How might parents of pre-pubescent children with gender identity issues understand their experience?

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Contents

Abstract

Whilst in recent times there has been an increasing interest in the popular media in families with gender variant children, there is still a paucity of academic research into the experience of parenting a pre-pubescent child with gender identity issues. Gender dysphoria in young children engenders powerful reactions in adults, involving the recognition of childhood sexuality, a subject matter considered taboo in Western society. As such, this research explores highly sensitive and intimate aspects of family life, requiring parents to talk and think about difficult issues. This small scale study adopts a case study design in order to explore how it might feel for families attending the Gender Identity Development Service at the Tavistock Clinic, London to parent such a child. Through acting as a 'bricoleur' (Denzin & Lincoln: 2000: p3) different and contrasting research methods and theories of gender identity development are explored in order to shed light on this under-researched and hidden area of parental experience. Eight parents were interviewed and their narratives are presented as case studies which can both stand-alone as individual pieces of research, and be understood as a cogent group with over-arching themes. Psychosocial research methods of Free Association Narrative Interviews and photo elicitation were used in order to gather the data which was then coded and analysed drawing on the principles of Charmaz' (2001) constructivist version of grounded theory. Particular attention is also given to unconscious processes that might have been at play between researcher and interviewee such as transference, counter-transference and containment. Five key themes relating to the process of mourning emerged from the data: loss, uncertainty, ambivalence, being unable to think and acceptance. Recommendations for both social work and clinical practice and further research are also offered.

Introduction

Successfully raising a child is one of the most difficult challenges many individuals face, irrespective of class, religion, gender or geography. Successfully raising a child who is different, whether through disability, ability or any other reason can pose even more challenges. Many of these challenges are ones that have not even been considered as possibilities before they present themselves to the unsuspecting parent. Having a child with gender identity issues, something that is poorly understood by society as a whole, can present a parent with life-changing decisions, not only for their child, but also for themselves as an individual. The psychological state and reaction of the parents to a young child presenting with gender dysphoria is thus likely to be hugely significant in influencing how the child subsequently develops (Wren: 2002).

Family patterns of coping with stressful life circumstances, support networks, financial and emotional resources all have a key part to play in the child's experience of gender dysphoria. Yet thus far UK research has not explored the experience of parents with younger children, focusing instead on parents of adolescents (i.e. Wren: ibid; Coulter: 2010). This reflects a similar paucity of research internationally, and research that is available tends to adopt either a clinical vignette design or draws on a quantitative methodology that effectively silences the original voice of the parent.

This research aims to provide a voice for the parent by adopting psychosocial research methods in order to shed some light on an under-explored and little discussed area of human experience. Gender dysphoria in young children engenders powerful reactions in adults, involving the recognition of childhood sexuality, a subject matter considered taboo in Western society. As such, this research explores highly sensitive and intimate aspects of family life, requiring parents to talk and think about difficult issues. Not only is the subject matter highly personal, but it is also highly political with activists campaigning for transgender rights often at odds with prevailing medical practice. Thus, to openly discuss transgender issues and make practice recommendations, especially relating to children, can lay one open to highly emotive forms of judgement and criticism which equally make it an uncomfortable experience for the researcher.

The research intends not only to educate professionals about this little understood area of family life, but also to provide a body of evidence to both support and inform parents of younger children with gender identity issues who may be undergoing similar experiences. Typically such parents may feel isolated and poorly understood by those around them. It is therefore hoped that this research will help both to increase understanding and to enable families of younger children with gender identity issues to feel heard and that their experience is one that may be familiar to others.

Overview of Gender Dysphoria

However, before embarking on an in-depth literature review and evaluation of the work undertaken, it is necessary first to provide an overview of childhood gender dysphoria, also known as gender identity disorder or gender variance. The term 'gender' in itself is not easy to define and varies depending upon the theoretical discourse adopted. Such discourses include naturalising approaches that draw heavily on biological and psychological concepts, social constructionist approaches, and psychoanalytic approaches (Alsop et al: 2002).

The term 'gender identity' dates from the 1960s and is defined by Stoller (1992) as being

> "a complex systems of beliefs about one's masculinity and femininity. It implies nothing about the origins of that sense (e.g. whether the person is male or female). It has, then, psychologic connotations only: one's subjective state" (p78)

In layman's terms, gender dysphoria manifests itself when a child (or adult) has a gender identity that does not match their biological identity e.g. a biological girl self-identifies as a boy and shows a preference for playing with boys' toys, wearing boys' clothes, and will often become acutely distressed when confronted with the reality of her biological sex. This can often occur around puberty when secondary sex characteristics start to appear such as visible changes to the body. Spack (cited in Brill and Pepper: 2008: p3) identifies a number of behavioural traits that can be indicative of gender identity difficulties. These include children having difficulties going to the toilet either attempting to urinate standing up (girl) or sitting down (boy), having an aversion to wearing a swimming costume, insisting on wearing underwear of the opposite sex and a strong desire to play with toys that are enjoyed stereotypically by the other sex.

Diagnostic Criteria

In keeping with gender identity being such a complex concept to define, the diagnostic criteria for a gender identity disorder are equally disputed. The psychiatric diagnosis of gender identity disorder remains highly controversial paralleling the debates surrounding the inclusion of homosexuality as a diagnosis half a century ago (Hill et al: 2007). Lev (2004) suggests that some of the mental health difficulties that transgendered individuals experience may be linked more to their exclusion from society and the secrecy involved in hiding their identity, rather than being proof of mental illness. As Manners (2009) points out, gender identity disorder is the only psychiatric diagnosis for

which physical surgery is advocated, thus questioning the validity of gender dysphoria as a mental illness.

However, it is currently a classifiable mental disorder (302.6 Gender Identity Disorder in Children; 302.85 Gender Identity Disorder in Adolescents or Adults) under DSM IV (APA: 1994). Children or adolescents must exhibit both "a strong and persistent cross-gender identification" as well as "persistent discomfort with his/her sex or sense of inappropriateness in the gender role of the sex" (APA: 1994). This must not be linked to a disorder of sexual development, such as abnormalities of the genitalia or reproductive system, and also must cause the young person to experience either significant distress, or difficulties in social or occupational functioning. These diagnostic criteria are currently under review as the DSM approaches its fifth edition. However, early indications suggest that they will remain broadly the same (APA: 2011)

There is no age range specified for childhood gender identity disorder, and from the time that they are able to communicate verbally children have been reported to express discomfort with their assigned gender identity (Ehrensaft: 2011a; Brill and Pepper: 2008; Vitale: 2001). Retrospective research by Kennedy and Hellen (2010) suggests that most individuals realise that their gender identity is incongruent with their biological identity before they leave primary school. However, a review of prospective follow-up studies by Steensma et al (2010) suggests that only 15.8% of children persist with feelings of gender dysphoria into adolescence. Studies by Drummond et al (2008) and Wallien and Cohen-Kettenis (2008) further suggest that for approximately 80% of children who have experienced gender dysphoria symptoms will not persist into adulthood.

Terminology

As the above discussion implies, the choice of language used to describe gender issues is politically fraught, and it is difficult to find a term or way of expressing the experiences of individuals that is acceptable to all without

inadvertently offending.   The term 'gender identity disorder' is used in DSM IV (APA: 1994), and commonly adopted by the Gender Identity Development Service[*] (GIDS) at the Tavistock Clinic. However, alternative terms are also often used such as 'gender variance' (APA: 2008), 'gender incongruence' (Kreukels et al: 2012), 'transgender' (Cohen-Kettenis and Pfäfflin: 2003), 'sexual dysmorphia' and 'transsexualism' (WHO:1994).

Few of these terms allow for suggestion that gender identity may be a fluid state, and the dominant discourse is unashamedly medical, namely individuals who seek help in altering their gender identity are 'diseased' bodies that need curing.   I have tried to be mindful at all times of the guidelines suggested by Hale (1997) for non-transgendered individuals researching and writing about transsexual and transgender issues.   By constantly referring back to the guidelines, I hope that I have managed to treat my research subject with respect and humility, and at the same time make it clear where my heteronormative position differs from those of my research participants. For the purposes of my thesis, I have chosen to adopt the term 'gender dysphoria' (RCPsych: 2008). In my mind, this term encompasses the notion of discomfort and awkwardness that a child might feel with their body and gender identity, and allows for the possibility of growth and development in identity. When talking to the parents and carers, I chose to use the phrase 'gender identity issues' and this is reflected in the wording used in the interviews (see Appendix 4: p215). As the children were quite young, and thus the parents potentially were in the early stages of exploring their feelings and understanding of their child's gender experience, I felt that the broader term of 'gender identity issues' was less clinical than 'gender dysphoria'. Other terms in this thesis are used dependent on context.

My Position

As this research is about a very emotive and intimate subject area it is essential to be mindful of the impact of one's own subjectivities on the data.

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[*] Hereafter referred to by its abbreviation GIDS.

Ruch (2000) suggests that whilst there is a risk of being considered self-indulgent by including one's own reflections on and in the research process, being reflective enables multiple perspectives and subjectivities to be explored, adding depth to the research findings.

During my second year of studying at the Tavistock Clinic, I was offered the opportunity of a year long clinical placement at GIDS. GIDS works both with young people up to the age of 18 years who are experiencing gender identity issues, and their families. Prior to this placement, I had never worked with young people having always chosen to work as a social worker with adults with mental health problems. During my social work training, I had deliberately avoided working with children as I felt that the responsibility for affecting their lives was too great and I was terrified of making a decision that would adversely and negatively affect their future. Working at GIDS thus offered me a unique opportunity to both extend my professional practice, and push me out of my comfort zone.

Whilst placed at GIDS, perhaps unsurprisingly, concerns about how both parental and professional influence could potentially affect the outcome of a child's gender identity surfaced for me. Bearing in mind the experience of Child Abuse investigations where professionals have to be acutely aware of not putting words into the child's mouth, I was concerned that, as a professional, I may be (un)consciously affecting the child's gender identity development. In discussing openly the child's gender difficulties, I was worried that I might be putting ideas into their head. However, this consideration then led me on to thinking about how I only had limited contact with the child, and actually it was their daily lived experience with parents, siblings and peer groups that potentially would have a far more profound impact on how they experienced their gender identity.

Although I personally was disinterested in dolls as a child, and was more inclined towards being a tomboy, I have never felt uncomfortable with my own gender identity. Thus, when working with the young people at GIDS, it inevitably prompted me to explore what it means to be 'me', and how much of

my make-up I take for granted. I am a white, educated, professional, heterosexual, married female and as such conform to a cultural stereotype that holds a certain amount of power within the society in which I live. I have never felt constrained by any part of this identity, and have certainly never experienced any overt discrimination arising from it, unlike all of the young people and families with whom I have worked. However, during the course of my doctoral studies I was made redundant, causing me to question what I wanted to do with my career: should I remain in academia or return to practice, or retrain? This had profound implications for my continuing studies and caused me my own mini existential crisis. This was hugely stressful for me, although I hope that I have come to some kind of resolution. However, all of the young people I encountered were experiencing profound existential crises that show no sign of abating, and I can only begin to imagine how immensely stressful this must be for them, every single day of their lives.

Having opted for a clinical placement at GIDS as part of my D60 studies, I had expected that that the assessment of the child would be largely influenced by psychoanalytic thinking. However, I was surprised to discover that in the initial stages at least, part of the assessment was to ascertain whether the child met the DSM IV diagnostic criteria for gender identity disorder (APA: 1994 – for full criteria see discussion later). Having spent a year with GIDS and subsequently reading widely for the purposes of this research project, I remain agnostic about the possible aetiology of gender dysphoria. In order to present the current professional views on gender dysphoria, I have considered a range of perspectives in the literature review, but do not personally favour one over the others. Instead, I hope that my discussion is non-preferential, and represents a biopsychosocial model of understanding a complex area of human potentiality (Lev: 2004).

Shortly after completing my placement at GIDS I became a first-time mother and this further highlighted my sense of the immense influence that parents can have on their developing child. It also made me acutely aware of how responsible I feel for my own child's emotional and physical health and well-being, and how much I emotionally invest in his happiness. At the time of the

fieldwork phase of my research, my son was two years old, roughly the same age as some children start to present with behaviour that can be viewed as gender incongruent.

Research Position

As a result of this background, and the fact that my doctoral studies have been firmly grounded in the psychoanalytic thinking promoted by the Tavistock Clinic, it seemed only natural that my research should be psychosocial in nature. By this I have adopted Clarke and Hoggett's (2009) definition of a research philosophy that seeks "to consider the unconscious communications, dynamics and defences that exist in the research environment" (p2). Both the researcher and research-participants are conceptualised as "co-producers of meanings" (Clarke: 2008) and, as such, a non-positivistic position is adopted. Drawing on the work of both Hollway and Jefferson (2000) and Clarke and Hoggett (2009) I have sought to 'research beneath the surface' whilst also acknowledging the pitfalls that can accompany a psychodynamic understanding of the data (Frosh and Baraister: 2008).

Aims of this Study

The aim of the study is to gain a greater understanding of the experience of parents who have a pre-pubescent child presenting with gender dysphoria. The research intends to compliment previous research at the GIDS into how parents with older adolescent children view their child's expressed gender identity difficulties with a particular emphasis on parenting (Coulter: 2010). Coulter (ibid) recommended replicating the aims of her study with parents of younger children and also focusing more on the ways in which parents manage their parenting through the use of cultural or religious beliefs. Given the age of their child, parents are in the early stages of their transgender journey, both in terms of emotional and practical aspects. Thus the data collected was in many cases very raw, and this is something that has not

been captured previously as other research tends to be retrospective, based on the recollections of parents of older children or adults.

The central questions that are addressed by this study are:

- Parents' experience of and how they ascribe meaning to having a child or young person with gender identity issues;

- Parents' experiences of how this impacts on parenting;

- How parents manage these issues.

Outline of Chapters

Literature Review

This chapter contextualises gender dysphoria and provides an overview of theoretical discourses relating to gender, gender identity and parenting based on the assumption that this may be influencing parental perspectives on their child's difficulties.

Methodology

This chapter describes the research strategy employed in order to explore the attitudes of parents towards their child with gender identity issues.

Case Studies

This chapter sets out the experiences of each parent or parental couple who participated in the research in the form of a case study. The parent(s) narrated experience is tentatively explored using possible theoretical interpretations, and also considered in the light of psychodynamic thinking.

<u>Findings and Discussion</u>

This chapter considers emergent themes from the case studies as a whole and sets them in context with other contemporary research findings. It also considers the strengths and limitations of the research project and makes suggestions for future research and social work practice.

Literature Review

This chapter will aim to offer an overview of theoretical discourses relating to gender and gender identity based on the assumption that this may be influencing parental perspectives on their child's difficulties. Kincheloe (2001) proposes a research orientation of 'bricolage' as being concerned with "diverse theoretical and philosophical understandings of the various elements encountered in the act of research" (p679). This includes the critical examination of existent interdisciplinary literature in the field, and enables the researcher to explore both the similarities and the contradictions, and consider these in relation to one's own research design. Hence, a bricolage approach has been adopted in order to promote a holistic understanding of the experience of gender identity issues for both the child and their family.

As highlighted in the Introduction, gender dysphoria is a highly contested and emotive concept, with clinicians, academics and transgendered individuals polarised in their interpretations of aetiology, appropriate management, and whether it is a medical condition or not. Of specific relevance for this research project are discourses that consider how parents experience the development of their child's gender identity. Contemporary notions of parenting will also be examined as these are key to understanding the multi-factorial and reciprocal processes of influence that parent and child, society and culture, have on each other.

Gender Perspectives

Before exploring the concept of gender dysphoria, it is first important to examine discourses of gender that are pervasive in contemporary society. Beasley (2005) contends that there are three principle debates surrounding gender and sexuality; firstly the relationship between what is a social construction and what can be seen as 'natural', secondly whether narrowing in on specific identities is indeed useful and thirdly examining the links between

gender and sexuality. As mentioned in the introduction, the term 'gender' is highly contested and definitions vary depending upon the theoretical discourse adopted. The Oxford English Dictionary (2011) defines gender as

> "The state of being male or female as expressed by social or
> cultural distinctions and differences, rather than biological ones;
> the collective attributes or traits associated with a particular sex,
> or determined as a result of one's sex"

This definition, along with many others, polarises gender into male or female domains, thus marginalising, or even denying a transgender identity. Manners (2009) refers to the "scientific paradigm of static dichotomies" (p66) that dictates there can only be male or female, heterosexual or homosexual, and thus, to be trans-gendered immediately suggests a disorder or dysfunction.

