added stress, and extra concerns, or, as a source of peace, comfort, and strength as they navigated the demands of guiding and protecting their transgender child.

### **Research Design**

In keeping with the foundation of the IPA research approach, this study explored, described, analyzed, and interpreted the lived experience of 16 Christian parents of transgender children. This study explored how these parents made sense of their experience of having a gender variant child within a largely gender binary society. This research design included in-depth, semi-structured, open-ended interviews that allowed respondents to fully share their personal experiences, their perceptions, and the meaning

they ascribe to their experiences (Dahl & Boss, 2005). Phenomenological research is a respected method of gaining knowledge about families because it assumes that truth is relative and subjective, it recognizes that multiple perceptions are accurate and true, and it honors the fact that important knowledge may be gained by studying unique, individual, everyday experiences (Dahl & Boss, 2005).

The IPA approach seeks to gather a detailed understanding of a participant's individual, real life, personal experiences (Smith et al., 2009). This method allows for phenomenon to be viewed and understood through the individual experiences and subjective interpretations of the respondents, thereby revealing their lived experiences, their own prescribed meanings, their individual relationship to events, and their own language or description of events (Smith et al., 2009). IPA then, provided a solid framework to fully understand the lived experience of this group of Christian parents who have transgender children.

### **Description of Participants**

Participants in this study were 16 Christian parents who had a child who identified as transgender. Five married couples were interviewed in order to gain a deep understanding and corroborative accounts of the impact on the marriage and family, and to gain insight into any differences between how mothers and fathers cope and view this complex situation. In addition to the married couples, six individual parents were also interviewed, three mothers and three fathers. All participating parents represented that they were committed to their Christian faith and were actively involved in Catholic or Protestant churches. These people were purposively selected on the basis that they could offer insight and provide rich and deep personal details about the experience of being

people of faith who also have a transgender child. These parents were invited to freely and voluntarily describe their experiences by participating in individual, semi-structured interviews.

Once Neumann University's Institutional Review Board approved this study content and method of data collection, participants were located and selected through five sources. First, Lead Them Home Ministries, a Christian ministry to LGBTQ individuals located in Acton, MA was contacted. Lead Them Home sent out an email notice to their readership asking for willing participants. Second, a number of clergy were contacted, and some of them referred appropriate parents to the study. Third, a couple was specifically invited to participate by the researcher after they appeared in the media. Fourth, one couple found their way to the researcher when they were seeking a counselor for their child. Fifth, and finally, one parent was referred to the study by his transgender child who was aware of the researcher's study.

All participants were Christian parents who were actively associated with a Catholic or Protestant church, and who had a child identifying as transgender. Each participant was given an alias to protect anonymity. Every parent who wished to participate in this research study was invited to do so. No one was excluded or rejected. Every parent who began this study, completed the study.

Sixteen parents participated in this study; Eight women and eight men. Within this number, there were five married heterosexual couples. The parents' ages ranged from 39 to 78, with the median age of 54.5. Their transgender children ranged in ages from 10 to 47, with a median age of 24. Of the eleven transgender "children" represented, five were F to M, four were M to F, one was F to non-binary/masculinized, and one was M to

unknown. Fourteen participants were American, two were Canadian, and one was Swiss. Of the 16 respondents, 14 identify as white/Caucasian/European Descent, 1 Hispanic, and 1 African American

Maria is a 49-year-old a married mother of two residing on the west coast. Maria's daughter Lily announced at 17 that she identified as male, and began transitioning to male. Maria has been processing this for nine years, has accepted her son as Liam, and presently enjoys a close relationship with him. Liam is now 26 years old.

Diane is a 49-year-old, married mother of two residing in the northeast. She is divorced from her children's father, but remarried. Her son Luke never gave any hints about being uncomfortable with his gender until he came out at 18. Luke, now 22, lives fully as female and changed her name to Lola.

Nancy is a 44-year-old married mother of three living in the Midwest. Her oldest son, Daniel, told her last year that he was identifying as female. At the time of the interview, she was 15, going by the name Danielle, and beginning hormone treatments.

Tim is a 64-year-old married father of two residing in the northeast. His son, now 28, announced three years ago that he was identifying as female. Jack is now living as Jackie, with the full acceptance of all family members.

Sam is a 60-year-old married father with four children living in the northeast. Last year his 17-year-old son, Aaron, told him he was struggling with his sexual and gender identity. Sam and Aaron have not communicated for nearly a year. Sam is unsure of how Aaron is presently identifying to his friends. At home, he continues to present as male.

Dom is 78-year-old married father of three adult children, who resides in Switzerland. His son David announced four years ago, at the age of 44 that he has wanted to be a female since he was five. David has since transitioned to female and goes by the name Della.

Cara (57) and Tony (63) are married with three children. Their middle child is a 24-year-old daughter named Lisa who announced last year that she was uncomfortable identifying as female, and was bi-sexual. Lisa told them she would be taking steps to masculinize and to live as gender non-binary.

Amy (58) and Edward (56) live in the Midwest. They have three adult children. Their youngest son Heath, age 24, announced one year ago that he was identifying as female and going by the name Heather.

Doug (57) and Emma (53) are married with five children, and they live in the northeast. Their daughter Tara came to them four years ago, at the age of 20, and announced she was actually a boy. Tara has fully transitioned to Tyler.

Charles (43) and Leah (39) are married with three children and live in the northeast. When their daughter Sarah was seven, they learned she had been thinking of suicide and had been asking friends to call her Kyle for some time. At this point, Kyle is ten and has been living as a boy for nearly four years.

Mark (46) and Talia (45) are married with two children and reside in Canada. Their oldest daughter Grace announced two years ago, when she was 14, that she was identifying as male. She is now living as Grey, and contemplating the next medical steps.

### **Sources of Data**

After Neumann University's Institutional Review Board approved this study, and the participants were chosen, arrangements were made to conduct semi-structured, in-depth interviews at a place that was convenient for each respondent. One chose to come to the researcher's office, and two chose to be interviewed in their own homes. Because of geographic distance, most participants were interviewed via Skype or Facetime. Before the interviews took place, informed consent forms (see Appendix A) were explained and signed. Each participant was clearly apprised of the goals and purpose of this study, and each person was clearly told that they could discontinue participation at any point during the study. In addition, each participant received a copy of a Participant's Bill of Rights in a research study (see Appendix B)

The interviews were face-to-face meetings. Participants were asked a series of open-ended questions and were invited to respond freely and fully to the questions asked. In IPA, an interview schedule is established called a protocol. This protocol is designed for the purpose of exploring open-ended questions and participant responses. The protocol creates a guide, or a framework, for conducting a focused conversation that allows for comprehensive responses (Smith et al., 2009). IPA encourages the use of neutral, rather than value-laden or leading questions (Smith & Osborn, 2008). The questions in this study began with demographic information and church affiliation, and moved on to open-ended questions including the core question of the study, as well as associated questions around the theme of faith and parenting a transgender child. (See Appendix D for the Protocol).

IPA employs the use of a verbatim record of the data to provide a written transcript of every word spoken by the researcher and the study participant. By recording

the meetings, the interviewer was able to pour over the content of the meetings and capture every word and nuance of the conversations. After each interview, the researcher allowed time to personally reflect upon the spoken and visible responses to each question, and made notes about the interview content and process, as well as bracketing personal impressions of the information shared. Through the use of journaling and ongoing reflection, the researcher was able to complete a thorough IPA analysis which identified how the respondents experienced and made meaning of the phenomenon of being a Christian parent of a transgender child.

### **Validity or Credibility**

In qualitative research, reliability and validity refer to the credibility, transferability, and trustworthiness of the study (Golafshani, 2003). Some qualitative researchers prefer the terms: quality, rigor, or trustworthiness (Lincoln & Guba, 1985). Qualitative researchers focus on delivering findings that are credible, true, authentic, neutral, confirmable, and plausible (Lincoln & Guba). The aim of qualitative research is to search for deep understanding (Johnson, 1985). Constructivism values multiple and diverse realities and regards each as worthy and true. Constructivism asserts that data triangulation leads to valid, reliable understanding of multiple realities (Johnson, 1997). Validity can be substantiated by a number of techniques including triangulation, respondent validation, and constant comparison (Golafshani, 2003). Triangulation involves using two or more methods to study the same phenomenon. In this study, triangulation was accomplished by using observation, in-depth face-to-face interviews, and recordings.

In qualitative research, credibility is established by providing detailed descriptions of the interviews and the collected data. Member checking and recordings of the dialogue ensure that no data is lost or misrepresented in the presentation of findings. Collaboration with participants and researcher bracketing ensure that credibility is maintained (Lincoln & Guba, 1985). In addition, in this study, the researcher used journaling after each interview to maintain awareness of her own beliefs about certain issues, and also to make notes about thoughts, feelings, and impressions that occurred throughout the meeting. This researcher focused on providing credible data by carefully following protocol, developing trust and rapport with the respondents, and allowing adequate time to fully explore all questions with the study participants. Detailed quotes from the participants provided rich, thick, accurate data describing individual experiences of the shared phenomenon.

Member checking allows study participants the opportunity to validate that their words were accurately heard and understood. Each study participant was given a copy of their interview so they could verify that the data was true and accurate. Participants were asked to make any corrections and email the researcher with the amended data.

The use of constant comparison means that one piece of the data (such as the interview itself) is compared with previous data and not considered on its own, enabling the researcher to treat the data as a whole story rather than story fragments. Constant comparison also enables the researcher to identify emerging/unanticipated themes within the research project. To demonstrate credibility in qualitative research, the researcher must show that similarities and differences in findings are substantiated by the data. Excerpts from the interviews are the most direct way to support the findings, so direct

words and quotes were shared to reinforce why various themes/labels/categories were chosen.

### **Reliability or Trustworthiness**

Lincoln and Guba (1985) use the term “dependability” to describe reliability in qualitative research. Further, they assert that if validity is proven, then reliability can be assumed. In qualitative research, reliability relates to the reproducibility or replicability of the processes and results. To ensure reliability, two additional researchers were invited to analyze the data independently and to verify the accuracy of themes and sub-themes.

### **Data Collection**

The selection of candidates for this qualitative study involved a two-step process. The first step involved locating potential participants via five channels: (1) Lead Them Home Ministries in Acton, Massachusetts sent an email to their readership, (2) A number of clergy were contacted and asked to make appropriate referrals, (3) A husband and wife who had appeared in the media because of their transgender child were contacted directly, (4) A couple seeking a therapist for their transgender child contacted the researcher directly, and (5) One parent was referred by his transgender child, who was previously known to the researcher. The second step involved following up with the suggested persons via email, inviting them to participate in the study, and answering all questions about the purpose and parameters of the study.

Once participants were identified, three steps followed:

Step 1: Participants were contacted by email to discuss the purpose and procedures of the study. They were asked to participate in a two-part method of data collection. First, they were mailed a questionnaire containing questions pertaining to demographic information, including religious affiliation, age, education level, and income level. Once the signed Informed Consent Form was received and the questionnaire was returned, arrangements were made to meet with the respondents individually (in-person or via Skype or Facetime) to participate in a semi-structured interview at their convenience.

Step 2 (Semi-structured interview): Each respondent participated in an audio recorded, individual interview.

Step 3 (Member checking): After all interviews were completed, summaries were shared with each respondent, and they were invited to clarify any information that may have been unclear, misunderstood, or misrepresented.

Before interviews were conducted, study participants were asked to sign an Informed Consent Form (See Appendix A), clearly identifying the purpose of the study and the respondents' rights. They were also given the Participant's Bill of Rights for psychological research (see Appendix B). After signing the consent, they were given the demographic questions (See Appendix C) to complete on their own. At the start of each interview, the researcher re-stated that all participation was entirely voluntary and participants were invited to ask any questions about the study. Every participant was advised that they were free to discontinue the study at any time without consequence. Once the participants were through asking questions, the interviews began, which

allowed for in-depth explanations and discussion about the subjective experience of each respondent.

Each of the interviews lasted between 60 and 90 minutes, allowing the respondents ample time to fully and robustly describe their experiences without feeling rushed or pressured. No interview ended until all questions were discussed and the interview participant had opportunity to share final thoughts or feelings related to the discussion topic. In keeping with ethical research guidelines, participation in the study was completely voluntary and confidentiality was ensured. Participants were assured that their true identity would be known only by the researcher, and, if necessary, to members of the researcher's dissertation committee at Neumann University. Participants were given a pseudonym to protect their privacy. Recordings and notes were stored in a locked cabinet accessible only to the researcher. Transcripts were stored on a password protected computer belonging to the researcher, and would only be shared with the dissertation committee upon request. Recordings and transcripts would be kept for three years before being erased and/or destroyed.

### **Data Analysis Procedure**

Analyzing phenomenological data requires an emergent strategy of identifying and coding themes, categories, and main ideas that were essential to the experience of respondents. Audio recordings of the interviews were transcribed verbatim using the transcription software program Vocalmatic. Transcripts were then coded by hand and analyzed individually following the IPA coding framework. According to IPA, six steps are necessary to properly analyze data (Smith et al., 2009). This researcher followed the guidelines and did the following:

1. Read and reread the transcripts and other data.
2. Recorded descriptive notes and comments next to the transcript identifying respondent's content, interpretations, and comments.
3. Developed and identified emergent themes from the data, by mapping interrelationships, and searching for connections and patterns.
4. Searched for connections across emergent themes, identified and explored oppositional items, identified contextual or normative elements, and identified the purpose a theme might play in how respondents made meaning of their experience of parenting a transgender child.
5. Repeated steps one through four for each transcript from each participant.
6. Identified existing patterns between and across each case while drawing conclusions about the most important information to share about the study participants.

After these six steps were thoroughly completed and fully processed by the researcher, the final step involved reviewing the findings with the participants in a process called member checking. This process allowed the study participants to validate that the information was given and heard correctly, and that the summation correctly revealed the information the respondent meant to share. This phase of data analysis ensures accuracy and validity. In this study, respondents were emailed a copy of their interview, and they alerted the researcher to any errors or clarifications that were needed to ensure accuracy.

### **Ethical Considerations**

Stringent ethical guidelines were adhered to throughout the course of this study. Before participants were selected or contacted, this study design was scrutinized and approved by Neumann University's Institutional Review Board to ensure that maximum care would be extended to study participants, and risk to participants was deemed to be non-existent or minimal. All forms pertaining to records release and informed consent were pre-approved by the IRB to ensure that confidentiality would be maintained throughout the process. The diligence of the IRB ensured that participants were treated with dignity and respect even before first contact by the researcher.

The researcher clearly and carefully explained to participants the goals, parameters, and procedures of this study before any information was gathered on the lived experience of these respondents. Participants were clearly advised that consent was voluntary and could be withdrawn at any point during the study. Participants were given the freedom to skip or ignore any questions which they felt uncomfortable answering. Before and during the interview, all participants were advised that their emotional well-being was more important than any part of the study, so they were free to skip questions, ask questions of the researcher, request clarifications, or exit the study at any point. At all times, study participants were treated with kindness, respect, dignity, and warm regard.

As a pastoral counselor trained in the Catholic, Franciscan tradition, the researcher regarded each participant as having inherent dignity and value as a person created in the image of God. The principle of *haecceitas* asserts that each individual has a special, unique sacredness, and has profound value in the eyes of God (Nothwehr, 2005). Therefore, all study participants were treated with the highest level of reverence, care, and respect throughout the research process.

### **Limitations and Delimitations**

The goal of this study was to understand the lived experiences of Christian parents of transgender children. The information was gathered from non-coerced, willing participants, so it was assumed that they were in an emotional and spiritual state where they had come to terms with deeply emotional events and were ready to share their experiences openly and honestly. Anonymity and confidentiality were preserved, and respondents were assured that they were free to discontinue at any point in the study to ensure that answers were given freely and without fear. Since sample size was limited, it is assumed that the experiences shared were representative of a larger sample of Christian parents in similar circumstances.

By definition, this study was limited to the experiences of parents identifying as mainstream Protestant and Catholic, so viewpoints and experiences of people of different faith perspectives were not represented here, and the results may or may not be relevant to other faith communities. Another study limitation was time. This study was conducted over the course of several months in the winter of 2018. Given the condensed time frame, as opposed to a longitudinal study, the information gathered provided a snapshot into the experiences of this group of people, at this point in time. This study was not designed to offer generalizations about how people of other faiths or different cultures cope with parenting their transgender children.

At the time this study was conducted, information about transgender children and their parents was still quite limited, and studies exploring the specific experiences of Christian parents of transgender children were almost non-existent. Therefore, although varied inquiry is still needed on the experiences of transgender children and their

families, this study focused primarily on the role of parental Christian faith in coping with the complex issues inherent in raising or relating to a transgender child.

### **Summary**

This purpose of this study was to listen, describe, interpret, and make meaning of the lived experience of Christian parents of transgender children. This study was viewed through a family systems lens because when one member of a family makes changes or is in crisis, the entire system is impacted (Bethea & McCollum, 2013). When one member of a family recognizes they are transgender, the entire family experiences crisis and disruption as they work to incorporate the changed member and to restore homeostasis. This study used the Interpretive Phenomenological Analysis approach to gain a deep understanding of the first hand, lived experience of Christian parents of transgender children. Study questions focused on if and/or how Christian parents use faith to cope while accommodating the gender transition of one of their children.

This study employed the IPA framework and conducted face to face, in-depth, semi-structured interviews with 16 participants. Each respondent was treated with utmost respect and care, and all ethical guidelines were strictly adhered to. The terms set forth by Neumann University's Institutional Review Board were followed exactly, and no participant reported experiencing any level of harm as a result of this research project.

This study explored the lived experience of 16 Christian parents of transgender children, and examined the role of faith in how these parents regard and behave toward their transgender children. The research questions were designed to gather phenomenological data on the lived experience of Christian parents of transgender

children. After the data was analyzed according to IPA standards (Smith et al., 2009), numerous themes and sub-themes emerged from the data. The results of this exploration are explicitly described in Chapter 4.

## Chapter IV-Findings

### Introduction

The purpose of this Interpretive Phenomenological Analysis was to explore and understand the lived experience of Christian parents as they cope with, and respond to, the needs of their transgender children. Semi-structured interviews allowed Christian parents to share their personal, relational, and spiritual experiences of parenting their transgender child. The findings revealed how Christian parents feel about, and respond to, the needs of their transgender children. This study identified how Christian parents rely on their faith to parent, and also revealed how parenting a transgender child impacts a parent's faith. Lastly, this study provided scripture references that Christian parents found helpful and unhelpful as they sought to find the balance between their faith and the complexities of parenting a transgender child.

The research questions were designed to gather information about if and how faith and religion were used by Christian parents to cope with the stressors involved in having a transgender child. The questions were designed to shed light on if and how personal faith changes as a result of raising a transgender child. This study answered the following questions: What are the lived experiences of Christian parents who have transgender children? What role, if any, is faith playing in a parent's ability to cope with the challenges of having a transgender child? Is a parent's Christian faith changing/growing/diminishing as a result of having a transgender child? Is their Christian faith a help or a hindrance in accepting their transgender child? Is their Christian faith a help or a hindrance in making mental health and medical decisions on behalf of their transgender child? Finally, this study revealed the specific words of scripture that parents

find comforting and upsetting as they strive to make their best parenting choices, while simultaneously remaining faithful to their understanding of God's will for them and their children.

### **Overview of Respondents**

Sixteen parents participated in this study; Eight women and eight men. Within this number, there were five, married, heterosexual couples. The parents' ages ranged from 39 to 78, with the median age of 54.5. Their transgender children ranged in ages from 10 to 47, with a median age of 24. Of the eleven transgender "children" represented, five were F to M, four were M to F, one was F to non-binary/masculinized, and one was M to unknown. Fourteen participants were American, two were Canadian, and one was Swiss. Of the 16 respondents, 14 identify as white/Caucasian/European Descent, 1 Hispanic, and 1 African American

All sixteen participants were given a questionnaire to gather demographic information, church affiliation, and faith-based questions (See Appendix C for questionnaire). Because there is great diversity among Christian schools of thought, some of the questions were designed to identify respondents' beliefs pertaining to the existence of an after-life and the relative importance of Christ's death on the cross. The researcher postulated that there could be a relationship between a parent's belief in the eternal value of their child, and a parent's motivation or determination to maintain relationship with their child.

Table 1

*Responses to demographic & faith-based questions*

<u>Questions</u>	<u>Yes</u>	<u>No</u>	<u>Not Sure</u>
Believe there is life after death?	15		1
Believe there is a heaven?	15		1
Believe there is a hell?	13	3	
Believe there is a purgatory?		12	4
Believe Jesus' death on the cross is Foundational to their faith?	14		1
	1 *		
* Yes, with parameters			

Table 2

*Table of Political Affiliation of the 13 Respondents who are U.S. citizens*

<u>Party Affiliation</u>	<u># of Respondents</u>
Republican	5
Democrat	3
Independent	4
Non-Aligned	1

Table 3

*Table of Church Affiliation/Denomination*

<u>Denomination</u>	<u># of Respondents</u>
Christian	2
Evangelical Mission	2
Lutheran	1
Non-denominational Christian	2
Non-denominational Bible Church	1
Non-denominational/Baptist	1
Protestant/Conservative	1
Protestant/Independent	1
Roman Catholic	2
United Church of Christ	2

**Description of Participants**

Maria is a 49-year-old a married mother of two residing on the west coast. Maria reports that her daughter Lily was standing on the “boy” lines already in kindergarten, and only wanted playdates with boys. Lily announced at 17 that she identified as male, and began transitioning to male. Maria has been processing this for nine years, has accepted her son as Liam, and presently enjoys a close relationship with him. Liam is now 26 years old.

Diane is a 49-year-old, married mother of two residing in the northeast. She is divorced from her children’s father. Her son Luke revealed that he knew when he was

eight years old that he wanted to wear girl's clothing and be a girl, but he never gave any hints about being uncomfortable with his gender until he came out at 18. After four years, Diane still wonders if he is experiencing a phase that he will emerge from. Luke, now 22, lives fully as female and changed her name to Lola. Diane said that their relationship has been strained, by child's choice, because of her Christian faith, but recently they had begun spending more time together, and she expressed hope that their relationship will continue to improve.

Nancy is a 44-year-old married mother of three living in the Midwest. Her oldest son, Daniel, told her last year that he was identifying as female. At the time of the interview, she was 15, going by the name Danielle, and beginning hormone treatments. Nancy reported that there was much stress in their relationship prior to the reveal, but once she understood the root of the tension, their relationship improved and the whole family was working on accepting the transition.

Tim is a 64-year-old married father of two residing in the northeast. His son, now 28, announced three years ago that he was identifying as female. Jack has been living as Jackie, with the full acceptance of all family members. Tim reports that the family remained close and spent much time together before, during, and after the transition.

Sam is a 60-year-old married father with four children living in the northeast. Last year his 17-year-old son, Aaron, told him he was struggling with his sexual and gender identity. Sam expressed concern about medical interventions, and Aaron has not communicated with Sam for nearly a year. Sam is unsure of how Aaron is presently identifying to his friends. At home, he continues to present as male. Although Sam and Aaron still reside in the same home, they are estranged and do not speak or interact.

Dom is 78-year-old married father of three adult children, who resides in Switzerland. His son David announced four years ago, at the age of 44 that he has wanted to be a female since he was five. David has since transitioned to female and goes by the name Della, but he remains married to his wife. Dom reports that their entire family remains close and accepting, despite being admittedly confused.

Cara (57) and Tony (63) are married with three children. Their middle child is a 24-year-old daughter who announced last year that she was uncomfortable identifying as female, and was bi-sexual. Lisa told them she would be taking steps to masculinize and to live as gender non-binary. Although she has not asked them yet to call her by a masculine name, they understand that friends are calling her Quinn. Cara and Tony expressed shock and sadness at how quickly their daughter was moving forward with transitioning, but they intended to remain supportive and loving.

Amy (58) and Edward (56) live in the Midwest. They have three adult children. Their youngest son Heath, age 24, announced one year ago that he was identifying as female and going by the name Heather. Because Edward refused to address him by his chosen female name, his son became irate. This son is now living with friends and has severed ties with his parents, siblings, and extended family. Amy and Edward expressed great love for their child, and said they will always keep the door open and maintain hope that their relationship will one day be restored.

Doug (57) and Emma (53) are married with five children, and they live in the northeast. Their daughter came to them four years ago, at the age of 20, and announced she was actually a boy. Although they were shocked and saddened, Emma noted that it made sense given the behavior of this child since toddlerhood. Their daughter has fully

transitioned to male, has changed his name from Tara to Tyler, and has remained close to his immediate and extended family.

Charles (43) and Leah (39) are married with three children and live in the northeast. When their daughter Sarah was seven, they learned she had been thinking of suicide and had been asking friends to call her Kyle for some time. At the time of this interview, Kyle had been living as a boy for four years, and despite his young age, parents report that he shows no signs of wavering in his identity or resolve. Charles and Leah are fully supportive of Kyle, and they report that their other children acclimated quite easily to the transition.

Mark (46) and Talia (45) are married with two children and reside in Canada. Their oldest daughter Grace announced two years ago, when she was 14, that she was identifying as male. She is now living as Grey, and contemplating the next medical steps. Parents report they are struggling with the “new normal” and wondering how much of the strife between them and Grey is related to Grey’s depression vs. transgender issues vs. normal adolescent angst. Mark and Talia said they intend to fully support and love their child no matter what lies ahead.

Participants for this study were located in five ways: Lead them Home Ministries in Acton, MA published an evite to their readership. A number of ministers were contacted, and some referred people to the study. One couple found the researcher while searching for a therapist for their child. One father was invited to participate by his transgender son who is familiar with the researcher. And finally, one couple was invited by the researcher because they recently appeared in the media as having a transgender child.

## **Method of Data Collection**

All participants initially spoke with the researcher via email. They were then mailed an Informed Consent Form and a Participant Bill of Rights along with a questionnaire with demographic and faith questions. Once the documents were returned, an individual interview was arranged. All participants were given the protocol before the interview. Three persons were interviewed in person; the remainder were interviewed via Skype or Facetime. (See Appendix D for protocol).

At the beginning of each interview, the researcher clarified any questions participants may have had about the goals, parameters, and procedures of this study. Participants were clearly advised that they were free to skip questions, ask questions of the researcher, request clarifications, or exit the study at any point. At all times, study participants were treated with kindness, respect, dignity, and warm regard.

Interviews were recorded and personally transcribed by the researcher using the software tool Vocalmatic. After each interview, the researcher journaled personal reflections, thoughts, feelings, impressions, and observations. Researcher bracketing was employed to maximize objectivity and credibility (Lincoln & Guba, 1985). Member checking was used to ensure credibility. All respondents were sent a copy of their interview and were asked to alert the researcher to any errors. They were also invited to amend or add to any of their original responses. The researcher carefully followed protocol, developed trust and rapport with the respondents, and allowed adequate time to fully explore each question with the participants. Every subject who wished to participate in this study was invited to do so. No one was excluded or rejected, and no data was discarded. Everyone who started this study, completed the study.

## Method of Tracking Data

The researcher coded the data by hand until the data was saturated and no further themes emerged. Using an inductive analysis approach, six major themes and numerous sub-themes emerged describing the lived emotional experiences of Christian parents related to raising a transgender child: love, grief, fear/worry, confusion/disorientation/shock, isolation, and anger. Four themes emerged describing the faith experience of these parents: confidence in the unconditional love of God, the influence of faith on parenting, confusion/frustration over the lack of clear church teachings, and the impact of parenting on faith. Finally, this study revealed scriptural references that parents regarded as helpful and unhelpful as they navigated the complexities of raising a transgender child.

## Findings

Table 4

*Table of Themes and Sub-themes*

Love	Initial reactions of love/acceptance
Grief/Sadness/Loss	Loss of the child they knew Grief about the new name and pronoun Reaching Acceptance
Fear/Worry	Fear of medical interventions Fear of suicide Fear of how it would impact the family Fear/Worry of how it would impact their other children Fear that the child will have regrets Fear that the child will turn away from God or feel rejected by God
Confusion/Disorientation/Shock	Confusion about child's transgender identity

	<p>Confusion/Discomfort about how to introduce or refer to transgender child</p> <p>Confusion over how to understand the phenomenon of transgender</p> <p>Easing of confusion/The transgender revelation made sense</p>
Isolation	<p>Isolation from transgender child</p> <p>Isolation from spouse/Isolation with spouse</p> <p>Isolation from other family member</p> <p>Isolation from others outside of the family</p> <p>Isolation from the church/Isolation within the church</p>
Anger	<p>Anger at being excluded from the process/unable to influence their transgender child</p> <p>Anger at external influences</p>
Confidence in the unconditional love of God	
The Influence of faith on parenting	
Confusion/frustration over the lack of clear church teachings	
The Impact of parenting a transgender child on faith	
Scriptural references that parents regarded as helpful and unhelpful	

### **Love/ Unconditional Love & Acceptance of Child**

Every parent who participated in this study expressed deep love and concern for the welfare of their child. Every parent expressed a deep desire to remain in relationship with their child, and many parents used the term “unconditional love” when describing their love for their child. Tony said: “I love Lisa unconditionally, and so does my wife.” Emma said: “I couldn’t have done unconditional love unless I was filled with it. The

unconditional love that I can show Tyler is because I've been filled with it from God. I could not manufacture it." Not one parent in this study threatened to abandon, disown, or sever ties with their transgender child. Rather, all spoke about their child with love, and said they have repeatedly reassured their child that they are loved and valued.