Naturalising discourses such as those espoused by most medical textbooks are based on a set of assumptions that bodies are divided into two "natural kinds" (Alsop et al: 2002; p18). That is to say, it is evident to all that a man is a man, and a woman a woman. Whilst the possession of a penis or breasts are visual characteristics of man or womanhood, a man without a penis is still a man, and a woman who has had a breast or womb removed is still a woman.   This then suggests that there are physiological, genetic and psychological aspects that also play a part in our understanding of what it means to be male or female.

Biological Theories

Most people typically have 23 pairs of chromosomes on which genes are active, out of which one pair are sex chromosomes. The male sperm cells are heterogametic and have either X or Y chromosomes, whereas the female egg is homogametic and contains only the X chromosome.   Therefore, once fertilisation has taken place, an embryo may have either XY or XX as its sex

chromosomes, typically resulting in a male baby if the former and a female if the latter (Hawley and Mori: 1999). However, there are some disorders of sexual development such as Androgen Insensitivity Syndrome and Congenital Adrenal Hyperplasia that can result in abnormal hormonal activity that means an individual may not go on to develop in the way that would ordinarily be expected by looking simply at their sex chromosomes. Such conditions may not be evident at birth, and may only become apparent during late adolescence when, for example, a female may have investigations due to delay in the menarche (ISNA: 2008).

Research reviewed by Bocklandt and Vilain (2007) suggests that independently of the sex hormones, genetic factors can also have an impact on sexually dimorphic traits. MRI scanning has revealed differences not only in the brains of males and females, but also in the brains of homosexual men and neurotransmitters have also been discovered to be distributed differently in the sexes (Goldstein et al: 2001; Byne et al: 2001). Recent research has also suggested that gender is not solely determined by the sex chromosomes, but that one single gene on a non-sex chromosome known as FOXL2 also has a direct effect (Uhlenhaut et al: 2009). FOXL2 is thought to prevent adult ovary cells from developing into testes. Whilst research is ongoing in this area, it is suggested that this finding could prove significant in treating disorders of sexual development and indeed gender identity disorder in the future (Devlin: 2009).

However, there is currently insufficient neurological research that either supports or rejects the hypothesis that a brain is sexually dimorphic, or where 'gender' identities are situated (Glaeser: 2011). Whilst some studies have been able to correlate their findings to gender identity disorder, leading experts in the field consider that the results are not sufficiently robust, nor generalisable (Hembree et al: 2009). There is no blood test, nor MRI scan that can clearly identify an individual's gender or sexual identity, which whilst not conclusive in itself, questions the veracity of understanding gender variant behaviour solely as medically deviant.

Psychological Theories

Psychological approaches to explaining gender identity development include social learning theory, cognitive developmental theories and psychoanalytic interpretations. Social learning theory looks at the effect of the social environment on the developing child and postulates that much behaviour is learned or imitated. Based on observational studies, theorists such as Bandura suggest that children are more likely to repeat behaviour that is praised, or reinforced by agents of socialisation such as adults, teachers, other children and the media (Bandura: 1969). For example, parents are more likely to affirm nurturant play and be more censorious of boisterous play in girls, but promote physical noisy activities for boys and be less encouraging of boys playing in close proximity to them. Social learning theory also suggests that children imitate the behaviour of others around them; thus boys may be more likely to mimic the aggressive behaviour of male role models on television. Bandura and Bussey (1999) later refined social learning theory in specific relation to gender identity, developing the social cognitive theory of gender development and differentiation. Rather than focusing solely on the social environment of the child, the social cognitive model is one of "triadic reciprocal causation" (ibid: p685). This sees personal, behavioural and environmental factors as all influencing the development of gender bi-directionally. One limitation with this model of gender identity development is that due to the implication that gendered behaviour has been learned, or encouraged, it can be 'unlearned' or altered if perceived as undesirable. Changing one's gender identity through simply altering one's socialised behaviour is not that easy as the famous case example of John/Joan tragically illustrates. John had his penis damaged through circumcision and professionals at the time recommended that he was raised as a girl. However, at the age of 14 years, John rejected his re-assigned female gender and decided to live as a man, but as a result of his experiences later committed suicide (Diamond: 2004).

The most influential theory within the cognitive development field is that of Laurence Kohlberg. In his theory of sex role acquisition derived from

Piagetian thinking, Kohlberg (1966) reversed the notion that a child absorbs gender information as part of a passive process and suggested that, on the contrary, they were actively engaged in seeking out learning in order to adhere to gender norms (Eckes and Trautner: 2000). Kohlberg (1966) identified three distinct stages that a child will go through in achieving their final gender identity. Up until the age of 2 years, he considered that a child does not have any notion of gender, but from the age of 2 to 3 ½ years they will gradually achieve some awareness that they are either male or female. By the age of 3 years, most children will be able to correctly identify their own 'gender label'. The next stage is 'gender stability' and occurs approximately between the age of 3 ½ years to 4 ½ years. This is when a child starts to have some notion of the durability of their gender and will be able to more accurately predict what they will be when they grow up. However, they may still be confused by external characteristics and be unable to correctly identify a man if he is dressed in female clothing. The final stage is 'gender constancy' which occurs between the ages of 4 ½ to 7 years.

By the end of this stage Kohlberg (ibid) contends that it is virtually impossible to change a child's gender identity. Yet, as Zucker et al (2012) comment, robust empirical research to support this contention would need to be undertaken, and it would be ethically unsound to attempt to alter a child's natal gender identity in order to test the hypothesis. Sex role acquisition presumes a linear progression with no scope for regression, and only allows for binary conceptualisations of gender. This is clearly problematic for the group of children on which this research is focused, especially those children who later change their minds and revert back to their biological gender identity.

Gender schematic processing theory builds on Kohlberg's ideas, but suggests that children start to actively learn more about gender as soon as they have a notion of their own sex, rather than once they have achieved gender consistency (Durkin: 1995). Bem (1981) suggests that children formulate gender schemas (cognitive frameworks that help them to organise their thinking about gender) that directly affect information processing and

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behaviour. Two mediating processes are seen as significant to tie in the thinking with the behaviour; firstly 'schema directed memory' (Martin et al: 2002: p911) which enables young children to recall more information about activities that both they and other children of the same-sex enjoy. This then means that they know how to behave in a way that is consistent with the gender norms of their culture. Secondly, children have an innate motivation to seek out information in order to behave in keeping with the gender norms of their culture. However, whilst Bem's theory does allow for cultural variations in expression of gender identity, it presumes a binary heteronormative understanding of gender and sexuality that is not in keeping with modern family constellations. It also presumes that children will, as a result of the information they have gathered, adhere to culturally accepted norms of gendered behaviour. It does not, for example, adequately explain why some girls chose to attend Boy Scouts over Guides, nor why some boys chose to do ballet in the face of considerable ridicule by their peers.

Psychoanalytic theories of gender identity development have largely evolved from Freud's influential theory of psychosexual development. Freud did not specifically elucidate a theory of gender identity development, but instead wrote about the process of identification with external objects (i.e. mother) that later have to be relinquished and when the process of mourning fails, the person internalises the object rather than letting it go (Laufer: 1995). According to Argentieri (2009), it is during this process if "identification-disidentification" (p17) that the person builds up their own gender identity and that of the other, as a "dynamic network of relationships rather than as a rigid structure" (p17).

Whilst now largely ignored by contemporary theorists, Freud understood gender to be a "psychical consequence of the anatomical distinction between the sexes" (1925/1961 cited in Goldner: 2011: p161). Adopting the heteronormative position of his era, he believed gender was formed in discovery of the genitals and that two distinct sexes were necessary for procreation, with the male adopting the active role and the female a passive one. Freud postulated that there are five stages of libidinal or psychosexual

development: oral, anal, phallic, latency and genital. It is during the phallic stage which occurs between the ages of 3 – 5 years old that Freud suggested that a child becomes more aware of their genitalia (Rycroft: 1995) and is subsequently more interested in sexual differences and gender identity. Basing his theory on Sophocles' Oedipus Rex myth, Freud suggested that a young boy originally desires the mother exclusively for himself and becomes intensely jealous of his father who he views as competing for his mother's affections. The oedipal complex is usually resolved by the boy successfully transferring his identification to his father (Feldman: 2005).

Of specific relevance to this research project is the stage of latency which occurs approximately at primary school age, between 5 – 12 years of age or when puberty starts. All of the parents interviewed had children at this stage. Waddell (2002) suggests that latency is a time when "the turbulent passions" of the oedipal complex and infancy start to fade and "the child gathers resources in preparation for the major psycho-sexual changes to come" (p82). Family relationships become less insular as the child starts to explore further afield, creating friendships and social networks of their own. Latency is thus viewed as an important time for a child to regroup emotionally and develop the inner strength and internal capacity to deal with the potentially challenging times that lie ahead during the 'sturm und drang' of adolescence (Hall: 1916), particularly in relation to sexuality and identity formation.

Object-relations theorist Chodorow (1978, 1999) later refined Freud's theory looking at the importance of mothering on the development of identity whilst emphasising "the inextricable interconnectedness and mutual constitution of psyche, society and culture" (px: 1999). Unlike Freud, she views the development of the male identity as more complex as the male child has to move on from their initial primary identification with their mother in order to formulate a separate male identity. This, she contends, involves the male child rejecting their mother, as opposed to identifying with the father. The process of identification with a male figure is also complicated by absent or distant fathers and fathers who work long hours away from the family home. Unlike Freud, Chodorow does not agree that girls reject their mother in favour

of their father. Instead, she contends that they have difficulties in achieving separateness from their mothers due to having been mothered by women. This, Chodorow argues, results in their internalised object-relational structure being more complicated than that of a boy.

Psychoanalytic theories have their detractors, not least due to the difficulty in empirically proving that they are correct. Theories are built through in-depth analysis of single case studies which are arguably highly subjective and influenced by the therapist's own experiences. Although they take into consideration the emotional environment and the impact of trauma, psychoanalytic theories can also be viewed as pathologising as they tend to focus on specific difficulties that individuals are experiencing rather than normative expressions of gender identity.

Sociological Theories

Unlike psychological theories which focus inwards on the individual, sociological theories tend to look outwards and explore the impact of the group or social environment. Sociologists argue that gender is a socially constructed identity in the same way that class, culture and race are (Dominelli: 1991) and it is one of the fundamental ways in which human beings order their lives.   The term 'gender role' is often used to describe how individuals learn to construct and enact socially appropriate behaviour, presuming that gender is a 'situated identity' that can be adapted as the social situation dictates. West and Zimmerman (1987) suggest however that gender is a 'master identity', albeit subject to historical and cultural influences.

Lorber (1994) views gender as "a social institution…a process of creating social statuses for the assignment of rights and responsibilities" (p6). From the moment a child is born, its parents, health-care professionals and society at large set about creating a gendered identity for them through naming, clothing and attribution of gendered personality traits. The notion of childhood can also be viewed as a social construct, and both children and adults are

seen as active participants in the social construction of childhood (Corsaro: 2011). Early socialisation within the family unit sees the child actively subject to, and interacting with, social processes and gendered stereotypes. These are pervasive within families with most familial labels having gendered overtones: mother, father, brother, sister, son, daughter. It is not uncommon to talk about 'mothering' a child, or providing a 'fatherly figure', but such phrases still are imbued with gendered connotations and within Western societies it is unusual to talk of a man 'mothering'. Whilst classic sociologists proposed the notion that families construct gender identities, later interpretations suggest that whilst 'family practices' may reproduce gendered identities over time, the effects of other institutions also need to be taken into consideration (Morgan:1996). Although helpful to understand how gendered identities may evolve in this way, changing social practices now mean that some concepts need to be re-considered. Whilst important to take into consideration the social environment, it is equally essential to allow for the impact on an individual's own self-perception; for example two gay males parenting may identify as undertaking maternal roles, but still situate themselves firmly within a male identity. Additionally, as Craib (1998) suggests, identities are not fixed, they can be both acquired and disregarded and they should be seen more as a 'process' rather than a 'thing'.

One of the paradoxes of a socially constructed identity is that we need to be understood simultaneously as the 'same' in order to be categorised or labelled, and yet in order to be differentiated we also need to be 'unique' (Lawler: 2008). Thus behaviours, rituals and activities are developed and performed in order to be defined as either male or female. For example, the physical process of going to the toilet is virtually the same for males and females. In the domestic environment everyone uses the same bathroom irrespective of gender, but in the public sphere, difference is institutionally emphasised by the provision of separate toilets. From a young age, children are therefore socialised into how to interact with the social environment in order to express binary gender dichotomies (Goffman: 1977). "Doing gender" (West and Zimmerman; 1987) or successfully accomplishing this results in a child being deemed a competent social actor. However, failure to engage in

recognised gendered behaviours can result in social sanctions such as staring, being ignored, ridicule or even violence (Burdge: 2007).

Queer theory emerged as a distinctive field of sociology in order to address the perceived gendered bias of mainstream sociology and explores the notion that individuals do not have fixed identities. Jagose (1996) describes it as developing from a gay and lesbian "reworking of the post-structuralist figuring of identity as a constellation of multiple and unstable positions" (3rd para). Stein and Plummer (1994) identify four central tenets to queer theory: i) divisions along sex and gender lines are problematic; ii) sexual power is omnipresent in social life and emphasised by binary conceptualisations of gender; iii) language and politics need to be deconstructed and challenged through alternative action; iv) areas traditionally seen as excluded from examination should also be explored as part of the "terrain of sexuality" (p134).

Queer theorist Butler (1990) further develops the notion of performing behaviours and refers to 'gender performativity' (p25), the act of repeatedly performing a gender role so that it obscures any contradictions of instabilities in the individual's gender. External appearances are thus adapted in order to marry up with the internal experience of gender identity. The performance of gender also interacts with the performance of other aspects of our social identity such as race, class and disability. Although the term 'performance' suggests that the individual is consciously adopting a role, Butler argues the opposite, that the performance is reality and the individual only becomes 'formed by the doing' (Alsop et al: 2002: p99). Whilst many queer theorists focus on homo-hetero sexual binaries, Butler seeks to remove binary gender categories and rejects the view that gender differences may be a product of either biology or psychology. Instead, she suggests that it is the "epistemic regime of presumptive heterosexuality" (ibid: viii) that determines the binary division into male and female. However, like all sociologically informed thinking, queer theory can be perceived as a call for politically based action which demands a high level of commitment on an individual level if notions of gender are to be subverted in the way proposed by the literature. This lays

the individual exposed and vulnerable to personal attack, whether ideological or physical.

Gender Dysphoria

All of the discussion thus far has been focused on explorations of gender and typical gender identity development and has not yet considered specifically gender dysphoria, the topic of this research project. However, many of the theoretical perspectives outlined above allow for some understanding of the development of atypical gender identity.

As the introduction highlights, the diagnosis, and indeed, very existence of gender identity disorder is extremely contentious (Bartlett et al: 2000) and views as to its aetiology are highly polarising. Due to the emotive nature of gender dysphoria, any explanation as to its aetiology is liable to be problematic and it is easy for individuals to adopt an intractable position in relation to their understanding (Di Ceglie: 2008). Prevailing professional opinion regards causation as complex and multi-factorial (Hembree et al: 2009). Western representations of atypical gender development drawing on personal histories are usually limited to the margins of popular culture. When literary or visual representations of individuals with alternative gender constructions do reach the mainstream, they are often met with outrage and incomprehension. Radclyffe Hall's ground-breaking novel 'The Well of Loneliness' was banned for twenty years from 1928 to 1948 on the grounds of obscenity for depicting a third sex, or 'invert' (Hennegan: 1982). Although Hollywood's 1999 depiction of the true life story of Brandon Teena grossed nearly $12 million at the Box office, and its leading actress Hilary Swank won an Oscar for her performance, it still remains on the margins, and is rarely re-run on the small screen (IMDb: 2011). This lack of visibility and intense stigma surrounding gender dysphoria inevitably presents problems not only for the individual child, but also for their family. Their experience risks being viewed as an exotic condition and many professionals to whom the family may turn for guidance may be equally ignorant about gender identity issues, or conversely hold very strong views about their aetiology. As with theories of

gender, theories about gender dysphoria fall into the same three categories of biological, psychological and sociological explanations, although it is the former two that generally form the basis of any therapeutic interventions offered.