Parents specifically noted that because all people are created in God's image and are precious in God's sight, each person should be treated as a valued soul. Sam said: "I think if you understand that everybody is made in God's image, and everybody is precious to God, then it does change your attitudes and behaviors towards them." Maria echoed that sentiment and said: "I actually look at people as souls instead of the outside appearances." Talia indicated that this mindset has always impacted how she treats others. She believes that being made in God's image means that each person has an element of holiness inside them and there's something sacred then about each life. She said that she reminds her daughter as often as she can that she too is made in God's image and is, therefore, holy.

Doug noted that Christians are called to love all people and that "certainly includes our children, even when they're not doing what we want or following the path that we wish they would."

Parents shared personal, heart-felt experiences of feeling loved and accepted by God. Edward said: "It's important for me to love as he has. As I've been a recipient of this love, I want to pass that on to others." These testimonies revealed that showing unconditional love sometimes requires patience, kindness, and tremendous emotional restraint when facing challenges that elicit powerful feelings such as loss and fear. The love these parents described was a resolute determination to act with love toward their

children in the same way they felt God had extended grace, acceptance, and mercy to them even in their own imperfections.

**Initial reactions of love/acceptance.** Although all 16 parents in this study spoke of needing time to process their emotions, and all expressed their commitment to loving their child throughout the child's journey, ten parents specifically mentioned that from the moment of disclosure, they expressed a full resolve to love their child, no matter what. Nancy said: "When Danielle first shared it with me, my first reaction to her was - I love you no matter what. So, we're going to figure this out." Tim gave a similar response: "I didn't know what support meant, but I determined immediately that I was going to love Jackie, and that's the way it was going to be." Talia echoed the sentiment when she said: "When Grace first told us, we kept saying, we love you. We love you. We love you." These immediate responses illustrate the value each parent placed on human life in general, and even more specifically, on their own child. Love responses seemed to flow out of their obedience to a God who expects followers to show love and grace to others even if that other person is causing pain or hardship. Parents indicated that because of their faith, they were able to love their children even while they were personally experiencing feelings of shock, fear, anger, confusion, and grief.

### **Grief/Sadness**

Grief is an expected reaction to loss. For parents of transgender children, there are many elements of loss (Bill & Pepper, 2008; Rothblum, 2014). The child they knew is gone and a new one takes his/her place. Parents said they found themselves filled with grief and sorrow. Maria said once her child revealed she was transgender:

It was like a bomb hit our world. It's the only way I can explain it. There were little pieces of us spread out everywhere, and I think at one point, my husband and

I were suicidal. I mean, we felt deeply despaired. We just wanted to die. We were like, Lord, stop our hearts. We are just done. We can't endure this.

Parents spoke of grieving the loss of their original child and the loss of familiar relationship dynamics. When a child reveals they are transgender, relationship dynamics change, and the entire family is impacted to some degree by the significant change in one of their members. Nancy said: "We had a really tough year in our family, and honestly, if we weren't grounded in Christ, I don't know what that would've meant for us. And for me, I was able to cry out to God, whereas otherwise, where are you going for that?" Cara cried throughout the interview and expressed sadness and worry for her child. She said: "It's still very difficult for me to imagine what it's going to be like to have my daughter either living as non-binary... I'm just trying to think of her as, that I love her, no matter what she looks like on the outside, or what changes she makes."

In this study, all but one parent expressed feelings of grief, sadness, and loss while describing their reactions to having a transgender child. Charles did not express any grief about his daughter transitioning to a son. He seemed so calm and accepting of his transgender child that the interviewer commented that he seemed to get on board with his child's transition without missing a beat. His wife, Leah, confirmed that he has had a much easier time emotionally than she had in accepting the changes in their child.

Some parents specifically mentioned the grief they felt over losing they knew, and they experienced much despair over no longer having their original gendered child. Maria said she experienced years of infertility after having a son, so she and her husband were "over the moon" about having a daughter. She said: "She was a very cherished daughter.

For some people, maybe it's not an issue, the gender. But for us, it just felt like a gift and such a positive thing – her being a girl.”

Parents shared the anguish of no longer having the presence of their original child.

Leah said:

Kyle was always there, but my daughter is totally gone; She's gone. And it's really hard. So, that is absolutely the hardest part of it for me. I don't see her. ... And I don't talk about it because I feel so selfish, because the people who actually lost a child - You know what I mean? But, it's hard; it's hard. Sometimes, I'll hold his hair back and just look at his face, and I'm like, that's what you would look like; just to see her for a second.

Several parents mentioned how painful it is to see photos of their child before the transition. Emma said: “Old pictures are really hard. Old memories are really hard because you just grieve. I mean, it's still the same person, but I grieve that little girl.”

Three parents likened their loss to a “living death” as they struggled to find an adequate way to describe the phenomenon of beginning with one child and ending up with another.

Maria said: There almost aren't even words to describe what this experience is like. The closest I can say is that it felt like a living death. Because your child is still alive, but all the elements of your child were going away. It's like a living death. From a parent's perspective, that's the only thing that gives it the depth of what it was like. To legally change your name and your gender – even death doesn't take that.

Diane echoed that sentiment and said: “It’s like I lost a child, but I didn’t get to have a funeral. It’s like, Where’s my son? I raised a boy. I coached Little League. I don’t have this boy anymore. I feel like my child died.” Tim used a song from *Les Misérables* to sum up his feelings. The song, *Empty chairs at empty tables* speaks about “pain that goes on and on.” He said the context is a stretch, but “the song expresses well the mourning that I have that Jack has left and gone away. In his place, we have Jackie whom we need to learn how to love.” Parents expressed profound sadness and grief over losing access to the child they had known since birth, while simultaneously working to love and cherish the changed child that appeared instead.

**Grief/feelings about new name and pronoun.** Parents were asked specifically how they felt about their child changing their given name to match their identified gender. Many parents spoke of the thoughtful effort they put into naming their child. Charles said: “Kyle picked his name, and you know, there was part of it for me that was like, but we worked so hard to find a name for you! And he picked a name I wouldn't have picked. There was a little bit of grief, but ... it was a lot worse for my wife.”

Leah said:

So, he was Sarah. All the little nicknames, we had to re-do. And this is so stupid, but I always think it's funny when families have kids with the same first initial, and I think why would you do that? That's so stupid. And then my kid gets to pick his own name and now I have a Kyle and a Kevin. And it drives me insane because I’m like, why did you pick that?

Diane’s son also chose a name that she would never have given him. She said:

So now he is living as Lola, and I still have trouble calling him Lola. For one, he didn't ask. I don't like the name Lola. Why didn't you ask us what we would've named you? Why didn't you let me help you pick your new name? If he ever does become a parent and sees how important it is to pick someone's name. Me and my ex-husband had his name picked out before we were even married.

Emma indicated that she is still grieving the loss of the name she chose and loved. "I'm still having a big grief process with that. I chose that name: Tara. I just loved that name, and so it's still hard."

Several parents mentioned grieving the loss of the original name because the names had significant emotional attachment. Tony said: "The new name is emotionally difficult because it implies that my daughter is gender transitioning." Additionally, he said that he and his wife put much thought into naming their children, and chose names that have "great emotional attachment" because they honor deceased relatives. Despite the difficulty, he indicated that he will use the new name when asked to because "if it helps my daughter to feel better, then maybe it's a good idea."

Only two parents denied feeling any grief over that issue. Tim stated that his child helped make it easy for the parents by choosing a new female name that sounded masculine, and by expressly granting permission to them to continue using his male name if they wished. Nancy said her child made it easy because she simply chose a female version of her given name. She admitted though, that even though the new name was reasonably easy to adjust to, it took her and her husband a long time to use the new pronoun.

Talia and Mark told their child they would support a name change, but as parents, it was their right and privilege to choose the name. They provided options for their child and found a name they could all embrace.

Several parents indicated that they still have trouble calling their child the right name at times, and still struggle with the pronoun. Tim said: “It’s taken me a long time to process. It’s been three years and I’m still processing it. I’m still struggling with the pronouns. I decided in my head that I’m going to honor her desire for us to use female pronouns, but it’s too easy to fall back.” Mark shared a similar sentiment and said that he and his wife both struggle with adopting the new name and pronouns, and he is still not using the term “son” when referring to his child. Dom indicated that his whole family tries hard to use the new female name, but after 44 years of using the male name, they all make mistakes at times.

**Grief/reaching acceptance.** According to Kubler-Ross (1969), the final stage of grief is reaching acceptance. At the time of this analysis, parents had varying amounts of time to process and adapt to the change in their child’s gender identity and expression. The time ranged from one to nine years. Most parents mentioned that their experience of adapting to, and accepting the change is still in process. In addition to adjusting to the name and pronoun change, parents spoke of adjusting to changes in clothing, hair styles, and old routines. Mark indicated that he was having trouble adjusting to sharing a locker room with Grey. He said: “We have a membership at the gym, and now Grey goes in the same changing room as me. So, it’s jolting to me, and I think, how do I how do I process that?”

Diane indicated that four years ago, she would not have been able to take her son shopping for female clothing, but at this point, she can buy female clothing for gifts. Dom mentioned that his entire family remains close and continues to spend much time together, but it's been hard for all of them to fully grasp the change. He said mostly the family has been concerned for his trans child's teenage daughter. He feels she has been the one most impacted. For some period of time, she did not feel comfortable having friends over to her home as she suddenly had two mothers instead of a father and a mother. Emma said her whole family struggled with Tara's transition to Tyler, but her other kids reached acceptance before she did. "I think their generation has an easier time with this than my generation.... The first six months, I was a flurry of fear and anger." Nancy said: "It's really just been a few months that we started calling her "she" and she started dressing more feminine. So, it's pretty new for us. It took us a while to process it. We wanted to make sure. It's hard. You want to do the best thing for your kid, and how do you make sure you're not jumping?" Parents admitted that accepting their child's changed gender was a complicated process, but love and concern for their child motivated them to embrace their child even as they struggled personally with conflicting emotions and deep concerns.

### **Fear/Worry**

All parents in this study expressed some degree of fear or worry about their child. Maria said when her daughter told her she intended to transition to male: "I was terrified, in disbelief, sad beyond words, and despaired." Emma had a similar reaction when she learned her daughter Tara planned to transition into Tyler. "At the beginning, it was all I could think about all day long. The fear. It was very hard to concentrate on other things.

It was very hard to decide who to talk to and who not to talk to, who to tell and who not to tell. A lot of fear. It was just invading my whole day. I prayed a lot. And I cried a lot to God.” Fear and worry were not unique to mothers. Fathers voiced similar sentiments. When Edward learned his son planned to live as a woman, he said: “I just have this underlying concern, this ongoing concern that kind of causes an underlying stress that just never seems to go away. I mean, I can try to not think about it, but it's a constant pain in the background.”

Some parents mentioned very specific fears and worries. Diane expressed fear of violence and physical harm befalling her son. She said: “I know of people who have been beat up at different times. And that’s been my fear for Lola. He’s always been a calm, quiet child. Another huge worry is sexual assault, especially from people that have some sort of weird fetish.” Dom expressed worry about his son’s social environment and said: “I said to my son, what I’m worried about is your social infrastructure you’re living in. How about your wife? Your daughter? I said, be careful that you stay in a social environment that is still good for you.” No matter the age of the child, all parents expressed fear and concern for their child’s emotional, physical, and relational safety.

**Fear of medical interventions/hormones & surgery.** Most parents mentioned their fear of hormone treatments and gender reassignment surgeries. Leah said;” I’m still scared of what’s going to happen for the rest of his life. But, luckily, we’re kind of in a holding pattern now.” Charles echoed that sentiment by saying: “What comes next is a little bit scarier, testosterone injections and stuff like that. It takes having biological children of his own off the table. Those sort of irreversible side effects get a little scarier.

The long-term stuff. There hasn't really been any kind of studies about long-term hormone injections and stuff like that.”

Parents said they had done extensive research on transgender treatment options and remained concerned about transitioning. Maria said: “I researched everything I could possibly find on this subject, which horrified me even more, because the suicide rates, and all the negative things that were attached to it – the cancer rates, the suicide rates, the surgeries, the hormones.” Several parents expressed concern about risks and undue harm. Tony said: “I talked to Lisa about the dangers or risks involved in transitioning, and the possibility of having sex change regret. Particularly regret about surgical interventions, but also regret about hormone therapy because some aspects of hormone therapy are not reversible.”

Emma's son, Tyler, had completed the transition and she said: “I was concerned about the surgeries. All of the surgeries. I was nervous every time. There were complications, especially with the bottom surgeries. There were a lot of complications.” Her husband later added that their son needed a catheter for well over a year after one surgery – a much longer recovery than the doctors had prepared him for.

**Fear of suicide.** Eleven “children” were discussed in this study. According to the information provided by parents, ten of those children suffered from symptoms of depression and/or anxiety. Four children had expressed suicidal ideation, and at least two had actively tried to kill themselves. Some parents quoted the suicide rate for transgender children and noted that even among those who receive full emotional support and medical intervention, some still choose to end their lives. Leah said: “We're in support groups with these people. These actual families. These moms and these dads who were

actually supportive of their children and it wasn't enough. That terrifies me. They did everything that we're doing, and it wasn't enough.”

Parents spoke of their fear and desperation knowing their children might ultimately choose to end their lives.

Mark said: It's been a very emotionally unstable time for Grey and that just brings all kinds of fear. So, we don't sleep well any night. Our confidence in decision-making was kind of crystallized when we saw the level of seriousness that Grey was beginning to take. So, we started to navigate more with the question of, okay, first things first, because we don't want to lose our child. So, let's keep Grey living, and we'll work from there.

Grey's mom, Talia added:

I don't know if this is an American statistic or Canadian, but 42% of transgenders attempt to take their life. And knowing that most of those parents aren't Christians, just statistically, makes me think that with my faith, at least I have somewhere to go when my child is in deep distress. And when I'm literally sitting up all night doing vigil, making sure my child is safe, I have someone to talk to, and probably beg, and just kind of help carrying that load.

Both Mark and Talia said they felt like they are parenting a newborn again as they take turns staying up all night making sure their child is safe and breathing.

**Fear of how it would impact the family.** Some parents indicated that coupled with their many fears for their transgender child, they also worried about how having a

transgender child would impact the rest of the family. Nancy expressed concern about if her family could continue to function within a conservative Christian environment once her daughter came out. She said: "We thought maybe this is going to be a bigger change for us even than other people because pretty much 95% of our life revolves around our pretty conservative Christian school and our church. So, that was our entire world and it felt like this was going to change everything for us." Some parents mentioned that it could influence social standing at school, church, and community once their child came out. Four mentioned concerns about how it would affect employability or financial support for the parents. Talia said: "We were kind of in the inner circle of church life. And suddenly, we're marginalized people. And my husband was looking for work in the ministry, and who wants a church leader whose child is going through transgender? So, economically, it was like, what are we going to do for work?" One parent was concerned about losing his daughter-in-law when his married son revealed he was transgender, and another parent was fearful of losing her second husband as a result of her son's gender identity. These fears and concerns shared by parents illuminate the intricate and complex nature of family systems. The choices, behaviors, and situations of one member often directly impact the entire system.

**Fear/Worry of how it would impact their other children.** Parents expressed fear and worry about how the transgender child's transition would impact the other children in the family. Talia said: "My younger daughter has had to grow up. She saw our complete panic and distress when we found Grey's (suicide) note. She saw our reaction when we thought Grey might already have been gone. We've had to work with her because she goes into comforter mode. And we've had to be clear with her that that's not

her job.” Other parents also spoke of siblings experiencing stress and negative reactions and needing time to adjust. Diane said: “It was hard for my younger daughter, and she didn't tell her friends for a long time. And she also went through a period where she felt her brother was just doing this to get attention. And she went through a little period of anxiety.” One parent expressed regret that their other children felt less important while the parents were immersed in helping their transgender child.

Leah said:

Everything was all about my trans kid for a year or two. I know it was hard for my older daughter because she felt like nobody paid attention to her, and her life didn't matter, and all that mattered was Kyle, and she didn't get any attention.

Which is sad. And that was hard. She never resented Kyle. But she wanted attention too. She didn't want it instead of Kyle; she just wanted it too. Which was fair.

One parent noted that the younger sibling, still in a small Christian school, was not in a position to fully embrace the transition because she needed to survive in her own social environment. Nancy said: “We struggled a little bit...because it felt like this was going to change everything for us. And for our other kids, my daughter especially. We really struggled with how it was affecting her.” Emma also indicated that the change was very hard for another one of her children. She said: “My kids have all been very loving, very accepting, very helpful. I think it was hardest on Tyler's sister. She still has a hard time. She's getting married and she doesn't have a sister in her wedding.” Parents of transgender children find themselves in a situation where they must simultaneously protect and nurture not only their transgender child, but also, their other children,

grandchildren, and in-laws. Their stories revealed how difficult it can be to protect the entire family unit at the same time. Sometimes, the needs of other family members take a back seat to the pressing needs of the transgender child.

**Fear that child experience regret.** Parents expressed fear and concern that their child may one day have regrets, but the changes they're making now will be irreversible.

Tony said:

I think they ought not to rush young people toward gender transitioning. In my daughter's case, she told us that she only realized that she was trans one year ago and she's already aiming to do gender reassignment surgery within the next few months. I think it's not in the best interest of the gender dysphoric person to go too fast with this. First of all, I think many times the gender dysphoria recedes, and there may be sex change regret later. But also, if it proceeds too fast, it increases the risk of breaking family relationships and the gender dysphoric person may become isolated.

Other parents voiced fears that their children will regret the bodily changes and may someday regret the inability to have biological children. Diane said: "I don't see how he'll ever be a parent himself because now he's taking hormones, so if he ever changes back or something, I don't think anything would work properly anymore. "

Some parents wondered if future therapy may reveal some repressed trauma, but by the time the memories resurface, the body will be permanently altered. They fear that their children are making permanent choices at vulnerable ages when they do not yet have the capacity to fully consider the costs. Parents also expressed fear about progressing too quickly because their children might be going through a phase. Mark

said: “There’s still that question of is this going to change? Is this permanent? So, how deeply do we commit to this new identity when in my mind, it could change?” Nancy shared a similar concern and said: “It always felt like it was going to make such a huge impact on our life that we didn't want to go there until she was sure. And honestly, it took a while for us to get to the point of, is this real? Maybe it's only a phase.” Parents expressed fear and worry about their children moving forward too quickly and perhaps putting themselves in a position of one day experiencing profound regret about the permanent alterations being made to their bodies.

**Fear that child will turn from God or feel rejected by God.** Thirteen of the sixteen parents mentioned concerns about their child distancing from God or the Christian faith, or experiencing a sense of rejection by God. Nancy said: “Danielle has distanced herself a little bit from the church, and that has always been my biggest fear. I don't want Danielle to distance herself from God... I fear that Danielle is going to feel separated from God based on reactions she's getting from Christians.”

Most parents specifically indicated that having their children embrace the Christian faith is of utmost concern and importance. Mothers and fathers alike became solemn and tearful during the interviews as they discussed their children distancing from God and the church. Edward said: “We gave Heath a strong Biblical background, but somehow he decided to reject it. So, it’s hard to see that rejection of our faith by him.” Mark spoke in grief-stricken tones about Grey’s rejection of the faith. He said:

We daily pray that Grey will experience the grace of God through us and through other people who walk with Christ, and that faith might be kindled somehow. And

we truly believe that Jesus can meet any gender person.... I'm feeling the grief of losing my child as a child of God. I'm not afraid of losing a girl and having a boy.

None of the parents in this study felt God would want their child to feel unloved or rejected. Diane said: "I believe my son feels God made a mistake with him so he's completely rejected his religion now. I would love my son to know that he can still love Jesus... I don't feel like he should need to think that he is not loved by God." Amy shared a similar message that she hopes her son will turn towards God rather than away from him. She said: "I always say that God doesn't waste anything, and that he has allowed us to go through this for a reason. And his word for us has been "Wait, wait." Psalm 27:14 says: Take heart and wait for the Lord. And that's been the word in my heart that I use every day and night. I read all kinds of scriptures every day. And I just pray that Heath will taste and see that the Lord is good." Cara voiced a similar message and said:

I worry about whether these choices that Lisa is making will move her away from her faith. And we talk about this. She believes that this is part of God's plan for her life. She doesn't believe that she's doing anything against his will or plan. I know she believes that, and I believe she believes that. I know that God will never turn his back on her. I just worry about whether or not she's really seeing what his will is for her life."

These Christian parents pray and hope that their children will experience the love and acceptance of God rather than deciding that God has rejected them or deemed them unlovable.

### **Confusion/Disorientation/Shock**

Confusion, disorientation, and shock aptly describe a significant aspect of the lived experience that Christian parents of transgender children describe. Many parents

said they saw no indication of gender identity confusion or gender dysphoria earlier in their child's life. Most felt bewildered and taken off guard by their child's revelation. Some parents said they had trouble understanding the very words or message their child was conveying when they announced their gender dysphoria. Many parents experienced confusion about their child's transgender identity, confusion about how to introduce their child or talk about their child to others, and confusion about the phenomenon of transgender. Some parents indicated that they felt a sense of relief once their child told them the truth because suddenly, previous experiences made sense.

**Confusion/shock about child's transgender identity.** Parents reported being taken completely off-guard when their children disclosed their transgender identity. Looking back, they were unable to recall any hints that their child's gender identity was in conflict with their natal gender. Diane said: "Not once in his childhood did he ever say, can I have fingernail polish? Can I have a doll? Nothing. There was no clue, ever." Sam had a similar experience with his son: "Aaron is nothing at all like a girl. He's a hundred percent boy... He's very self-confident. He's very much a debater. His interests are violent video games. There's nothing that would make you think he's a girl. So, it's very confusing to us." Dom also felt confusion and shock. He said: "We didn't know anything until the day he told us. We had no previous knowledge of it. So, until the age of 43 or 44 we did not know it. He played ice hockey. He was a skier. No sign of playing with dolls or anything. He was a technically oriented guy, athletic, competitive."

Parents spoke of their difficulty in comprehending the message their children were sharing. Mark said: "We had no paradigm to make sense of it. We were just scrambling. So, there's a large amount of disbelief, confusion, and disorientation." Talia

said: “Physically, I felt I could barely put one foot in front of the other. I felt physically ill. At night time, I would lay in bed and I couldn't even lay still. I was squirming. I didn't even know how to process it. There were times I'd get on my hands and knees on the floor, just rocking, back and forth not knowing what to do. I was in panic mode. My feelings were panic, feeling sick, like my whole world had collapsed. I had no idea; I didn't know what to do. I felt like I was in a fog. Sometimes I still do.”

Looking back, Maria said Lily frequently dressed in a masculine way, and people would mistake her for a boy, yet she denied wanting to be a boy. She said: “So it messes with your brain because you think, ok, I don't know what this is. We lived like that for years. Very confused.” Nancy shared a similar story of shock and confusion. She said: “Transgender was never on my radar. I think if Danielle had told me he was gay, I think I would've been like, oh, ok, I've seen some of this; she's always been a little bit effeminate, especially as she got older. She was very emotional. She was angry a lot. But we didn't know any of that had anything to do with transgender. It took us a while to process it.”

Cara also felt blind-sided and confused by her daughter's gender identity. She said:

Lisa first told us she was unsure of her sexuality. She didn't really talk about being transgender at that time. A few months later she said she was non-binary and that she wanted to be neither male nor female, and that she felt that she wanted to masculinize herself because she didn't feel comfortable identifying solely as female. I felt disbelief and confusion. I knew that she had been struggling before with depression and anxiety, and I really didn't know whether

what she was saying was real. Was this just part of being anxious? I really questioned what exactly it was that she was saying to us. I didn't understand what she was saying about wanting to be neither male nor female. That really was confusing to me. It was scary. It was sad. All those thoughts and feelings. I think about it every day.

Parents said they felt confused, disoriented, and shocked by their child's message of being so uncomfortable with their gender that they intended to transition to the opposite gender. Only two parents, Charles and Leah, expressed calmness about their child's revelation and transition. This may be due in part to the fact that transgender was not a new phenomenon to them. They were the only parents in this study who mentioned having relationships with numerous other transgender persons long before Sarah told them she actually identified as Kyle.

**Confusion about how to introduce or refer to child.** Parents spoke of the difficulty or awkwardness they experienced while trying to introduce their child, or speak about their child as the opposite gender. The change in pronoun, or ambiguity of their gender led to confusion, frustration, and social avoidance. Some parents said they avoided telling people the truth to avoid being in the position of explaining things that they felt ill-equipped to explain. Some parents found themselves making frequent mistakes with both the name and the pronoun. Maria said: "I always use her male name and pronoun when I'm with her. But I still struggle if I'm talking to someone about her. I default back to female because I knew that longer, I guess."

Parents mentioned how hard it is for them to answer questions about their children that used to be so simple. Mark said: "Any time someone asks me what my

children are. And being relatively new to this area, I have a lot of those introductory conversations. So, I tend to be pretty evasive. And even as I've started my conversation here, I'll refer to my child." Talia echoed the sentiment and said:

No conversation is easy anymore. So, you meet people. Oh, do you have kids? Yeah, I've got two kids. Oh, boy or girl? Well, funny that. Suddenly, it's complicated. And it's like, I don't know how to answer that. I would try to use gender-neutral pronouns when I was talking about my children, but the English language is very bad for that. So, my pronouns would go all over the place and get confusing. ... I was recently asked, "Do you guys have kids?" And I was like, Yeah, we've got two. And she said, "boy? girl?" And this is the first time I said it. I said, "One of each." And I hung up feeling like I lied. So, no solution is a good one yet.

Dom said he avoids complicated conversations about his son. He said: "I don't tell others that my son is now a woman, so there still is a community out there that asks, how is your son? And I say he is fine...I don't want to tell others that he has changed. .... I'm not afraid to mention it, but then, you have a lot of explaining. As soon as you mention your son is a daughter now, you have to go into a lot of explaining why, but you can't explain it."

The confusion, discomfort and stress these parents experienced over talking about their transgender child led to avoidance of conversations and social contact. What used to come so naturally, was suddenly laden with confusion. Maria recalled the day her child came into her new job and she didn't know how to introduce her. She said she felt so

embarrassed, not embarrassed by her child, but embarrassed by the fact that she couldn't find the right words for what used to be a simple social interaction.

**Confusion over how to understand the phenomenon of trans.** Parents shared how difficult it was for them to understand what it means for someone to psychologically believe and physically feel they are in the wrong body. Dom said: "You can't think yourself into it. You have to accept it. Creation of humans is, as I say, it's not perfect. If you have your view of men and women, and suddenly there are some imperfections there. Nature is just not perfect. I don't understand it. Intellectually I accept it. Because of imperfection, whatever happens. Somehow, he or she feels different and that's the way it is. I see there are imperfections in life and in creation, so I assume God has created man and woman. And suddenly there is, besides man and woman, there is something else, something in between, and it's hard to comprehend. "

Several parents indicated that their immediate confusion, shock and disbelief created extra tension with their transgender child, and led to a breakdown in communication. Cara said: "I wish I had been more knowledgeable, because I think a lot of my reaction in the very beginning was disbelief, and questioning if this is really true. I didn't understand that it was real feelings; I just didn't understand. I thought it was all part of the anxiety and depression. I wish I would have understood better so I wouldn't have been so disbelieving, because I think that contributed to her pulling away."

Some parents wondered if their child might be suffering from an underlying trauma which may have created or contributed to the gender identity confusion. Mark said: "I'm hoping that Christian counselors digging into the past might give us some clues as to what's going on, or how this came about. I guess that's a whole theory, right?"

that there's something that triggered this; some kind of trauma. I think we've spent a bit of time looking for that, and not found it.”

A number of parents expressed regret and frustration that they did not know more about transgender before learning that their own child was experiencing it. Talia said: “I wish I had known a little bit more about transgender before it came up. It's not like you can be aware of every issue. But I think I kind of ignored it a bit, thinking it would be other peoples’ problem and not mine. So, when it came, I didn't know what to do.”

Edward voiced a similar regret. He lamented that had he known more about transgenderism, he feels he could have better prepared his son to withstand cultural influences and perhaps his son would have experienced an alternative outcome.

**Easing of confusion/the trans revelation made sense.** Six parents mentioned that once their child revealed their transgender identity, some previous behaviors, experiences and interactions suddenly made sense. Emma said:

One week my daughter Tara called and said she was depressed. And then the next week she said, “I saw a therapist and it's ok. I'm feeling better now because, I want to let you know, I'm actually not a girl. I'm actually a boy, and this therapist has helped me to understand that, and helped me come to terms with it.” ... It was shocking because I didn't want to believe it, and I wanted with everything I had to fight it, which I did. But it made a lot of sense based on the child I'd known ever since toddlerhood.... I learned to understand. And I learned to look back and say oh, that makes sense.

Some expressed that there was a sense of relief on both sides: the child could stop hiding and the parents could stop feeling confused and shut out. Tony said: “In a weird

sense maybe, I'm happy that the pretense is down. And now there's more honesty about what's going on with Lisa. As I said, I felt for years that something is going on that she's not talking about.... I'm glad there's more honesty now. I suspected something was going on, but it was hidden. So, I'm glad it's out in the open now.”

A few parents said their child’s honesty resulted in an immediate reduction in tension between them and their transgender child, and led to a closer, more open relationship. Nancy said: “So, we had been struggling for a couple years before this. And really, I would say, once Danielle told me, the relationship between her and I especially got much better, really fast.”

Charles also noted that the new gender simply made sense. He said: “It made sense in a way that I hadn't realized didn't make sense before. Once Kyle moved into this identity, I was like, oh, of course, this is who he is. But, before that, I didn't notice that there was any mismatch.” His wife, Leah, shared a similar sentiment and said: “Looking back, it wasn't like there was a switch that got flipped. It was always there. It was always there.”

Parents mentioned that as their children shared their truth, old experiences made more sense and tensions eased. Parents indicated that they felt closer to their child post-revelation, as they were forced to have deep conversations about issues of great import. Emma said she has never felt closer to her son. Charles said the same thing, and noted that very few parents have to discuss issues pertaining to fertility and future parenting with their ten-year-old children. Parents indicated that confusion, tension, and fighting were greatly reduced once their child told them the truth.

## **Isolation**

Every parent mentioned experiencing some form of isolation at some point during the journey with their transgender child. Many spoke of periods (or years) of tension or limited communication with their transgender child before, during, or after their child revealed their transgender identity. Parents spoke of feeling isolated from their spouse or with their spouse in the early days after disclosure. Fourteen parents indicated that their spouse was their primary support after disclosure, but together, they were isolated from others, unsure of who to tell about their child's identity and their own subsequent personal crisis. Parents also spoke of feeling isolated from extended family and from those outside the family. Several parents mentioned that socializing became too difficult post disclosure because so much social conversation revolves around sharing information about children.

**Isolation from transgender child.** Parents spoke of physical and/or emotional isolation from their transgender child. Maria said it was so painful for her to accept her daughter's transition that her daughter moved in with her grandparents. She said: "We lived apart for years. We continued to love, and financially support, and all of that. We paid for her schooling and anything that we'd normally pay for. And we talked - as much as we could tolerate at the time. It got more and more difficult because she went forward with the transition on her own." Nancy recalled a two-year period of relational distance and struggle before Daniel revealed his trans identity. She said:

Daniel was just having so many outbursts, a lot of anger issues, we were fighting over random stuff, like school, but it wasn't really school. We would have arguments about school but it would turn into these huge, three- hour- long ranting, crying, screaming. And I was like, Where is this coming from? I found it

hard to believe that this was in response to the fact that I wanted her to do some homework.

Diane also mentioned long periods of time when Luke would stay at his dad's house and avoid her altogether. She said: "During periods of time he wouldn't communicate, the only thing I can do is pray. There's nothing I can do. I can't beg him to accept me. My relationship with him has been strained." Tim said he and his wife also felt distance from their child. They offered to attend family counseling to better understand Jackie's experience, but she was unwilling to involve them so deeply in her process.

Other parents also spoke of feeling shut out and isolated from their child for long periods of time. Sam lamented that after he told Aaron that he should not consider hormones or surgery, Aaron refused to speak to him. Even though they live in the same house, Aaron avoids him completely and becomes almost violent if Sam tries to touch or hug him. Sam said he would give almost anything to be able to hug his son again. Like Sam, Mark also expressed great sadness at the lost relationship with his child. He said:

Grace and I played a lot when she was young. And even through the last couple years prior to this, we were heavily involved in sports and there was a lot conversation about that and weekend games. We like a lot of the same things... (and now), I don't have a voice. I'm extremely hesitant to say anything about what I think because almost invariably, it comes across as critical... So, I feel like I'm on eggshells relationally, most of the time. There's a very rare occasion that we have a good conversation right now.

Amy and Edward both expressed sadness that their son has removed them from his life. Amy said:

I have read before that parents just shut down the relationship and I don't think that's wise. But in our case, he is the one that is shutting down the relationship. And so, we're here whenever he wants to come back. He's still on our insurance, he's still on our cell phone; he still uses our accounts. We have not shut him down. He's the one who has broken all relationships. And he blames it all on us because we are Christians. He doesn't even know how we feel. We haven't even talked about that.

Edward added: "I tried to keep my attitude and love and desire to help him the same, but he's rejected me, so it's made it difficult to continue that. He doesn't want to talk with me."

Emma also spoke of lost years of harmony and emotional closeness with her son. She said:

As a child (our relationship) was very good. And come puberty, we were pretty much adversaries all the time. Life was hard, and high school life was very hard. There was a lot of screaming. . . . In high school it was me trying to make Tyler dress like a girl, which was futile, me trying to buy a girl bathing suit, which was futile. All the things I was trying to push were futile, and it was very frustrating. And our relationship was hard. It was very hard. I remember crying out and saying, God you gave the wrong parent to this child, because I can't do this child.

Parents shared the pain of feeling isolated from their children for long periods of time as their children came to terms with their own gender identity. Parents expressed

grief and sadness over strained and lost relationship, sometimes lasting years. According to all these parents, the physical and emotional distance was the decision of the child, and not the parent.

**Isolation from spouse/with spouse/impact on marriage.** Two respondents indicated that the stress of coping with a transgender child nearly destroyed their marriage. Maria said: "We almost divorced. I was so obsessed with trying to save Lily from this. And it went on for about two years. And my husband said, I can't live like this for the rest of my life. And, I need my wife back. We did get counseling, and the counselor helped us a lot." Nancy shared a similar sentiment: "Six months ago, when we were still in the midst of figuring all of this out, I honestly didn't know if our marriage was going to make it through this."

Other parents reported that their spouse was their primary support, and for some, there were periods when their spouse was their only support. Diane said: "My second marriage was a blessing. I was able to say some really horrible things that I was thinking, and have him not judge me. ... Sometimes he would just hold me. Once in a while I'll start to cry, and then I can't stop and he'll go for hours, and he'll just hug me. Tony said he and Cara had always been a close, loving couple "but I think actually we have become more close, and more loving, more tender and considerate toward each other. Because we need that. Both of us are hurting. We recognize that the other one is hurting. So, we try to be more loving and supportive that way. "

Despite the strain these parents experienced, none of the marriages in this study ended in divorce as a result of having a transgender child. On the contrary, parents said that the challenges of raising a transgender child led them to work together and resulted

in closer, stronger marriages. Doug said: “Our primary support through this has been each other. So, I think for the most part we worked through it together, but, if we had had opposing views of how we should look at it or deal with it, there could've been conflict. But that wasn't true in our case. So, I would say, if anything, it's probably brought us closer together more than anything else.” His wife concurred. Emma said: “My husband and I spent hours and hours constantly discussing, making sure that we're on the same page... We were able to work through that together, and help each other through that, and pray together a lot. I guess it has probably strengthened our marriage, if anything.” Edward shared a similar experience and said: “I think we have had to draw closer together to support each other. Especially initially, when there wasn't really anybody else aware of this, so we needed to help each other. So, if anything, it's helped us to draw closer together as we've drawn closer to God.”

These parents spoke of creating a safe environment for one another during periods of confusion, stress, and grief. While they felt isolated from their child or others, they found solace in one another, and found strength and peace in praying together, talking together, and encouraging one another. Although two parents mentioned that their marriage was stressed to the point of considering divorce, ultimately all the marriages remained intact, and all said they felt their marriages were stronger and closer as a result of this experience.

**Isolation from other family members.** Parents indicated that having a transgender child led to tension with some family members and severed relationships with others. One couple stated that they distanced from relatives who voted for a U.S. President who would not champion LGBTQ rights. Charles said: “Even among the

Trump voters, the straining is more on my side, because they don't seem to have seen the correlation between ... They're all fully accepting of my family, and they don't see how voting for somebody like Trump hurts my family.” Leah shared the same story and said: “We've ended up distancing ourselves more from Charles' side of the family. They are very supportive of Kyle. But they are also Trump voters. We told them, if you vote for this man it will be bad for Kyle. So, when they did it anyway, it was kind of like we drew a line in the sand.”

Some parents indicated that they distanced from relatives who judged them for accepting their transgender child, or added to their stress by refusing to accept or use their child's new name or pronoun. Doug said: “Some relatives and Christian friends just can't get past the initial black and white, it's strange, it's wrong.’ Some have said things like, ‘I can never call your child by another pronoun or by a new name’, or things like that. It adds a tension or stress to family relationships.”

Other parents said they distanced from relatives who were too supportive of their child moving quickly toward transition. Cara said: “It's been kind of difficult to talk to our other children about this. One of the reasons actually, I think they're pretty supportive of her doing this. So, we're not really on the same page.” She added, “I have one sister who I think is totally supportive of Lisa making these changes. She views it as a good thing, so that's difficult.”

Some parents said they were ostracized by their siblings and parents for supporting their transgender child. Mark said: “I have strained relationships with most of my side of the family. I think probably what will happen is, given Grey's age, some folks might just ride it out for the next couple years and then, you know, if Grey goes off to

University then maybe there'll be a return to normalcy.” One respondent, Maria, said she completely lost access to her other child and grandchildren somewhere in the process of loving and accepting her transgender child. She said her other child has cut himself off from the entire extended family and immersed himself in a life that only includes his in-laws. Although they all still live in close proximity, she noted that she has only seen her grandchildren once or twice in many years.

**Isolation from others outside of family.** Many parents clearly indicated that parenting a transgender child is an isolating journey. Parents spoke of deliberately isolating from persons outside the family because of their transgender child. Some parents said they actively avoided making new relationships post-awareness because it was too difficult or draining to explain their transgender child, or because they simply didn't wish to. Maria said:

There's this cliché: ‘My child came out of the closet and I went in it.’ And that's really what's happened to our life. We were very social people; we had a great church experience; we had a pretty great life. And then we just sort of shut it down. And a lot of that was because when you go out with a couple, or you're meeting new friends from church, you go to lunch or something, and what do they ask about? “Oh, how many kids do you have? What do they do?” And I just didn't want to answer those questions. And the few people we did let in, they grew very distant as well because they felt they didn't know what to say or do either. So, it's a very, very isolating journey.

Many parents spoke of not having anyone to talk to in the early days after disclosure, or not knowing who they could trust with the information. Diane said since

she couldn't talk, "I stuffed it, and I ate myself 40 pounds heavier. And I did not tell anybody, except my best friends. I did not tell any of my Christian friends. Even now, I don't put stuff on my Facebook page. I kind of keep it private. I find, I don't know, it's like embarrassing." Cara shared a similar sentiment and said: "We haven't really talked to a lot of people. Even a lot of my friends, I have not discussed it with them." Doug said: "At first, that was probably one of the hardest parts because you don't know who can you turn to, and who can you talk with about this."

Some parents mentioned distancing from friends who were openly critical of their transgender child, or the parents' acceptance of that child. Emma said: "There are people that I'm nervous about talking with about it because I feel like they're judging us. So, sometimes it's hard with those people. Some family members even. My husband comes from a pretty conservative Christian background and most of them have embraced, although they don't agree. Sometimes, some of them are hard to talk to because I know, underneath, I feel a little bit judged for the way I've accepted Tyler."

These parents spoke of lost extended family relationships with sadness and frustration. Losing the support of parents, grandparents and siblings during this process added another layer of grief, and intensified their experience of feeling isolated and alone. Parents indicated that some extended family members held their ground without even trying to understand the desperate position they found themselves in. Parents in this study consistently chose to support their transgender children rather than align with extended family in judging and rejecting their children.

**Isolation from church/isolation within church.** Parents spoke of feeling isolated from or within their church communities, unsure of what role they should play, who they

could talk to, or who might be able or willing to provide support. Talia said; “I’ve pulled out of all responsibilities at a church. We’re going to a larger church so I can be a little more anonymous. We’re even going to the Saturday evening service, and we literally sit against the wall. I just don’t want to talk to anyone, which is totally not like me. I have felt very isolated in this. It’s been a very lonely journey.” Sam said: “I can’t really share this with people. My pastors are kind of aware that there’s problems with Aaron. They’re certainly aware that he’s not coming to church anymore. But, Aaron has not given me permission to tell anyone.” Nancy said: “We’ve distanced from one of our closer friends from church because he feels pretty strongly that this is not God’s will, and this is not what God wants. We understand that it comes from a loving heart.”

Charles said: Over the past few years, I feel like there’s a widening gulf between me and other people who claim to be Christians. People on the more conservative, fundamental Christian side. I don’t understand; I can’t believe we’re reading the same book! I feel like we come to such different conclusions about what it means to be Christian. And specifically, about an issue like trans stuff; I just could never imagine Jesus condemning and pushing people away because they were transgender, and so there’s a lot more animosity towards conservative Christians, or the Conservative Christian view.

Despite many stories of isolation by all study participants, including Charles and Leah, that couple had a vastly different social and church experience from most of the parents in this study. They recognized that their experience was better than most because geographically, they live in a place of great acceptance and are surrounded by people,

both in their community and in their church, who are open and accepting of LGBTQ persons. Charles said:

I've been fortunate that the path that I was on, really introduced me to so many people who know so much about this. We actually reached a point where, within the first couple months, we had so many people calling up, trans men especially, who were like, let me come over and I'll talk to Kyle. So, they came and stuff and finally Kyle said, I've met enough trans people. But it was really sort of an embarrassment of riches to have four or five transmen come in and tell their story and talk to Kyle and give their support. So, we have lots of friends in the trans Community.

Leah summed it up by saying: "I'm at the point now that I've met so many people that I'm almost surprised if you don't have a trans kid."

For Christian parents, feeling isolated from or within the church adds another layer of grief and loss. Parents in this study spoke of reaching out to pastors and Christian friends for answers and support, yet in many cases, the church was not helpful. Maria went from church to church searching for answers and help. Tony and Cara said their church had nothing to offer them. Amy said she asked for prayer and counsel, but no one at her church felt qualified to help her. Some parents in this study were pastors, youth leaders, missionaries, and Christian school teachers who suddenly felt ill-equipped to be Christian leaders, or worried that they'd be perceived as unfit for Christian leadership positions. For persons immersed in church life, turning to the church during periods of crisis is instinctual and natural, and congregants expect answers and support. Feeling

rejected by, or isolated from the church may lead to feelings of grief, disappointment, abandonment, and anger.

### **Anger**

Parents in this study expressed anger, hurt, and frustration at being left out of the decision-making processes their children were facing. They expressed anger and frustration at being unable to protect or influence their children, and anger at external influences, such as therapists, doctors, law makers, and the media.

**Anger/frustration at being excluded from the process and unable to protect or influence their child.** Parents spoke of the pain and anger they felt over being shut out by their children as they made life-altering decisions for themselves that would directly impact the entire family. Both Diane and Tony indicated that they repeatedly tried to converse with their children, but their children were unwilling to listen. Mark expressed bewilderment and anger that his 14-year-old could make a decision to reject her faith and change her gender with zero input from family:

By the time my daughter told us, everything was decided very firmly, and we had no process to discuss it. So, it just came to us as, 'This decision has been made. You can't change my mind. You need to accept this right away.' There was a large amount of disbelief and confusion and disorientation and definitely some anger. Not that we displayed anger, yet feeling quite rejected, feeling, I think just not having been brought into confidence earlier on so, feeling like we weren't trusted, and essentially being told that we're not trusted, but we needed to accept something.

Parents felt angry about being silenced and rendered helpless as their children made decisions of such magnitude without parental knowledge or consent. Emma said: “I get frustrated with the whole thing that you can’t talk to anybody if you’re a parent. We can pay for their education but we can’t talk to anybody. We can pay for their medical bills, but we can’t talk to the doctor.”

Parents expressed anger and frustration at being ignored and rendered powerless to protect or influence their child from the moment they turned 18. Maria said:

As soon as she turned 18, no medical or mental health professionals would speak to me. They would not let me have any input. And I kept begging Lily to get counsel. There was no help in my opinion, no authentic help to help her walk through this. Literally, she had almost no counsel. And I see so many of their friends who regret it, or, didn't do the work to decide that's really what they needed to do, and it's a horrible consequence to pay. I mean, they're cutting off healthy body parts. Who does that without thorough examination?

The role of a parent is to guide, protect, and educate their children. Parents in this study expressed sorrow and anger that they were not able to counsel their children as they contemplated and moved forward with changing their gender. Parents expressed resentment that their children could exclude them from such a significant process, and also expressed anger at counselors and medical professionals for encouraging and enabling their children to move forward without parental knowledge or consent.

**Anger at external influences.** Most parents reported feeling anger after their child’s disclosure. They spoke of anger at therapists, law makers, doctors, media, and

society. Emma and Talia both expressed anger at the therapists who counseled their children. Emma said:

I was very angry with the counselor at college. I was very angry. I don't know if I was angry with Tyler. I was a little angry with Tyler. Mostly sad for Tyler. I realized that if he had been cutting this was really serious. I was very angry with the counselor. I was very angry with the world, with the media, with everybody that says this is ok.

Talia said:

Grey thinks anyone who's a Christian is against him and it's just not true. And it turned out that people who Grey sought counsel with without telling us, had told her that because your parents are Christian, there's a good chance you're going to be kicked out of your house, and if that happens you can stay with us. And I was so angry. Grey now assumes that all Christians are out to judge, but that hasn't happened. Some have. But most haven't.

Maria spoke angrily about the laws in California that prevent therapists from fully educating transgender persons on their options. She said:

I really believe California has done a great disservice to transgender people in the new laws that they made, which are connected to counsel. They're not allowed to counsel against homosexuality or trans in any way, shape or form, which I believe is very detrimental.... My child saw a psychologist maybe three times before she was given a letter for surgery. And, in my opinion, that is the worst possible care. She had a double mastectomy at 19 all on her own. She put it on a credit card.

She went to a surgeon and he was a hacker. He completely ruined her chest. And, I have so much anger about that.

Parents expressed anger at the doctors who treated their children. Doug said:

It doesn't seem quite right that a child is not 21. Yet, can be completely influenced by others without the parents having any input or clue. So basically, we had no input. And we had no communication with the surgeons doing all these surgeries. That was all through the direction of my daughter and the university counselor. And there were complications that came from those surgeries, which we felt they could've, should've done a better job of informing the daughter, and the parents, but we had no communication from them, of what the complications might be. At the beginning it's all like part of the agenda; they're all supportive and pushing forward toward gender reassignment. But, when it comes down to it, the doctors are interested in making money. And once they've gotten you to do it, they don't have to be so nice anymore. It's hard to get a hold of them, it's hard to get past secretaries, to deal with all the bills, and questions about any of it. And after the one surgery, it took Tyler a whole year plus, where he had to wear a bag. There were a lot of complications.

Maria also expressed anger at the level of care insurers and doctors are providing. She said: "Doctors put them on hormones and the recommendation is that they have their uterus and ovaries removed within six months to a year of starting hormones, and there's no funding for that. Because of the cancer risk. They're injecting tons of opposite gender hormones into their bodies, telling them there's a huge cancer risk, and not funding surgeries to help avoid that!"

Parents clearly expressed anger that their children were able to proceed with major life-altering surgeries without being fully informed or prepared. Additionally, parents expressed anger that the healthcare professionals benefitting from these alterations did not seem to be fully committed to the physical or emotional well-being of their children, and were not the ones who would later live with these choices. Because parents deeply desire to protect their children from injury or harm, they expressed anger and frustration that they were not included in the advising process. Instead, even children under the age of 18, were able to make major decisions without the input of the people who felt most responsible for their well-being.

### **Faith and Parenting**

All respondents indicated that their Christian faith impacted their parenting, and almost all spoke of ways that their faith was impacted during the process of raising their transgender child. Participants were asked to share if there were changes in four primary religious activities before and after they became aware of their child's transgender identity: Frequency of attendance at religious service, Frequency of private prayer, Frequency of Bible reading, and Frequency of listening to spiritual music.

Regarding frequency of attendance at religious services, 14 remained the same, and two spoke of decreased attendance. When discussing frequency of private prayers, 13 remained the same, two increased, and one decreased. Although this was the information provided on the initial demographic/faith form, during discussion, almost all parents mentioned increased prayer, or more fervent prayer. One couple mentioned the introduction of fasting with prayer. Another couple spoke of starting to meet with other parents to pray regularly. Therefore, it appeared that prayer became more frequent, longer

in duration, and more intense when faced with this particular parenting challenge. Only one parent said she was praying less. Talia said: “My prayer life has suffered for sure. I used to pray like an hour daily, and now, I pray maybe once a week. So that's suffered. Partially, I think, because I'm wondering if it actually makes a difference.”

Parents spoke of searching scripture for answers and support both before and after finding out their child was transgender. For 12 parents, their frequency of Bible reading remained the same, while three increased and one decreased. Parents also indicated that listening to sacred music was integral to their lives both before and after their child's disclosure. For 13 parents, their frequency of listening to spiritual music stayed the same. For two, the frequency increased, and for one, it decreased.

**Confidence in the unconditional love of God.** Parents were asked if they believed God's love is unconditional. All 16 parents said they believe God demonstrates unconditional love and feels unconditional love for their children. Maria said: “My thoughts are that we all sin and fall short every single day. And, regardless of the sin, it's equal at the foot of the cross. I know there's different elements of God, but I definitely feel God is an unconditionally loving God.” Nancy said: “I think God is definitely a God of unconditional love. It doesn't mean that we can do anything we want, but it's definitely unconditional love.” Sam said: “Everybody is made in God's image, and everybody is precious to God.”

Several parents expressed confidence that God would never stop loving their child. Diane said: “I don't feel like God made any mistakes with my child. God is a God of love. God loves my child and has a plan for my child, no matter what my plan was for my child... God is still going to watch out for my child. I believe once saved, always

saved.” Leah said: “We actually had a re-naming baptismal ceremony for Kyle. It was beautiful. You are still a child of God. But, you are a child of God known as this name and not that name. And you're never going to lose what you had. It's not like it's gone, it's there with you, it's part of you, but this is what's solid” Talia expressed similar confidence in God’s love. She said: “I'm not sure if he made my child transgender or if he made my child female and my child is confused right now. I don't know. But, ... I do believe he's unconditionally loving me and (my child) and our family. I think God is love.”

Parents expressed comfort in knowing that their children belong to God. Cara said: “I just hold on to God's promise that even though things don't seem to be ok from what I understand, He's never going to turn his back on me or my baby. Lisa is his (child). So, I hold on to that.” Emma shared a similar sentiment: “To know that God loves my child more than I do, and that Tyler is God's child, has given me the ability to share it with God, and to wrestle with it. It's helped me a lot.”

Charles said: “I don't believe that the love (of God) ever goes away. I think that God loves us. I love the wording in the creation story. God created us and said, “Eh, it's good.” He never said we were perfect. But God loves us the way we are. God created my son to be exactly who he is.” Charles went on to explain that “transgender is part of the creation... people will argue with me about all of it, but there are pieces of scripture that I feel back it up. ... Jesus talks about "some are born eunuchs, some are made eunuchs." There's a piece in there that's talking about not being created part of the gender-binary, or being part of the sexual norm.”

Parents spoke of feeling a deep sense of hope and peace about the power and love of God. Amy said: “God is a god of unconditional love. That's for sure. Jesus said to us,

that the two commandments are to love the Lord your God with all your heart, soul, and mind, and to love your neighbor as yourself. And I believe he has that unconditional love, and that's why I have that hope. I have a lot of scripture that I read daily that really emphasize that. One is Romans 8:38 - Neither death nor life, neither angels nor demons, neither height nor depth, nothing can separate us from the love of God that is in Christ Jesus. And we have some very good friends...and they tell us that Heath is not beyond God's reach. And that's all we need to know." Edward expressed similar feelings and said: "As I've been drawing closer to God and relying more on him, I've been able to understand his heart more. And how much he loves us. He is definitely a God of unconditional love. ...I've experienced that myself. And I see that in his working in our lives, and in the lives of our family, and our Christian community of friends around us. "

Parents in this study gave deeply moving testimonies about the goodness and love of God. They spoke with fervor and confidence that God's love is unchanging, unwavering, and unconditional. They expressed deep relief that the God they worship would never abandon or disown their children. Parents shared scripture about God's faithfulness, and expressed resolute confidence that no matter what they or their children were experiencing, the love of God would always remain the same.

**Influence of faith on parenting.** Christian parents believe that faith influences how they treat all people, but faith is particularly important in how they treat their children. Nancy summed this up while describing their process from the moment of disclosure. She said she and her husband agonized over understanding "God, who is it that you want Daniel to be, and what do you want us to do with this information?" Christian parents strive to faithfully execute the mandate found in Proverbs 22:6 which

reads: Raise up a child in the way he should go, and in the end, he will not depart from it. Christian parents in Protestant and Catholic churches make vows before God and their church congregations the day they baptize their children. Some Protestant traditions teach that persons should not be baptized until they reach an age of understanding and decide for themselves that they wish to be baptized. In these church traditions, parents present their infants during “dedication services,” and make vows similar to baptismal vows. In either case, parents promise to raise their children to know, love, and serve God.

Christian parents regard their children as primarily belonging to Christ, but entrusted to their care until adulthood. Parents and children raised in the organized church are familiar with the Ten Commandments from the Old Testament, and acknowledge them as a God-ordained standard of behavior. The fifth commandment speaks to how children should treat their parents, and it is the only commandment that carries a promise or consequence with it: ‘Honor your father and your mother, as the Lord your God has commanded you, that your days may be long, and that it may be well with you in the land which the Lord your God is giving you. This commandment is reaffirmed in the New Testament in Ephesians 6: 1-3: Children, obey your parents in the Lord, for this is right. “Honor your father and mother”—which is the first commandment with a promise— “so that it may go well with you and that you may enjoy long life on the earth.” Christian parents see it as their duty to instruct, protect, and help their children grow into persons who recognize their own worth in God’s eyes love, and who live in such a way that they honor God, their parents, and others.

In this study, parents were asked if their Christian faith was a help or a hindrance in accepting and supporting their transgender child. Additionally, they were asked if

their Christian faith was a help or a hindrance in making medical decisions on behalf of their child. Every parent indicated that their faith helped them continue to love and accept their child. This study found that Christian parents believe their faith was a helpful resource as they sought to maintain relationship with their transgender child. Parents stated that their faith gave them comfort, strength, and hope during periods of grief, confusion, and fear. Many said their faith influenced their choices and reactions in their dealings with their children, and made it easier to love, support, and choose acceptance, rather than rejection of their transgender child.

Several parents indicated that their Christian faith made it hard to support medical interventions, and three stated that their faith made it impossible to condone medical transition. They mentioned that they may have been more accepting had they not been Christians. Only three children referred to in this study were young enough to need their parents' permission to proceed with medical treatment. Therefore, only five of the sixteen parents found themselves in a position to make medical decisions on behalf of their children. All five parents reported doing their due diligence in moving forward. Two of those parents indicated that their Christian faith made it more difficult for them to act more quickly.

Several parents said that having faith made some aspects of parenting more difficult because they experienced distress trying to figure out what God expected of them in this circumstance. Other parents said their Christian faith was a key factor that led to their transgender child rejecting them, at least for a time. This study found that Christian parents rely heavily on their faith during periods of stress. The data revealed that Christian parents turn to God, scripture, sacred music, and other Christians for

support while seeking answers as to how to best love, support, and understand their transgender child. Overall, seven parents said their faith made parenting easier, one said it made things harder, and eight said their faith made some elements of parenting a transgender child easier while making other elements of parenting more difficult.

Those parents who indicated that their faith made it easier to parent their transgender children said that they chose to focus on God's power and presence in the situation. Talia said: "I still believe that God is God, and somehow, he's got all this under control and somehow, this will all work out. My husband and I are trying again to look at it as the prodigal son. I'm sure the father didn't want to give him his inheritance, but he did, and he screwed it up. He blew it. But he ended up coming back. So, we've decided, if this is wrong, God can use this to bring him back. And if it's right, then we're doing the right thing." Cara said "Having faith definitely helped. I just hold on to God's promise that even though things don't seem to be ok from what I understand, He's never going to turn his back on me or my baby. That's his Lisa. So, I hold on to that."