Biological Theories

The DSM IV definition makes it clear that disorders of sexual development, such as congenital adrenal hyperplasia or androgen insensitivity syndrome, are specifically excluded from the diagnostic criteria for gender identity disorder (APA: 1994). Before reaching a diagnosis of gender identity disorder, children are generally subjected to a range of tests, such as chromosome tests and psychological interview, in order to rule out any disorder of sexual development or any physical cause for their gender identity issues. Therefore, biological theories are restricted to explaining the development of gender dysphoria in otherwise healthy individuals. In a study of 314 twins between the ages of 4-17yrs, Coolridge et al (2002) state that the development of a gender identity disorder may be linked more to biological factors than psychological ones and suggest that there is a strong heritable component to the disorder. This is supported by twin study research by Knafo et al (2005) which found a moderate heritability component for boys exhibiting atypical gender behaviour and full heritability with no environmental influence for girls exhibiting gender atypical behaviour.

Also utilising a twin study of over 2,500 Finnish twins, Alanko et al (2010) found evidence for genetic influence on gender atypical behaviour. They suggest that genes may affect gender atypical behaviour either due to their effect on hormonal functions, or because of their influence on another phenotype. However, Alanko et al's study was retrospective in nature and drew on participants' recall of their childhood and parenting and there was no cross-referencing to the views of their parents. Research by Larsson et al (2008) supports Alanko et al's finding that the genetic make-up of a child can cause a negative relationship with the parent, although they also suggests

that atypical or anti-social behaviour could be as a result of a bi-directional process between parent and child.

Leading experts in the field of childhood gender dysphoria, Cohen-Kettnis and Pfäfflin (2003) review a range of clinical and non-clinical studies that explore the relationship between sex hormones and behaviour. Many of the latter studies relate to "experiments by nature" (p12) whereby individuals were inadvertently exposed to atypical hormone levels whilst in the womb. For example, they found that some studies suggest that if a developing female baby is exposed to high levels of androgen-based testosterone in the womb, they are more likely to prefer stereotypical male activities and have higher levels of aggressive behaviour. However, by comparing the findings of both clinical and non-clinical studies, Cohen-Kettnis and Pfäfflin (ibid) conclude that whilst the levels of sex hormones are significant at different stages of development, there is still a role for environmental factors in explaining gendered behaviour.

Whilst biological theories are non-judgemental and do not place any blame on parents, they do enable a clinical diagnosis to be made that in itself can pathologise or stigmatise an individual. A diagnosis thus implicity reinforces gender role conformity (Brooks: 2000) and gender stereotypes in a way that can be perceived as unhelpful by individuals.

Psychological Theories

Psychological explanations traditionally have fallen into three distinct groupings: identity formation, attachment difficulties, and parental, particularly maternal, influence. However, in recent years, alternative conceptualisations have been propounded by psychologists such as Ehrensaft (2007, 2011a, 2011b) that challenge gender identity disorder as a concept and reframe it. Gender variant behaviour is not seen as pathological, but as part of an individual's creative expression of their identity. Drawing on queer theory, Ehrensaft (2011a) suggests that it is unhelpful to view gender as binary, but to

conceptualise it more as being on a spectrum, where behaviour is seen as transcending normative cultural expectations of male and female. She developed the concept of 'gender creativity' which she defines as

"each individual's unique crafting of a gender self that integrates body, brain, mind and psyche, which, in turn is influenced by socialisation and culture, to establish his or her authentic gender identity and expressions" (p343: 2012).

Gender creativity is based on Winnicott's notions of 'true self' and 'false self' (1965) which, although not originally conceived in relation to gender identity, has parallels that Ehrensaft (2012) develops. The 'true' gender self is the authentic gender identity that is there from birth, shaped by the external environment, but essentially driven from within. The 'false' gender identity is the one that an individual adopts in order to adapt to social realities and to protect that 'true' gender self from annihilation.

Briggs (2002) suggests that forming an identity and working out 'me' from 'not me' is at the heart of the adolescent experience. Children may not be able to reconcile aspects of their masculinity/femininity with their socially constructed masculine/feminine identity and this "difference serves as a constant reminder of the painful early experience of impending loss of the "good breast" which for some infants is unbearable" (Tan: 1993 cited in Briggs: ibid: 51). Being different might thus be unbearable for them and result in sustaining a paranoid-schizoid position with regards to their identity. They cannot reach a depressive position of having both masculine and feminine aspects to their personality. In their mind, and in the view of the majority of society, it is girls who play with dolls and experiment with make-up, boys who engage in rough active pursuits and gaming. Therefore, in order to be accepted and continue pursuing activities that they enjoy, children may feel that they need to be the opposite gender.

One of the reasons historically why psychological explanations have proved such an anathema to both transgendered individuals and parents in particular

are in no small part due to the language employed. For example, Stoller (1973) in a paper titled 'The Male Transsexual as 'Experiment' uses words such as "aberration" and "perversion", which renders his work unpalatable to many readers. Some explanations also stigmatise and pathologise parents, and treatments suggested as a result can, at best, alienate families, and, at worst, increase the risk of suicide in the young person (Hill et al: 2010). Orthodox psychoanalytic explanations also tend to reject any notion that gender nonconformity may be a healthy expression of identity as opposed to a pathological condition shaped by a dysfunctional upbringing (Ehrensaft: 2011a).

Writing in the early years of research into gender identity issues, Stoller (1975) did not see gender dysphoria in boys as being 'caused' by trauma, rather he saw it as the result of a combination of factors, namely i) a bisexual mother, ii) an absent or distant father who allows an overly enmeshed relationship between mother and son, iii) a long period of sustained over-closeness between mother and son, and iv) an especial physical attractiveness in the son (p55). Similarly, Zucker and Bradley (1995) noted that marital problems and, in particular, maternal difficulties in regulating affect had a strong correlation with gender dysphoria.

However, this traditional diagnostic discourse incorporating histories of trauma and constructions of non-conformity, disordered and atypical gendered behaviour in so-called 'girlyboys' has been challenged by theorists such as Corbett (2009). He suggests that discourses built on trauma also incorporate "unquestioned beliefs about masculinity" (p353) and as such are out of kilter with modern times. Corbett argues that displays of femininity should not be decried as a symptom and that the very notion of masculinity should be explored further and not used as a binary diagnostic tool with which clinicians can seek to regulate 'masculine expressivity' (ibid: p366).

As described earlier (p21), Freud's conceptualisation of the acquisition of sexual or gender identity being linked to the primary relationship with the mother is often drawn on by psychoanalytic writers seeking to explain the

development of gender identity disorder. The process of identification-disidentification with the primary identification with the mother and the extent to which it has become arrested or confused forms the backdrop to most psychoanalytic discussions of gender dysphoria (Argentieri: 2009). For example, in a clinical paper Tyson (1982) describes gender dysphoria in boys as a failure to dis-identify with their mother; in other words a failure to resolve the oedipal complex. For girls, Di Ceglie (1998) observed that where a girl perceives her mother as weak and vulnerable "a masculine identification with physical masculine characteristics becomes the solution to enable psychic survival" (p19). Such formulations again draw heavily on binary constructions of gender and do not take into consideration the fact that transgender subjectivities are both complex and paradoxical: as Goldner (2011) phrases it "they both undermine the gender binary and ratify it" (p159).

Drawing on Bowlby's (1973) attachment theory (see later discussion), Coates and Person (1985) found that 60% of boys identified with gender dysphoria could also be diagnosed with separation anxiety disorder. Zucker and Bradley (1995) also found that most children with gender dysphoria have insecure attachments and develop gender dysphoria in order to reduce their anxiety. Research has additionally suggested that mothers of children with gender dysphoria are more likely to suffer with depression and/or borderline personality disorder themselves and to behave in ways that might trigger separation anxiety in their child (Coates et al: 1991; Marantz and Coates: 1991). As a result of the separation anxiety, a male child may over-identify with his mother and thus develop a female gender identity in order to guard against future losses of any maternal figures in his life. Indeed, in a clinical audit of cases seen by GIDS, 42% of children had experienced the loss of one or both parents and over 26% had spent some time in local Authority care (Di Ceglie et al: 2002).

However, as the preceding discussion has highlighted, it is difficult to isolate environmental from emotional aspects when considering the complex bi-directional processes that are at play within families. Saketopoulou (2011) attempts to redress the gap in psychoanalytic writing about gender identity

issues by adopting an approach that allows for thinking about the interface between gender and other identities such as class and race. She argues that both class and race 'inflect masculine femininities' (p192) and proposes that gender itself can be a way of expressing psychic distress.

Given the limited clinical population of children with gender identity issues, there are equally limited research findings. However, it is important to bear in mind that there are considerable differences in cultural and environmental factors for families seen in either North America or Europe. For example, writing from a North American context, Zucker and Bradley (1995) found that most of the children seen in their Toronto clinic came from higher social classes and were from 'intact' families which counters Di Ceglie et al's (2002) later UK findings. Furthermore, all of the children who were considered in the above research projects were part of clinical populations and thus more likely to have additional difficulties. As Schwartz (2012) points out, each clinic or research group tends to have its own formulation about the possible aetiology of gender identity issues and this informs treatment offered. Parents are thus unlikely to approach a particular clinic for help unless they are persuaded about their treatment modalities and thus there may be some bias in the presentation of children to specific clinics.

Sociological Theories

The psychological discourses examined above sit squarely within a Western Eurocentric paradigm that sees gender as a binary concept (Wiseman and Davidson: 2011). However, other world views dating back centuries are far more inclusive and accepting of individuals with atypical gender identities which suggests that gender identity disorder can be seen as a social construct of Western society.

Towle and Morgan (2006) describe the Hijiras of South Asia, biological males who may or may not have disorders of sexual development, but express

female gender identities and are often viewed within their communities unproblematically as a third sex.   Prior to the arrival of the White settlers in America, Native American Indian cultures included Berdaches as accepted gender statuses.   Berdarches could either be male-to-female or female-to-male individuals who participated fully in community life, being able to marry and raise children within a variety of different family groups.   Their physiological make-up was less relevant than their performance of a social role, and it has been suggested that the reason for their acceptance within their community was due to a lack of hierarchical structures.   Traditional male and female roles were valued equally and thus there was no perceived threat to a dominant gender culture from the Berdarche (Blackwood: 2002). Similarly in Samoa, there is a well-understood concept of fa'afafine dating back to times when families had too many boys and needed more girls to help out with female duties.   Biologically male children were raised as females, and whilst the practice is no longer driven by the need for more female members of the community, fa'afafines are still a recognised group in Samoan society (Schmidt: 2001).

None of the above groups are marginalised by their community as pathological individuals, nor are they viewed or 'treated' as either ill or psychologically disturbed.   As Vanderburgh (2009) points out, gender variance can be seen as a cultural construct whereby behaviour is often understood differently by local and distant communities through lenses tinted by geographical, practical and temporal constraints.   Yet, whilst it is helpful to understand such cultural anomalies, understanding alone is not enough to help individuals and their families to manage their lived realities of stigma and oppression due to their different expression of gender.

The Child's Perspective

To date, other than blog accounts or autobiographies, the voice of the young service user is largely absent from the literature on gender dysphoria or transgenderism.   The internet is a rich source of first-person material about their experience, and in recent times, there have been a number of highly

acclaimed documentaries and films about individuals who are transgendered (e.g. The Brandon Teena Story: 1998; Ma Vie en Rose: 1997). Accounts by transgendered authors tend to be published as autobiographies rather than in peer-reviewed journal articles (e.g. Bond: 2011; Drummond: 2012). Research papers have a tendency to centre on clinical vignettes and the experience of the child or young person is often only presented alongside in-depth interpretation by the non-transgendered author (see for example Gaffney and Reyes: 1999; Di Ceglie: 2009a) This is perhaps not surprising given both the ethical dilemmas involved in interviewing young people and children expressing gender identity issues, and the comparatively recent research attention given to hearing the voice of the service user.

Mermaids, a charity working with families and young people with gender dysphoria, attempts to fill this void by publishing two collections of poems and short prose by young people experiencing gender identity issues (Mermaids: 2001, 2010). The anthologies portray in the young people's own words how it feels to have gender dysphoria, and whilst the age range of the authors is from 7yrs to 20yrs, the themes are strikingly similar: lack of understanding, confusion, bullying and despair. Jake's (aged 9) writing is typical of the feelings expressed:

> "*The mind is more important than the body, you'd be dead without a mind, and in the mind I am a boy and if the mind is more important than the body, I am a boy.*" (Mermaids: 2010: p6)

Steensma et al (2010) conducted a qualitative research study with 25 adolescents between the ages of 14 – 18 years old who met the DSM IV diagnostic criteria for Gender Identity Disorder in Childhood in order to learn more about the young person's experience and perception of childhood gender identity. The sample included both young people who had persisted, and those who had desisted in experiencing gender dysphoria. The study found that the period between the ages of 10 – 13yrs was viewed by the young people as the most crucial time in their development for three reasons. Firstly, the young person's social environment changes and the social gap

between boys and girls increases. Secondly, the onset of puberty was considered to cause a change in feelings towards the developing body, and finally the experience of falling in love and forming romantic attachments triggered questioning both of cross-gender identification and sexual orientation. The researchers also found that a number of the biological girls, who had lived in role as boys in their earlier childhood, had found it extremely difficult to return to living as girls in their adolescence. This was due to feeling shame about their previous tomboyish appearance and worrying about what other people, especially their peer group, would think about their shifting gender identity.

Grossman et al (2005) interviewed fifty-five transgendered young people aged between 15 – 21 years old in order to explore the reactions of parents to their child's gender dysphoria. Out of the sample, over half of the group had not disclosed their transgender identity to their father, whereas over three-quarters had disclosed to their mothers. The researchers found that the fathers who had been informed were more likely than the mothers to react negatively to their child's gender nonconformity, and the more extreme the nonconformity, the more likely the young person was to be verbally and physically abused by their parents. Whilst the research did represent the voice of a small sample of young people, it relied on self-report and was not cross-compared with parental responses

Parenting

Whilst this research is about hearing the voice of the parent and their views on what it means to have a child with gender dysphoria, it is also about their views on parenting and how having a child with gender dysphoria impacts on this. Therefore, it is important to be aware of contemporary discourses on parenting that may be influencing them.

Parenting theories

Winnicott (1964) once famously commented that "there is no such thing as a baby. . . . A baby cannot exist alone, but is essentially part of a relationship" (p88). The 'first relationship' is usually considered to be with the mother (Stern: 2002), but the father also has a key part to play in parenting, whether as a supportive, silent or absent partner. Arguably the role of the parent at its most primitive level is to ensure the survival of their offspring. However, the way that parenting and parent-child relationships are thought about has changed throughout history and is very much a product of time and culture. Harden (2005a) suggests Westernised societies' current focus on individualism has led to contemporary parenting being a largely "privatised activity" (p208), intended to create a well-adjusted and socialised child as the end product. This 'end product' is then judged in private by both the parents and their peer group, and in public by external organisations such as schools. From originally being seen as empty vessels waiting to be filled with parent-directed knowledge, children are now seen as active learners with a "bidirectional and interdependent" dynamic relationship with their parents (Holden: 1997: p7).

Although the research question addressed in this study is about the perspective of parents per se, it is also important to consider the gendered aspects to parenting as much of the literature tends to be biased towards mothering. Parents' conceptualisations of their own masculinity or femininity, whether socially constructed or psychologically internalised will inevitably have an impact on how they father or mother their child, and how the co-parent project works out. A father's parenting may be influenced by his own experience of being fathered, cultural and media representations of fathering, and his sense of his own masculinity in the same way that a mother may also be influenced. Both mothers and fathers are commonly understood to have unique contributions to make in the development of their child, whether it be by gender role modelling, boundary setting, nurturing or playing (Berk: 2010). However, some theorists believe that neither mother nor father are essential

for raising a child successfully (e.g. Silverstein and Auerbach: 1999), maintaining that it is the tasks that the parent undertakes that is more important than their gendered role.

Psychodynamic theories can help to understand the role of parents. Whilst not specifically a theory of parenting, attachment theory evolved from an interest in ethology and was developed by Bowlby (1969; 1973; 1980) and his colleagues in order to explain patterns of behaviour that children develop in order to feel safe and secure with their primary caregivers. These patterns of behaviour can then go on to affect their adult relationships and, indeed their relationships with their own children. The parental role in shaping this attachment behaviour is therefore crucial. Key concepts of attachment behaviour include mind-mindedness and internal working models. Mind-mindedness refers to the main caregivers ability to be in tune with the child, in other words to be able to 'keep them in mind' (Meins et al: 2012). This sense of being kept in mind can help to promote secure attachments in babies and young children. An internal working model refers to an individual's sense of themselves as it is developed through interactions with others. Internal working models are composed of beliefs, goals, and strategies that together provide a framework that helps to define a person's identity (Schofield and Beek: 2006).

The emotional climate in which a child grows is therefore seen as central to their emotional development. Hertzmann (2012) suggests that the marital relationship can act as a "benign receptacle or container" (p21) where both partners can hold onto positive experiences and draw on them as assets in times of challenge. Ideally, the parental couple will be able to contain and support both each other, and their child and support the child's growing separate identity. This is achieved through the parents successfully containing their own anxieties and uncertainties within the parental couple, enabling them to be "'continent and cognizant' of [their] own infantile feelings" (Waddell: 2002: p133). The child then develops the capacity to internalise this adult parental function, and is allowed the opportunity to learn and develop through their own experience, rather than via the projections of their parents. If the parental couple are struggling within their own relationship and this is

not functioning well, inevitably there will be knock-on effects to the next generation, the product of the relationship (Schultz et al: 2009).

The parent however, is clearly not the only influence on the way that a child learns and develops. Bronfenbrenner (1979) developed an ecological theory of human development which rejects stage models of development in favour of a life course approach. The influence of various environmental factors on an individual are taken into consideration, as well as biological and cultural influences. He proposed that "human development is a function of interrelationships of person, physical environment, process and time" (Forte: 2997: p135). With its emphasis on different interacting 'systems', Bronfenbrenner's theory sits well with psychodynamic theory in that it also seeks to understand the interface between internal and external worlds (Preston-Shoot and Agass: 1990).

Expanding on Bronfenbrenner's theory, Carter and McGoldrick (1999) move beyond notions of parenting to describe the family as a complex system, part of a much broader and extended societal project. The individual is seen as being at the centre of a dynamic and constantly evolving system involving family, community and socio-politics. They identify the family utilising the 'Family Life Cycle', a dynamic system "framed by the formative course of [its] past, the present tasks it is trying to master, and the future to which it aspires" (p1). This explores the family looking at the changing roles and tasks that a family will experience, including the initial combining of two individuals to form a new marital system, and the re-adjustment of this system subsequently to make room for children. By seeing the individual parents as part of a system, Carter and McGoldrick allow for the impact of different transition points or crises on each member of the system. Emphasising the iterative process of inter-relations between the various levels of the system, Carter and McGoldrick (ibid) highlight the vertical stressors such as homophobia and sexism that can impact families on a societal level, and genetic make-up that can have a more immediate impact on the individual level. Of specific relevance to this research topic is the emphasis that the Family Life Cycle places on the impact of social stereotypes and expectations on a family

system, as well as historical familial patterns of inter-relating over the generations. Although the theory is not backed with empirical evidence and draws largely on the anecdotal practice experience of the authors, the Family Life Cycle can usefully be used to understand the complex dynamics at play for parents within their psychosocial context.

Despite the relative affluence, technological and medical advances of contemporary society, successful parenting (whatever that may be) is still no mean feat to achieve. Hoghughi (2004) points to a number of modern-day social challenges to parenting within the exo- and macrosystems. These include the greater tendency towards newly constituted families, women going outside of the home to work, greater influence of peers, media and society relative to that of parents, and increasing uncertainty about appropriate ways to discipline and maintain boundaries for young people. All of this is irrespective of, and in addition to, responding to a child's expression of gender dysphoria.

Parenting a child with gender dysphoria

Not unsurprisingly the impact of gender dysphoria can have wider ramifications not just for the child, but also for their siblings and family (Israel: 2004). The family may be shunned by the extended family or their friends, and the sibling may also get bullied due to their gender non-conforming sibling. Parents may also struggle themselves to come to terms with their child's gender identity and may ignore the child's distress and persist in thinking that it is 'just a phase' that the child will grow out of (Dearden: 2009; Möller et al: 2009).

As previously stated, whilst research into childhood gender disorder is limited, research into contemporaneous parenting of a child with gender variance is even more limited. Research by Kennedy and Hellen (2010) suggests that up to two-thirds of young people with gender dysphoria do not disclose their feelings until after the age of 18yrs. Even then, they do not necessarily tell

their parent as research by Grossman et al (2005) corroborates. Thus, the parents of pre-pubescent children who do actually come in to contact with professionals are likely to be even more of a minority population.

However, there is a small body of writing and theorising about parenting a transgendered child that has emerged in recent times drawn from clinical experience. Whilst initially conceived in relation to coping with the emergence of a transgendered spouse, Lev (2004) draws on Kübler-Ross' concept of the grieving process to explain how families process the disclosure of a transgendered child's identity. Based on clinical experience and using a life-cycle framework for the whole family system, Lev identifies four stages that parents and family members go through:

1. *Discovery and Disclosure* – even when this is anticipated, the realisation of a child's gender dysphoria can be extremely traumatic for the family;

2. *Turmoil* – a time of chaos and upheaval in the family as they struggle to come to terms with the reality of their child's difficulties;

3. *Negotiation* – a period of adjustment and compromise, working out what is and is not acceptable within the private and public spheres;

4. *Finding Balance* – the ending of the internal family secret and the resolution of the initial turmoil (p281).

Zamboni (2006) further suggests an additional initial stage of 'latency' which reflects the fact that many families are partially aware of their child's gender dysphoria without openly acknowledging it. Whilst this model does not have to be progressed along in a linear fashion, it does not allow for any future stages. This suggests that the process of grieving is complete, once the initial turmoil is resolved.

Writing from a sociological stand-point, Malpas (2011) describes a series of tasks that a parent of a gender non-conforming child has to undertake. A key parental task identified is enabling the child to negotiate the "rigid gender binary imported from familial, social, and cultural experiences" (p468). Additionally parents needed to work out how to position themselves at the 'intersection' of two conflicting parental tasks, namely how to nurture their child's confidence and developing personal identity, whilst also enabling them to adapt to the reality of their heavily engendered social environment. The parent crucially also needs to negotiate the balance of being flexible about the possible outcome of the child's gender in the future whilst also being supportive of their "current embodiment" (p454). Gendered behaviours can also become stereotyped with families responding in gendered ways to gender variant behaviour. Malpas (ibid) found that fathers in a therapeutic group for parents of gender variant children tended to express more concerns about protecting and ensuring the safety of their children. Mothers were more likely to express concerns around nurturing and acceptance. However, when their views were held up to scrutiny by the group, mothers and fathers were also able to acknowledge their gender stereotypes.

Akin to the paucity of research focusing on the child's perspective, there is little in the academic literature focusing on the voice of the parent. Papers focus on clinical vignettes, and interpretation and discussion stems from the clinician working with the family. For example, Lesser (1999) explores the impact on a mother of her son undergoing gender reassignment in his mid-thirties. Drawing on material from counselling sessions with the mother, Lesser explores the feelings of shame, isolation and low self-esteem that one particular parent felt after her adult child disclosed that he was about to have sex reassignment surgery. In a similar vein, writing about her work with families, Rosenberg (2002) considers a number of tasks that are helpful for parents of transgendered children to complete. These include working through feelings of disappointment on the part of the parents, both for having an overly femininised son/masculated daughter contrary to their expectations, and also for having a child who is the object of bullying and misunderstanding. She suggests that part of the professional task in working

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with such families is to help parents create an accepting and nurturing environment for their child. This can involve role playing how to interact with schools, extended families and communities.

Ehrensaft (2007), herself a mother of a gay adult child who exhibited gender atypical behaviour in childhood, draws on both personal and clinical observations to categorise parents as either 'facilitative' or 'obstructive' (p273) in their nurturance of a child's gender identity. Facilitative parents are differentiated from obstructive parents by their ability to navigate the challenges posed by both the external demands of society and the internal needs of their child. She suggests that rather than 'shaping' cross-gender behaviour, parents are 'presented' with it from as young an age as two years old (p280). Thus the part that they subsequently play is that of responding to the behaviour and aiding or abetting their child's healthy gender identity development.

In later work Ehrensaft (2011b) suggests that families could additionally schematically be categorised into three different types: 'transformers', 'transphobic', and 'transporting'. She points out that the child shapes the parents as well as the parents shaping the child in a transformative process. 'Transforming' parents are those who are comfortable in their own gender identity, and are strongly enough bonded to their child in order to cope and manage the challenges of the transformative journey that their child needs to go on. Whilst they may have had transphobic feelings initially, they are able to overcome them in order to offer support and advocacy for their child (p12). 'Transphobic' parents are those who are less secure in their own gender identity and may experience the child as an extension of themselves, and thus may be prone to scapegoating. They may never have transitioned successfully from adolescence themselves and thus be unable to step up to some of the demands of parenthood, especially parenting a child with gender dysphoria (p15). Finally 'transporting' parents are those who to all extents and purposes have embraced their transgendered child, yet still struggle internally to fully accept it. Such parents go at breakneck speed on the journey towards full transition with their child without exploring some of the

more difficult issues that need to be addressed (p17). Ehrensaft's theorising is presented in an accessible format devoid of clinical jargon so as to be useful to the communities with whom she works. The voice of the parent is omnipresent in her work, but there is a paucity of empirical data and a lack of transparency with regards to the research methodology.

Drawing on a similar USA based research population, Hill and Menvielle (2009) undertook a qualitative study based on empirical research of forty-two parents. They examined the gender beliefs of parents and the challenges that they experienced in parenting their child.   The children concerned were aged between 4 – 17 ½ years old and were all diagnosed with gender identity disorder. Although nearly half of the parents telephone-interviewed reported unconditional acceptance of their child's gender identity, twenty-five admitted to "policing gender choices" (p255). This included encouraging stereotypical gender behaviour and discouraging cross-gender behaviour.   However, all parents who admitted to the latter concluded that it was unhelpful and had a negative effect on their child, often resulting in extremely distressing behaviour. One of the major concerns expressed by the interviewed parents was for the future happiness of their child, alongside fears about them being a target for both emotional and physical violence. In keeping with other research studies exploring parental attitudes to the emergent sexuality of their child, one parent cited summed up the different levels of acceptance:

> "*You can wrap your brain around just being a normal boy. You can wrap your brain around a gay male. But, transgender issues are just kind of the next level*" (p262).

Although this study has the largest sample of parents, it does represent the views of parents of both pre- and post-pubescent children, who arguably present with very different issues. Additionally, the methodology of using telephone interviewing does have some drawbacks in that the interviews were unlikely to have been very in-depth as research suggests that it is difficult to sustain a telephone interview for longer than twenty minutes (Frey: 2004).

There are two UK studies that draw on the first-hand experience of parenting adolescents with gender dysphoria. In 2002 Wren wrote a provocatively titled paper '*I can accept that my child is transsexual but if I ever see him in a dress I'll hit him*': *dilemmas in parenting a transgendered adolescent'*. Members of eleven families seen by GIDS were interviewed for a doctoral research study which took a systemic view of the impact of gender dysphoria on a family. One theme that arose was the difficulty in 'naming' the problem, and parents were more comfortable in discussing gender-related issues rather than physical issues such as sex reassignment surgery with both their child, and the researcher. An iterative process of making sense of the gender dysphoria and acceptance/non-acceptance was another key theme that emerged. Wren found that parents who were likely to be more accepting tended to be more actively engaged in generating support strategies such as attending parental support groups, challenging stigma and actively listening to their child's concerns. Parents who were less accepting tended to be more passive in their approach and adopted strategies that were focused on trying to both ignore the gender dysphoria, and restore "the lost status quo" (p390). Additionally, most of the parents did not recognise their child's gender identity issues prior to puberty.

Coulter (2010) similarly undertook a small-scale qualitative doctoral research study into the views of parents with adolescent children using a sample of twelve parents known to GIDS.   Drawing on the framework of the family life cycle (Carter and McGoldrick: 1999) discussed earlier, Coulter found that parents struggled with the complexities of navigating both people and systems throughout their transgender 'journey' in order to try and maintain stability for their family. Over the course of their journey, parents learned how to manage and cope with the stress that having a transgendered child could cause to the family. In the earlier stages of the child's gender dysphoria, parents reported feeling stressed about most situations. However, they later learned to 'pace' themselves and evaluate each situation as it arose for its potential seriousness. Many of the parents also spoke of feeling isolated from both family and friends and disappointed that they could not draw on them more for emotional support. A key issue that emerged was the difficulty in separating

how whether challenges that arose were due to parenting an adolescent *per se* versus those due to parenting a transgendered teen.   Whilst Coulter utilised a similar research protocol to this study, due to the grounded theory design of the research some of the research aims did not end up being met, or at least reported in the final discussion.   For example, although parents were asked about their perceptions of their child's gender dysphoria, this did not emerge as a key theme in the data analysis.

Both Wren (ibid) and Coulter (ibid) rely on clinical populations for their sampling, thus potentially influencing the outcome of the research in that only families who had initially self-identified as needing support would come in to contact with GIDS.   Additionally both studies surveyed older children and their parents and thus inevitably some of the data collected was tinged with retrospection, or what Stockton refers to as "the backward birth" of the queer child (2009: p6).   Some of the children also developed gender identity issues in their adolescence which meant that their parents faced slightly different issues to those of parents with a pre-pubescent child.   For example, some families only approach GIDS because they are aware that hormone blockers may be prescribed for their pubescent child.

In an attempt to redress the bias of clinical populations Riley et al (2011) surveyed self-identified parents of gender variant children in order to explore their views of what they and their family needed in order to provide them with appropriate support.   Using an internet-based survey, thirty-one parents from the UK, USA, Canada and Australia responded to a mixture of qualitative and quantitative questions.   Extensive quotes from parents of pre-pubescent children are cited, and a number of areas of need for the families were identified.   These include easier access to accurate information about gender variance, both for parents, their immediate network, and the wider public.   Access to suitable emotional and medical support is also cited, both for themselves and their child.   Although a number of the quotes included indicate that many respondents were in contact with specialist gender identity clinics, some parents indicated dissatisfaction with services on offer.   This included complaints about hormonal intervention to prevent the onset of puberty being

withheld.   On a more macro-level, parents also indicated the need for greater socio-political awareness and legislative support for the ongoing challenges that their families negotiated on a daily basis. Whilst the research does 'hear' the voice of the parent, the presentation of the parents' views tends to be somewhat descriptive and there is little critical evaluation of the findings. Due to issues with the methodology it is also difficult to get an overview of contemporary parental views of pre-pubescent children with a clear diagnosis of gender identity dysphoria.

Current UK Policy and Practice

At the time of writing services to children with gender identity issues and their families in the UK are offered by GIDS which is a national service situated within the Tavistock and Portman NHS Trust. All of the families involved in this research project were current users of the service. GIDS offers inter-disciplinary assessment, ongoing support, therapeutic intervention and liaison with other agencies (Carmichael and Davidson: 2009). The NHS itself has not published any guidance on managing gender dysphoria, although does have web-based advice pages available via NHS Choices (NHS: 2011a).   Policy guidance is however offered by the Royal College of Psychiatrists (1998) and the British Society for Paediatric Endocrinology and Diabetes (BSPED: 2009). These guidelines, along with the World Professional Association for Transgender Health Standards of Care (WPATH: 2011) underpin practice at GIDS.

Therapeutic interventions, whether psychological or physical, for children with gender identity issues are highly controversial. Jeffreys (2012) even suggests that they should be viewed as "a contemporary form of eugenics practice" (p384) due to the fact that gender becomes socially engineered due to the child engaging in practices that are considered socially deviant. She goes on to argue that the movement towards promoting physical interventions has been largely driven by adult males projecting their own experiences and desires onto gender variant children.

Currently therapeutic interventions with pre-pubescent children experiencing gender dysphoria in the UK can only be psycho-social in nature. Physical interventions such as hormonal treatment can only be offered from the age of 12 years to those adolescents who meet the stringent eligibility criteria (NHS: 2011b). GIDS work to a set of therapeutic guidelines devised by Di Ceglie (1998: p187):

1. To foster recognition and non-judgemental acceptance of the gender identity problem.

2. To ameliorate associated emotional, behavioural, and relationship difficulties.

3. To break the cycle of secrecy.

4. To activate interest and curiosity by exploring impediments to them.

5. To encourage exploration of mind-body relationship by promoting close collaboration amongst professionals with a different focus in their work, including a paediatric endocrinologist.