Parents indicated that their faith contributed to them feeling more tolerant, kind, and supportive of their children even when they were upset or opposed to their child's choices. Dom said: "My faith has helped me to not raise these questions: Why me? Why him? or whatever. Just support him, love him, and accept it as it is." Charles said: "Faith definitely helped me. Because my view of Christianity is, I believe that Jesus sided with the oppressed and the marginalized, and that Jesus' ministry called attention to the people who were on the edges of society, and therefore calls me to accept people who don't fit into gender binary, or who aren't cisgender, or anything like that." Edward said: "Faith has certainly helped me continue to love Heath and to want the best for him, and it's

helped me get over the temptation to try and do something harsh with him. So, I think overall, it's been very helpful.” Tony echoed that sentiment and said: “Faith definitely has helped me. I think if I didn't have my faith, my reaction might be one of extreme anger, or extreme disappointment.”

Maria was the only parent who said her Christian faith made parenting harder.

She said: For me, it was devastatingly hard, because it was really hard to figure out how to honor God through this. . . .what was the right path, what was right and wrong in accordance to honoring God. And I think I've now found that answer, but it took me a lot of years, and a lot of wrong paths. For me, (faith) was much more difficult because... there was a moral standard, and I guess it just added to the pressure of trying to do the right thing, but not knowing what that was, in order to honor God and love my child. I just couldn't figure out how to walk that journey.

Eight parents indicated that their faith made some aspects of parenting easier and other aspects harder. Diane said her son rejected her for a long period of time because of her Christian faith, but praying gave her comfort during the periods when he refused to communicate. Sam and Amy both said their faith helped them cope, yet made it harder to accept their sons transitioning into daughters. Sam said: “Faith is helpful in that I have a peace about it. It's unhelpful in that it is going to prevent me from having the belief that you can be any gender you choose to be. I don't believe that. God chose your gender for you. And it's disobedient to think otherwise.” Amy said: “I think faith made it easier to cope with the news, and to accept that this is my purpose in life: to be a mother of a transgender, and that I need to pray, and that hopefully my prayers will bring him back.

But it's been more difficult to support his wishes because he wants to be called a name that we didn't give him, and he wants to use a pronoun that doesn't belong to him, and he wants to be who he's not.”

Parents said their faith is a source of strength and comfort which makes parenting easier, but, at the same time, the lack of clear Biblical answers has made things stressful. Mark said: “There's just been a lot of waiting on God, and so faith has been huge. But, scripture's been a challenge. There's so few things scripturally that I can look to as encouragement. I don't think God wants us to be manipulative with his word...I'm just trying to figure out how to wear lenses that God will say are faithful lenses, and still be compassionate, and hopefully offer hope to my own child about who God is and what God can offer.” Doug gave a similar response and said:

In some ways (faith) has helped me. And in other ways, it's made it more difficult. More difficult because as a Christian I do look to the scriptures and Christian theology as the foundation for my beliefs, and therefore, I can't just say I'll go with a contemporary trend. For my own personal integrity, so to speak, I need to consider what the scriptures say, and it doesn't allow just a casual concession to contemporary trends. So, in that sense, it's more difficult. But, on the other hand, and with any difficult situation in life, being a Christian means I can take these things to God in prayer, and find his comfort, strength, encouragement, and wisdom to deal with the situation. So, from that standpoint, it helped.

Nancy gave a similar message: “Faith has helped me in a lot of ways. There are certainly instances where it's made it a little harder because I've had to struggle through (identifying) what are my convictions on the subject, and I felt like I really needed to

ground that in Christ; Not just in my own thoughts and feelings. So, maybe if I wasn't a Christian, maybe I would've accepted it more readily. I don't know. But on the other hand, we had a really tough year in our family, and honestly, if we weren't grounded in Christ, I don't know what that would've meant for us. And, for me, I was able to cry out to God whereas otherwise, where are you going for that?"

Overall, parents in this study made it clear that their Christian faith deeply impacted how they parented their transgender child. They indicated that their faith enabled them to be compassionate, loving, and kind even when they felt confused, frustrated, or angry. Although parents wrestled with how exactly God wanted them to view the issue of transgender, or how they should counsel their children, all parents determined that their faith enabled them to treat their transgender child with love, respect, and acceptance.

**Confusion about church teaching on transgender.** Parents in this study said that they turned to Christian counselors, pastors, and Christian books as they sought to understand the phenomenon of transgender. Most said they studied the Bible and prayed more often as they tried to understand what the Bible said about transgender, and what God expected them to do with and for their transgender child. Most parents voiced frustration that the church was not adequately prepared to speak to this issue, and said they were unable to find solid answers from faith-based counselors or the pastors. Amy said: "Our church had no one to help us. So, I think that they should anticipate that there's going to be more and more of these, and I think they should send their pastors for some training." Tim said he met with church counselors and found: "Most of the church

counselors have not thought about this yet. I met with one who lumped transgenderism in with homosexuality, and it's just not the same thing.”

Mark said he felt “utter confusion before God, not knowing where to turn in scripture.” He said he didn't know where to begin processing what category transgender fit into, and he had difficulty finding answers from scripture or church leaders. He said: “I think pastors need to put this in front of their staff members and leadership teams before any transgender person knocks on their door... How does Christ want to save a broken, damaged soul regardless of the physical garb that's there?” Edward said: “I think it's important for the church to be more clear on its teaching in this area...and what the Bible really says. And what's right and wrong. And to encourage people to love.” Doug said his child has returned to the organized church after a long absence, but his child has not disclosed that he is transgender. Doug expressed deep concern about how the church will respond to transgender persons. Will they be accepted and embraced as their new gender? Dom said: “The Bible doesn't say anything about this situation. So, love. Show love. Love your kids.”

Parents indicated that once their child told them about their transgender identity, they did all they could to become educated on the topic. Parents said that finding distinctly Christian information on transgender was very important to them. Every parent stated that they began to read anything they could find related to gender dysphoria and transgender. Maria said: “I started researching everything I could possibly find on this topic.” Cara and Tony both said they read everything they could find on the topic and spoke to anyone they could find with pertinent information. Nancy said that once she learned her own child was transgender she realized: “I can't be wishy washy about my

beliefs on this topic anymore. For me, the biggest thing is that I have gone deeper into study because of this. Because I really, obviously, need to know exactly what I believe on this and why.” Amy voiced a similar sentiment and said: “I’ve been really trying to find more about what God wants, what God thinks about this. I’ve read a lot of books.”

Tim mentioned how much he appreciates Pastor Steve Froehlich (2016), who has immersed himself in the study of gender dysphoria and published a paper on how the church might regard transgender. He said: “I’ve read Dr. Froehlich's paper several times. I’ve gone through many positions trying to figure out what I believe. My position about transgenderism has transitioned quite a bit over time, as I’ve thought more about it, read more about it, and tried to understand what my attitude needs to be.” Doug also mentioned Dr. Froelich’s paper, as well as *Christianity Today* and Mark Yarhouse as resources he found valuable. He said Yarhouse’s book, *Gender Dysphoria* (2015) helped him view the issue of transgender through a different lens. He noted:

We live in a fallen world according to Biblical theology, and because of that, not everything is the way God originally designed it to be. And that includes disabilities of various kinds. So, this raises the question, could it also include gender identity disorder? When it's a purely physical disorder we don't associate ideas of sin or rebellion to it. We just say because of the fall, this person is born with whatever, cystic fibrosis, or blindness, or whatever. So, whatever medical treatment is available, you would do your best to avail yourself of that to help their situation. So, could that same thing apply to this then? That was a new line of thinking that came out of this that I had never considered before... In other words, it enables me to see that for this person, it's a real thing. So, in listening to

our daughter's story too, it was something she fought against, she didn't choose. It just was there and was very real. And so, I've come to accept that.

All of these parents looked to God and scripture to find answers, but felt frustrated and disappointed by the lack of information and support. Parents stated that they hope the church will make this topic more of a priority so future parents facing this issue will find sound Biblical counsel about how to regard transgenderism and how to best support their children. In the absence of clear and specific teaching on the phenomenon of transgender, parents in this study made action plans based on Christ's example of love, mercy, and compassion.

**Impact of having a transgender child on a parent's faith.** This study sought to answer if a parent's faith changes in any way as a result of, or during the process of, raising a transgender child. Parents spoke of experiencing a deeper faith and a greater reliance on God as a result of this experience. Parents also reported that they prayed more often, or more fervently, after learning their child was identifying as transgender. Cara said: "I have more reliance on God, and just realizing that I need him more. I need more grace, to be able to have faith that everything will be ok. It's made me pray more, try to look to the Bible more for his promises, and to hold onto those." Amy said: "Spiritually. I've been really trying to find more about what God wants, what God thinks about this. And more prayer. Prayer and fasting. We had never fasted, so it's been a new thing for us to fast one day a week, and to pray for our son." Tony also reported more reliance on prayer. He said: "We pray more, specifically for Lisa. We're Catholic. So, we pray a novena, and a novena is a 9-day prayer. And we have prayed that novena constantly. When we finish 9 days we start all over again. Every day, without fail."

Parents also spoke of increased Bible reading as they searched for hope and answers from God. Emma said: “I've really had to do a lot of searching the scriptures. I know that God's word is true. And I know that everything in there is true. And so, I've had to put my experience, and what I've seen through this whole situation with Tyler, which has changed me a lot, and what I see in the Word, and try to put those together in some way that is congruent in my mind and in my heart, and it's been a big challenge.” Her husband, Doug also spoke of turning to the Bible to find pertinent answers to the issue of transgender.

Parents clearly sought to understand God’s desire for them and their children as they agonized over how to navigate the complexities of raising a transgender child. Parents turned to prayer, scripture, church leaders, and Christian counselors as they searched for guidance and support about how to parent their child with a little understood diagnosis, while facing life-altering treatments, and in many cases, great spiritual distress. Parents clearly stated that they desperately wished to discern God’s leading, and they intensely yearned for their children to remain physically and spiritually safe. Almost every parent indicated that as they faced the unknowns of raising a transgender child, they turned to God as a source of strength, direction, and comfort, and the end result was a richer, deeper faith.

**Deeper faith/Deeper awareness of and reliance on God.** As parents contemplated the changes in their Christian faith since recognizing they had a transgender child, almost every parent in this study reported feeling a deeper faith, a deeper awareness of God, and a deeper reliance on God. Maria said: “By the grace of God, it’s a much deeper faith. And I think that comes through a refining fire that we've been

through. I think that my faith is 100% better, stronger, so dependent on God, and that personal relationship with God, more than it's ever been. And I think I feel that he is always with me, whereas before, I didn't really believe that, or think that. I think I have a better perspective now." Nancy echoed Maria's experience and said: "I certainly have a deeper understanding of how much we just really need to put things into God's hand and what that really means to do that."

Three parents specifically mentioned an increased understanding of God's love. Charles said: "I think that my relationship with God has gotten stronger. There's more relying on God than I did in the past, more leaning on God. I'm more open to trying to understand just the abundant love of God." Edward said: "I've been drawn closer to God. I think my relationship with him has deepened through this time. The time I spend with God is much more and deeper as a result. ... As I've been drawing closer to him and relying more on him, I've been able to understand his heart more. And how much he loves us." Cara said: "I wouldn't say that my faith has really changed; It's just deepened my understanding of God's love."

The parents in this study turned to God for answers in how to parent their transgender child, and they came away with a richer, deeper faith, an increased awareness of God's presence, and an increased reliance on God. When making baptismal vows, parents promise to raise their children "God helping me." These vows reassure parents that they never parent alone; God promises to help. Their testimonies affirm the promise given in James 4:8 which says: "Draw near to God and he will draw near to you." All the parents who turned to God for help and support experienced a greater awareness of God's peace and presence, and a deeper awareness of God's vast, abiding love. Their experience

is consistent with the words of Ephesians 3:18: “I pray that you, being rooted and established in love, may have power, together with all the saints, to grasp how wide and long and high and deep is the love of Christ.”

### **Scripture References Parents Found Helpful and Unhelpful**

Parents were asked to share words of scripture or sacred texts they found helpful and unhelpful as they searched for Christian guidance in parenting their transgender child. (See Appendix F for the entire list of responses). Helpful texts included verses about God’s love, faithfulness, and power. Parents found comfort in verses that spoke of God’s compassion and mercy. Several indicated that Romans 8:28 spoke to them, which states: All things work together for good for those who love God and are called according to his purpose. Parents turned to Psalm 77 and 103 to be reminded that God is a gracious and compassionate God. They found comfort in verses that say to love your neighbor (Luke 10:27, Romans 13:9-10). Some pointed to the story of the eunuch (Acts 8) as evidence that something more than a gender binary has existed since ancient days. Parents quoted verses about God’s love (John 3:16), God’s power (Ephesians 4:14-21), God’s capacity to forgive (Psalm 103), and God’s instructions to followers: Act justly, love mercy, and walk humbly with your God (Micah 6:8). Some parents indicated that they were finding much hope in the story of the prodigal son (Luke 15:11-32), and trying to stay hopeful that their children will return to them some day.

Parents also listed words from scripture that they found confusing or unhelpful. Verses cited included Deuteronomy 22:5 which says a woman must not wear men’s clothing, and Leviticus 18:22 which speaks of the evils of same sex relationships. Other verses included the similar theme of God’s vengeance or hatred of sexual immorality

found in 1 Corinthians 6:8-10, Romans 1:18-22, and 1 Timothy 1:8-11. One father indicated that he found parts of Leviticus, Deuteronomy, and Paul's letters to be out of sync with the overall message of love in the Bible. Several parents noted that they very intentionally avoid scripture that sounds condemning, and choose instead to focus on verses that speak of God's love and mercy.

### **Conclusion**

This study found that Christian parents experience deep feelings of love, grief, fear, confusion, isolation, and anger when they discover their child is transgender. Despite these painful emotions, most Christian parents in this study offered immediate, unconditional acceptance when their child told them they were transgender. Every parent in this study sought to reassure their child that they were loved by themselves and by God, no matter what choices they made.

Parents of transgender children experienced layers of grief and loss. They spoke of grieving the loss of the child they knew, grief about the new name and pronoun, and the long and complex process of reaching acceptance of the new normal.

Parents spoke of having many fears and worries about their transgender child. Parents fear their child will be harmed by medical interventions, and also fear the high rates of suicide among transgender persons. In addition, they fear how having a transgender child will impact the entire family and specifically, how the transgender child will impact the lives of their other children. Parents expressed grave fear that their child might move forward with transitioning and then one day have profound regrets. Lastly, parents expressed an agonizing fear that their child might turn from God or feel that God has rejected them.

This study revealed that Christian parents experience confusion, disorientation and shock when they learn their child is transgender or **gender dysphoric**. They experience confusion about their child's transgender identity, confusion over how to introduce or refer to their transgender child, and confusion over how to understand the phenomenon of transgender. Many parents experience a sense of relief and an easing of confusion once their child is able to speak to them about their true gender identity.

Parents of transgender children experience layers of isolation. Parents reported experiencing isolation from their transgender child, isolation from or with their spouse, isolation from other family members, isolation from persons outside of the family, and isolation from the church and within the church. Parents in this study specifically stated that parenting a transgender child is an isolating journey. Many parents created relational distance on purpose to reduce some sources of stress. No parent in this study rejected their transgender child, but many parents in this study experienced periods of rejection at the hand of their transgender children.

Parents in this study experienced anger at being unable to participate in their transgender child's process and unable to protect or influence their child. Parents expressed anger at many external sources including doctors, therapists, media, society, and law makers.

Christian parents earnestly turned to God, fellow Christians, and the Bible to find answers about how they should think about and respond to the needs of their transgender children. Christian parents expressed deep confidence in the unconditional love of God, and a deep reliance on their faith as they searched for answers about how to regard the issue of transgender, and how to parent their transgender child. Parents in this study

experienced significant confusion and frustration over the lack of clear church teachings and the lack of church support available to them as they parented their transgender child.

This Interpretive Phenomenological Analysis explored the lived experience of 16 Christian parents who have a transgender child. The findings identified their concerns, emotions and reactions. Additionally, this study explored how Christian parents rely on their faith to parent during periods of stress, grief, and confusion, and identified how parenting a transgender child directly impacts a parent's faith. Findings indicate that the impact of faith and parenting a transgender child appears to be bi-directional. Faith strongly influences how parents treat their children, and, parenting a transgender child greatly impacts a parent's faith. By their own testimonies, parents said that because of their Christian faith, they chose love, mercy and compassion over rejection and unkindness. Using Christ as an example, parents were compelled to extend unconditional love and acceptance to their children. As parents walked this journey with both God and their children, they reported that their faith was deepened and they grew in awareness of their reliance on God and the vastness of God's love. Parents in this study reported finding strength, direction, and hope in the words of scripture, and many reported an increased reliance on prayer and a deeper craving to be in God's presence.

In the following chapter, these findings will be compared to existing literature, and recommendations will be made for improved standards of care for transgender persons and their families. In addition, recommendations will be made for future research.

## Chapter V - Discussion

### Introduction

This Interpretive Phenomenological Analysis explored the lived experience of 16 Christian parents who have a transgender child. As the number of persons identifying as transgender increases (Bernal & Coolhart, 2012; Wood et al., 2013), more and more parents will be faced with this phenomenon of raising transgender children, and may experience similar concerns, emotions, and reactions. Although Christian parents of transgender children share similar emotional and relational reactions as non-Christian parents, their experience differs because they are more likely to experience grief and tension surrounding issues of faith (Maslowe & Yarhouse, 2015). This study sought to understand the lived experience of Christian parents so future Christian families, transgender persons, doctors, mental health professionals, and the organized church might better understand how to serve this group of people, and how to best support these parents throughout the complex process of raising a transgender child.

This study gathered information about how parents feel about and respond to their transgender child. This study found substantial links between the relationship between Christian faith and parenting. Findings suggested that faith directly influences how parents respond to their transgender child. Additionally, findings revealed that parenting a transgender child has a direct impact on some aspects of a parent's faith.

The results of this study have implications for mental health practitioners, especially pastoral counselors, marriage and family therapists, and any mental health providers seeking to offer compassionate, comprehensive care to a transgender individual and their family. This study also has implications for church leaders and church

communities. Finally, this study has implications for those mental health professionals, educators, and law makers who contend that parents can be or should be omitted from making decisions or influencing their transgender children and teens. This chapter will conclude with recommendations for improved standards of care for transgender children and their parents, and recommendations for future research.

### **Summary of the Study**

This Interpretive Phenomenological Analysis was designed to explore and understand the lived experience of Christian parents who have transgender children. Family Systems Theory was employed as the theoretical framework because the entire family system is impacted whenever a single member experiences a significant loss or change (Bethea & McCollum, 2013). When a person reveals they are transgender, each family member experiences a shift in relationship expectations as new roles are created. These new expectations create relational struggles while each member adapts to the new roles and rules. A number of researchers have explored the process of change that occurs in families with an LGBT member (Connolly, 2005; D'augelli, 2005; Emerson & Rosenfield, 1996; Norwood, 2013; Tyler, 2015).

Parents of transgender children face unique challenges and concerns (Brill & Kenney, 2016; Field & Mattson, 2016; Whitley, 2013), and Christian parents face additional tensions as they balance faith and parenting (Maslowe & Yarhouse, 2015; Yarhouse, 2015). Since much research acknowledges the importance of parental support on the health and welfare of transgender children (Bernal & Coolhart, 2012; Bouris et al., 2010; Erich et al., 2008; Ryan et al., 2010; Simons et al., 2016), the goal of this study was to understand this experience from a parental perspective. Results of this study revealed

useful information for future parents facing this situation, as well as for those who have relationships with transgender families, such as medical and mental health professionals, legal professionals, educators, and clergy.

Previous researchers have identified how Christian parents react to their LGB children (Maslowe & Yarhouse, 2015). Additionally, some studies have explored the challenges of balancing religious identity and parenting a transgender child (Norwood, 2012; Whitley, 2013). This study added to the body of knowledge by specifically exploring the lived spiritual experience of Christian parents as they cope with, and respond to, the needs of their transgender children. This study employed Family Systems Theory to identify how Christian parents are impacted as they adapt and adjust to having a transgender child. This study found that Christian faith played a role in how these 16 parents coped with the challenges of having transgender children. Additionally, this study found that faith and Christian experience change as a result of having a transgender child.

### **Summary of Findings and Conclusion**

The research questions employed by this study were designed to gather information about the lived experience of Christian parents who have a transgender child. People frequently turn to religion and spirituality during periods of change, stress, or grief. Religion serves a number of important purposes during periods of crisis, and can provide meaning and comfort during life transformations (Pargament et al., 2000). This study confirmed that some Christian parents rely on their faith while coping with the emotional, relational and spiritual stressors of having a transgender child. This chapter provides answers to six primary research questions:

1. What are the lived experiences of Christian parents who have transgender children?
2. What role, if any, is faith playing in a parent's ability to cope with the challenges of having a transgender child?
3. Is their Christian faith a help or a hindrance in accepting their transgender child?
4. Is their Christian faith a help or a hindrance in making mental health and medical decisions on behalf of their transgender child?
5. Is a parent's Christian faith changing/growing/diminishing as a result of having a transgender child?
6. Finally, which specific words of scripture do parents find comforting and upsetting as they strive to make their best parenting choices, while simultaneously remaining faithful to their understanding of God's will for them and their children.

This chapter will identify the six major themes and numerous sub-themes which describe the lived emotional experiences of Christian parents related to having a transgender child. The chapter will then focus on the remaining five research questions and describe the bi-directional impact of faith and parenting.

1. Love/Acceptance

- Initial reactions of love/acceptance

2. Grief

- Loss of the child they knew/A living death

- Grief about the new name and pronoun

- Reaching acceptance

3. Fear/Worry

- Fear of medical interventions

- Fear of suicide

- Fear of how it would impact the family

- Fear/Worry of how it would impact their other children

- Fear that the child will have regrets

Fear that the child will turn away from God or feel rejected by God.

4. Confusion/Disorientation/Shock

Confusion about child's transgender identity

Confusion/discomfort about how to introduce or refer to transgender child

Confusion over how to understand the phenomenon of transgender

Easing of confusion/the transgender revelation made sense

5. Isolation

Isolation from transgender child

Isolation from spouse/isolation with spouse

Isolation from other family members

Isolation from others outside of the family

Isolation from the church/Isolation within the church

6. Anger

Anger at being excluded from the process/Unable to protect or influence their transgender child

Anger toward external influences: media, doctors, mental health professionals, lawmakers, and society.

Four primary themes and a number of sub-themes emerged in answering the research questions regarding faith and parenting:

7. Confidence in the unconditional love of God.

8. The Influence of Faith on Parenting

Faith made parenting easier, harder, or a combination of both

Confusion about church teachings on transgender

Intentional effort to reduce confusion to parent effectively and faithfully

9. The Impact of parenting a transgender child on a parent's faith

More prayer/Deeper faith

10. Scripture that parents of transgender children find comforting or upsetting

**Love/Acceptance**

In this study, every Christian parent (n=16) expressed deep love and concern for their transgender child, and almost every parent used the term "unconditional love" to

describe the love they felt for that child. Parents expressed resolute determination to love their children and maintain a relationship with them, even when they disagreed with the choices their children were making. Not one parent in this study threatened to abandon, disown, or sever ties with their transgender child. Rather, all spoke about their child with love, and said they have repeatedly reassured their child that they are loved and valued by themselves, and by God. These findings conflict with previous studies that found many transgender persons experience physical and verbal abuse from their families of origin (Catalpa & McGuire, 2018; Koken et al., 2009), enduring breaks in the relationships with family members (Catalpa & McGuire; Koken et al., 2009; Yadegarfar et al., 2014), or total rejection (Brown et al., 2013). This study also conflicts with research that found religious parents have negative reactions (Koken et al., 2009) or withhold acceptance and support (Shilo & Savaya, 2012).

Lack of parental support after coming out as transgender has been linked to a range of negative health risks, including bouts of depression (Rothman et al., 2012), substance abuse (Bouris et al., 2010), suicidal ideation (Bauer et al., 2015; Stieglitz, 2010), and increased risk of HIV and other sexually transmitted diseases (Stieglitz, 2010). Many transgender persons endure verbal harassment from their parents (Grossman et al., 2006) or are bullied or physically abused by their own family members (Catalpa & McGuire, 2018; Koken et al., 2009; Stotzer, 2009).

Trans persons who experience hostility, rejection, and aggression from their families are at a higher risk of poverty, homelessness, and other negative outcomes (Koken et al., 2009). For transgender college students, limited support from families and peers can have a negative impact on their educational outcome (Goodrich, 2009).

Sexuality/gender identity is a significant struggle for religious LGBT persons, and some experience added complications when they do not find acceptance from their parents (Fuist, 2016). Acceptance by family members is associated with optimal functioning (Le et al., 2016; Ryan et al., 2010), decreased suicidal ideation (Bauer et al., 2015), increased sense of well-being (Kovalanka et al., 2017; Levine, 2018) as well as increased life satisfaction and improved self-esteem (Erich et al., 2008). Compared to other sources, the support of family of origin appears to have the greatest impact on protection against psychological distress (Bariola et al., 2015).

All 16 parents in this study spoke with compassion and concern about the level of distress their children were experiencing, or had experienced, as a result of issues associated to their gender identity. It appears that because of this concern, parents were deliberate in their attempts to show love and support for their children. Parents said they intentionally chose to not display anger because they did not feel that would be helpful to their children or to the parent-child relationship. In cases where parents had initially expressed some negativity, the result was strained or broken relationship for a period of time, and these parents expressed deep regret about those actions. For this group of parents then, one of their primary goals was to manage their own emotions in order to protect their transgender child and to preserve the parent-child relationship.

**Initial reactions of love/acceptance.** Research indicates that Christian parents show support for their LGB children and believe that God wants them to remain loving, supportive, and engaged with their children (Maslowe & Yarhouse, 2015). Previous research found that parents sometimes offer an immediate gesture of support to their transgender child which may be a reactionary response to their shock (Tyler, 2015). One

previous study (Norwood, 2013b) found that parents offered immediate love and support to their transgender child, unless acceptance conflicted with their religious beliefs or social prejudices. In this study, all 16 Christian parents responded with love when their children disclosed their transgender identity. Although parents admitted to voicing concerns and words of caution, all 16 parents clearly expressed to their child that they did not want to lose access to that child or end their relationship. Ten of 16 parents specifically mentioned that from the moment of disclosure, they expressed a full resolve to love their child, no matter what choices their child made. Nancy said: “When Danielle first shared it with me, my first reaction to her was ... I love you no matter what. So, we're going to figure this out.” Tim said: “I didn't know what support meant, but I determined immediately that I was going to love Jackie, and that's the way it was going to be.” Dom said: “Della got immediate acceptance from both of us.” Talia said: “When Grace first told us, ... We kept saying, we love you, we love you, we love you.” The immediate responses of love and support offered by the parents in this study were the extreme opposite responses of what many transgender persons encounter from their parents (Catalpa & MaGuire, 2018).

Studies indicate that transgender children desire to be honest with their families and hope to experience full acceptance from their families of origin (Riley et al., 2011; Riley et al., 2013; Ryan et al., 2010; Steiglitz, 2010). Unfortunately, for many transgender children and teens, the initial reaction is not supportive, and reactions can range from disappointment to rage. Some parents ignore their child's disclosure, whereas others become hostile or abusive (Grossman et al., 2005), or even tell the child they will go to hell. Some parents become angry, violent, and rejecting (Catalpa & McGuire,

2018). Many parents respond with shock, anger, guilt, shame, and blame (Mann, 2013). Some parents repeatedly make scriptural references to sexual sin (Maslowe & Yarhouse, 2015). Some children are disowned (Roe, 2016). In contrast to these prior studies, none of the parents in this study responded to their transgender child with harshness, violence, or rejection. Most of the parents in this study specifically indicated that the reason they offered up immediate responses of love was because they felt that is how God would want them to behave toward their children.

### **Grief**

This study reinforced previous findings that parents experience deep feelings of grief over losing the child they knew. Grief is an expected reaction to loss, and many parents report feeling grief and devastation when they learn their child is transgender (Bill & Pepper, 2008; Dierckx et al., 2016; Dierckx & Platero, 2018; Emerson & Rosenfield, 1996; Field & Mattson, 2016; Rothblum, 2014; Wahlig, 2015; Wren, 2002). For parents of transgender children, there are many elements of loss. Although the transitioning child is still present in both mind and body, there's a sense that something significant feels lost during the process, and this unclear or uncertain loss has been termed ambiguous loss (Boss, 2007; Brill & Pepper, 2008; Coolhart et al., 2018; Maslowe & Yarhouse, 2015; Norwood, 2013a; Tyler, 2015; Wahlig, 2015). The feelings of grief and loss that parents of transgender children feel may also be described as disenfranchised loss (Houck, 2010) because many in society may be unable or unwilling to consider this form of parental grief legitimate. Thus, families may find themselves grieving without social or religious support, which may result in another layer of loss as they process their grief in isolation, wondering if their feelings are legitimate.