6. To allow mourning processes to occur.

7. To enable capacity for symbol formation and symbolic thinking.

8. To promote separation and differentiation.

9. To enable the child/adolescent and the family to tolerate uncertainty in the area of gender identity development.

10. To sustain hope.

Parental Support

As the above therapeutic guidelines suggest, therapeutic work with a young child with a gender identity issue is often synonymous with family work. Although it is often the parent(s) who instigate the initial referral of their child via either CAMHS or Social Services, they too may need help to work through how they feel about their child's gender identity issues. Having a child with

gender dysphoria can be extremely stressful for the whole family system, and may even result in family breakdown, either of the parental couple, or of the whole family. As Malpas (2011) states, parents often seek support when they feel that they can no longer manage their child's gender non-conformity on their own, or are finding the experience distressing.

Parents may additionally seek help in their own right or contact a local or national family support network. The charity Mermaids specifically offers self-help support to both parents and children "through the difficulties and trauma that gender issues commonly bring to families" (Mermaids: 2011). Some of the parents involved in this study were in regular contact with other families via the support networks provided by Mermaids, and where appropriate this is indicated in the individual case studies. Like many professionals involved in the care of children with gender identity issues, Mermaids does not take an uncritical position on gender dysphoria. As might be expected from a self-help group, a myriad of perspectives are offered, and these can influence the perspectives of newcomers to the organisation. The Mermaids website (www.mermaidsuk.org.uk) recently featured a blog on its homepage about the suicide of a young trans-person and advocated early intervention with hormone blockers. Whilst this has since been removed, it does highlight the range of influences to which a parent is subject.

As can be gathered from the preceding discussion, there are multiple competing and often conflicting perspectives on gender identity development. These all influence research design and findings and can often foreclose thinking in this highly contentious and politicised area. By remaining open to all of the perspectives, this study addresses some of the limitations of the extant literature. The next chapter will illustrate how the gaps identified in the current research literature have been addressed in my methodology, and will outline both the rationale for, and the implementation of my research study.

Methodology

This chapter describes the qualitative research strategy employed in order to explore the attitudes of parents towards their child with gender dysphoria. The main aim of the research was to discover more about the experience of parenting a pre-pubescent child with gender dysphoria, and thus, a flexible research design employing 'bricolage' (Denzin & Lincoln: 2000: p3) was devised as being the most appropriate in order to gather the sensitive data. Denzin & Lincoln (ibid) offer a conceptualisation of a qualitative researcher as 'bricoleur' or quilt-maker. As mentioned in the Literature Review being a 'bricoleur' allows the researcher to knit together contrasting theoretical perspectives. It also allows for the use of the most appropriate research strategies and methods that are available, and perhaps more significantly allows new tools or techniques to be invented if required. The 'bricolage' method is an "emergent construction" (Weinstein & Weinstein: 1991) that is able to change and respond flexibly without having to be proscribed in advance. It thus sits well with both the principles of psychosocial research and the exploration of a hidden highly emotional aspect of human experience that few researchers have previously examined.

The research question that I initially chose to use was 'How does having a child with gender identity issues influence parenting?' This later evolved to reflect my understanding that parenting is a reciprocal process and children are not passive partners in this. I then devised the question 'How might parents of pre-pubescent children with gender identity issues understand their experience?' in order to reflect this shift in my thinking.

The question was intended to elicit parental experience in three broad areas:

- Parents' experience of, and how they ascribe meaning to, having a child or young person with gender identity issues;

- Parents' experience of how this impacts on parenting;

- How parents manage these issues.

Psychosocial research

My research follows in the tradition of psychosocial research that is mindful of the role of the unconscious in the construction of research data, and considers "the unconscious communications, dynamics and defences that exist in the research environment" (Clarke & Hoggett: 2009: p2). It rejects the positivist paradigm that sees the researcher as the 'expert' and thus, objective in their collection and interpretation of data (Bryman: 2008). My epistemological stance is thus that of 'not knowing', but I draw on psychoanalytic understanding in order to try and explore 'beneath the surface' (Clarke & Hoggett: 2009) of the research interview.

Through my studies at the Tavistock, I have become familiar with psychodynamic constructs such as transference, counter-transference and the paranoid-schizoid ⟷ depressive position and it would be impossible to divorce this understanding from my own exploration and analysis of the data. Transference can be defined as the process by which individuals displace feelings and ideas that derive from previous figures in their life onto others such as professionals, or indeed researchers (Rycroft: 1995: p185). Awareness of this and counter-transference where difficult transferred feelings can be felt as if one's own, are key to psychosocial research and underpin the process of trying to understand the research interview.

Klein's notion of both paranoid-schizoid and depressive positions is also helpful to keep in mind when unpicking narratives. Klein contended that in the early stages of life, it is important for the developing individual that good and bad are kept separate. This enables the young infant to be able to distinguish between positive and negative experiences and thus develop the ability to trust. Klein named this the "paranoid-schizoid position" (Segal: 1992: p33).

The infant will go on to develop an understanding that sometimes good things can be bad e.g. the mother may not always respond to their demands for food. The infant will thus hopefully learn to be able to integrate their experiences more fully and this is what Klein termed the "depressive position" (ibid: p38). A retreat to the paranoid-schizoid position will often occur in adulthood as well as childhood during times of stress or threat, and can often be acted out when faced with uncertainty. An understanding of this concept can be used to speculate about hidden experiences which parents may not openly voice.

Debates are ongoing as to what constitutes psychosocial research (see for example Frosh & Baraister: 2008; Hollway: 2008) and I have drawn significantly on the ideas of Hollway and Jefferson (2000) in this study. Their work recognises that anxieties exist in the research process, both for researcher and participant and they outline a qualitative methodology that is informed by psychoanalytic practices such as free association. Their method, coupled with grounded theory methods (see later discussion), allows for sufficient 'scientific' or academic rigour, whilst allowing for creativity and thinking in depth about the nature of truth and reality for both the research participants and myself. I also contend that psychosocial research methods are ideally suited for exploring often painful and difficult personal experience.

Hunt suggests that the choice of research area, let alone the interview questions, reveals an "inner dynamic" (p29: 1989) and thus, it is important to acknowledge and be constantly aware of one's own position in relation to the research. This is one of the strengths of psychosocial research as it encourages reflexivity in and on the research process and views the subjective experience as an advantage rather than a drawback. As set out in the introduction, my position is that of a white, middle class, hetero-normative female parent with no conscious personal links with anyone with gender dysphoria other than my clinical experience at GIDS in 2009. Hunt's suggestion stayed with me throughout the research process as I constantly questioned why I was doing the research, what my conscious and perhaps unconscious motivations were for undertaking this particular project. After

considerable reflection, I wonder whether part of my motivation for undertaking this particular research was in part due to the fact that during my placement at GIDS, I was undergoing IVF treatment. This meant that I was taking the same hormone medication as some of the young people with whom I was working. Unlike the parents of children with gender dysphoria, I only had to make the life-changing decision to take hormones for myself, not on behalf of a minor. The temptation to tell families what it felt like to take the medication every day was very great, and undoubtedly my own personal experience of hormone blocking treatment meant that I could relate in some way to a part of the young people's journey. It also meant that I too was confronting aspects of my own (in)fertility which individuals with gender identity issues are forced to do prematurely, as they have to make decisions about whether to freeze eggs or sperm in order to have biological children of their own in the future. It also meant that my own child, conceived with the aid of IVF and medical intervention is doubly precious to me, and I am acutely aware of the responsibility I have for raising him.

As the research progressed I felt myself becoming more identified with the parents as I tried to stay close to their experiences of being parents and resisted applying any interpretation to their experience that might be perceived as pejorative or pathologising. These feelings were uncomfortable, but part of the research process, and as such, formed rich material in itself for discussion and consideration with both my supervisory team, and my research discussion group and will be considered in more depth in the Discussion section.

Research Design

Given the under-researched and invisible nature of the subject material, the research design was deliberately conceived as flexible and evolved over the course of the initial conceptualisation and data collection phase of the project. The advantages of using a flexible research design were that it allowed me to have an evolving design, utilise my own experience as part of the data collection method, and focus the research on hearing the voice of the parent

participants (Cresswell: 1998 cited in Robson: 2002). As there is relatively little research into the experiences of the parent of a pre-pubescent child with gender identity issues, it was not clear what the research findings would be. Brannen (1998) also suggests that for participants who may not have an easily accessible vocabulary to express themselves due to the emotionally sensitive nature of the research, it is also important to allow the research topic to "emerge gradually on its own terms" (p553).

Initially the study was intended to draw on grounded theory and psychosocial methods as I felt that this would enable me to gather rich data that captured the complexities of the parent's experience as well as offering transparency in my analysis. Originally devised by Glaser and Strauss, grounded theory is "the discovery of theory from data systematically obtained from social research" (p2: 1967). The data is codified and categories and themes are generated through close reading of the data over and over again. Initial research interviews may be analysed before continuing with the rest of the sample in order to see if there are any emergent themes that need to be incorporated into the interview schedule and the process continues until saturation occurs (Bryman: 2008). This iterative approach, known as the "constant comparison method" (ibid: p542) attempts to ensure that any emergent themes come from the data, rather than from pre-conceived ideas or hypotheses. I chose to adopt a modified constructivist version of grounded theory method developed by Charmaz (2001). This not only views data as co-constructed by the researcher and research participant but also studies how meanings are constructed. As such, data analysis is seen as "a construction that not only locates the data in time, place, culture and context, but also reflects the researcher's thinking" (ibid: p677). This constructivist approach felt like a good fit with psychosocial research for me as it provided a clear and rigorous framework to follow, as well as transparency in the analytical process. This is essential when undertaking an interpretative analysis considering counter-transference and defence mechanisms such as denial and repression.

After having undertaken five in-depth interviews, I had a resource of rich data to explore and analyse and it became apparent to me that a case study design should be adopted as it was ideally suited for my purpose. Case studies enable individual situations to be examined in depth, providing the opportunity for theory to be derived and tested against previously described exemplars (Radley and Chamberlain: 2001). More significantly for research drawing on psychosocial perspectives, a case study approach also allows knowledge to be presented as speculative "possibilities" rather than as the "definitive truth" (Greenwood & Lowenthal: 2005: p182). Briggs (2005) similarly argues that the psychoanalytic method of case study allows for in-depth descriptions, whilst at the same time allowing for the "impact of emotionality" and "shifts between different states of mind" (p26).

The design enabled consideration of the interviews as a whole, and enabled me to explore beneath the surface in a way that grounded theory might have restricted and was more compatible with the principles of psychosocial research. The benefit of this combining of approaches, or bricolage, is that I have been able to explore the parental experience in far more depth than a traditional qualitative interview analysis would have allowed, whilst also maintaining the rigour and transparency that the coding procedures underpinning grounded theory provide. Utilising a case study design enables "thick description" (Geertz: 1973), describing not only the experience of the parent but also the context in which the narrative was offered. It also allows for the inclusion of "answers that others, guarding other sheep in other valleys, have given" (Geertz: ibid) and these have then been interwoven into the parental narratives.

Additionally, as highlighted in the Literature Review, there is a paucity of research into the experience of parents of pre-pubescent children with gender identity issues, and thus by adopting a case study approach, I have been able to provide exemplars for subsequent research. As Cooper (2009) suggests "each and every situation or context is unique and particular, and must be understood – 'apprehended' in its own terms" (p440). Thus, each case study can be read and understood as a stand-alone piece of research, but an

analysis of emergent themes and possibilities across all five will be presented in the Discussion chapter. Thus, through utilising the case study design I have been able to present a rich evocative exploration of the parental experience in a depth that would have been unachievable by the adoption of a more traditional grounded theory design.

Ethical Issues

In carrying out my research, and subsequently writing it up, I have been mindful of Beauchamp and Childress's (2001) four ethical principles for practice: autonomy, beneficence, non-maleficence, and justice:

i) Respect for autonomy was preserved by advising participants at all stages of the process that they could withdraw from the study at any point. This information was initially presented in the Information Sheet (see Appendix 2: p213), and also discussed at the interview. Participants were also required to sign a consent form (see Appendix 3: p214) that explicitly stated their right to withdraw at any point without it having any impact on the care that they or their child received from GIDS, either at the time of the research or at any point in the future.

ii) As identified in the introduction, there is a lack of peer-reviewed research into the perspective of young service users with gender dysphoria and their families, and it can be argued that this research will therefore be able to make a positive contribution to practitioner knowledge and thus benefit the participant and his/her child.

iii) The main risk of harm identified was that of emotional distress that might arise for the participant when discussing their child's gender dysphoria. This was addressed by allowing time in the interview to take a break if required, or even curtailing the interview completely. I sought to maintain a "thoughtful and emotionally receptive stance" (Bower: 2005: p11) when interacting with the parents at all times.

As I am a qualified mental health social worker, I felt well-placed to assess the amount of distress and refer on to other professionals if appropriate. GPs were also notified of the participant undertaking the research in case of longer term ramifications.

iv) All families who met the inclusion criteria were invited to participate in the study and the clinicians working with the parents who did participate were not aware of the content of their interviews, thus promoting parity in service provision between those who participated and those who did not.

As the research involved face-to-face contact with human subjects, ethical approval had to be sought from the local NHS Research Ethics Committee. An application was submitted via NRES in the summer of 2011. This was a frustrating process as the NRES Form did not take into consideration that the research participants were not patients themselves, and therefore did not fit into any of the categories required on the form. Approval was granted subject to one minor amendment; namely that I also issued a standard pro-forma letter to the interviewee's GP to advise them of their taking part in the study. This requirement to notify the GP was raised as a barrier to participation by some parents. Thus I applied for an amendment to my Approval to remove this requirement and this was subsequently granted in February 2012.

Part of my research methodology involved using a favourite family photograph (see discussion later in this section). Whilst having access to intimate family photographs enabled me to start exploring "beneath the surface" (Clarke & Hoggett; 2009), it did raise the issue of confidentiality and how to protect this. Parents were sharing a photo that might have evoked a number of different emotions and memories which could have caused them to become distressed at this stage of the interview. The potential for distress was mentioned on the Information Sheet given to parents before the research intervention, and a protocol for managing distress was devised and formed part of the Ethical Approval process. In order to address the issue of confidentiality, the photo was only viewed during the interview and I did not hold a copy of it myself.

The parent(s) were asked to describe the photo in detail, both what the photo actually depicted, and the context surrounding it and this was recorded on a Dictaphone as part of the interview process for later analysis. Any potential identifying features were anonymised in the subsequent write-up.

As indicated in the introduction, I have also tried to adhere to Hale's (1997) guidelines for non-transsexuals writing about transgender issues. These guidelines warn about the adoption of a quasi-colonial discourse whereby a "fascination with the exotic" can be coupled with "a denial of subjectivity" on the part of the researcher.

Literature Review

As I have been engaged on a Professional Doctorate programme that has involved writing assignments en route to the final doctoral thesis, a considerable amount of research literature on gender dysphoria had already been gathered in order to inform previous work. This included an in-depth case study analysis of clients I had worked with at GIDS, a research methods assignment and a discourse analysis of a policy document relating to early intervention with hormone treatment. Writing about grounded theory methodology, Glaser (1978) countered some of the reservations about approaching research with a completely open mind by suggesting that previous experience can be used to "sensitise" (p39) the researcher to the broader issues. However, he felt that an early literature review would contaminate the research. This position differs from that of his former collaborator Strauss who promoted reviewing the literature first in order to both provide a justification for the adoption of a grounded theory approach and to stimulate sensitivity to the research issues (McGhee et al: 2007). Due to the nature of my Professional Doctorate, it was not possible to approach my research with no '*a priori*' knowledge and thus the approach of Strauss was adopted.

The research databases ASSIA, PsychInfo, Google Scholar and Social Care Online were all accessed using the search terms 'gender dysphoria', 'gender

identity, 'transgender' and 'transsexual'. From this a number of journals were accessed and their bibliographies used in order to further expand my search. Key researchers in the field of childhood identity disorder were also identified, and their work reviewed.

Sampling Strategy

The relative rarity of childhood gender dysphoria meant that identifying a potential research participant had to rely on non-probability sampling in the form of convenience sampling. This is where the research population is easily accessible to the researcher (Bryman: 2008) and, in this case, it was parents who were already in contact with GIDS. This meant that there was some bias to my sample as my potential pool of participants only included families for whom the child's gender identity issues had been deemed so concerning that professional help was sought.

As this was an exploratory study, I aimed to interview between 10 -12 parents or full-time carers of children up to the age of 12yrs old. The inclusion criteria were:

- To be a parent or carer of a child with gender identity issues (a formal diagnosis of gender identity disorder was not required given the young age of the children involved);

- To be the biological parent of the child, or if not, a full-time carer of at least five years in duration;

- To be able to communicate fluently in English as resources were not available for translation services.

Sixty-four children, and thus potentially sixty four sets of parents were initially identified by the GIDS Team administrator as meeting the research inclusion criteria. Of these, twenty-nine sets of parents were identified by their clinicians as being appropriate to contact regarding the research project. These parents were then approached by their allocated clinicians who explained the nature of the research and handed out information packs on my behalf. Whilst this preserved confidentiality and meant that I did not have access to the full database of patients at GIDS, it did mean that I had relatively little control over this stage of the research process. Parents then either emailed me directly or consented in writing to their email address or telephone number being provided to me. Contact was then established and a convenient time and location to meet was arranged.

Participants

Six mothers initially made contact expressing an interest in participating in the research. From these initial contacts seven research interviews were undertaken as three fathers also agreed to be interviewed. One mother subsequently decided not to participate after initial discussions. Due to work constraints, one interview with a father was undertaken over the telephone. Six face-to-face interviews were carried out in the family home, and one interview was carried out in the mother's place of work. One interview was also carried out jointly as the parents did not wish to be interviewed separately.

Name of parent[*]	Name of child[*]	Natal gender	Age of child
Zara	Ellie	F	8yrs
Lucy **Dominic**	Kit	M	8yrs
Kathryn **Adam**	Jodie	M	10yrs
Nicola **Jason**	Ashley	F	9yrs
Collette	Ben	M	6yrs

Refusal

Unfortunately it has not been possible to systematically gather evidence regarding the reasons for non-participation in this study, although clinicians were approached on a number of occasions with requests to suggest possibilities. Clinicians opted not to approach 35 sets of parents who met the eligibility criteria for this study and it is important to try and understand this part of the gate-keeping process. One mother initially consented to taking part in the research with her husband, but subsequently decided that they did not wish to be interviewed.   Unfortunately she declined to specify why they withdrew.   Another reason offered by clinicians was that 'local complexities' made it inappropriate.

Most of the families of younger children also only attended the clinic on a termly basis, and thus personal contact, and therefore an opportunity to promote the research, was infrequent.   All of the families who did agree to participate spoke highly of GIDS and their allocated clinicians, which leads me to speculate that some of the reasons for non-participation may have been

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[*] Names of both parents and children have been anonymised to protect participant identity

due to dissatisfaction with the service, and a reluctance to be involved in research endorsed by GIDS. Equally some of the parents were not at a stage whereby they were able to tolerate speculating or even naming their child's difficulties as gender dysphoria and therefore may also have declined to participate.

Apart from one family, all the families who became involved in the research were not currently in crisis and appeared to be managing their circumstances. However, other families may have been struggling to manage and experiencing intense emotions that they may not have been willing to share. Equally, their clinicians may have considered it inappropriate to ask them to participate during a time of personal crises.

Emotionally Sensitive Research

Given the fact that the parents were in the very early stages of their 'gender dysphoric journey' with their child, their feelings and views were potentially very raw, leaving them exposed and vulnerable. This raised a number of issues for the research. In keeping with good relationship-based social work practice (Ruch et al: 2010), of primary importance was ensuring that the parent felt contained and supported during the research process. Parents were thanked for their participation the day after the interview and advised when they could expect the transcript via email. This was later sent to them and parents were then advised when approximately they could expect a summary of my findings. It was also important to ensure that the "research footprint" was minimised through emotional attunement to any emergent issues for the participants (Mitchell & Irvine: 2008: p38).   One mother, Zara, was very tearful at points during the interview, but found it an extremely cathartic process, commenting towards the end *"I've probably got off my chest a few things. It's made me think about her behaviour."*   Not only was Zara able to 'think' in a contained way about her daughter during the research interview, but she was also keen to share the transcript with her daughter's clinician at their next appointment.

During the data analysis it was also important to hold in mind the raw emotionality of the interview and interpret the data both within and without such a lens. Some of the parents became tearful whilst recounting their and their child's experiences. Brannen (1988) suggests that both respondents' accounts, and the researcher's interpretation of the accounts will be "shrouded in emotionality" (p554). However, by drawing on psychoanalytic constructs, I attempt to examine the 'emotionality', and the unconscious processes that were possibly driving it.

Finally, it is also important to acknowledge the emotional impact of the research process on myself, and to not underestimate the emotional labour that has been employed in order to gather data. This was captured through the use of a research diary, regular attendance at peer research discussion groups and discussions with my research supervisors. For example, the research interview with Zara was incredibly powerful and I was left with some really distressing feelings, not least that this was a family on the verge of catastrophic breakdown and possibly requiring a referral to Child Protection Services. I kept on putting off typing up the transcript and subsequent case study, and kept on reassuring myself that Zara had an appointment with her child's clinician shortly after our interview. This knowledge, and my own supervision, helped to contain my own anxieties which were undoubtedly an introjection of Zara's.

Data Gathering

Being a relatively novice researcher, I was not overly wedded to a particular research method, and therefore hopefully was not at risk of employing a particular method just because I felt comfortable with it. As Tashakkori and Teddlie (1992) remind us, the research methods should always be appropriate to the research question in order that they generate valid data. Whilst the concept of validity is more commonly associated with quantitative research, it is important that the method 'measures' appropriately (Mason: 2002). In order to explore my research question, I decided to adopt a bricolage approach (Yardley: 2008) of utilising both free association narrative interviews (FANI)

and photo elicitation in order to gather my data. Initial data was also generated via the use of a research diary in which I captured some of my thoughts and feelings during the research process. The benefits of using a number of different approaches are that deeper layers of understanding can be developed and indeed a bricolage approach can offer complimentary views that are often as illuminating in their differences as their similarities (Brannen: 1992).

Interviews

The main research tool that I used was that of a loosely structured narrative interview drawing on the principles of a free association narrative interview (FANI). Derived from clinical psychoanalytic practice the FANI encourages the interviewee to talk about what is important to them. Open-ended questions are used and the 'why' question is avoided as it can often elicit clichéd answers rather than the interviewees own perspective. This style of interviewing allows the interviewee to be a 'storyteller' rather than a respondent, and enables them to exert more influence over the research interview process than a traditional semi-structured interview would allow. Unlike a biographical-interpretative interview which uses only one initial trigger question, the FANI allows for a number of questions to be asked in order to encourage storytelling on the part of the interviewee (Hollway & Jefferson: 2008). As Clarke and Hoggett (2009) comment, the use of free association allows the researcher to get a flavour of the possible unconscious feelings and dynamics at play that traditional qualitative research methods can fail to elicit.

The choice of this interview style arose from my perception that it would not be too constrictive for participants, would enable them (and me) to explore the research question in detail and would compliment my own background of social work interviewing. I also felt that it fitted well within the framework of psychosocial research as it allowed the parent the opportunity to tell and explore their story in a relatively unstructured way, whilst still having the gently guiding hand of myself as the researcher. Holloway and Jefferson argue that free associations support "an emotional rather than a cognitively derived logic"

allowing for richer insights (2000: p152) and the uncovering of the interviewees "subjective meaning-making" (Frosh & Saville Young: 2008: p114). The in-depth nature of the research interview allowed for responses not only to be analysed, but also contextualised within the research interview themselves. For example, it was possible to identify ambiguous or contradictory statements and examine whether these were made confidently or with more tentative comments (Brannen: 1998).

After the initial warm-up question to ask about the family background and make-up, I decided to use the first question to ask about the parent's favourite photograph of the child (see Appendix 4: p215). This was intended to stimulate free association and a telling of the story behind the photograph with minimum guidance from me. The next question was about the parental understanding of gender identity issues and I hoped to elicit some thoughts on its aetiology and why the parent believed that their child had developed an atypical gender identity. Question 3 was designed in the spirit of 'the particular incident' follow-up found in biographical interpretative narrative research (Wengraf: 2006) in order to again encourage story telling. The parent was asked to recall a particular incident that had shaped their understanding of their parenting their child with gender identity issues. Question 4 was designed in order to elicit the participant's feelings in an explicit way as I wondered whether the responses to this question might contradict some of the narrative offered elsewhere in the interview. Question 5 was also intended to stimulate a narrative about the parent's development over time from initial discovery of their child's gender identity issues to the present time. As the parents all had pre-pubescent children, I felt that it was important to try and capture their journey as previous research had only explored the parents of older children, who were therefore more distant from the early stages of their journey.

Initially a pilot interview was undertaken in order to enable me to refine my questions and ensure that they elicited responses that matched with my overarching research question. As the free association narrative interview style was new to me, it also allowed me the opportunity to 'try it out' and refine

my technique before undertaking the bulk of the interviews. It also enabled me to identify areas of importance to the parent that I had not initially considered when devising the interview schedule. The experience also revealed to me that the free association style allowed the parent to talk about what was important to them. Conversely, it also meant that parents spoke about aspects that they thought I wanted them to talk about, creating a shared narrative with multiple layers of meaning, frequently peppered with the quasi inclusive phrase "*you know*". This also meant that some areas that I was interested in were not covered in as much depth as I had previously anticipated. However, this did ensure to a greater or lesser extent that the voice of the participant could come through strongly as they chose what they wanted to talk about within my loose framework.

Photo Elicitation

Previous research into parental views of childhood identity disorder has used either semi-structured interviews (e.g. Wren: 2001) or psychometric questionnaires (e.g. Knafo et al: 2005), or a combination of both (e.g. Grossman et al: 2005). Therefore incorporating photo analysis into my research was a novel approach in keeping with the psychosocial research tradition. Photo-elicitation is a method that involves employing photos, often supplied by the research subjects, in order to stimulate further discussion during a semi-structured interview (Banks: 2007).

Kuhn (1995) postulates that family photographs have little to do with showing 'how' we once were, but provide more of a prompt to tell stories that might actually have a tenuous link to what is in the picture. In this way, she suggests that the photograph serves as "a prop, a prompt, a pre-text: it sets the scene for recollection" (p12). Photographs then can enable contemporaneous exploration of feelings about time gone by, as well as offer up insight into family life as was. In using photo-elicitation I hoped to encourage the parents to explore in a less structured way their feelings about their child's gender identity. For example, their selection of photograph in itself gave me an insight into their state of mind; for example, one father

showed me a photograph of a biological male child pre-emergence of gender identity issues. Whilst his verbal communication did not indicate anything other than complete acceptance of his son's expressed gender identity, this choice of photo seemed to suggest more ambivalent feelings.

Banks (2007: p14) suggests that the story behind the photograph can be considered in terms of both an 'internal' and 'external' narrative. The 'internal' narrative is triggered by questions such a 'what is this photograph of?' The subject may chose to answer in one of two ways; either by *describing* the photograph e.g. this is a photo of my son on his first day at school or by *interpreting* the photograph e.g. this is my little boy looking all grown-up and excited about going to big school. The 'external' narrative is created by questions such as 'who was the photographer?', 'what was the reason for taking the photograph?' or 'when was the photograph taken?'

Despite the well-worn adage 'the camera never lies', photographs can now be easily edited through air-brushing and other digital techniques and the original picture may have been altered. This may not have specific resonance for this research project as the photographs are not intended to be viewed as historical artefacts, but it does mean that I may not have seen the original image as intended by the person behind the original lens, or indeed the subject(s) of the photograph. Loizos (2000) also highlights another fallacy of photography, namely "that everyone will both see *and perceive* the same content in the same photograph" (p96). Thus, not only may both parents see and describe the chosen photograph differently, but I too will have a different perspective on it. This could be seen as problematic for the purposes of reliability as the same results will not be achieved every time, and it would be difficult for another researcher to replicate the results.

Reflexivity

Being a novice researcher, it was important to utilise both one-to-one and group supervision in order to try and explore the data and find connections, but also to explore my own emotional response to the data. As explored

earlier in the Introduction, I endeavoured to be mindful of my own position at all times, and reflected continuously on the dynamic interplay between myself, my research subjects and the data.

One of the ways that I endeavoured to maintain a reflexive stance as a researcher was through use of a diary from start to finish of the research project. For example, in the early weeks of recruitment, I wrote a lot about my frustrations in trying to get participants (see Appendix 5: p216). In thinking about my own frustrations about wanting to get things moving, I reflected on how this might be a mirror to how parents of pre-pubescent children might be feeling when awaiting contact from professionals. Whilst I was fortunate enough to have my anxieties about not being able to recruit 'contained' by my supervisors, I wondered how parents might be able to manage the difficult feelings created by feeling 'outside' and at the mercy of a larger and more powerful system.

Using a research diary was extremely helpful when trying to capture some of my feelings immediately post-interview. After all of my interviews, I wrote up my initial impressions and asked myself the following questions:

- Did I feel awkward when looking at the photos?
- Was the interview difficult?
- Did the parent ask personal questions about me?
- Did I feel frustrated at any point during the interview?

By writing down my feelings as soon as possible after the interviews, I was able to supplement my reading of the transcript with my own initial unprocessed experience. For example, just before I left the family home of Nicola and Jason, I became very preoccupied with anonymisation issues. In my diary entry I wonder whether this was one of the unconscious unspoken threads that ran through the recorded part of the interview, but that was only able to be voiced once the Dictaphone was switched off (see Appendix 5: p216).

In a slightly less formal way, I also captured some of my reflections on the research-in-process by using my iPhone voice recorder. I found that I often had quite inspired thoughts whilst swimming monotonous lengths or walking the dog and allowing my mind to 'wander'.   Speaking these into my iPhone enabled 'mini memos' to be recorded for later consideration when I was able to spend some dedicated time working on my analysis or other aspects of my research. For example, whilst walking the dog, it occurred to me that there did not appear to have been a 'crux event' in either Lucy or Dominic's narratives and I started to wonder as to why this was and recorded my initial speculations in a memo (see Memo (3) in Appendix 9: p223).

Hollway & Jefferson (2000: p27) devised the term 'defended subject' to refer to research participants seen through a psychosocial lens. They identified four typical characteristics:

1. an alternative framework of meaning to the researcher or other participants that may mean that they understand the research question differently;

2. an investment in adopting a particular stance in order to defend their vulnerable parts;

3. a lack of awareness as to why they may feel or respond to certain situations;

4. a motivation, in the most part unconscious, to hide the meaning of some of their behaviours.

Psychosocial research also allows for the notion of the 'defended researcher' (Beedell: 2009: p107), who, in attempting to avoid engaging emotionally with the material, prevents the research participant from some aspects of meaningful discussion. Both my supervisor and my research group suggested psychoanalytic interpretations relating to material that I presented.

I shared all of my transcripts with one supervisor, and we discussed all of them in depth. Anonymised extracts from a couple of transcripts were also presented to my research group for discussion. Perhaps inevitably, I chose to present extracts that I was either troubled by, or I felt were illustrative of emergent themes across all of the interviews.

For example, as discussed earlier, there were times when I became very identified with the parents, particularly the mothers. This made it very difficult for me to stand back and speculate about what might be going on for these parents and families. In particular, although I am convinced of the merits of psychoanalytically informed practice, I found it very difficult to apply this initially to my case analysis, feeling that I was in some way betraying 'my' parents as some of the formulations felt pejorative. This feeling was shared on numerous occasions with my research supervisor and she encouraged me to speculate as to why I might feel so defensive. I wonder whether it was because I felt so grateful to the parents for participating that I did not want to write anything about them that might upset them. Equally it may have been because I have had experience of having my own parenting questioned, and know how that can feel, and did not want to do the same to others.

Similarly, I sometimes felt frustrated that my peers were often more interested in why the child had developed gender identity issues, rather than seeking to understand how the parent felt. This led me to wonder whether this was a mirror on the parental experience, and if they too sometimes felt side-lined and not offered sufficient attention in their own right.