In this study, parents shared the anguish they felt about no longer having the presence of their original child. They spoke of longing to see their original child again, and missing the experience of parenting the son or daughter who they had always known. Two mothers mentioned the pain of coming across old photos and grieving the loss of their daughters.

In this study, 15 of 16 parents expressed feelings of grief, sadness, and loss while describing their reactions to having a transgender child. One parent said she and her husband felt such deep despair that they wanted to die. Some parents cried throughout the interviews and spoke of great sadness and worry about their children. Only one parent, Charles, did not express any grief about his child being transgender. He seemed so calm and accepting of his transgender child that the interviewer commented that he seemed to be able to get on board with his child without missing a beat. His wife, Leah, confirmed that he had a much easier emotional experience than she did in readily accepting the changes in their child. One possible reason for Charles' ready acceptance may be the fact that he had numerous relationships with transgender persons before finding out his own child was trans. Research indicates that acceptance is easier for parents who know other members of the LGBT community (Trahan & Goodrich, 2015; Tyler, 2015). Although the experience seemed reasonably easy for Charles, most parents and families experience a process of grieving and restructuring to accommodate the gender change of one of their members (Norwood, 2013a).

**A living death.** Three parents in this study likened their loss to a "living death" as they struggled to find an adequate way to describe the phenomenon of beginning with one child and ending up with another. This is consistent with prior research that indicates

many parents use the term “living death” to describe the phenomenon of watching a person close to them become dramatically changed (Maslowe & Yarhouse, 2015; Norwood, 2013a). Maria said: There almost aren’t even words to describe what this experience is like. The closest I can say is that it felt like a living death. Because your child is still alive, but all the elements of your child were going away.” Diane echoed the sentiment and said: “It's like I lost a child, but I didn't get to have a funeral.” Tim used a song from *Les Miserables* to sum up his feelings. The song, Empty chairs at empty tables speaks about “pain that goes on and on.” He said the context is a stretch, but “the song expresses well the mourning that I have that Jack has left and gone away. In his place, we have Jackie whom we need to learn how to love.” For some parents, the term “living death” seems to best describe their experience of losing the child they have always known, as they simultaneously try to love, accept, and nurture the revised version of their original child.

**Grief about the new name and pronoun.** Prior research indicates that parents of transgender children experience lasting struggle with using the new name and pronoun (Field & Mattson, 2016; Wahlig, 2015; Whitley, 2013; Zamboni, 2006). In this study, parents expressed deeply felt grief about their child’s new name and pronoun. Many parents spoke of the effort they put into naming their child, and the significant attachment they had to the names they gave their children. Parents spoke of the loss of old nicknames and some mentioned how much they dislike their child’s choice of a new name. Parents also spoke of struggling with the pronoun, and struggling to refer to their changed child as “son” or “daughter.” One father said that even three years later, his still makes mistakes with the pronoun.

Only two parents denied feeling grief over the name change. In one case, the child chose a new name that was a variation of his given name. In the other case, the child chose a female name that sounded masculine, and she gave her family permission to use whichever name they were more comfortable with. One set of parents eased their grief about the new name by choosing their child's new name. They told their child it was a parental right and privilege to name children, and so they worked with their child to find a name they could all embrace. This finding reinforces the recommendations made by Herman (2009) who encourages transgender persons to be sensitive to the changes and loss experienced by the whole family as a result of the transitioning process. Herman notes that family members can have negative feelings about being forced to accommodate so many changes, but including them in the process can be empowering and helpful. She encourages transgender persons to allow their families to help in setting some terms of disclosure, or enlisting their input while choosing a new name. These gestures convey a sense of moving ahead together rather than existing in isolation. In family systems terms, allowing parents to participate in the process by choosing the new name restores the parent's role of leadership and authority, thereby restoring some sense of order and harmony within the family system.

**Reaching acceptance.** Emerson and Rosenfeld (1996) were among the first to identify that families progressed through a series of grief stages much like the grief process defined by Kubler-Ross (1969): denial, anger, bargaining, depression, acceptance. The final stage of grief is the acceptance phase. During acceptance, family members accept that their loved one is not going to change. At this point, whether they agree with the transgender person's decision or not, they accept the loss that has occurred

and begin to focus on accepting the person in his/her new role. Coolhart (2017) refers to this stage as attunement and describes it as a time when the family arrives at a place of harmony, understanding, and peace regarding their family member's LGBTQ identity.

Reaching acceptance takes time, and as each family member proceeds through their own internal journey, there will likely be periods of boundary ambiguity, relational stress, feelings of rejection or uncertainty, and challenges to dissuade the family member's intent to transition (Catalpa & McGuire, 2018). At the time of this analysis, parents in this study had varying amounts of time to process and adapt to the change in their child's gender identity and expression. The time ranged from one to nine years. Almost all parents in this study indicated that their experience of accepting the changes in their transgender child is still in process. Diane said that four years ago, she would not have been able to take her son shopping for female clothing, but at this point, she can buy female clothing for gifts. Dom mentioned that his entire family remains close and continues to spend much time together, but it's been hard for all of them to fully grasp the change in his transgender son. Charles admitted that the whole family had moments of distress, but all managed to reach a place of acceptance. In keeping with earlier research (Masolowe & Yarhouse, 2015), this study found that Christian parents need time to grieve the loss of the child they once knew, but ultimately, they arrive at a place of acceptance of the child they have gained. This process of acceptance involves restoring homeostasis within the family by accepting new roles, defining new boundaries, and adjusting to new patterns of interaction.

### **Fear/Worry**

Many parents report feeling fearful when they learn their child is transgender (Brill & Pepper, 2008; Dierckz & Platero, 2018; Rothblum, 2014; Tyler, 2016). All 16 parents in this study expressed some degree of fear or worry about their child. Several parents described it as a general sense of fear. Maria said, “I was terrified, in disbelief, sad beyond words, and despaired.” Edward said, “I just have this underlying concern, this ongoing concern that kind of causes an underlying stress that just never seems to go away.” Emma said: “At the beginning it was all I could think about all day long. The fear. It was very hard to concentrate on other things... A lot of fear. It was just invading my whole day. I prayed a lot. And I cried a lot to God.”

Parents in previous studies expressed fear that their transgender child would experience physical or sexual abuse (Stotzer, 2009; Testa et al., 2012). In this study, Diane commented: “I know of people who have been beat up at different times. And that's been my fear for Lola. He's always been a calm, quiet child. ... Another huge worry is sexual assault.” Previous research indicates that some parents fear their children will be ostracized, marginalized, or rejected by society (Gleason et al., 2016; Hill et al., 2010). In this study, Dom spoke to that fear when he said: “I said (to my son), what I'm worried is, your social infrastructure you're living in. Your social environment gets destroyed. How about your wife? How about your daughter? ... I said, be careful that you stay in a social environment that is still good for you.” The findings of this study affirm previous research that parents of transgender persons fear their child will suffer physical, sexual, or relational harm as a result of their gender identity and expression.

#### **Fear of hormone replacement therapy & gender reassignment surgery.**

Parents in this study expressed deep concern about their children proceeding with

medical interventions. Previous research indicates that there are many risks associated with puberty blockers (Sadjadi, 2013), hormone replacement therapy (Abel, 2014; Sadjadi, 2013; Weipjes et al., 2018), and sex reassignment surgery (Boedecker, 2011; Cardoso de Silva et al., 2016; Dhejne et al., 2011; Djordjevic et al., 2016). Many parents fear for their child's safety, fear the effects of hormone treatments and surgeries, and fear for their child's future happiness (Hill & Menvielle, 2009).

Of the 11 "children" discussed in this study, ten of those children reportedly suffered from symptoms of depression and/or anxiety. Four children had expressed suicidal ideation, and at least two had actively attempted suicide. It remains unclear whether sex reassignment surgery (SRS) improves psychiatric outcomes for those suffering with anxiety, depression, substance abuse, personality disorders, or psychosis in addition to their gender dysphoria. Research indicates that SRS reduces psychological morbidity in some while increasing it for others (Simonsen et al., 2016).

The fact that experts disagree about the safety of puberty suppressing hormones contributes to parental confusion and concern. Some experts believe hormone therapy appears safe and is reversible, and therefore regard it as an ethically appropriate treatment intervention for transgender adolescents. On the one hand, the introduction of puberty blockers allows the child more time to consider living as the alternate gender without creating additional issues, such as breast development in natal girls, and facial hair and Adam's apple development in natal boys. On the other hand, although these hormones prevent the need for additional surgeries in the future, there are concerns about decreased bone density, and possible negative impact on cognitive development (Sadjadi, 2013). Although some experts believe that delaying puberty harmlessly results in children

having more time to ponder their options (Ikuta, 2016), other experts note that puberty blockers may in fact ensure that the child moves forward with cross-sex hormones and sex reassignment surgery (Stein, 2012). One study found that girls who live as boys in their childhood years, have great difficulty returning to their female gender role later on (Steensma et al., 2010).

Experts also disagree on the safety of cross-sex hormones. Cross-sex hormones bring about desired physical changes within the body, but they also result in permanent sterilization (Abel, 2014; Drummond, 2009; Sadjadi, 2013). Some research indicates that cross-sex hormones improve overall mental health and a sense of well-being (Costa & Colizzi, 2016). But, it appears that hormone treatments may contribute to the development of several diseases and may negatively interact with certain medications (Weipjes et al., 2018). The long-term effects of these treatments on testes, ovaries, and the uterus have yet to be fully studied. Much more research is needed to fully understand the long-term medical consequences of puberty suppressers and cross-sex hormones.

Most parents in this study mentioned their fear of hormone treatments and gender reassignment surgeries. Charles and Leah's child was taking puberty blockers at the time of this study. Both parents admitted they are frightened about what will happen next and scared for their child's future, yet hopeful that science will continue to work on defining solid answers to best treatment guidelines.

One of the primary concerns of parents in this study was how quickly their children were able to move forward with hormones and/or surgery after their realization or disclosure that they were identifying as transgender. Parents expressed dismay that medical and mental health professionals did not offer words of caution and encourage

moving ahead more slowly. Tony expressed bewilderment that his daughter was planning to move forward with medical interventions to masculinize her body only months after realizing she was experiencing a gender identity issue. Doug was dismayed that his daughter could arrive at college, meet with a counselor who helped her identify she was transgender, and promptly move ahead with becoming a male before the family was ever invited to weigh in on putting the pieces together.

In this study, four of the eleven “children” had surgically transitioned to the opposite gender: David became Della, Lily became Liam, Jack became Jackie, and Tara became Tyler. Parents indicated that their children seemed content in their changed bodies and did not voice any regret. Maria stated that although her own child has not voiced regrets about transitioning to male, she said many of his friends have expressed regret about the choices they made and wish they had allowed more time to fully contemplate their options before proceeding with surgical alterations.

**Fear of suicide.** Eleven “children” were discussed in this study. According to the information provided by parents, ten of those children suffered from symptoms of depression and/or anxiety. Four children had expressed suicidal ideation, and at least two had actively tried to kill themselves. Some parents quoted the suicide rate for transgender children and noted that even among those who receive full emotional support and medical intervention, some still choose to end their lives. Parents in this study affirmed the value they placed on their child’s life, and attested to their belief that God valued their child’s life.

Previous studies indicate parental support is associated with reduced suicidal ideation (Bauer et al., 2015). Some parents in this study expressed grave fear that despite

their best efforts to love, support, and accept their child, they still might lose their child to suicide. Leah said: “We’re in support groups with these people. These actual families. These moms and these dads who were actually supportive of their children and it wasn’t enough. That terrifies me. They did everything that we’re doing, and it wasn’t enough.”

Studies confirm that parents of transgender children have sound reason for concern (Grossman & D’Augelli, 2007). In the United States, the lifetime prevalence of suicide attempts among people who identify as transgender is estimated to be nearly 41%, compared to 9% of the general population, and 10-20% of LGB adults (Perez-Brumer et al., 2015). In one Swedish study, the suicide rate was 19.1 times higher than control groups, and most deaths took place within 12 years of surgery (Dhejne et al., 2011; Simonsen, Giraldi, Kristensen, & Hald, 2016). These findings suggest that even after surgery, many transgender persons continue to suffer from acute emotional and psychological distress. Rates of depression and anxiety are significantly higher for transgender persons than the general population, and social support is a critical factor (Budge, Adelson, & Howard, 2013). At the time of this study, at least six of the eleven “children” were actively engaged in mental health counseling and at least two sets of parents were currently concerned about suicidal ideation. Some parents in this study stated very clearly that their top priority was to keep their child alive. Therefore, regardless of their own concerns or feelings, all decisions were made with the goal of alleviating their child’s immediate distress.

Several parents in this study noted that even after transitioning, their children still had some degree of stress and worry about exposure or rejection. Previous research indicates that some transgender persons conceal their identities by not moving forward

with gender transitioning, and some others conceal their histories to avoid possible persecution from others. Either way, these individuals may experience a sense of inauthenticity and distress (Rood et al., 2017). Leah pointed out that her child will likely always have stress about his internal disconnect and about external concerns over how people will respond to his transgender journey. She noted that her child only experiences true peace a few weeks each year when he attends a transgender camp and is surrounded by others who share his experience. Dom mentioned how difficult it must be for his daughter to incorporate so many life memories which occurred when he was in a man's body. Doug pondered the tension that his son may feel about his new church community finding out about his previous identity. These parents expressed worry and concern that even after transitioning, their children still could not enjoy a life of peace, despite effective medical interventions and full family support.

**Fear of how their transgender child would impact the entire family.** Parents in this study expressed fear of how having a transgender child would impact the entire family unit. When individuals come out as transgender, entire families face relational identity challenges surrounding sexual orientation, social role, and religion. These families face external stigma and bias, while at the same time grappling with internal emotional challenges (Whitley, 2013). Family members and significant others must weigh the cost of remaining in relationship with transgender loved ones, as it may result in the loss of other key relationships and sources of support (Whitley, 2013).

Previous research found that families of LGBT persons may receive negative reactions and opinions from coworkers, extended family members, and society (Robinson & Brewster, 2015; Tyler, 2015). In this study, seven parents were concerned, or said they

had been concerned about their family's social and financial future because they have a transgender child.

Some parents experience negative responses from extended families, bosses, and friends (Tyler, 2015). One mother of a young transgender daughter experienced harsh social judgment for supporting her son's decision to live as a girl. Her story is a testimony that multiple layers of discrimination may exist for parents of transgender children (Johnson & Benson, 2014). Several parents in this study were teachers at Christian schools. In contrast to the findings of previous studies, all three of them reported that when their employers found out about their transgender child, they were asked to continue in their positions with the full support of their administrations. Two parents indicated that once their children came out as trans, they were invited to remain on praise teams in their churches. One mother reported that after her daughter's disclosure, she was still invited to be a student at her small Christian school, provided she wore gender-neutral clothing rather than opposite-gender clothing. Although it is not clear why this cohort of parents had more positive social and professional experiences than parents in prior studies, it may be related to increased societal awareness of gender dysphoria.

In addition to worries about themselves and their families, parents reported worrying about the transgender persons themselves. Even when transgender persons experience support by families, they still may encounter prejudice and discrimination in society (Koken et al., 2009). In this study, Dom expressed concerned about his son's ability to gain leadership roles in corporate life. Despite his concerns, Dom also mentioned that his son is presently part of a company who stood boldly behind his son's

transition, and even used Della as a reason to enforce pro-LGBTQ change in the culture of their organization. Diane shared that her son, now living fully as female, is thriving in her corporate environment and is presently recognized as a top performer. Doug said his son, who has always been a hard worker, has received promotions and raises at his company, and has not experienced any negativity or rejection at his place of employment. Since one of the primary roles of parents is to prepare their children to function in society, the fact that these children are apparently thriving as the opposite gender may be a factor in helping parents remain calm, supportive, and hopeful.

**Fear/Worry of impact on their other children.** Research indicates that when transgender children find acceptance and permission to live out their internal gender identity, the children themselves usually do not need therapy. Instead, it is their family members who often require professional support (Vanderburgh, 2009). Sibling dynamics and relationships change when a transgender person begins expressing an alternate gender identity, and siblings are likely to experience their own transformations in the process (Kovalanka et al., 2014). Parents in this study expressed fear and worry about how the transgender child's gender identity or transition would impact the other children in the family. Some said their other children experienced negative reactions and needed time to adjust. Some needed counseling. One parent expressed regret that her other children felt less important while the parents were immersed in helping their transgender child. One mother noted that the younger sibling, still in a small Christian school, was not in a position to fully embrace the transition because she needed to survive in her own social environment. Another mother lamented how quickly the younger sibling had to

grow up when she observed her parents' despair over a suicide note and watched their anguish when they believed they were too late to save their transgender child.

Parents in this study shared an array of responses and reactions from their other children. Maria's other child abandoned the family, Nancy's younger daughter turned inward and had great difficulty accepting her sister as a boy, and Diane's younger daughter became very anxious and required counseling. Tim's older son completely embraced Danielle's transition and they remain the closest of friends. Dom's adult children quickly and completely embraced Della's transition, though the entire family worried about Della's teen age daughter because she had a very difficult time emotionally and relationally.

Amy and Edward said their other children were very saddened when their brother abandoned the family, and they have reached out to him repeatedly to no avail. Doug and Emma said their children remain very close, though their daughter has experienced the greatest amount of grief over losing her sister. Tony and Cara said their other children are thoroughly supportive of seeing their sister transition. Charles and Leah said their oldest child felt left out as they focused so much on their transgender child, but she has fully embraced her brother since the start. Lastly, Mark and Talia said their younger daughter has taken on the role of comforter for them, which they won't fully allow, but that daughter remains very close and accepting of her transgender brother.

This study found that some siblings have significant emotional reactions to their brother or sister being transgender. Parents have a responsibility to support and protect all of their children. When one child is in crisis, or in the midst of a significant life experience, it is not uncommon for parents to pour more time and energy into that child

for a period of time, even at the expense of their other children. In cases where one child is permanently transformed, as with a transgender child, parents need to ensure that siblings and other close family members are able to share in the process in order to successfully adapt to the changed dynamic. The transgender person has a unique relationship with each one of their family members, and each one of those dyads must recalibrate to accommodate the changed dynamic with the transgender person. Because family members influence and impact one another, each dyadic relationship must be recognized and honored as new interactional patterns are created. In some cases, external therapeutic support will be needed to successfully navigate these transitions.

**Fear that child will experience regret.** Parents in this study expressed concern that their children were moving ahead with transitioning too quickly and might one day regret their choices. Parents admitted to urging their children to get proper mental health counseling and detailed medical information regarding procedures and consequences. Parents expressed concern that mental health and medical professionals seemed intent on moving their children forward without fully understanding their child's story, and without sufficiently contemplating other possible outcomes. Ehrensaft (2012) is an ardent supporter of creative gender expression, and she notes that it is the job of mental health clinicians to facilitate the authentic gender journey of each client rather than convince the client to embrace their natal gender. Other experts caution that an authentic gender journey must rule out concomitant psychological issues or traumas (Byne et al., 2012; Littman, 2018), and should incorporate the impressions of family members and caregivers who have known the gender dysphoric person over long periods of time. In this study, nine parents expressed frustration and concern that they were not invited to

participate in the therapeutic process of gathering childhood data related to gender expression.

One Swiss study (Kuhn et al., 2009) found that 15 years post -surgery, trans people reported lower quality of life compared to control groups. Other studies report that some trans people experience regret and request surgery to return to their natal gender (Djordjevic, Bizic, Duisin, & Bouman, 2016). Like previous research (Field & Mattson, 2016), parents in this study expressed fear and concern that their child may one day have regrets, but the changes they're making now will be irreversible. Mark said "There's still that question of is this going to change? Is this permanent?" Tony expressed deep concern about how quickly his daughter was moving toward transition. He said: "In my daughter's case, she told us that she only realized that she was trans one year ago and she's already aiming to do gender reassignment surgery within the next few months. I think it's not in the best interest of the gender dysphoric person to go too fast with this."

Parents in this study expressed fear that their children may someday regret the inability to have biological children. Diane said: "I don't see how he'll ever be a parent himself because now he's taking hormones, so if he ever changes back or something, I don't think anything would work properly anymore."

Many parents hesitate to move toward acceptance of a child's transgender identity because they believe their child is merely experiencing a temporary phase (Gray et al., 2016), and research supports the fact that many gender dysphoric children will outgrow their dysphoria and eventually embrace their natal gender identity (Balleur-van Rijn et al., 2013; Byne et al., 2012; Callens et al., 2016; Mishra et al., 2016). One study found that persistence rate of Gender Identity Disorder remaining through puberty is only

15.8%, so postponing gender affirming treatment until adolescence seems like a wise choice for many families (Steensma & Cohen-Kettenis, 2011). Gender fluidity can be normative in childhood and throughout the life span, and is not isolated to people who are TGNC (Harper & Singh, 2014). Research indicates there is a link between intense Gender Dysphoria in childhood and persistence of GD (Steensma et al., 2013). Parents in this study who saw no signs of distress in childhood, were particularly fearful about their children moving ahead too quickly in the face of many unknowns.

Some parents in this study wondered if future therapy will reveal some repressed trauma, but by the time key memories resurface, the body will be permanently altered. They fear that the decisions their children are making are being made at vulnerable ages when they do not yet have the capacity to adequately consider what lies ahead. Research suggests that as children mature, they will come to understand that there are multiple ways to embrace and express one's gender (Stein, 2012) because definitions of gender roles and gender expression are becoming increasingly more flexible in society (Byne et al., 2012). Parents expressed concern that current treatment guidelines have preceded scientific answers to the etiology or best treatment of gender dysphoria. Additionally, these treatment guidelines are based on expected outcomes that have not yet been thoroughly researched (Levine, 2018). Some parents in this study expressed desperate concern that transgender children are making permanent decisions before gaining solid and accurate information about the transgender phenomenon and about their options.

Even as parents hope that clear information will become available, there appears to be a troubling lack of unity among some medical and mental health professionals, political activists, and law makers regarding the pursuit of truth about gender dysphoria

and best treatment protocols. This conflict is playing out in court rooms around the U.S. as some groups push to advance certain treatment guidelines and principles before solid research exists. For example, at this time, fourteen states (CA, CT, DE, HA, IL, MD, NH, NJ, NM, NV, OR, RI, VT, WA), and the District of Columbia have laws against the use of reparative therapy for transgender persons under the age of 18 (retrieved online from Re-Wire news, 2018/06/20). Very few people would question the ethics behind these laws, however, in some states, efforts are being made to also restrict what therapists can say to transgender children. Any words of caution or challenge could be interpreted as not accepting and supporting a transgender child's identity, and could result in loss of license for the professional. Maria expressed concern about these mental health laws in California, and noted that withholding information and options from persons struggling with gender identity is harmful and illogical. In July 2018, the governor of Maine vetoed legislation outlawing conversion therapy for transgender youth citing his concern that even reasonable conversation challenging a child's sexual or gender identity could result in loss of license for trained professionals. Similar legislation recently failed to pass in MA after many voiced concerns about freedom of speech and worries about state interference in the professional relationship between a child and a therapist.

While it seems clear that transgender youth should be supported in their journey of self-discovery and gender identification, it also seems reasonable that honest discourse should be a welcomed and mandatory tool in helping these children arrive at the correct conclusions well before they begin making permanent alterations to their bodies. Considering the finding that 86% of gender dysphoric children outgrow their dysphoria by the end of puberty (Steensma & Cohen-Kettenis, 2011), if 100% of gender dysphoric

children are encouraged to proceed promptly with gender affirming therapies, then 86 out of every 100 gender dysphoric children may be ushered down a wrong and potentially irreversible path, and only 14 will find the true relief they are seeking. In light of this simple math, more research is urgently needed to identify factors contributing to persisting and desisting gender dysphoria so experts can rightly extend the proper treatment to every child presenting with gender identity issues.

**Fear that child will turn from God or feel rejected by God.** Parents in this study indicated that having their children embrace the Christian faith is of utmost concern and importance. Religious affiliation has proven to be a significant factor in the level of happiness reported by LGBT persons (Barringer & Gray, 2017; Brennan-Ing et al., 2013; Riley, et al., 2013), but spiritual struggles are common among transgender persons (Grossohme et al., 2016). Although previous research found Christian parents sometimes used scripture against their children (Maslowe & Yarhouse, 2015), this study did not find any parent that gave their children the impression that God will no longer love them. Rather, 13 of the 16 parents voiced concerns about their child distancing from God or the Christian faith, or experiencing a sense of rejection by God. When Christian parents baptize their children, they make vows before God to raise their children in the faith with the clear hope that their child will come to fully embrace and internalize the Christian faith. Christian parents regard this as a solemn covenant with God, and view it as a responsibility both to their child and to the church (Esposito-Garcia, 2011).

Many Christian families of transgender children experience distress over seeing their child rejected by their faith communities (Field & Mattson, 2016; Kivalanka et al., 2014). Acceptance by social communities and religious communities has proven to have

a positive impact on the mental health of LGBT youth and their families (Barringer & Gay, 2017). None of the parents in this study felt God would want their child to feel unloved or rejected. Nancy said that her child had distanced herself from the church and that had always been her biggest fear. She added: “I want people to realize that the way that we respond can be an influence in either bringing someone closer to God or pulling them away from God. I think people with the best of intentions are sometimes causing some people to be pulled away from God.”

Diane said her son believes God made a mistake with him, so he is now rejecting God and religion. She said: “I would love my son to know that he can still love Jesus; I don’t feel he needs to think that he is not loved by God.” Cara expressed worry that her daughter’s choices were causing her to move away from her faith. She said: “I know God will never turn his back on her.” Mark said: “We daily pray that Grey will experience the grace of God through us and through other people who walk with Christ, and that faith might be kindled somehow. And we truly believe that Jesus can meet any gender person.” Further, he shared his anguish over his child’s total rejection of Christianity and said, “I’m feeling the grief of losing my child as a child of God; I’m not afraid of losing a girl and having a boy.” Almost every parent in this study expressed concern about their child’s spiritual well-being, as well as concern for their physical well-being.

Many LGBTQ people have experienced discrimination and rejection by their religious communities, and for some, this has resulted in negative self-talk such as “If God hates me and religious people hate me, why even bother?” (Mann, 2013, p. 203). Some LGBTQ people have given up on connecting with a faith community, thereby losing a rich opportunity for supportive relationships with other spiritual people, and with

the divine (Mann, 2013). Parents in this study shared varied experiences pertaining to acceptance within their churches. Charles and Leah attend a church that is welcoming and accepting of LGBTQ persons, so they did not experience any stigma or rejection. Nancy said her child was passively accepted by their church community, but no one uses the new name or pronoun. Doug and Emma said their child has joined a church in another city, but has not disclosed his transgender identity. In their own congregation, their minister recently expressed concern about which restroom their child will use if he comes home to visit and joins them at church. At this point, their child has fully surgically transitioned to male, lives as male, presents as male. Therefore, it does not seem feasible for him to use the female restroom at church.

#### **Confusion/Disorientation/Shock**

Many parents experience a sense of confusion and shock when their children come out as transgender (Brill & Pepper, 2008; Field & Mattson, 2016; Gray et al., 2016; Rothblum, 2014; Wahlig, 2015). In this study, parents expressed confusion about their child's transgender identity, and many expressed shock or disbelief because their child gave no prior clues about experiencing an incongruence between their natal gender and their gender identity. Most felt bewildered and taken off guard by their child's revelation. Some parents said they had trouble understanding the very words or message their child was conveying when they announced they were transgender. Many parents experienced confusion about the meaning of transgender, and confusion about how to introduce their child or talk about their child to others. Some parents indicated that they felt an easing of confusion and a sense of relief once their child told them the truth.

**Confusion/disorientation/shock about child's trans identity.** Parents in this study reported feeling confused, disoriented and shocked upon learning about their child's transgender identity. Only three of the eleven children represented here showed any signs of gender incongruence during their childhoods, and only two others recalled wishing to be the other gender when they were young. Eight of these children appeared to their parents to exhibit behaviors that seemed well within the normative range for their natal genders. In light of this, at least six of these eleven children might better be described as having Rapid-Onset Gender Dysphoria (ROGD). ROGD describes a phenomenon where the development of gender dysphoria begins suddenly during or after puberty in persons who would not have met criteria for gender dysphoria in childhood (Littman, 2018). This label is not in the DSM V, and is presently the topic of controversial debate, but it seems to best describe the phenomenon observed by many of parents in this study. Other researchers have noted the difference between childhood-onset and adolescent-onset gender dysphoria and have cautioned that treatment with the latter group is less straightforward, and other issues, such as trauma or psychiatric disorders should be thoroughly explored (Byne et al. , 2012).