The possibilities raised by consideration of the concepts of 'defended' subject and researcher' will be explored further in the Discussion chapter.

Transcription

All the interviews were recorded on a Dictaphone and ranged between 24 minutes to 1 hour 10 minutes long. They were then transcribed and once complete, the transcript was shared with the participant to confirm accuracy.

All bar one father, who did not respond (although his wife confirmed he had received the transcript), confirmed accuracy, and one mother also asked that a small section of the interview should not be used for direct quotes as it referred explicitly to difficulties experienced by other families who had not consented to participate in the research.

Data Analysis

In order to ensure transparency and academic rigour in my methodology, I drew on the coding procedure suggested by Charmaz and Bryant in their constructionist version of grounded theory (2011). They outline a five-step process in coding research transcripts: i) close study of the data without referral to academic literature; ii) line-by-line coding; iii) use of gerundive or "action" coding, and sensitising concepts initially; iv) thematic sampling to follow-up on initial coding in future interviews and v) selective or thematic coding. As outlined earlier, due to the small number of interviews, it was not possible to achieve saturation, nor to do thematic sampling in later interviews. However, by applying this coding procedure, I ensured that I stayed close to the data.

Process:
Stage 1 (*close study of the data without referral to academic literature)*:
After each interview I wrote up my initial responses to the material and then tried to transcribe as soon as possible. Any thoughts that occurred to me during the transcription process were also written down as memos for use later on.

Stage 2 (*line-by-line coding)*:
Once I had a complete transcript, I then coded it by hand initially line-by-line using gerundive coding (see Appendix 6: p217). This was a time-consuming process but it ensured that I considered each line of the transcript and was not tempted to miss out chunks of interview because I initially considered it not relevant to the research topic.

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Stage 3 *(use of gerundive or "action" coding, and sensitising concepts initially)*:

I then transferred all of the gerundive codes (e.g. *speculating about child's behaviour, challenging child's wishes, hoping it was a phase*) to an Excel spreadsheet (see Appendix 7: p218). The spreadsheet enabled me to look at all of codes and start to group them. Initially I looked at which codes featured most frequently, and grouped them together.

Stage 4 *(axial coding)*:

Moving onto axial coding I then looked at temporal aspects and initially grouped codes together as *past, present* or *future*. Using Excel, I was then able to order all of the codes in these three categories (see Appendix 7: p218 for an example of how this stage of the coding looked). Later on, I re-visited this stage of the coding as I felt that the code of 'the past' encompassed two distinct phases – *the emergence of gender identity issues* and *the 'crux'*. I then looked at the transcripts again and cross-referred looking at those codes that had appeared most frequently in my initial analysis. I then used 'in vivo' codes to ensure that I stayed close to the parental voice.

Stage 5 (higher level coding):

The next stage of the process was to look at all the 'in vivo' codes and identify themes and links between them. This was initially done per transcript, and then later on cross-transcripts. This provided me with a number of higher level codes which initially I organised using the same category as Coulter (2010): Management of Issues. However, I sub-divided this into 'Practical' and 'Emotional' (as can be seen in the Appendix 8: p219) again reverting to the original transcripts to check that the strong themes that I had identified were indeed present. Finally, I organised the codes systemically drawing on Carter & McGoldrick's notion of the Family Life Cycle (1994) in order to gather a sense of which systems were interacting most powerfully with the families at that point in time.

One of the limitations of being a solo researcher is that the codes were devised by me and therefore are subject to researcher bias as the transcripts

were not be co-coded or compared by another researcher in their entirety. As Ruane (2005: p72) reminds us, "humans 'see' what we want to see". Therefore, extracts from the transcripts were shared with my research discussion group in order to keep my thinking open and to help ensure that my analysis kept close to the data. Charmaz and Bryant (2011) also suggest the use of memo writing in order to help prevent researchers from forcing data into pre-conceived theories. The memos are intended to form a key "pivotal analytic step" (Charmaz & Henwood: 2008: p243) linking coding to the eventual final write up of the research.

Whilst psychoanalytic insights can offer a richer "interpretative re-description" of the interviews (Frosh & Saville-Young: 2008: p110), it is very important to acknowledge where they have been utilised in this research project. As Frosh and Saville-Young (ibid) acknowledge, findings derived from the use of psychoanalytic understanding must not be set in tablets of stone as they depend on context, individual subjectivities and relational processes. As discussed in the Reflexivity section by using a fieldwork journal I sought to capture some of my transference reactions during the active fieldwork phase of the research. My reflections are included in the case studies, clearly flagged as my emotional response, rather than stated as fact. In this way I seek to further illuminate the case study by adding an additional layer of meaning, which in turn is open to further interpretation by the reader.

Hollway and Jefferson (2000) also suggest four key questions to consider when conducting the data analysis:

- What do we notice?
- Why do we notice what we notice?
- How can we interpret what we notice?
- How can we know that our interpretation is the right one? (p55)

These questions were particularly helpful to bear in mind when considering emergent themes as I was mindful that I should not be overly influenced by

previous research findings, even if the emergent themes did appear to be similar.

The next chapter will now consider the parents' narratives by detailing their experiences in the form of family case studies interspersed with theoretical exploration and tentative speculations about possible unconscious processes at play.

Case Studies

Introduction to the case studies

As discussed in the Methodology Chapter, a case study design was specifically chosen as I felt that it would enable me both to present the parents' narratives in depth, and also to speculate on the possibilities that the narratives presented. It is intended that the following case studies offer some insight into the parents' experience of having a young child with gender identity issues and encourage thinking in an area that is often foreclosed into binary certainties and pejorative discourses.

Eight parents agreed to participate in this research project and their stories are presented in this chapter in the form of five case studies centred on their child. All of the case studies have been anonymised in order to reduce the possibility that the families may be identified. Not only have names and locations been changed, but also family composition, job descriptions, and other key material that could specifically link the family to the case study. For example, with case study no 3, after the Dictaphone had been switched off, I had a lengthy discussion with Nicola and Jason about how to protect their identity (see example of Research diary no2 in Appendix 5: p216). As a result, Ashleigh's hobby has been changed in order to reduce the likelihood of the family being identified. It is hoped that this slight manipulation of some of the facts does not significantly alter the quality of the narrative, nor its subsequent analysis.

The sequence of case studies reflects the order in which the interviews were undertaken, rather than any attempt to organise the material. However, case study no 4 was originally undertaken first, but due to its powerful nature, I have moved it to later in the sequence. Where appropriate I have included lengthy quotes from the parent in order to illustrate their thinking. Like the photos the parents brought to the interview, the case studies capture a point-in-time that is already in the past for the families involved in this research.

Although Alice in Wonderland insightfully said, "it's no use going back to yesterday – because I was a different person then" (Carroll: 1991), parental narratives can shed light on a version of the truth. The case studies also represent my own subjective interpretations of what might have been going on for the parents. Inevitably the parents told me what they wanted me to hear and, in an iterative process, I heard what I wanted to hear. Whilst this is not a discourse analysis, participants' scripts were littered with "you know" implying a shared understanding between them and me as the narrative was co-constructed during the interview.

In order to provide a coherent sense of the familial journey the case studies are organised primarily utilising a temporal framework. Within this, systemic aspects of the Family Life Cycle (Carter and McGoldrick: 1999) are also considered in order to give a sense of the family-in-context. This allows for exploration of the impact of wider social systems and pre-existing familial scripts on the family. However, I am mindful that by imposing coherence and structure on to the stories, they may already start to deviate from the parental experience where there is still dissonance and ambiguity. Where appropriate, I draw attention in the case study to aspects where there was a temporal shift or seeming digression from the narrative path during the research interview. Although at times it may make the narrative unclear or even nonsensical, I have chosen to write the case studies using the gender pronoun and child's name utilised by the parent during the interview[*]. I hope that in this way I am respectful of their position in relation to their child.

Emergent themes across the case studies will be considered in the Discussion chapter.

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[*] N:B: All names & other potentially identifying factors have been changed to protect the confidentiality of the participants and their children

Case Study One

The Parental Couple

Lucy and Dominic are the parents of Kit and Joshua living in a small town in a rural community. Kit is an eight year old White British biological male who has identified as a girl since toddlerhood, and Joshua is his five year old younger brother. At the time of the interview, Lucy and Dominic were in the final stages of separating. Two weeks later Lucy was due to move out of the family home with the two boys into a smaller house a couple of streets away. Dominic was to remain in the family home until it could be sold.

Lucy works in a professional role and whilst Dominic works freelance as a consultant and his work often takes him away from the family home. Both were keen to stress that their relationship difficulties were distinct from Kit's gender identity issues, and that whilst they may be living separately in the future, the boys' welfare and happiness was paramount.

The Interview Context

The interviews were carried out during half-term at the family home. This meant that I briefly met Kit and Joshua although at the time it was not explained to them why I was there. By meeting Kit I was placed in a different position to the other interviews as I was not just influenced by parental account and parental choice of photo. Kit was dressed in fashionable boy's clothes, and although his hair was shoulder length, he immediately struck me as being a boy. This reminded me that appearances can be deceptive, and as with many manifestations of mental and psychological distress, it is not always possible to see at first glance what lies beneath. However, this also positioned me differently to Lucy and Dominic as I did not 'see' anything feminine in Kit. I also wonder if I possibly question Lucy and Dominic's account more than the other parents due to having met Kit in person and in this way mirror people's reactions outside of the immediate family system.

Before I had even taken my coat off Lucy bombarded me with questions about my literature review and what perspective I was taking in my research. I was somewhat taken aback as I had not expected such intense interest in the literature. She was particularly interested in the social construction of gender and this was evident in her narrative. At the time I wondered whether this intellectual assault was a defense against her anxiety about the interview process as I felt wrong-footed and defensive in return. Indeed, out of all of the interviews that I carried out, I found Lucy's the most difficult, and it was accurately representing her narrative that I worried about most. This makes me wonder whether this is a feeling that Lucy also shares when interacting with professionals in relation to Kit.

Dominic and Lucy were interviewed separately in the kitchen whilst the boys played upstairs. As Dominic had only just got home from a business meeting and was dressed in a suit, Lucy was interviewed first to allow Dominic time to relax and change. Lucy chose to show me a recent photo of Kit that she had saved on her phone. It showed Kit's head and shoulders with his hair in a bob and was of him at a playground. Lucy commented that she liked it as it was androgynous and "*captures both genders*" and it was *"neither male nor female"* to her. As it was the screen saver on her mobile phone, it 'disappeared' after a short period of time and therefore I was only able to see it briefly. This reminded me of a quote in the Methodology chapter whereby we see what we want to see in a photo, and whilst I saw a boy, Lucy saw a gender-neutral child. Later on in the interview, she disclosed that her favourite photos were of Kit as a boy and acknowledged that she found it '*hard*' seeing him dressed as a girl. It is possible that she showed me the mobile phone photograph as a conscious attempt to illustrate that she was comfortable with Kit's chosen gender identity. As Lucy was writing an assignment about the social construction of gender and was studying at an advanced level, it may well be that she more consciously than other participants manipulated her choice of photo.

By contrast, although Dominic was less prepared regarding his favourite photo, the photo he chose remained on display throughout the interview placed between us on the kitchen table. On prompting, he went into the living room and brought in a framed photo of both his children. It was a studio photo taken at the boys' nursery when Kit was four years old, dressed as a boy with close cropped spikey hair and a beaming smile. Dominic described loving the photo because Kit *'was so handsome'*. To me, it also was a photo that clearly depicted Kit as a boy. It appeared to relate to a time when Dominic proudly told me that Kit could identify every make and model of car on the road, stereotypical boy behaviour.

<u>The parental experience</u>
<u>Early days</u>

Kit is Lucy and Dominic's first child, and thus their first experience of parenting. He was born via Caesarean section and whilst Lucy was being looked after medically, Dominic poignantly describes having

> *those precious moments to sit there with my newborn son…I was a daddy for the first time and you know yeah what you are not thinking is, I really look forward one day to helping him choose a dress. You know, you are picturing playing football in the park…*

As with many fathers-to-be Dominic had fantasies of his future with Kit that were based around a hetero-normative ideal. Whilst much has been written about the psychological processes involved when expecting a child for the mother (e.g. Winnicott 1958; 1965), less attention has been given to fathers. However, as Raphael-Leff (1996) comments, the unconscious fantasies and past and present narratives of both mother and father "frame the emotional backdrop" (p73) to parenthood and influence early parenting behaviour. Dominic describes himself as a "*laddish bloke*" who envisioned himself as doing "*father-son things*" with Kit. With the benefit of retrospection, Dominic was able to acknowledge the loss of his idealised football playing child, and

his fantasies of taking a more prominent parenting role in the future when the 'first relationship' (Stern: 2002: p15) with Lucy became less intense for Kit.

Kit was breast-fed and Lucy took maternity leave for a full year before returning back to work part-time. Like Zara (see Case study no 4), Lucy had mild post-natal depression after the birth of Kit, but unlike Zara, her depression was successfully treated with anti-depressants. Research has been carried out that suggests that maternal depression and behaviour has a strong correlation with the subsequent development of gender identity issues in children (Zucker and Bradley: 1995). Both Dominic and Lucy are aware of this and specifically referred to this piece of research separately in their interviews. They were very dismissive of it, and Dominic commented that

> *It just makes my blood boil. It's just, it's just so ridiculous as to be, you know, how can it even have any credibility?*

As highlighted in the literature review, there are a number of case examples in peer-reviewed academic research literature that indicate there is some credibility to this formulation. Dominic and Lucy's stance towards this research is not untypical and emphasises the highly contentious nature of research into gender dysphoria, both within and outside of academic circles. Certainly given the small numbers of 'cases' or children involved, it is difficult for researchers to conclude decisively on the aetiology of gender dysphoria. Quite understandably one can not expect a father of a child with gender identity issues to accept unquestioningly research that implies that his or his partner's, parenting is at fault. However, there is a possibility that the anger expressed might part of a defensive response to a suggestion that hits a raw nerve.

The emergence of gender identity issues – 'not something I will forget in a hurry.'

From the time that Kit was able to express himself through play, Lucy and Dominic noticed that he was different from other children. He was a quiet and

sensitive child, who kept close to Lucy. He did not enjoy rough and tumble activities and although he would play with the trucks and cars that he had at home, if he went to other children's houses on play dates, he would be drawn to girls' toys and dressing up clothes. Like many parents, initially Lucy and Dominic thought that it was "*just a phase*" that Kit was going through and they felt that they should not encourage him to play with girls' toys.

The key transition point for Dominic was when, aged four, Kit announced on a shopping trip that he wanted to be a girl, and then became very distressed and upset over the next few days as he felt it was not fair that he had to be a boy. Although Kit had been playing with girls' toys, Dominic found this blunt expression of Kit's gender identity difficult to hear. His immediate response was to adopt a defended position of denial: *'Don't be silly, you can't be a girl you're a boy'.* Lucy, on the other hand, was able to adopt a more depressive position and started to wonder whether she should continue to buy Kit birthday presents intended for boys when she knew he would prefer girl's things. Given Lucy's interest in the social construction of gender, such thoughtful behaviour within the home environment could also be seen as her deliberately engineering the environment to support gender variant behaviour. Her thoughtfulness progressed to action and she started to buy occasional toys and dressing up clothes for Kit at car boot sales.

Dominic initially did not agree with this approach and describes the process of changing his perspective as "*a long ... long journey*". As Cowan and Cowan (2012) suggest, whilst a couple are involved in the same life event of becoming parents, they 'transition into parenthood' (p6) differently, and at different times. Initially Dominic advocated that he should spend more time with Kit and encouraged him to partake in more masculine interests. However, he reflects

> *I think just in the early days you, you wanna do the right thing but don't really know what the right thing is.*

This sense of not knowing was powerful for both Dominic and Lucy. However, they managed their lack of knowledge in different ways. Lucy became more curious about Kit's presentation and began to do some research on the Internet. In this way she started to become an 'expert parent' (Harden: 2005a), and not only took on educating herself, but also Dominic. At this point in the interview, I also felt that Lucy was taking an exam in gender identity disorder as she listed all the different theoretical perspectives that seek to explain the aetiology of gender dysphoria and its presentation. This made me feel somewhat uncomfortable as I felt that she was trying to either impress me with her knowledge, or place herself on an even playing field with myself as an academic researcher. I wonder whether since the emergence of Kit's gender identity issues she has felt like she had to justify not only her own, but her family's choices and decisions.