In cases where there were no early signs of gender incongruence, parents struggle with putting pieces together where none can be found. ROGD may have different etiology than early onset gender dysphoria, and it is unknown whether it is temporary or long-term. ROGD has been linked to peer influences due to findings of cluster outbreaks among friends. In this study, parents voiced confusion and concern about peer influences on their children. Maria's daughter's closest friend throughout adolescence identified as transgender. Both of them transitioned to male together. Amy and Edward's son formed a

“girl club” in high school and, once he went to college, began living with a group of males who dressed and acted like women and referred to one another as “girlfriends.” Doug and Emma’s daughter dated a transgender person before moving away to college and beginning her own transition. Sam said his son’s disclosure came after he spent countless hours on his phone, seemingly controlled by online relationships. Mark expressed confusion and disbelief that his 14-year-old daughter could change so quickly and dramatically, and he said it felt like she was brainwashed by her counselor and peers. Given the power of peer influence (Littman, 2018) and the existing evidence about the power of media to influence opinions and behaviors (Claudia, 2016; Trekels & Eggermont, 2018), the power to influence gender identity (Hartley, Wight, & Hunt, 2014), sexual identity (Gomillion & Giuliano, 2011), and the power to impact suicide rates (Luxton, June, & Fairall, 2015), it does not seem unreasonable to question the possible link between media, social media, and the increased number of persons presenting as transgender.

**Confusion about how to introduce or refer to child.** For parents and families of transgender persons, adapting to the change in name and pronoun is a process that takes time, and frequent errors are to be expected (Brill & Pepper, 2008). Parents in this study expressed confusion and discomfort about how to introduce or refer to their transgender child. Talia said: “Grey came into my new work one day and my coworkers didn’t know her. And I suddenly didn’t how to introduce my child. And I felt awful. I felt like I was ashamed. I wasn’t. I just didn’t know how to introduce.” Many parents went back and forth with the pronouns during the interviews. They admitted to fumbling over the use of the new pronoun, and indicated that they try to use the old pronoun when talking about

the past and the new pronoun when discussing the present, and it frequently leads to confusion and errors. Maria said: “I always use her male name and male pronoun when I’m with her, but I still struggle if I’m talking to someone about her.” Brill and Pepper (2008) regard this as a common effort on the part of parents to respect their child in their presence, but to try holding onto the child they knew just a bit longer whenever they can. As families struggle with reconciling how to incorporate their changed family member into their narrative of family history, it should be assumed that names and pronouns will be interwoven as the family recalls different scenes from their historical tapestry.

**Confusion over how to understand the phenomenon of trans.** Studies indicate that many parents are shocked and confused that their child is identifying as transgender (Brill & Pepper, 2008). Parents in this study expressed deep confusion about how to understand the phenomenon of transgender. Parents shared how they had difficulty understanding what it means for someone to psychologically believe and physically feel they are in the wrong body. Several parents indicated that their immediate confusion, shock and disbelief created extra tension with their transgender child, and led to a breakdown in communication. Cara said: “I wish I had been more knowledgeable because I think a lot of my reaction in the beginning was disbelief and questioning if this is true. I didn’t understand that it was real feelings; I thought it was all part of the anxiety and depression. I wish I would have understood it better so I wouldn’t have been so disbelieving, because I think that contributed to her pulling away.”

**Easing of confusion/the trans revelation made sense.** Like previous research (Budge et al., 2013; Grossman, D’Augelli, & Frank, 2011), parents in this study indicated that once the truth was revealed, earlier experiences suddenly made sense. Charles said:

“It made sense in a way that I hadn't realized didn't make sense before. Once Kyle moved into this identity, I was like, oh, of course, this is who he is. But, before that, I didn't notice that there was any mismatch.”

Previous research found that some parents experience an element of relief when they learn the truth (Maslowe & Yarhouse, 2015). In this study, five parents indicated that once the revelation was made, tension was reduced in the parent/child relationship. They noted that the child stopped hiding and the parent stopped feeling confused and shut out. Tony said: “In a weird sense maybe, I'm happy that the pretense is down. And now there's more honesty about what's going on with her.” Nancy said: “We had been struggling for a couple years before this. And really, I would say, once Danielle told me, the relationship between her and I got much better, really fast.” Perhaps this reduction in tension is due in part to the fact that clear information contributes to the restabilization of the relationship. Once the child became open about their experience, parents were able to start defining and adjusting to their changed role, and to reclaim their position as nurturers and leaders, even as they were tasked with parenting through uncomfortable and unknown territory.

### **Isolation**

Parents of transgender children are likely to experience more difficult parenting decisions and more isolation than parents of LGB children (Field & Mattson, 2016). This study revealed a multi-layered experience of isolation on the part of parents of transgender children. All 16 parents in this study mentioned experiencing some form of isolation at some point during the journey with their transgender child. Many spoke of periods (or years) of tension or limited communication with their transgender child

before, during, or after their child revealed their transgender identity. Parents also spoke of feeling isolated from their spouse or with their spouse in the early days after disclosure. Fourteen parents indicated that their spouse was their primary support after disclosure, but together, they felt isolated from others, unsure of who to tell about their child's identity and their own subsequent personal crises. Parents also spoke of feeling isolated from extended family and from those outside the family. Several parents mentioned that socializing became too difficult post disclosure because so much social conversation revolves around sharing information about children. A number of parents indicated that they felt isolated from the church, or experienced a sense of isolation within the church.

**Isolation from transgender child.** In this study, 13 parents spoke of enduring long periods of emotional distance or physical isolation from their transgender child. Maria said that it became too painful to live with her daughter so they brought her to grandma's house. Though they lived apart for years, the parents continued to love, communicate with, and financially support their daughter. Maria said though, that communication became more difficult as Lily moved forward toward becoming Liam. They are very close now, but there were many tenuous years. Nancy said: "We were close when Daniel was younger, but probably two years before this were a struggle. He was having many outbursts and a lot of anger issues... I was like, where is this coming from?" Diane said there have been many periods where her son would not communicate with her and all she could do is pray. Tim said he and his wife tried to involve their daughter in family counseling so they could be involved in the process, but their daughter would not agree to it. Previous research indicates that once the transgender person

discloses their true gender identity, the sense of isolation dissipates and relationships begin to improve (Bethea & McCollum, 2013). This observation that relationships improve once true information is shared is consistent with tenets of family systems theory which hold that healthy family dynamics are built upon open communication, well-defined roles, and the clear balance of power (Minuchin, 1974).

**Isolation from spouse/isolation with spouse/impact on marriage.** Four respondents indicated that the stress of coping with a transgender child nearly destroyed their marriage. Sam said: “Aaron hasn’t even given me permission to tell (my wife). So that was an issue in our family. It certainly put a strain.” Maria said: “We almost divorced. I was so obsessed with trying to save her from this. And it went on for two years. And my husband said, I can’t live like this for the rest of my life. I need my wife back.” Nancy shared a similar sentiment and said: “Six months ago, when we were in the midst of figuring all of this out, I honestly didn’t know if our marriage would make it.” Family systems theory holds that the parental dyad is most healthy and effective when parents have a joint philosophy or plan of action about how to manage family tasks or crises (Minuchin, 1974). As these parents came to terms with the truth about their children, it is not uncommon or surprising that they needed time to process their own thoughts and feelings before devising a joint plan of action.

Maria and Nancy’s experiences reinforce previous research which indicates that mothers and fathers have different ways of responding to their gender variant children (Dietert & Dentice, 2013; Grossman et al., 2005). Mothers struggle with feelings of grief while at the same time nurturing a relationship of acceptance with their child. Fathers frequently take longer than mothers, but they eventually arrive at the same place as

mothers, and accept their gender variant children (Hill & Menvielle, 2009; Malpas, 2011; Grossman et al., 2005).

For some parents in this study, there were periods when their spouse was their only support. Cara said: “We both realize we need to run to God on this one, and we try to support each other in that. Sometimes it’s difficult to talk about. We know that it’s on both our minds all the time.” Tony agreed by saying: “We've always been a close and loving couple, but I think actually we have become more close, and more loving, more tender and considerate toward each other. Because we need that. Both of us are hurting. We recognize that the other one is hurting. So, we try to be more loving and supportive that way.” Despite the strain of having a transgender child, none of the marriages in this study ended in divorce. Instead, almost all participants indicated that they felt closer to their spouse and believe their marriage became stronger as they prayed together and worked together to parent their transgender child. Emma said:” My husband and I spent hours and hours constantly discussing, making sure that we were on the same page... We were able to work through that together, and help each other through that, and pray together a lot. I guess it has probably strengthened our marriage, if anything.” Edward said: “I think we have had to draw closer together to support each other. Especially initially, when it wasn't really anybody else aware of this, so we needed to help each other. So, if anything, it's helped us to draw closer together as we've drawn closer to God.”

**Isolation from other family members.** Having a transgender child frequently impacts relationships with extended family. Eight parents in this study indicated that having a transgender child led to tension with some family members and severed

relationships with others. Mark lost access to his mother and his whole side of the family because they refused to accept their transgender child. Charles severed ties with all his relatives who voted for Donald Trump because he warned them that President Trump would not make things better for transgender persons. Some parents indicated that they distanced from relatives who added to their stress by refusing to accept or use their child's new name or pronoun. Some parents said they chose to create distance from relatives who they believed were judging them for supporting their transgender child through transition. Others said they distanced from relatives who were too supportive of their child moving quickly toward transition. Some parents said they were shut out by their siblings and parents. Maria completely lost access to her other child and grandchildren somewhere in the process of loving and accepting her transgender child. The researcher asked if this cut-off was because she chose to support her transgender child. She responded that her older child gave no explanation, but she was unable to think of one other thing that might have come between them.

**Isolation from others outside of the family.** Social support and education are critical needs of parents with transgender children (Johnson & Benson, 2014; Riley et al., 2011). Just as transgender children and teens need affirmation and support, parents also require external emotional, relational, and intellectual support. Many parents turn to the internet for information and guidance, or selectively share information with people they trust. For some parents, this may include sharing with church friends and clergy, but for other parents, the solution sometimes involves leaving their church congregations and finding new environments that are less hostile to issues surrounding transgender (Tyler, 2015).

Nine parents in this study spoke of deliberately isolating from persons outside the family because of their transgender child. Thirteen spoke of not having anyone to talk to in the early days after disclosure, or not knowing who they could trust with the information. Doug said: “At first that was the hardest part because you don’t know who you can turn to and who you can talk with about this.” Three mentioned distancing from friends who were openly critical of their transgender child, or critical of the parents’ acceptance of that child. Emma said: “There are people that I’m nervous talking with about it because I feel like they’re judging us. Some family members even....Some of them are hard to talk to because I know, underneath, I feel a little bit judged for the way I’ve accepted Tyler.”

Three parents said they actively avoided making new relationships post-awareness because it was too difficult or draining to explain transgender to others, or because they simply didn’t wish to. Eight parents distanced from other Christians.

Charles said:

Over the past few years, I feel like there's a widening gulf between me and other people who claim to be Christians. People on the more conservative, fundamental Christian side. I don't understand; I can't believe we're reading the same book! I feel like we come to such different conclusions about what it means to be Christian. And specifically, about an issue like trans stuff; I just could never imagine Jesus condemning and pushing people away because they were transgender.

Almost every parent in this study clearly stated that parenting a transgender child is an isolating journey. Charles and Leah were exceptions to this. Leah said: “I’m at the

point now that I've met so many people that I'm almost surprised if you don't have a trans kid.”

The fact that these parents deliberately isolated from external relationships is not surprising from a systems perspective. Minuchin (1974) notes that families are constantly adapting to incorporate changes required of them by society. During periods of great strain and upheaval within the family system, it is understandable that parents might choose to not add additional stress by opening themselves up to scrutiny or demands from those outside their families. The two primary functions of a family are to protect each member, and to accommodate to culture (Minuchin, 1974). Therefore, reducing external pressure and tightening boundaries around the immediate family makes sense during periods when identities, relationships, and expectations feel tenuous or compromised.

**Isolation from the church/isolation within the church.** Many transgender persons and their families experience isolation and rejection from their religious communities (Fuist et al., 2012; Kidd & Witten, 2007). Eight parents in this study spoke of experiencing isolation from the church, or isolation within the church. Talia said she went from being an active church leader to becoming a back-row, uninvolved congregant to avoid communication and interaction. Maria went from church to church seeking tolerance and finally decided avoiding church altogether was better. Nancy shared a story of distancing from one of their closest friends at church because he felt so strongly that transitioning to another gender is not what God wanted for their child.

Despite stories of isolation by all study participants, Charles and Leah had a vastly different social and church experience from most of the parents in this study. They recognized that their experience was better than most because they live in a place of great

acceptance and are surrounded by people, both in their community and in their church, who are welcoming and accepting of LGBTQ persons. Charles said: “I’ve been fortunate that the path that I was on, really introduced me to so many people who know so much about this... We have lots of friends in the trans community.”

### **Anger at being excluded from the transition process**

Anger is an expected response from many parents who find out their child is transgender (Brill & Pepper, 2008; Gray et al., 2016). Parents in this study expressed anger, hurt, and frustration about numerous aspects of parenting a transgender child. Nine parents expressed anger at being excluded from the process/unable to protect or influence their transgender child, even in cases where the child was under age 18. Some parents also admitted to feeling anger toward their child, though that anger was tempered with compassion and concern.

**Anger at other external sources.** Parents spoke of feeling anger toward external influences, such as the media, doctors, mental health professionals, law makers and society. Parents expressed anger at the greed of doctors and lawyers. They spoke of irreparable harm being done to their child with no consequences to those doing the harm. Maria said: “Lily saw a psychologist maybe three times before she was given a letter for surgery. And, in my opinion, that is the worst possible care. She had a double mastectomy at 19 all on her own. She put it on a credit card. She went to a surgeon and he was a hacker. He completely ruined her chest. And, I have so much anger about that.” She added: “Doctors put them on hormones and the recommendation is that they have their uterus and ovaries removed within six months to a year of starting hormones because of the cancer risk. And there's no funding for that. They're injecting tons of

opposite gender hormones into their bodies, telling them there's a huge cancer risk, and not funding surgeries to help avoid that! “

Research indicates that some transgender adolescents and young adults are being coached to mislead doctors and exclude parents from their evaluations, leading many parents to question the validity of their diagnoses (Littman, 2018). Children sometimes deliberately prevent their parents from participating precisely because parents have authentic information that conflicts with the child's goal of transitioning. There are cases where parents are abusive and unsupportive, but there are also instances where a child convinces their healthcare providers of this when parents are merely concerned about the child's assessment or disagree with the child's plan of action (Littman). Seven parents in this study expressed anger at the therapists who counseled their children. They felt the therapists were blindly accepting or even promoting their children's re-written versions of their own histories. Research indicates that some mental health providers do not fully explore trauma or other mental health disorders, and do not confer with parents, primary care physicians or psychiatrists before fully supporting the goals of their transgender clients (Littman, 2018).

Parents and children should collaborate on developing the narrative of their evolving relationship (Tyler, 2015). Thirteen parents in this study were specifically excluded by their children during the periods when they were coming to terms with their transgender identity and processing this identity with their therapists. According to parents, children did not come home and ask probing questions about their behavior as children. Rather, parents said their children apparently re-wrote history as they made their history fit with their present understanding of their transgender identity. Tony said his

daughter reminisced about how much she always loved outdoor activities like hiking and tenting as a child. Tony said she never enjoyed those things as a child.

Tim said he and his wife desperately wished to participate in counseling, but their daughter would not include them for even one session as she made the decision to transition. Mark's daughter was only 14 when she decided to move forward as a male, and at no time did she include the parents in the process until she declared her intention to transition two years later. Being shut out in this way prohibited the parents from being able to participate in their child's journey, and kept them from processing information they felt was important. The result was lack of confidence in the outcome. These parents may have arrived at the same conclusions as their children, but they were deprived of the peace they may have experienced had they been able to participate in honest discourse as their children worked to connect the dots of their own histories. Parents in this study questioned how it could possibly be in their child's best interest to make permanent choices without all pertinent facts.

Parents expressed anger at mental health professionals. Emma said she learned of her child's transgender identity once he had gone to college. She said: "I was very angry with the counselor at college. I was very angry with the world, with the media, with everybody that says this is ok." Talia expressed anger at her child's therapist for convincing Grace that she would be rejected by her parents and all Christians.

Parents in this study expressed anger and frustration at the media. Current research indicates that the influence of media may be contributing to the increase in adolescents and young adults coming out as transgender (Littman, 2018; Marchiano, 2017). Persons who present with Rapid Onset Gender Dysphoria are those who suddenly

seem to present with gender dysphoria after giving no prior indication that they were uncomfortable with their natal gender. This is a condition that has not been well studied, and appears to have a link with social media use or peer pressure (Marchiano, 2017). This condition poses new and increased concerns about the current trend to immediately affirm a young person's self-diagnosis as it may result in false positives and poor outcomes for many (Marchiano, 2017).

Studies reveal that parents are concerned about how social media and peer influences are encouraging their children toward transgender thinking (Littman, 2018). Many parents have described cluster outbreaks among their children's friends, leading them to question the validity of their children's experiences. As children mature, they naturally pull away from family as they immerse themselves in new relationships and identities. In this study, Maria voiced concern about the impact of the internet. She said: "They get support on the internet, but it's not healthy support. It's negative support, or angry support." Emma concurred: "I was very angry with the world, with the media, with everybody that says this is ok."

Research attests to the impact that media has on today's children. Homophobic name calling in adolescents is a significant form of peer influence and adolescents internalize the messages from their peers and incorporate these messages into their self-views of gender identity (DeLay et al., 2018). Research also indicates that adolescents try out new identities online, say and do things they might not do off-line, and this may result in identity confusion (van der Merwe et al., 2017). Given these findings, it seems clear that further research is urgently needed about the influence of media on transgender youth and young adults.

### **Summary of emotional responses to transgender children**

One previous study explored the responses of Christian parents to their child's coming out as LGB (Maslowe & Yarhouse, 2015), and three categories of responses were identified: emotional, cognitive, and behavioral. Emotional responses included: shock, grief/sorrow, anger, concern/fear, shame, love, and in some cases, relief. Cognitive responses included: concern for child's safety, concern that child was abnormal, fear that child will change, evaluation of child's future, parental self-blame, pride that their child could be honest, and examination of the situation. Behavioral responses included: crying, insomnia, support seeking, information seeking, and navigating the new relationship with their child. These findings were largely consistent with the findings of this present study. Christian parents appear to respond to their transgender children in much the same way as Christian parents respond to their LGB children.

This study found that when Christian parents discover they have a transgender child, they experience feelings of love, grief, fear/worry, confusion/disorientation/shock, isolation, and anger. Most of these feelings are not different from previous research on parental responses to transgender children, except, this group of parents distinctly and purposely chose to love and show kindness to their children even when they did not agree with the child's choices. Also, this study identified layers of isolation which perhaps feels more intense for Christian parents because there is the added stress of being isolated from, and within, a church congregation at the same time they are desperately searching for spiritual support and direction. The next section will specifically address issues related to faith and parenting a transgender child.

### **Parenting and Faith**

The primary goal of this study was to answer questions about the relationship between Christian faith and the complexities of parenting a transgender “child.” This researcher sought to identify specific ways that faith influenced parenting choices, and specific ways that parenting a transgender child impacted the faith of a Christian parent. Research indicates that a child’s behavior may have a greater impact on parent’s behavior than vice versa (Pardini, 2008). Three themes emerged under parenting and faith: Confidence in the unconditional love of God, the Influence of faith on parenting, and the Impact of parenting on faith. Because Christian parents make solemn baptismal vows when their children are young (Esposito-Garcia, 2011), this researcher sought to identify the added stressors that might influence Christian parents as they work to find the balance between loving their child and honoring Christian teachings. Because the phenomenon of transgender is new to the organized church, it is not yet included in most Christian texts, and is not yet being preached about in most Christian churches.

Christian parents of transgendered children face a uniquely stressful situation as they negotiate the conflict between their religious beliefs and their child’s gender identity (Norwood, 2012; Yarhouse, 2015). For some, this may result in a change in their faith as they choose to love and support their child (Kovalanka et al., 2014). Some Christian parents experience fear and anger believing that their child is abandoning the morals and values they tried to impart (Maslowe & Yarhouse, 2015). All respondents in this study indicated that their Christian faith impacted their parenting, and almost all spoke of ways that their faith was impacted during the process of accepting their transgender child.

**Confidence in the unconditional love of God.** This study affirmed earlier research on the role of religion for family members of LGB persons. It has been found

that most parents reconcile their conflicts by choosing to believe that the unconditional love associated with God should be extended to their LGB family members (Lease & Shulman, 2002; Maslowe & Yarhouse, 2015). All 16 parents in this study said they believe God demonstrates unconditional love and feels unconditional love for their children. Diane: “I don’t feel like God made any mistakes with my child. God is a god of love. God loves my child and has a plan for my child, no matter what my plan was for my child.” Sam: “Everybody is made in God’s image and everybody is precious to God.” Charles: “I don’t believe that the love of God ever goes away. I think that God loves us.” Talia: “I’m not sure if God made my child transgender or if he made my child female and she is confused right now. But I do believe he is unconditionally loving me and my child and our family.” Every parent in this study stated that they believe in a loving God who graciously and unconditionally loves them and their children.

**What role, if any, is faith playing in a parent’s ability to cope with the challenges of raising a transgender child?** In addition to exploring the lived experience of Christian parents who have a transgender child, this study sought to understand the spiritual experience of these same parents. Catholic and Protestant parents baptize or dedicate their children into the church as a sign and seal of a covenant made between God and his people. Christian parents strive to faithfully live out the directives of the Bible as it pertains to raising children. Proverbs 22:6 says: “Raise up a child in the way he should go, and in the end, he will not depart from it.” Christian parents in Protestant and Catholic churches make vows before God and their church congregations the day they baptize their children. Parents have the right and obligation to educate their children in the faith (Esposito-Garcia, 2011). This right and duty is original, primary, irreplaceable,

and inalienable. Additionally, parents have a grave obligation to educate their children in the faith, according to Catholic Canonical code of gravissima obligatione. When parents fail to educate their children properly, they not only fail their children, but also, they fail the church as a whole. Further, according to the canon, educating children involves more than just teaching them the faith. Parents must mold and instruct children about religious, moral, physical, cultural, and economic responsibilities. Christian parents are subject to the word of the God and the authority of the church to carry out these responsibilities with ardent diligence.

Christian parents vow to raise their children according to the standards of holy scripture, and are likely to strive earnestly to fulfill their vows. In this study, when a child revealed they were transgender, every parent set out to learn as much as possible about the phenomenon in an effort to fully understand and rightly advise. Parents in this study expressed deep concern about the lack of Christian direction, the dearth of scientific evidence describing the root of gender dysphoria or transgender identity, and the absence of science-based research supporting best courses of treatment. These parents felt they were forced to make decisions and move forward with their children despite the absence of desperately needed information and support.

Because many Christian parents take their baptismal vows seriously, this study sought to identify the relationship between faith and parenting in a situation that is complicated and uncharted. The first faith-based question was, what role, if any, is faith playing in a parent's ability to cope with the challenges of having a transgender child? Results indicate that parents rely on their faith to cope with the unknowns, specifically by praying for their child and their situation believing that God hears, cares, and has power

to help. Tony and Cara spoke of praying a daily novena for their child. Amy and Edward indicated that in addition to prayer, they also fast for their son. These responses were consistent with earlier studies on how Christian parents utilize their faith to parent children who identify as LGB (Maslowe & Yarhouse, 2015).

**Is Christian faith a help or a hindrance in accepting and supporting a transgender child?** Parents were asked if their Christian faith was a help or a hindrance in accepting and supporting their transgender child. Some parents indicated faith made parenting a transgender child easier, some said it made parenting more difficult, and some reported that it made some aspects of parenting easier and some aspects harder. Previous research also found that religion can be either a source of conflict or strength in parenting a transgender child (Tyler, 2016). Every parent in this study indicated that their faith helped them continue to love their child. Edward's words echo the sentiment of several parents in this study: "(Faith) has certainly helped me continue to love him and to want the best for him, and it's helped me get over the temptation to try and do something harsh with him."

This study found that most Christian parents regarded their faith as a helpful resource as they sought to maintain relationship with their transgender child. This reinforces previous research which found that faith helps parents cope, and helps them behave with love towards their child (Maslowe & Yarhouse, 2015). Many parents stated that their faith gave them comfort, strength, and hope during periods of grief, confusion, and fear. They also indicated that their faith influenced their choices and reactions in their dealings with their children, and made it easier to love, support, and accept their transgender child.

Some parents said that having faith made some aspects of parenting more difficult because they experienced distress trying to figure out what God expected of them in this circumstance. Nancy said:

Faith has helped me in a lot of ways. There are certainly instances where it's made it a little harder because I've had to struggle through (identifying) what are my convictions on the subject, and I felt like I really needed to ground that in Christ; Not just in my own thoughts and feelings. So, maybe if I wasn't a Christian, maybe I would've accepted it more readily. I don't know. But on the other hand, we had a really tough year in our family, and honestly, if we weren't grounded in Christ, I don't know what that would've meant for us. And, for me, I was able to cry out to God whereas otherwise, where are you going for that?

Doug said:

Well, in some ways (faith) has helped me. And in other ways, it's made it more difficult because as a Christian I do look to the scriptures and Christian theology as the foundation for my beliefs, and therefore, I can't just say I'll go with a contemporary trend. You know, everything is changing these days. For my own personal integrity, so to speak, I need to consider what the scriptures say and it doesn't allow just a casual concession to contemporary trends. So, in that sense, it's more difficult. But, on the other hand, and with any difficult situation in life, being a Christian means I can take these things to God in prayer, and find his comfort, strength, encouragement, and wisdom to deal with the situation. So, from that standpoint, it helped.

One parent indicated that faith helped her accept her son, but left her unable to fully support his transgender identity. Amy:

I think faith made it easier to cope with the news, and to accept that this is my purpose in life: to be a mother of a transgender, and that I need to pray, and that hopefully my prayers will bring him back. But it's been more difficult to support his wishes because he wants to be called a name that we didn't give him, and he wants to use a pronoun that doesn't belong to him, and he wants to be who he's not.

Some parents said their Christian faith made things harder because it led to their transgender child rejecting them, at least for a time. Diane: "I feel like faith always helps me, but Luke is kind of persecuting me for being a Christian. So, technically, being a Christian hurt my relationship with him... For me, you know, it (faith) helps because the only thing I can do is pray during periods of time when he wouldn't communicate."

Previous research reveals that sometimes Christian parents maintain a positive relationship with their LGBTQ child without affirming that the child's sexual orientation or presentation is morally permissible (Maslowe & Yarhouse, 2015). Although parents' ideas of what is permissible tends to increase with time, parents tend to show unconditional love for their child throughout the process (Campbell et al., 2017).

Overall, in this study, seven parents said their faith made parenting a transgender child easier, one said it made things harder, and eight said their faith made some elements of parenting a transgender child easier while making other elements of parenting more difficult. These results reinforce previous findings that found religion can either be a source of conflict or strength for transgender individuals and their family members

(Tyler, 2015), and, for some families, their values and religious beliefs make it difficult for them to support their transgender children (Norwood, 2012).

**Is Christian faith a help or a hindrance in making medical decisions for their transgender child?** Well before children are born, Christian parents value the life that is forming, and take steps to offer their unborn child the best possible care (Baines & Hatton, 2015). Even if disabilities are perceived while still in the womb, Christian parents agonize over, and take action steps to determine the best possible outcome for their child (McConnell & McConnell, 2014). Parents can feel isolated and overwhelmed when facing health challenges in their children, and they long for dialogue and support from medical professionals as they make complicated decisions about the health and well-being of their children (McConnell & McConnell, 2014). The realities of influencing or changing genders poses a challenge to Christian parents and Christian ethics, which traditionally adhere to the affirmation of God's creations, and the acceptance of the provisions or bodies bestowed upon humans by God (Daly, 2016). Christian parents value the health and wellness of their children, and many Christian parents regard the human body as a gift from their creator.

In this study, several parents indicated that their Christian faith made it hard to support medical interventions. Sam: "Faith is helpful in that I have a peace about it. It's unhelpful in that it is going to prevent me from having the belief that you can be any gender you choose to be. I don't believe that. God chose your gender for you. And it's disobedient to think otherwise."

Some parents mentioned that they may have been more accepting of transition had they not been Christians. Only three children referred to in this study were young

enough to need their parents' permission to proceed with medical treatment. Therefore, only five of the sixteen parents found themselves in a position to make medical decisions on behalf of their children. All five parents reported doing their due diligence before moving forward. Two of those parents indicated that issues of faith made it difficult for them to act more quickly.

**Confusion/Frustration/Disappointment about the lack of church teaching on transgender.** The Christian parents in this study said that they turned to Christian counselors, pastors, other Christian parents, and Christian books as they sought to understand the phenomenon of transgender. Many families with an LGBTQ member look to clergy and church leaders for guidance and support (Maslowe & Yarhouse, 2015). Many families struggle with maintaining their religious identity and church affiliation while simultaneously supporting their transgender loved one (Whitley, 2013).

Parents in this study expressed frustration or concern about the lack of church support. Tim said: "Because it's so new, most of the church counselors have not thought about this yet. I met with one who lumped transgenderism in with homosexuality and it's just not the same thing."

Most parents said they studied the Bible and prayed more often as they tried to understand what the Bible said about transgender, and what God expected them to do for their transgender child. Most parents felt the church was not adequately prepared to speak to this issue, and most did not find solid answers from scripture, faith-based counselors or their pastors. Mark said:

I don't want to say disappointment with God, but utter confusion before God. Not knowing where to turn in scripture or anything like that. So, I wouldn't say an

upheaval of our faith experience as much as we don't know how this even fits, or how to begin processing this except to use common categories.

A primary need of transgender children is family acceptance and support (Riley, 2012). In order for children to find and experience the support they need, parents require information, guidance and support (Riley et al., 2011). For Christian parents of LGBTQ children, there is an added need to gain information and support from church leaders and faith communities, as they wrestle with issues of morality and faith, while trying to support their children (Maslowe & Yarhouse, 2015).

Religion and faith play an important role in many lives, and Christian parents of LGB youth frequently make a focused effort to remain connected to their child, their families, their social network, their religious beliefs, and God (Maslowe & Yarhouse, 2015). Parents seek support from friends, family, church members, Christian ministries, Christian authors, and pastors. Doug was deeply impacted by the book *Gender Dysphoria*, written by Mark Yarhouse (2015). In keeping with previous research (Norwood, 2013b), Doug seemed comforted by accepting the biomedical basis of transgender and the recognition that neither he nor his child had any control over the process. He said:

So, I think he (Yarhouse) has a three-fold way of approaching the issue. His second lens is the compassion lens, and that speaks to the fact that we live in a fallen world according to Biblical theology, and because of that, not everything is the way God originally designed it to be. And that includes disabilities of various kinds. So, this raises the question, could it also include gender identity disorder?

When it's a purely physical disorder we don't associate ideas of sin or rebellion to it.

Religious coping mechanisms, such as looking to the Bible and the church for answers and support, are primary resources relied upon by Christian parents. In addition, prayer, fasting, and connecting with other Christians and clergy is very important. Parents desire specific information on church teachings regarding sexuality and sexual ethics, and many seek out this information through ministries, books, and seminars (Maslowe & Yarhouse, 2015). The results of this study agree with these prior findings. Amy lamented that their church had no one to help them understand Christian teaching on transgender. Her husband, Edward reiterated this and said: “I think it's important for the church to be more clear on its teaching in this area.... and what the Bible really says, and what's right and what's wrong and, to encourage people to love.”

**Intentional Effort to Reduce Confusion and Understand a Christian View of Transgender.** Parents indicated that once their child told them about their transgender identity, they did all they could to become educated on the topic. Every parent stated that they began to read whatever they could find about transgender and gender dysphoria. Mark said he found a couple books, but most were about lesbian and gay children rather than transgender. He said he had trouble finding good resources. Maria said she read everything she could find on the subject. Tony and Cara also reported reading everything they could find out about transgender and talking to anyone they could find who had information.

Parents in this study said they were specifically concerned with understanding a Christian view of transgender. Nancy said she could no longer remain “wishy washy”

about her beliefs on this topic once her own child revealed she was transgender. She said: “I have gone deeper into study because of this. Because I really, obviously, need to know exactly what I believe on this and why.” Amy said she was trying to find out more about what God thinks about transgender and was reading books. Tim mentioned reading Dr. Steve Froelich’s (2016) paper several times and said: “I’ve gone through many positions trying to figure out what I believe. My position about transgenderism has transitioned quite a bit over time, as I’ve thought more about it, read more about it, and tried to understand what my attitude needs to be.” Doug said he found comfort in reading, mostly online, from Christian people assuring him that he was not the only one faced with this issue. He found writings by Mark Yarhouse and *Christianity Today* to be particularly helpful.

**Does a parent’s Christian faith change, grow, or diminish as a result of raising a transgender child?** This study also sought to discover if a parent’s Christian faith changes, grows, or diminishes as a result of raising a transgender child. Participants were asked to share if there were changes in four primary religious activities before and after they became aware of their child’s transgender identity: Frequency of attendance at religious service, Frequency of private prayer, Frequency of Bible reading, and Frequency of listening to spiritual music. Two parents spoke of decreased attendance at worship services. Two parents said they prayed more often and one said she prayed less. (Although this was the information provided on the initial demographic/faith form, during discussion, almost all parents mentioned increased prayer, or more fervent prayer during the interview). One couple mentioned the introduction of fasting with prayer. Therefore, it appeared that prayer became more frequent, or longer in duration, and more

intense when faced with this particular parenting challenge. Only one parent said she was praying less. Talia said: “My prayer life has suffered for sure. I used to pray like an hour daily, and now, I pray maybe once a week. So that's suffered. Partially, I think, because I'm wondering if it actually makes a difference.” Regarding frequency of Bible reading, three parents said they were reading more and one said they were reading less.

Regarding frequency of listening to spiritual music, two parents were listening more and one was listening less.

Many parents reported that they prayed more often, or more fervently, after learning their child was transgender. This is consistent with previous research (Maslowe & Yarhouse, 2015). Cara: “I have more reliance on God, and just realizing that I need him more. I need more grace, to be able to have faith that everything will be ok. It's made me pray more, try to look to the Bible more for his promises, and to hold onto those.” Tony gave a similar message: “We pray more, specifically for Lisa. We're Catholic. So, we pray a novena, and a novena is a 9-day prayer. And we have prayed that novena constantly. When we finish 9 days we start all over again. Every day, without fail.”

Some parents began using the spiritual discipline of fasting. Amy: “Spiritually I've been really trying to find more about what God wants, what God thinks about this. And more prayer. Prayer and fasting. We had never fasted, so it's been a new thing for us to fast one day a week, and to pray for our son.”

Several parents spoke of increased study of scripture, Emma:

I've really had to do a lot of searching the scriptures. I know that God's word is true. And I know that everything in there is true. And so, I've had to put my experience, and what I've seen through this whole situation with Tyler, which has

changed me a lot, and what I see in the Word, and try to put those together in some way that is congruent in my mind and in my heart, and it's been a big challenge.

Many Christians turn to prayer and Bible reading during times of crisis because they believe the words of the Bible that promise support, comfort, and deliverance. They rely on promises from the Psalms, such as: Psalm. 121: “I look to the mountains. Where does my help come from? My help comes from the Lord, creator of heaven and earth,” Psalm 46:1 “God is our refuge and strength. An ever-present help in trouble.” And Psalm 18:2 “The Lord is my rock, my fortress, and my deliverer.” As Christian parents strive to help and protect their transgender children in the face of many unknowns and little clear science, many find themselves relying on God to inform, protect, and deliver them and their children from confusion and harm.

**Deeper faith/Deeper awareness of God/Deeper reliance on God:** Previous research found that Christian parents experience an enriched relationship with God as a result of parenting an LGB child (Maslowe & Yarhouse, 2015). In this study, almost every parent reported feeling a deeper faith, a deeper awareness of God, and a deeper reliance on God. Maria said: “I think my faith is 100% better, stronger.” Nancy said: “I have a deeper understanding of how much we just really need to put things into God’s hands and what that really means to do that.” Charles:” I think that my relationship with God has gotten stronger. There's more relying on God than I did in the past, more leaning on God. I'm more open to trying to understand just the abundant love of God.” Edward: “I've been drawn closer to God. I think my relationship with him has deepened through this time.” Cara: “I wouldn't say that my faith has really changed; It's just deepened my

understanding of God's love.” These parents all spoke of a more intense reliance on God, and a deeper appreciation for their faith as they diligently worked to face the challenges associated with relating to and accepting their transgender child.

**Scripture References Parents Found Helpful and Unhelpful:**

Parents shared words of scripture or sacred texts they found helpful and unhelpful as they searched for Christian guidance in parenting their transgender child. (See Appendix F for entire list of responses). Several parents mentioned the passage about the eunuch found in Luke 8 as evidence that God loves and has good purposes for those who are not gender binary. Many parents identified 1 Corinthians 13 as a source of encouragement, as they reminded themselves of God’s unfailing love. 1 Cor 13:8 says: “Love never fails.” Parents turned to Ephesians 3 to meditate on the breadth and scope of God’s love and power. Parents turned to Genesis 1 to be reminded of God’s plan for creation, and the reality that God’s original plan for people to live in peace and harmony was altered by the introduction of sin. Parents took comfort in being reminded that not everything is as it should be because of the fall, and this includes the presence of physical and mental health issues.

Two parents turned to Isaiah 54:13 for the reminder that “All your children will be taught by the Lord, and great will be their peace.” One father found great comfort in Isaiah 42:3: “A bruised reed he will not break, and a smoldering wick he will not snuff out. In faithfulness God will bring forth justice.” Another parent pointed to Isaiah 58: 6-14 as a reminder that God’s heart is a heart of compassion and not of a pointing finger. This parent used this verse as a personal challenge and said: “My response to my child should be after God’s heart.” Parents spoke of scripture about God’s love and mercy, and

felt called to respond to their children based on the message of Matthew 25:40: ‘Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.’ One parent spoke of finding comfort and challenge in 1 Timothy 1:16. “It reminds me we all have sin. I’m not sure about how God feels about my child’s actions now, and when he became a boy he was not following God. But I know that pride and fear, my own recurring sins, do not disqualify me from God’s mercy, and they are sins, as my child is a sinner.”

Parents found directives for living in Micah 6:8: “God has shown you, o mortal what is good. And what does the Lord require of you? To act justly and to love mercy and to walk humbly with your God.” Finally, parents took heart that even in their confusion and despair, they could turn to Proverbs 3:5-7 for comfort: “Trust in the Lord with all your heart and lean not on your own understanding. In all your ways acknowledge him and he will make your paths straight.”

Parents also listed words from scripture that they found confusing or unhelpful. One parent pointed to Deuteronomy 22:5: “A woman must not wear men’s clothing, nor a man wear women’s clothing, for the Lord your God detests anyone who does this.” Another parent spoke of Leviticus 18:22: “Do not have sexual relations with a man as one does with a woman; that is detestable.” Parents indicated that Psalm 139: 13-14 was not helpful in light of their child’s gender identity confusion: “For you created my inmost being; you knit me together in my mother’s womb. I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well. “

Several parents noted that they very intentionally avoid scripture that sounds condemning, or speaks of God’s vengeance. They cited I Corinthians 6:9-10: “Do you

not know that wrongdoers will not inherit the kingdom of God? Do not be deceived; Neither the sexually immoral not idolaters not adulterers not men who have sex with men not thieves nor the greedy nor the drunkards nor slanderers not swindlers will inherit the kingdom of God.” One parent mentioned Romans 1: 18-22: “The wrath of God is being revealed from heaven against all the godlessness and wickedness of people who suppress the truth by their wickedness, since what may be known about God is plain to them, because God has made it plain to them. For since the creation of the world God’s invisible —his eternal power and divine nature—have been clearly seen, being understood from what has been made, so that people are without excuse. For although they knew God, they neither glorified him as God nor gave thanks to him, but their thinking became futile and their foolish hearts were darkened. Although they claimed to be wise, they became fools.” Parents indicated that verses of judgment and wrath were not helpful, so they chose instead to focus on verses that speak of God’s love, mercy, and faithfulness.

### **Conclusion**

This study found that Christian parents experience deep feelings of love, grief, fear, confusion, isolation, and anger when they discover their child is transgender. Despite these painful emotions, the Christian parents in this study extended messages of love and support when their child told them they were transgender. Every parent in this study sought to reassure their child that they were loved by themselves and by God, and they strongly conveyed that parental and divine love would never end.

Parents of transgender children experienced layers of grief and loss. In this study, parents shared their grief about losing the child they knew, grief about the new name and pronoun, and the long and complex process of reaching acceptance of the new normal.

Parents in this study shared many fears and worries about their transgender child. Parents fear their child will be harmed by medical interventions, and also fear the high possibility of suicide. In addition, they fear how having a transgender child will impact the entire family and specifically, how the transgender child will impact the lives of their other children. Parents expressed grave fear that their child might move forward with transitioning and then one day have profound regrets. Lastly, parents expressed an agonizing fear that their child might turn from God or feel rejected by God. Fifteen parents in this study professed belief in life after death. Almost every parent expressed concern about their child's physical and spiritual well-being.

This study revealed that Christian parents experience confusion, disorientation and shock when they learn their child is transgender or gender dysphoric. They experience confusion about their child's transgender identity, confusion over how to introduce or refer to their transgender child, and confusion over how to understand the phenomenon of transgender. Many parents experience a sense of relief and an easing of confusion once their child is able to speak to them about their true gender identity.

Parents of transgender children experience layers of isolation. Parents reported experiencing isolation from their transgender child, isolation from or with their spouse, isolation from other family members, isolation from persons outside of the family, and isolation from the church and within the church. Parents in this study specifically stated that parenting a transgender child is an isolating journey. Many parents created relational

distance on purpose to reduce some sources of stress. No parent in this study rejected their transgender child, but many parents in this study experienced periods of rejection at the hand of their transgender children.

Parents in this study experienced anger at being unable to participate in their transgender child's process and unable to protect or influence their child. Parents expressed anger at many external sources including doctors, therapists, media, society, and law makers.

Christian parents in this study spoke of earnestly turning to God, fellow Christians, and the Bible to find answers about how they should think about and respond to the needs of their transgender children. These parents expressed deep confidence in the unconditional love of God, and a deep reliance on their faith as they searched for answers about how to regard the issue of transgender, and how to parent their transgender child. Parents in this study reportedly experienced significant confusion and frustration over the lack of clear church teachings and the lack of church support available to them as they parented their transgender child.

This Interpretive Phenomenological Analysis explored the lived experience of 16 Christian parents who have a transgender child. The findings identified their concerns, emotions and reactions. Additionally, this study explored how Christian parents rely on their faith to parent during periods of stress, grief, and confusion, and identified how parenting a transgender child directly impacts a parent's faith. Findings indicate that the impact of faith and parenting a transgender child appears to be bi-directional. Faith strongly influences how parents treat their children, and, parenting a transgender child greatly impacts a parent's faith. By their own testimonies, parents said that because of

their Christian faith, they chose love, mercy and compassion over rejection and unkindness. Using Christ as an example, parents felt compelled to extend unconditional love and acceptance to their children. As parents walked this journey with both God and their children, they reported that their faith was deepened and they grew in awareness of their reliance on God and the vastness of God's love. Parents in this study reported finding strength, direction, and hope in words of scripture, and many reported an increased reliance on prayer, and a deeper relationship with God as a result of parenting a transgender child.

### **Implications**

The 16 parents in this study expressed love and concern for their transgender children, and indicated that maintaining relationships with their transgender children was important to them. These results conflict with previous studies that found some Christian parents to be judgmental and rejecting. Based on these findings, future researchers, mental health professionals, medical professionals, educators, clergy and lawmakers should consider the following while making decisions about the care of transgender persons:

1. For clergy, church leaders, and pastoral counselors, this study made clear the need for increased spiritual guidance and faith-based support for parents facing this situation. Church protocol and curriculum are needed to better prepare Christian leaders and parents to deal with this phenomenon. It appears that transgender persons highly desire to connect with religious communities, and evidence suggests that religion contributes to successful aging in transgender adults (Porter, et al., 2013). Faith plays a key role in helping people survive periods of pain and

uncertainty, and religion provides people with improved coping mechanisms, increased feelings of well-being, and increased opportunities for social support (Barringer & Gay, 2017). Further, participation in hostile faith environments has led to LGBT persons leaving organized religion, and in some cases, abandoning Christian faith completely (Halkitis, et al., 2009). If churches wish to be a relevant resource for transgender persons and their families, swift action is needed to better understand this phenomenon and to develop a solid action plan of education and inclusion.

2. For mental health professionals, this study raised awareness that Christian parents may deeply desire to be a strong support and influence in their transgender child's life no matter which choices the child makes. Therefore, thorough exploration of family dynamics should be conducted before determining that transgender children will not receive support from their Christian parents. Research reveals that families need time to process major changes in one of their members, and to establish new patterns of interaction. Therefore, counselors should validate and promote the lengthy and complex adaptations that occur within families when one of their members identifies as transgender.
3. For all mental health workers and law makers, this study reinforced previous research that found that in order to prevent a transgender's person's alienation from their families, and to ensure the best possible emotional, psychological, and relational outcomes, parents should be included in each step of the transgender child's journey to the greatest extent possible (Koken, et al., 2009; Littman, 2018; Ryan, et al., 2010)

This research affirms previous findings that a client's entire support system should be included in efforts to promote overall mental health and optimal levels of functioning. Families are primary support for many transgender persons and thus should be included in family therapy and decision making; Interventions should not focus solely on the individual (Budge et al., 2013). Families of transgender children face different needs than families of LGB children, and so this group cannot be generalized with the others (Koken et al., 2009). These families face complicated intellectual and emotional choices about changing gender expression and introducing hormones and surgeries (Koken et al., 2009). Family acceptance and involvement is directly linked to a favorable outcome for transgender children. Therefore, interventions should focus on including parents in treatment and finding ways to optimize acceptance (Le et al., 2016). As some clinicians focus on supporting transgender clients, they may inadvertently add to the isolation already felt by such persons. To reduce family anxiety, transgender clients should be encouraged to consider the feelings and expected responses of their family members (Levine, 2018). Counseling then, should focus on how to not alienate others, and should promote and preserve the existing bonds with family and peers (Levine, 2018).

It should be noted that children's behavior appears to have as much or greater impact on the mental health of parents than parents seem to have on children (Pardini, 2008). The results of this study affirm this phenomenon. Counseling services then, to both transgender persons and their families, should offer proper education and support. Since the overarching goal of treatment for transgender children is to optimize their

functioning and well-being, interventions should focus on the child, the family, and the child's entire support community (Byne et al., 2012).

In addition to needing the support of parents and families, transgender persons need the support of their church communities. Churches need to make room to extend the love and grace of God to transgender persons and their families. At each baptism or dedication ceremony, the congregation vows as a community to love and support the parents and the child to grow in the faith and to create a lifestyle based on Biblical principles. To help honor this vow, parents, pastors, and church communities should become informed about transgenderism and the needs of transgender persons, so they can love, support, and wisely instruct transgender persons and their families.

Family systems theory was a useful theoretical framework for this study because for nearly every transgender person, there is a family system being impacted by the change in their family member. Individual changes almost always occur in context; When individuals come out as transgender, entire families are impacted, and there is an ongoing process of adjustment and accommodation (Bethea & McCollum, 2013; Norwood, 2013b). Structural family therapy asserts that families operate most effectively when roles, rules, and expectations are clear (Minuchin, 1974). Toward that end, the goal of therapy is to restore order and clear boundaries when family dysfunction or crises occur. The executive unit, the parental dyad, is expected to work cooperatively to create an environment where children can thrive as they master the tasks appropriate for their age and ability. Parents are presumed to be entitled to a position of power and authority and are expected to use that position to protect, instruct, and guide their children to become independent, functional citizens.

In many cases, having a transgender child is throwing families into crisis because it is challenging the existing rules of engagement. Parents are struggling to become authorities on this issue in a timely enough fashion to guide and protect their children. At the same time, they are feeling powerless as their children make decisions without their knowledge or consent. Some parents may feel overwhelmed and disoriented by the sudden loss of authority, and the realization that they cannot protect their children. Many of these families are in crisis. Not necessarily because their child is transgender, but because the way the child's transgender status is often being handled, it is creating breaks in family structure, communication, and interactional patterns, and resulting in parents having no solid sense of their role. They are sometimes being deprived of their authority and are confused about what is expected of them. For many Christian parents, this hierarchical crisis is exacerbated by the fact that parents do not believe they hold ultimate authority over their children. Rather, many Christian parents believe it is their holy and solemn obligation to parent in such a way that their children feel the love and authority of God as children make decisions for their own lives, including the preservation and care of their bodies. Parents cannot properly support and protect their transgender children if they are unintentionally or deliberately prevented from doing so by the children themselves, or by the protocols society has in place to serve transgender children.

In addition to parents, other family members are also affected when one member reveals they are transgender. Family members are influenced by one another, and children's gender development is impacted by their parents and their siblings (Smith & Tamis-LeMonda, 2013). Even as families process the changes occurring within their family relationships, they are impacted by, and respond to, broader societal change

(Minuchin, 1974; Tyler, 2016). This study reinforces previous findings that best medical and mental health practice should support and promote family involvement given the well-documented positive impact family support has on LGBT youth (Le et al., 2016; Ryan et al., 2010).

This study affirmed that parents, siblings, and extended family have feelings, and sometimes strong reactions, when a family member comes out as transgender. The needs of family members should not be discounted or overlooked by mental health professionals or clergy. Entire families need counseling, support, and information to most effectively cope and support one another as they journey together with their transgender family member.

Parents are greatly impacted by a transgender child's suffering, journey, and outcome. Christian parents strongly desire that their children feel the love of God and not stray from the faith principles they were taught. Children need the support and understanding of their parents and extended families, and family acceptance of transgender children has been linked to positive health outcomes, including self-esteem, social support, and general health. Family acceptance has also proven to protect against negative outcomes, such as depression, substance abuse, suicidal ideation, and suicide attempts (Ryan, et al., 2010). Therefore, understanding family dynamics and preserving familial ties is critical to the welfare of transgender persons (Bernal & Coolhart, 2012).

### **Strengths and Weaknesses of Study**

The results of this study represent the lived experience of 16 Christian parents who have a transgender child at a moment in history when little definitive information exists on the etiology or treatment of this phenomenon. Additionally, very little concrete

information exists on the long-term effects of puberty blockers, cross-sex hormones, or sex reassignment therapy. Despite this lack of science, issues pertaining to treatment have become a hotly debated political and legal issue. Educators, mental health clinicians, and medical professionals are being challenged to move forward with gender affirming and transitioning at a rate exceeding the acquisition of clear scientific data on these issues. In 2008, the World Professional Association for Transgender Health (WPATH) determined that sex reassignment treatment is a medical necessity for persons experiencing gender identity issues (Lev, 2013). Parents in this study found themselves thrust into a complex and confusing situation that will permanently impact the health and future of their children. These 16 parents willingly agreed to share portions of their journey in order to contribute to society's understanding of this complicated and unfolding life-altering phenomenon.

This study had a number of strengths. Sixteen participants provided a generous data base for a doctoral level Interpretive Phenomenological Analysis. IPA protocol was strictly followed, and rich, thick data was gathered detailing the lived experience of Christian parents who are raising transgender children. Five married couples were included in this study providing corroborative details of how Christian parents are coping with this phenomenon. Because numerous studies reveal the critical importance of parental support on the health and well-being of transgender persons, this study provides relevant and important information on the lived experience of this group of parents. The information gathered offers clear understanding of what some parents experience, and what their needs are, as they navigate the uncharted waters of raising and supporting a transgender child.

This study also had several inherent weaknesses. Although 16 subjects was generous by IPA standards, the sample was still small, and represented limited ethnic diversity and a limited number of church denominations. Also, since all participants willingly volunteered, it may be that they had reached some level of peace about their child. Parents who are in great distress or fully rejecting of their child may be less inclined to discuss their experiences with a researcher. Finally, because the researcher adhered to the protocol, opportunities were missed to deeply explore more subtle nuances of parental answers to some questions. For example, will parents still offer unconditional love and support if their child fully transitions? Do some parents believe that if their child transitions they will lose favor in God's eyes? Do parents believe they and/or their transgender children can serve as church leaders?

### **Recommendations for future research**

The findings of this study contribute to current literature by clarifying the experiences and needs of Christian parents who have a transgender child. These results conflict with previous findings that Christian parents are hostile, judgmental, and rejecting of their transgender children. Instead, results of this study indicate that some Christian parents are loving, accepting and concerned about the health and well-being of their transgender child, no matter how old that "child" is and no matter what choices that child makes. Also, this study revealed that some parents desperately wish to remain actively engaged in the lives of their transgender children, and strongly desire to participate in mental health or medical treatments as their children will allow. Based on these findings, the following recommendations are made for future research:

1. The findings of this study challenge previous findings that some Christian parents may respond to their transgender children with harshness or rejection. It is unclear why this cohort of parents behaved toward their transgender children with such love and compassion. Future research might focus on which factors contribute to positive parental responses, such as demographic data, denominational affiliation, and/or quality of parent-child relationship prior to disclosure. In addition, Fowler's stages of faith development may provide a useful model to explore the relationship between a parent's faith and their ability or willingness to support their transgender child.

2. Parents in this study noted, and many experts acknowledge, that there is little objective, available science about the etiology of gender identity issues, and no clear answers about a gold standard of treatment. More research is needed to identify root causes of this phenomenon, factors associated with persistence and desistance in children, and best practices to alleviate any related emotional, psychological, or relational distress.

3. According to the parents of six "children" referred to in this study, Rapid Onset Gender Dysphoria may describe their child's experience. More research is needed to understand if this is a valid diagnosis and to clearly determine its etiology, definition, and treatment.

4. Parents in this study noted that very little research is available about long-term outcomes of puberty blockers, hormone replacement therapy, and satisfaction with surgical outcomes. More studies are needed so transgender persons and families can make informed decisions about care options versus risk.

5. One parent noted that there is a little-known correlation between Polycystic Ovarian Syndrome and transgender female to male persons. Also, she said a strong link has been

identified between steroidal medications given to pregnant mothers and gender identity issues in natal females. More research is needed to study this link and properly advise pregnant women of risk.

6. More research is needed to determine how churches will respond to the needs of transgender persons and their families. Future research should focus on how various denominations and church leaders are approaching this issue.

7. Current research indicates that transgender children strongly desire the support and acceptance of their families, but few models exist for including parents and families in treatment. Future research should focus on contributing to the development of a model that would incorporate the family system and further define how families can best process transformation together.

8. Several parents indicated that although the Bible addresses issues of same sex relationships, scripture does not specifically address the issue of transgender. Several of these parents said their children were attracted to persons of their natal sex. Future research with transgender persons raised in the church might explore whether these children grew up believing that homosexuality is a sin. If so, might this belief be influencing them toward gender transition by a desire to avoid same sex attraction?

### **Practical Applications**

More research and information are needed to educate counselors on the best way to support and empower families of transgender children. These families find themselves in the position of needing to be allies and advocates for their children, yet they need information, tools, and support to address these challenges (Harper & Singh, 2014).

Affirmative approaches are needed to help families reach acceptance of their gender

variant child, because research suggests that a child's need for expression does not seem to change regardless of a parent's attitude or behavior toward his/her sexual identity expression (Riley et al., 2011).

Research and information are also needed to better support Christian families of transgender persons. The experience of Christian parents with LGBTQ children may be uniquely stressful because of the tension they feel between honoring their religious beliefs and loving their child (Maslowe & Yarhouse, 2015). Since some families cite religion as a source of strength, and others find it a source of division, further research is needed to shed light on the factors that contribute to these outcomes (Tyler, 2015). The Christian community needs to engage in thoughtful scholarship as they consider how to best meet the spiritual needs of transgender persons and their families. Becoming educated and aware is paramount, as the church seeks to provide effective pastoral care to individuals and families facing these unique challenges (Yarhouse, 2015). Because this study identified where Christian families are turning in scripture for answers and support, pastoral counselors and church leaders can better understand the spiritual needs and mindset of this group of parents. Additionally, because the Christian parents in this study identified that little written material exists from Christian authors, and few or no support options exist in their churches, Christian scholars and leaders could provide an invaluable service by addressing this gap in much-needed resources.

### **Recommendations for practice**

Family systems theory asserts that when one member of a family experiences suffering or major change, the entire family is impacted. The value and importance of the family unit cannot be overstated, and the input of family members in understanding a

client's gender identity development may be crucial in gaining a solid understanding of the transgender individual. Therefore, working solely with children, adolescents, and young adults as they process their gender identity may be a disservice to all involved. Additionally, because research affirms the importance that individuals and families place on faith, religion, and belonging to faith communities, specific recommendations are offered for practice with families, and for practice with clients and families of faith.

1. This research affirmed that family members may be greatly impacted when one member reveals they are transgender. Whenever possible, therapists should encourage family participation in treatment involving a transgender family member. Therapeutic interventions should focus on maintaining or restoring communication, and defining changes in boundaries, roles, rules, and expectations of each dyadic relationship within the family system. By working with the entire family unit, therapists can identify and build on the strengths of each family member. Also, by working together, each member will have the opportunity to recognize the needs of the other, and to help define the terms of their changed relationships. Family systems theory reveals the power of family relationships for emotional health and optimal functioning. Given the overwhelming evidence that family support is necessary for favorable outcomes for transgender individuals, parents and siblings should be involved in the treatment process.

2. This study affirmed that the needs of siblings should not be overlooked. This research found that siblings experience an adjustment process when one of their siblings comes out as transgender. They experience feelings of loss, worry, and anxiety, and can benefit from therapeutic services to process their emotional and psychological responses.

3. Finally, this study affirmed that Christian parents of transgender children require faith-based support and information to validate and help alleviate the feelings of grief, fear, isolation, confusion, and anger they may experience when they learn they have a transgender child. Transgender persons should be afforded the highest degree of competent care, compassion, and respect. Likewise, their support networks, and specifically their parents, should have ready access to counseling, education, and spiritual support. Pastoral Counselors and church leadership should develop a plan of action, or a curriculum, to facilitate dialogue and promote family unity during the crises that may occur when one family member reveals they are transgender. This study found that Christian support services were severely lacking or entirely absent for almost all the parents in this study.

### **Conclusion of Study**

This study contributed to the existing body of knowledge by identifying the lived experience of 16 Christian parents of transgender children, and by exploring the relationship between faith and parenting using a family systems framework. All participants in this study expressed a deep love or unconditional love for their child, and all clearly indicated a deep desire to remain in relationship with their child. Parents spoke of feeling grief, fear, confusion, isolation, and anger as they struggled to understand and accept the complexities associated with having a transgender child. These parents indicated that their Christian faith helped them respond to their children with love, and they relied on their faith as a source of strength and hope for themselves. This study also revealed that a parent's faith changes as a result of, or during the process of, supporting and accepting a transgender child. Parents in this study indicated that their faith, their

understanding of God, and their reliance on God became deeper as they struggled through the challenges and unknowns of having a transgender child. Almost all turned to prayer and scripture for support. Lastly, 13 of the 16 parents noted that their greatest concern, or fear, is that their child would abandon God and the Christian faith. Therefore, these parents determined to extend love, grace, and unconditional acceptance to their child with the prayerful hope that their children will remain connected to God and the church.

This study also revealed the relational crises that often occur within the family system when a child reveals their transgender identity. Parents feel threatened, fearful, and disoriented when they lose their position as leaders and protectors of their children. Additionally, family members struggle to create new interactional patterns while negotiating new roles, rules, and expectations with their changed child or sibling. These processes take time, but often there is a great sense of urgency to move forward quickly to keep up with the goals, wishes, and needs of the transgender member. Families find themselves in crisis as they encounter internal and external stressors without clear understanding of how to proceed. Families need counselors and church leaders to help them understand the phenomenon of transgender, as well as to validate their experience and to help them best support their children.

This study found that almost all parents experienced a period of isolation from their transgender child as that child reached conclusions about their gender identity without input from the family. Parents expressed deep frustration and concern about this, and clearly indicated that they felt their input and recollections should be considered as their children worked to identify the truth of their gender identity.

This study found that most parents experienced a lack of support from their churches which contributed to their sense of isolation, disorientation, confusion, and fear. These findings offer valuable insights into the needs and experiences of Christian parents who have transgender children. Pastoral counselors, family therapists, and other mental health professionals can use these findings to develop clearer methods of including parents and families in the treatment and support of transgender clients. Clergy and Christian leaders can use these findings to develop curriculum and protocol to better educate and support families of transgender persons, and to prepare their congregations to extend love and grace to transgender persons and families.

Finally, these findings are important for transgender persons of faith. No matter the child's age, these findings reveal that some Christian parents wish to be a resource in their child's journey toward healing. The family system provides a rich forum to nurture each member through growth and transition, and although the process can be lengthy and painful, the end result is a family that jointly arrives at a new normal. Transgender children are encouraged to extend patience and grace to parents as they labor to help with a process for which they are ill-prepared. Results of this study found that parents can grow to be staunch allies of their transgender children when they are given the chance to do so. Likewise, although the larger system of one's faith community may also appear to pose a daunting challenge to acceptance and support, many Christian leaders are striving to become a resource of hope. Christian parents, Christian authors, clergy, and pastoral counselors implore transgender persons to seek counsel from wise, mature members of their faith traditions to receive assurance that God is indeed present on their journey, and

to receive God's promise found in Romans 8:1 "Therefore, there is now no condemnation for those who are in Jesus Christ."

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Appendix A  
Informed Consent Form

Jill Sieverts is a doctoral level student in Pastoral Counseling at Neumann University in Aston, PA. She is conducting a research study on the lived experience of Christian parents who have raised, or are currently raising, a transgender child. She has requested my voluntary participation in this study.

I agree to participate in this research study. I understand the purpose and nature of the study. I have been informed that I will not be financially compensated for participating. I understand that I may withdraw from this study at any time without consequence. I understand that I may skip or ignore any questions that make me feel uncomfortable.

I grant permission for the collected data to be used in the process of completing a doctoral degree. I grant permission for my responses to be used as a part of a set of data that will be used for educational purposes. I grant permission to the researcher to record our conversations so no information is missed or lost. I have been assured that all information will be kept confidential, including data, consent forms, recordings, responses, and identifying information. All information will be kept in a secured, locked location available only to Jill Sieverts, and if requested, her dissertation committee consisting of Beth Toler, ThD., Aideen Murphy, PhD., and James Houck, PhD.

While participation in this study may be of benefit to me, I understand the study may not produce any benefit at all. While participation in this study may evoke strong feelings, I understand I will not receive psychotherapeutic treatment during the course of participation in this study. Referrals to psychotherapists will be made available upon my request.

I understand that discussing the complexities of raising a transgender child may trigger emotional distress. I attest that I have already sought appropriate counseling, or I am currently involved in counseling. I attest that I am not presently in emotional distress, and I do not anticipate experiencing emotional distress. In the event that I do experience emotional distress at any point during this study, I agree to let the researcher know so I can discontinue this study if I choose to, and I will be referred to a mental health professional to assist me.

I have been informed that any questions I have concerning the research study or my participation in it, before or after my consent, can be addressed to, and answered by, Jill Sieverts (201) 934-2999, or by Jill Sieverts' dissertation chairperson, Beth Toler, ThD. (610) 358-4298, professor at Neumann University. Additionally, if I have any concerns or become dissatisfied at any time with any part of the study, I may report my concerns – anonymously if I choose – to Dr. Cynthia Ferraro, Chair of the Institutional Review Board at Neumann University. She can be reached at (610) 558-5577 or [ferraroc@neumann.edu](mailto:ferraroc@neumann.edu).

I have read the above informed consent. The nature, demands, and benefits of this research project have been explained to me. I understand that I may withdraw my consent and discontinue participation at any time without penalty or loss of benefit to myself. I understand that no effort will be made to influence my decision, other than what is contained in this document. In signing this consent form, I am not waiving any legal claims, rights, or remedies. A copy of this consent form will be given to me.

Signature of Participant:

Date:

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Printed Name of Participant:

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I, Jill Sieverts, certify that I have explained to the above participant the nature, purpose, and potential benefits associated with participation in this research study, and I have answered all questions that have been raised. In addition, I have provided participant with a copy of this consent form and the Participant Bill of Rights.

Signature of Researcher:

Date:

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## Appendix B

### Participant Bill of Rights

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As a participant in psychological research, you have a right to:

1. Be treated with dignity and respect.
2. Be given a clear description of the purpose of the study and what is expected of you as a participant.
3. Be told of any benefits or risks to you that can be expected from participating in this study.
4. Know the researcher's training and experience.
5. Ask any questions you may have about the study.
6. Decide to participate or not without any pressure from the researcher.
7. Have your privacy protected within the limits of the law.
8. Refuse to answer any research question, refuse to participate in any part of the study, or withdraw from the study at any time without any negative effects on you.
9. Be given a description of the overall result of the study upon request.
10. Discuss any concerns or file a complaint about the study with the Institutional Review Board and Pastoral Counseling Department at Neumann University, One Neumann Drive, Aston, PA 19014.

## Appendix C

## Demographic &amp; Faith Questions

What is your age? \_\_\_\_\_

What is the age of your child? \_\_\_\_\_

What is your church affiliation/denomination? \_\_\_\_\_

Does your church community openly welcome and support LGBTQ persons? Yes No

Do your church teachings allow LGBTQ persons to hold positions of leadership? Yes  
No

My annual household income before taxes is:

- a. Less than \$25,000.00
- b. \$25,000 - \$50,000
- c. \$50,000-\$75,000.00
- d. \$75,000-\$100,000.00
- e. More than \$100,000.00

What is your level of education?

- a. High School Graduate
- b. College Graduate
- c. Graduate Education

What is your political affiliation?

- a. Democrat
- b. Republican
- c. Independent
- d. Other \_\_\_\_\_

What term best describes your ethnic background?

- a. Asian or Asian American
- b. American Indian, Alaskan Native, or First Nation
- c. Black or African American
- d. Latino or Hispanic
- e. Middle Eastern or Arab
- f. Southeast Asian or Pacific Islander
- g. White, Caucasian, or European Descent
- h. Other \_\_\_\_\_

What was your child's biological sex?

- a. Male
- b. Female
- c. Other (please specify) \_\_\_\_\_

What is your child's current gender identity?

- a. Male
- b. Female
- c. Other (please specify) \_\_\_\_\_
- d. Unsure

How does your child identify?

- a. Transgender
- b. Gender fluid
- c. Gender queer
- d. Other (please specify) \_\_\_\_\_

Do you believe in life after death? Y N

Do you believe these places exist?

Heaven? Y N

Hell? Y N

Purgatory? Y N

Other? \_\_\_\_\_

Do you regard Jesus' death on the cross as a crucial part of your faith? Y N

Do you believe it is appropriate to question or challenge the church's position on certain issues? Y N

**Expressions of Personal Faith before and after you learned of your child's gender dysphoria (Circle the best answer).**

**BEFORE**

Frequency that you attend religious services

- 1. Never
- 2. Less than once per month
- 3. About once per month
- 4. 2-3 times per month

**AFTER**

Frequency that you attend religious services

- 1. Never
- 2. Less than once per month
- 3. About once per month
- 4. 2-3 times per month

5. Once per week or more  
Frequency of Private Prayer

- 1. Never
- 2. Less than once per month
- 3. A few times per month
- 4. A few times per week
- 5. Once a day or more

Frequency of Bible reading

- 1. Never
- 2. Less than once per month
- 3. A few times per month
- 4. A few times per week
- 5. Once a day or more

Frequency that you listen to Christian music

- 1. Never
- 2. Less than once per month
- 3. A few times per week
- 4. A few times per month
- 5. Once a day or more

5. Once per week or more  
Frequency of Private Prayer

- 1. Never
- 2. Less than once per month
- 3. A few times per month
- 4. A few times per week
- 5. Once a day or more

Frequency of Bible reading

- 1. Never
- 2. Less than once per month
- 3. A few times per month
- 4. A few times per week
- 5. Once a day or more

Frequency that you listen to Christian music

- 1. Never
- 2. Less than once per month
- 3. A few times per week
- 4. A few times per month
- 5. Once a day or more

Please share any words from the Bible or other spiritual/religious texts that have been comforting or helpful for you.

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Please share any words from the Bible or other spiritual/religious texts that you find confusing, negative, offensive, or unhelpful as you seek to help yourself and your child through his/her transition.

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## Appendix D

### Protocol

#### **Transgender:**

What do you think most Americans think about the concept of transgender?

How do you think the media is influencing current thoughts and feelings about what it means to be transgender?

Before your child revealed their transgender status, please share any experiences or viewpoints you held on this subject?

Can you start by sharing a brief history of when you became aware that your child is transgender?

Can you describe the thoughts and feelings you had when you learned this?

How does finding out your child is transgender change your daily life?

#### **Faith:**

What does being a Christian mean to you?

What does having a transgender child mean to you as a Christian parent?

Would you say faith has helped you or made it more difficult to support your transgender child?

Please describe.

What about your faith has changed as a result of, or during the process of, raising your child?

Changes in spiritual/religious views?

Changes in personal religious activity?

Changes in relationships with other Christians?

Changes in church/denominational affiliation?

Please share if/how your understanding of scripture has changed since learning your child is transgender.

Please share if/how your understanding of God has changed since learning your child is transgender.

How would you respond to the statement: God is a God of unconditional love?

Does this influence how you treat others? Including your children?

What are your thoughts about the concept of sin?

**Coping:**

Where did you find support and comfort as you made decisions about your child?

Can you share any specific words or behaviors that were particularly helpful or hurtful from others?

**Family Dynamics:**

Can you identify any ways in which your marriage/partnership was impacted by the experience of raising a transgender child?

How would you describe any changes in your relationship with your transgender child before and after learning about their transgender identity?

How would you describe changes in your family's interactions since learning your child is transgender?

Please describe any efforts you made to influence your transgender child.

Please describe any efforts made by other people in your family to influence your transgender child.

Have you experienced strained or broken family relationships because your child is transgender?

Please describe.

**Paying it forward:**

What advice would you give to other parents of transgender children?

What advice would you give to fellow Christians and church leaders about how to be helpful to parents of transgender children?

What advice would you give to medical and mental health professionals about how to be more helpful?

**Final Thoughts:**

Looking back on the journey you've experienced with your transgender child, is there anything you wish you could go back and do over again?

Is there anything more you would like to share about how your experience of parenting a transgender child has impacted you or your family?

## Appendix E

## Respondent Definitions of Christian

*Maria:* I just believe it's about having a personal relationship with Jesus Christ...believing in his death and resurrection, believing salvation comes through him, and following his ways. That's what it means to me.

*Diane:* I guess it means everything to me cuz I'm definitely one, you know, my relationship with God is... For so many people say, you know, it's my wife, my children, and God. But, for me, it's more - it's God, my husband, and my children. You know? So, God is number one for me. And then, I have been, because of that, I have been provided for no matter what, you know, most of my life. I became more conservative in thinking as I grew. I was kind of in a liberal Congregational Church growing up. So, it's just, I can see my sins and I don't I don't think I could live with myself for the sins unless I knew that I was forgiven for them. So, it's part of like my whole make up.

*Nancy:* Well basically just that I have accepted and believed the sacrifice of Christ. That Christ died on the cross for my sins and that by acceptance of Jesus and his sacrifice on the cross that I have, that has given me a place in heaven with God and with Jesus. So, basically it all comes down to the cross for me.

*Tim:* There's a set of propositions. Mostly it's that I have sinned; I have disobeyed God, and because of that I need to be punished because of his being so offended at my sin. But, he is both the justifier and the one who justifies. He is both just and the justifier, as they say. He is just. He can't just wink at sin. So, he made a plan, and I don't mean "so" in the sense of time. He made a plan so that we could be reconciled with him. So, when we say, as a Christian what are you saved from? We often say sin, but we really mean the wrath of God. Christ has taken the wrath, God's wrath in our place, and has transferred his righteousness to us. Which I don't understand; it's just an amazing thing.

*Dom:* Christian means there's a God. And there is love, there is forgiveness. There is take care of the other. Take care of your brothers and sisters and, there is life after death.

*Sam:* It means confessing with my mouth that Jesus Christ is the Lord of my life, and then believing in my heart that God raised him from the dead. And it all follows from that, believing and confessing, and making him Lord of my life.

*Charles:* For me, I mean, it's following Jesus. And trying to figure out what that means. I'm not very trinitarian. I lean towards the human side of Jesus a lot. I don't think Jesus wanted us to worship him, I think Jesus points us toward God, and shows us how to have a closer relationship with God that I believe is possible for everyone. So, trying to figure out what that relationship looks like, and how to achieve it, to me, is being Christian.

*Leah:* So, for me, a Christian is someone who believes in Jesus; that God sent Jesus to the world to try to help people. And my personal thing is that Christians need to be people who are mostly concerned with helping other people. Like if you are mostly concerned

with helping other people, that is acting like a Christian. So, you can say you're a Christian, but if you're not helping anybody then you're not, in my mind.

*Tony:* Being a Christian means to follow Christ. To be an active member of the church, however one defines church. But let's think of it broadly as the body of Christ. And to follow his teachings and his example. And prime among those teachings, I think, is to love unconditionally. And to trust totally in God the Father; to place our trust in him.

*Cara:* Well it means first and foremost that Jesus Christ died for my sins, and that I am, that he took on himself the sins of all of us. And that God loves me enough to sacrifice his only son. And because of that, I have the promise of everlasting life.

*Doug:* Well, I identify with the term Evangelical Christianity, even though a lot of things associated with that term these days, I'm not necessarily supportive of. But, basically, I identify as an evangelical Christian, which means that I believe in a personal commitment to accept Jesus Christ as savior and Lord, and a personal relationship with him that impacts our daily life and gives us assurance of eternal life, and a relationship with God for living and so forth.

*Emma:* Being a Christian means to me that I have a relationship with God through Jesus Christ. That I was made to honor and glorify him, and that I will live forever with him in heaven because of what his son did for me. So that's what it means to me to be a Christian. It's everything,

*Edward:* Christian means following Christ. So, I think there's a time in your life that you decide that you want to follow Christ, and sometimes young and sometimes old, but that's the fundamental part of it, that you're trusting in Christ and believe in his death and resurrection in payment for our sins.

*Amy:* To me, it's faith in Jesus Christ. And salvation through Jesus Christ.

*Mark:* That my creator wants to have an intimate, loving, trusting, beneficial relationship with me. And because of my sinful nature has had to redeem me through the blood of his own son to give me a chance for newness of life and by placing his spirit in my heart, has given me a guarantee of full renewal to all that I can be as a creation of God, as a child of God. I'm maturing into the image of his own son. So, that's kind of the theological. And that happens in the company of other people who are also experiencing that transformation and that rescuing and redemption of a broken and sinful life.

*Talia:* For me it means that I am saved by the grace of Jesus and his resurrection and that gift that he's given me. That, as this relationship I have with God is one where I need to be striving and receiving how to become more like Christ. It's a personal relationship that God initiated with me. And that my sins are forgiven through Christ's death and resurrection. And because of that I have salvation. But that salvation begins now. It's not just something for later.

## Appendix F

## Respondent List of Helpful &amp; Unhelpful Scripture

*Helpful texts*

Acts 8: 26-40

I Corinthians 13

Deuteronomy 31:8

Ephesians 2:8

Ephesians 3: 14-21

Genesis 1:27

Genesis 3

Isaiah 42: 1-4

Isaiah 54:13

Isaiah 58: 6-14

John 3:16

Leviticus 19:18

Luke 10:27

Luke 15

Matthew 19:12

Matthew 22: 29-30

Matthew 23: 22-24

Matthew 25

Micah 6:8

II Peter 3:9

Proverbs 3:5-7

Psalms 77:19

Psalms 103: 8-10

Romans 8:28

Romans 13: 9-10

I Timothy 1:16

Reference: Better to give than receive

Reference: Any time Jesus talks about loving and serving outcasts

Reference: The Lord does not punish our children for our sins. Nor do parents bear the burden for children's sins.

*Unhelpful/Confusing:*

I Corinthians 6: 9-10

I Corinthians 7:20

Deuteronomy 22:5.

Parts of Lev, Deut, and Paul's letters which conflict with the overall Biblical message of love.

Genesis 1:26-27

Genesis 2:18-25

Leviticus 18:22

Leviticus 20:13

Matthew 5:38

Psalm 139

Romans 1: 18-22

Romans 1:26-27

I Timothy 1:8-11

There are many paths to God.

All religions lead to the same place.

Follow your heart and you will find happiness.

It doesn't matter what you believe as long as you believe sincerely and are consistent in these beliefs.

You can be anything you want to be and achieve anything you want to achieve as long as you believe in yourself.

## Appendix G

Code Book	Operational Definitions
Love/Unconditional Love & Acceptance of Child	Any expressions related to love, concern, warm regard, and desire to remain in relationship with child.
Grief	Any expressions of grief or sadness about the loss of their original child, the loss of the child's original gender, or the loss of dreams they had for that child in their original state. Also, any expressions of sadness about their child's pain, or sorrow about years of relationship that were lost or stressed due to gender identity issues.
Grief/Feelings about New Name and Pronoun	Any expressions of sadness, grief, or disappointment about the loss of the child's original name, the choice of the new name, or the difficulty in accepting or using the new pronoun.
Grief/Reaching Acceptance	Any expressions indicating that parents had arrived at a place of acceptance of their child's gender identity expression, such as explicit statements of support, or affirmations that they continue to experience a close relationship.
Fear/Worry	Any expressions of fear or worry about their child's present emotional, physical, or relational state, or the child's future happiness, success, and well-being. This includes references to violence, harassment, bias, health issues, employment issues, or discrimination from employers, churches, or any members of society.
Fear of Medical Interventions/Hormones & Surgery	Any expressions of fear or concern about the use or safety of puberty suppressors, cross-sex hormones, or surgical interventions. This includes fear of unknown side-effects related to the long-term impact of these interventions.
Fear of Suicide	Any expressions related to the fear of losing their child to suicide, including references to suicide statistics and references to their child's actual suicidal ideation or suicide attempts.

Fear of how it would Impact the Family	Any expressions related to fear, worry, or concern about how the child's transgender identity would impact the family's financial situation or social support, including acceptance at church, at work, or at Christian schools. This specifically included references to parental employability or parental job changes due to the child's transgender status,
Fear/Worry of how it would Impact their Other Children	Any expressions related to concern for the welfare of their other children, both in the home and outside of the home. This includes the emotional, relational, and psychological well-being of the other children.
Fear that Child will have Regrets	Any expressions that related to the possibility that the child will one day experience regret. This included fear that child will regret being unable to have biological children, or may one day regret their decision to use hormones, cross-sex hormones, or to avail themselves to surgical treatment.
Fear that Child will turn from God or feel rejected by God	Any expressions related to fear or concern that the child felt unloved by God or rejected by God. This included statements that the child felt God made mistakes in their creation, or concerns over a child's outright rejection of their Christian faith.
Confusion/Disorientation/Shock about Child's Transgender Identity	Any expressions of confusion, disorientation, shock, or lack of preparedness over the child's disclosure of their transgender identity. This included references to childhood gender expression that failed to match or completely opposed their child's recollections. This also included references to peers and external influences that may have influenced or confused their child. Lastly, this included statements expressing parental concerns that prior episodes of anxiety or depression could be a factor contributing to their child's understanding or decision-making.

Confusion/Discomfort about how to Introduce or refer to child	Any expressions or emotions related to a parent's confusion or discomfort about how to introduce or refer to their transgender child using the new name or pronoun. This included parental references to switching back and forth with name and pronoun usage when describing their child or events pre and post-awareness.
Confusion over how to understand the phenomenon of transgender	Any expressions of confusion about the validity, etiology or treatment of gender dysphoria, or about a Christian understanding of this phenomenon.
Easing of confusion/The trans revelation made sense	Any expressions of relief or comfort used by parents to describe their feelings post awareness of their child's struggle with gender identity or expression.
Isolation from transgender child	Any expressions or emotions that described feeling isolated or distanced from one's transgender child, either physically or emotionally, before, during, or after gaining awareness of their child's transgender identity. This included references to quiet, secretive, or overtly deceptive behaviors on the part of the transgender child.
Isolation from spouse/Isolation with spouse/Impact on marriage	Any expressions related to feeling isolated or emotionally distanced from their spouse as a result of their transgender child's journey. Or, sentiments expressing feeling emotionally close to spouse but shut out from external sources of support, particularly early in the disclosure process.
Isolation from other family members	Any expressions related to feeling isolated from extended family members, including parents, siblings, and aunts and uncles. This included family members who voiced disapproval of the transgender child or disapproval of supportive parents, or, family members who fully supported the transgender child at a pace that exceeded the rate of acceptance by the parents. This also included family members who supported a political

	agenda who parents felt would compromise the advancement of transgender rights.
Isolation from others outside the family	Any expressions related to feeling isolated and unsupported by persons who were regarded as resources prior to learning they had a transgender child. This included employers, co-workers, and friends. Also, this included any references to desiring information and support from others, particularly other Christian parents of transgender children.
Isolation from church/Isolation within church	Any expressions related to feeling shut out or unsupported by church leaders or fellow church members. This included comments about not feeling supported by fellow Christians and church members, and also included comments describing hostility or overt rejection experienced at the hands of fellow Christians.
Anger/Frustration at being excluded for the process and unable to protect or influence their child	Any expressions related to feeling angry or frustrated about being excluded from their child's gender identity journey, including statements of helplessness and frustration about feeling silenced and unable to engage in honest discourse with their child prior to, or during, their child's decision to move forward with gender transitioning.
Anger at external influences - doctors, therapists, media, society, and law makers	Any expressions that related to feeling anger or frustration at the actual or perceived lack of care or regard shown to themselves or their children by external influences. This included medical and mental health workers who supported swifter forward movement than parents felt was prudent. This also included statements referring to efforts by medical and mental health professionals, society, lawmakers, and media to normalize or encourage transgender persons to move toward gender transition, even without full exploration of other options.
Confidence in the unconditional love of God	Any expressions that related to the feeling or belief that they or their children could fully

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rely on the love and presence of God despite their choices or circumstances.

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## Appendix H

## List of Gender Neutral Pronouns

The following chart is a quick reference guide to traditional and gender neutral pronouns. Four versions of gender neutral pronouns are included. Many others exist, but this chart should help you conjugate any type of pronoun.

<b>Subjective</b>	<b>Objective</b>	<b>Possessive adjective</b>	<b>Possessive pronoun</b>	<b>Reflexive</b>	<b>Pronunciation</b>
She	Her	Her	Hers	Herself	pronounced as it looks
He	Him	His	His	Himself	pronounced as it looks
Ze	Zim	Zir	Zirs	Zirself	Pronounced as it looks
Sie/Zie	Hir	Hir	Hirs	Hirself	pronounced: zee, here, here, heres, hereself
Zie	Zir	Zir	Zirs	Zirself	pronounced: zee, zere, zere, zeres, zereself
Ey	Em	Eir	Eirs	Eirself	pronounced: A, M, ear, ears, earself
Per	Per	Pers	Pers	Persself	pronounced as it looks
They	Them	Their	Theirs	Themself	Pronounced as it looks

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**Appendix I**  
**Gender Neutral Pronoun Usage:**

	<b>Subject</b>	<b>Object</b>	<b>Possessive Adjective</b>	<b>Possessive Pronoun</b>	<b>Reflexive</b>
<b>Female</b>	She	Her	Her	Hers	Herself
<b>Male</b>	He	Him	His	His	Himself
<b>Gender Neutral</b>	Ze	Hir	Hir	Hirs	Hirself
<b>Spivak</b>	E	Em	Eir	Eirs	Emself

**How to pronounce gender neutral pronouns:**

Ze	Hir	Hirs	Hirself	E	Em	Eir	Eirs	Emself
/zee/	/here/	/heres/	/hereself/	/ee/	/em/	/air/	/airs/	/emself/

**Examples of how to use these pronouns:**

She went to her bedroom.

He went to his bedroom.

Ze went to hir bedroom.

E went to eir bedroom.

I am her  
sister.

I am his  
sister.

I am hir  
sister

I am eir  
sister.

She shaves herself.

He shaves himself.

Ze shaves hirself.

E shaves emself.

## Appendix J

### Facebook Gender Options

Facebook introduced dozens of options for users to identify their gender today - and although the social media giant said it would not be releasing a comprehensive list, ABC News has found at least 58 so far. Previously, users had to identify themselves as male or female. They were also given the option of not answering or keeping their gender private.

Users can now select a "custom" gender option.

Facebook will also allow users to select between three pronouns: "him," "her" or "their."

The following are the 58 gender options identified by ABC News:

- Agender
- Androgyne
- Androgynous
- Bigender
- Cis
- Cisgender
- Cis Female
- Cis Male
- Cis Man
- Cis Woman
- Cisgender Female
- Cisgender Male
- Cisgender Man
- Cisgender Woman
- Female to Male
- FTM
- Gender Fluid
- Gender Nonconforming
- Gender Questioning
- Gender Variant
- Genderqueer
- Intersex
- Male to Female
- MTF
- Neither
- Neutrois
- Non-binary
- Other
- Pangender
- Trans
- Trans\*

- Trans Female
- Trans\* Female
- Trans Male
- Trans\* Male
- Trans Man
- Trans\* Man
- Trans Person
- Trans\* Person
- Trans Woman
- Trans\* Woman
- Transfeminine
- Transgender
- Transgender Female
- Transgender Male
- Transgender Man
- Transgender Person
- Transgender Woman
- Transmasculine
- Transsexual
- Transsexual Female
- Transsexual Male
- Transsexual Man
- Transsexual Person
- Transsexual Woman
- Two-Spirit