As part of her research, Lucy discovered Mermaids through whom they learned more about gender identity issues, and became more understanding and accepting of Kit's behaviour. As Lucy says "*then we were quite free and happy to let him express himself how he wanted to.*" I found this an incongruous thing to say, as the child that I met did not strike me as one who was fully expressing himself, and Lucy acknowledges that she does not call him by his chosen female name. Clear boundaries are set and Kit is not always allowed to go out in his girls' clothes. Like many families of children with gender identity issues Lucy and Dominic discuss as a couple what they feel is 'ok' and 'not ok' and 'police' gender choices (Hill and Menvielle: 2009). Lucy also commented that she feels awkward if Kit answers the front door dressed in his girls' clothes, which indicates more ambivalence on her part than she is willing perhaps to own.

Contacting Mermaids and meeting other Mermaids families was a turning point for the family and both Lucy and Dominic feel that they benefit from talking to other families about their experiences. As a result, they have gradually allowed Kit to have toys, dressing up clothes, princess dresses and girl's nightwear and duvet sets. However, Lucy did also recall the uncertainty of this time,

wanting to know how it was going to turn out…And knowing that I couldn't but wanting to do what was best. But then that kind of subsides and you just accept things and you don't know how it's going to turn out. You try to remain open minded and umm just be led by the child but then there is the dilemma of protecting them from society and letting them be happy with who they are.

<u>'The Crux'</u>

When Kit was 6 years old, he started to express unhappiness with his physical presentation and dislike of his body, and short hair. He started to talk more strongly about wanting to be a girl and this prompted Lucy to initiate the referral process to the Tavistock Clinic.

This part of the families' journey was touched upon vaguely in just three sentences by Lucy and Dominic did not talk about it at all. This surprises me as the other parents interviewed spoke about highly distressing conversations with their children that prompted them to seek external help. If taken at face value, Lucy's decision to ask for professional help appears to be a very considered, professional one with no specific trigger other than a quasi-natural progression of events. I find this difficult to accept and wonder if there was something distressing in the family history that was not being spoken about. Lucy, in particular, spoke at great length about specific incidents and how she felt about Kit's evolving gender identity, and I remain struck by the lack of detail about this period. I wonder therefore if the decision to refer Kit to the Tavistock Clinic was taken in response to parental difficulties, which were either defended against being acknowledged, or considered outside the remit of the research interview and thus not mentioned.

<u>The Present – "a slow burning stressor"</u>

At the time of the interview, the family's focus was understandably on the forthcoming final separation and move into a new home. Kit was described by

both parents as a very good, obedient child who engaged well in discussions around boundaries. In many ways, they presented him as a typical latent child: emotionally marking time between the dramas of early childhood and the turbulence of adolescence to come (Rycroft: 1995). However, Lucy described ongoing dilemmas for her as a parent:

> *there's times when its hard but I would say in the main we just bob along and then every so often something will come up that you don't know how to handle or is tricky or you know and then sometimes you feel a bit angry 'cos you think well there is lots of things that other parents don't even have to consider, like you know just really silly things like I might have liked to get a tattoo of my children's names or initials but I know that his name might change so I don't want to do that.*

It is interesting that Lucy expressed her feelings of anger towards the other parents, or perhaps society in general, and I wonder whether this is because it is not socially acceptable for her to express any anger towards Kit. I wonder if she perhaps feels angry towards him because she is not able to be the kind of mother that she initially fantasised about when carrying him. I was also struck by Lucy's comment about the tattoo which is a very permanent statement, and also a way of merging identities with someone else by having their name indelibly marked on one's body.

Lucy is very mindful of the way that psychiatric assessments are undertaken and she worries that people may suggest that Kit has developed gender issues due to the parental relationship difficulties. I also wondered if she worried that I too would be forensically examining her parenting in relation to Kit and that her commenting on this was partially an attempt to warn me off speculating on the family's psychological make-up. Although she does occasionally question her parenting behaviour and wonder if she has either 'encouraged' or caused Kit's behaviour, Lucy sees Kit's gender identity issues as '*just the way that [Kit] was born'*. Dominic also feels that Kit's gender identity issues are down to nature and that there were no psychological or

environmental influences impacting on him. This position is reminiscent of Zucker's (2008) description of a 'biological essentialist' (p359), someone who sees the child's gender identity as innate.

Both parents discussed their relationship with Joshua, and Joshua's relationship with Kit. Joshua does not want Kit to be a girl because he does not like girls. Joshua is described as a very masculine child with his brother's share of testosterone, exhibiting stereotypical male behaviours contrasting against his brother. It is Joshua who is struggling more with the break-down of his parents' marriage and acting-out at school.   Thus, whilst both Dominic and Lucy deny the fact that their relationship difficulties may be having an impact on their children, Dominic did concede that actually it was, although not in the way that they had envisaged. I wonder whether the ability of both parents to be emotionally available for their children has been reduced over recent times, and whether this is perhaps why Kit has not asserted himself more in relation to expressing his gender identity.

Although at first reading, Lucy's narrative presents her as competently 'managing the issues', she does acknowledge struggling with Kit's identity. As one might expect with a parent of a young child with gender identity issues, Lucy has not fully come to terms with it:

> *I don't know I suppose there is still a part that it's almost like the*
> *natural part of you that you can't disassociate from just yeah. You*
> *know I would probably prefer to see him in his boy clothes 'cos he*
> *looks cool, but I don't know.*

When she is in contact with Mermaids, she sometimes worries if she is doing Kit a '*disservice*' by not letting him live as a girl full-time. This is perhaps unsurprising given the polarising range of different views about living in role, expressed by both the transgender community and professionals. As Di Ceglie (2009b) comments, there is a risk of individuals in the field of atypical gender identity development becoming 'crusaders' (p57), pursuing a definitive view of aetiology and treatment and adhering to it rigidly.   At the time of the

interview, Kit was dressing in girl's clothes a couple of times a week. Kit has asked to be called by a girl's name, but Lucy can not bring herself to do this yet, justifying it as being partly out of habit and partly because Kit is not insistent on it:

> *I've said to him would you prefer me to call you [Poppy] and he said yes but he doesn't mind when I don't. Umm so I don't... I suppose there is deep down there is a part of me that finds it difficult to do that because of what it means and also because of habit and there is definitely this sense of no matter how ok I am with it, there is a sense of loss and I know people talk about that but I can understand that.*

Lucy's reference to loss not only indicates her awareness of the research literature that draws on Parkes' notion of bereavement as a psychosocial process (e.g. Lev: 2004), but also suggests a slight emotional distancing from her own personal experience. It may be that she is not able to fully acknowledge her sense of loss, preferring to hold on to professional identity and a sense of 'professional perspective'. By disavowing her own emotional experience, this may be what helps her to contain the family's anxieties and support Kit who is struggling with his own sense of identity.

One of the central parental tasks that Lucy refers to throughout the interview was how to manage information, who to disclose fully to, and who to tell variations of the truth:

> *I think that you do feel a need to explain it all the time as well. You feel a need to account for yourself and explain yourself all of the time. Not because anyone's asking you to but just because you feel you should*

Compared to Dominic, Lucy is more concerned and conscious of what other people might think, both of her parenting, and of Kit. This is in keeping with Hill and Menvielle's (2009) findings that mothers tended to be more concerned with issues of acceptance than the fathers. Although Dominic comments on

the dilemma of allowing Kit out to the shops dressed as a girl, he says that he did not have a problem with it. He acknowledges that Lucy is more likely to think it through and be mindful of the wider ramifications on the family system as a whole, which he appeared to think was a positive attribute. Lucy presented as the more thoughtful and cautious half of the parental couple and, in his interview, Dominic joked that he was more than happy to *'copy her homework on the bus'*, rather than take the time to research things for himself. Indeed, the research interview was set up by Lucy, and Dominic was the only parent who did not comment on the receipt of his research transcript post-interview.

Not unusually for a Western parent of a latent child, Lucy feels uncomfortable with Kit's emergent sexuality (Nieto: 2004). He has started to talk about being in love with boys and Lucy is worried about how to manage this in order to prevent him from being bullied at school. Also Kit can behave in a very sexually provocative way when dressed as a girl and Lucy feels quite uncomfortable about this. This was not commented upon by Dominic, but he did reflect on the impact that Kit's gender identity has on his own sense of masculinity. This was expressed in a stereotypical way in his description of being a football-loving, rough-and-tumble male. However, he also presented as very thoughtful and loving in his descriptions of his relationship with Kit, suggesting that he is at ease with his own emotional expression and that his sense of his own masculinity has evolved since parenting Kit. For example, he mentions that:

> *there is probably an element of macho pride that feels as if it's being, you know, yeah 'you're not the macho man 'cos you haven't got a macho son' sort of thing. There, there is an element of that even though I try and think of myself as somebody a little bit more grown up than that.*

This suggests that Dominic's views are still evolving and he acknowledges that he does still have the sense that Kit's gendered behaviour reflects negatively back on his own masculinity. As such, he appears to struggle to

manage the polarity of how Western society dictates he should behave as a full-blooded heterosexual male, and how he sees the need for him to behave in relation to his gender non-conforming child. This reminds me of Bly's (1990 cited in Alsop et al: 2002) description of the conflict between hyper-masculinity and feminised man, both of which he views as contrary to man's true 'male' identity.

The Future – "you don't know what to do, what's best"

Both parents were able to think about the future and saw it as fraught with difficulties. Lucy is very aware of the increased risk of suicide for children with gender dysphoria and this is something that she keeps in mind when thinking about when to allow Kit to transition in a more public way, both at school and in the wider community. He has told his parents that when his hair is a bit longer then he wants to go to school as a girl. This is a worrying transition point for Lucy, not least because of recent negative press coverage of parents who have allowed their pre-pubescent child to cross-dress in public (e.g. Harris and Levy: 2012; Spanton: 2012). Thus broader social systems and attitudes are very much an everyday reality for Lucy, whilst Dominic articulates a more laissez-faire attitude.

Both parents were very aware of the imminent arrival of puberty and how they were going to manage this potentially turbulent period. In keeping with many parents of children with gender identity issues, both were fully conversant with the hormone treatment options now available and have no issues with Kit taking them pre-adulthood. As Dominic comments:

> *I would rather him go on blockers than start feeling resentful and upset that his body is turning into something that he feels he isn't. So…. Yeah, no, no let's use it. You know it will be a... probably the fear comes from the fact that we know from other parents that it's the teenage years that are the most traumatic and so that's kind of like a*

dark cloud ahead that is unavoidable. We are only heading towards
teenage years.

As such, Dominic appears to be able to live with the uncertainty and fear that the future holds, and is not paralysed by it. Indeed, both Lucy and Dominic are very positive about Kit and their overall experience was viewed by both of them as being one that enabled tremendous personal growth and development. Whilst having a child with gender identity issues was not part of their anticipated parental journey, both appear to have been able to adjust positively to the changes in their "assumptive world" (Parkes: 1971 cited in Balfour et al: 2012). As Lucy comments

Obviously it is something that is difficult, it's something that we have
to deal with but I won't sit there and think oh isn't it awful that my
son has got gender dysphoria I wish this hadn't happened. I'll think
well this is who he is, this is how he is, he's happy, he's not dying of
cancer or any of these things.

In this way, her link to a mythical silver lining is something that has been found by researchers of other medical conditions, such as cancer, whereby in order to find positives, patients often compare their situation to others who they perceive to be worse off than them (Tedeschi and Calhoun: 2004).

In keeping with her metaphor of the slow burning stressor, Lucy comments on Kit's possible transition:

I've always known it was going to be there. Umm, I knew it might
happen one day or I knew it might not but it feels like it's getting
closer... you don't know what to do, what's best. You are torn
between wanting to do what's best for him and right for him, not
repressing who he is versus that whole social acceptability thing and
no matter what you, you know you do care about what people think.
By and large I don't, it wouldn't stop me from making a decision

that's right for him but I think for me if he was desperately unhappy there would be no choice.

Maintaining Kit's happiness and being led by him is central to Lucy and Dominic's philosophy of parenting. Yet, as discussed previously, this is still within certain limits as neither has acceded to Kit's request to call him Poppy, nor allow him to dress as a girl full-time. One wonders whether this enables the family to continue to continue to function as their 'idealised family' as to the outside world, all still 'appears' as normal.

Case Study Two

<u>The Parental Couple</u>

Kathryn and her second husband Adam live in a small rural community with their three sons. Their middle child, Jodie, is ten years old and identifies as a girl. Unlike the previous case studies, Jodie has insisted that his parents call him by a girl's name and use the feminine pronoun from a young age. Therefore, for the purposes of this case study, I will also refer to Jodie as 'she' although she was born a biological boy.

Kathryn does not originally come from the small market town where she now lives with her family, and her own family live overseas. She was raised as a Catholic, and her wider family are still practising although Kathryn herself does not and religion does not play a large part in family life. Adam's work brought them to their current location a number of years ago and they are now fully embedded in their new community. Adam's extended family still live in the large urban community where he and Kathryn first met.

Moving into their new community must have been a difficult transition for the couple and Kathryn in particular. She openly admits to finding the early years of looking after the children hard, although she has now been stable for the past two years. Having three young boys and a husband often working away from the family home, Kathryn had to build new supportive relationships

outside of the immediate family in order to cope. At the time of the interview the eldest son was at secondary school meaning that the family interacted with two different schools.

The interview context

Kathryn and Adam were interviewed separately a week apart. Adam was unable to speak face-to-face due to work commitments, but he undertook a telephone interview about a week after his wife Kathryn. As a result, I was unable to see the photo that he chose of Jodie, but he described it to me. It was a recent studio photo of all three children lined up with Jodie wearing her hair in a bob. All of the children were smiling happily at the camera. In his description of the photo Jodie was not singled out and all of the children were described by Adam as *'gorgeous…happy and looking contented'*. This seemed to me to be a not untypical description of his family for Adam, and at times during the telephone call with him I found myself alternately feeling humbled by his love for Jodie and his family, but also feeling frustrated at his apparent denial of any difference in Jodie and his insistent depiction of a happy family.

Adam appeared strongly identified as part of the parental couple and rarely owned or separated out his own feelings during the interview. He spoke mostly in the first person plural (we), and where relevant, I will indicate the rare occasion where he uses the first person singular (I). At the time of interview, I wondered whether it was due to Kathryn sitting in the same room as Adam whilst he was talking on the phone to me. Equally, he may have been on his own, and his use of 'we' may have been due to feeling protective of Kathryn and his family and wanting to present a positive unified front outside of the family.

Kathryn was interviewed in the family living room. Unlike many family spaces, there were no photographs on the walls or mantelpiece, and no children's toys in the room. Kathryn commented that she did not like having photos around. It was not clear if this was due to Jodie's gender identity issues, but anecdotally clinicians working with families of children with gender dysphoria

have noted that photographs are often contentious (Davidson: 2012). They are static representations of what the child once was, and as such a construction of an identity that has often since evolved (Kuhn: 1995). Whilst the parent may prefer a photo of the child as their birth gender, this may cause the child distress. The photo that Kathryn showed me was of a smiling Jodie aged 2years old, before she showed any signs of discomfort with her gender identity. Kathryn showed me the photo quickly whilst I was setting up the Dictaphone and then left the photo album shut on the coffee table so that the photo was not on display whilst we were talking. I found this really frustrating as retrospectively I found it impossible to recall what the photo looked like, and I wonder whether this is a transferential feeling that Kathryn is also unable to remember what Jodie looked like when she was living as a boy. At the end of the interview, Kathryn did ask me what type of photo other parents had chosen to discuss and appeared to be almost reassured when I told her that some had chosen a photo of their child pre-transition.

The Parental Experience
Pre-birth - 'I really thought it was a girl'

Kathryn provided a lot of background information that helped to contextualise her family and situate it within both her own life cycle and that of the wider family system. She describes having difficulties conceiving her eldest child Matt, and received infertility treatment to assist with conception. Thus all of her children are very special to her and embued with additional emotional significance as she never thought that she would be able to have them. After Matt, Jodie and Sam were conceived without medical assistance and there is an age gap of about two years between each child.

Kathryn's pregnancy with Jodie felt different to her. She had a strong feeling that she was going to have a girl, which was in marked contrast to her other pregnancies when she was convinced (correctly) that she was carrying a boy. Whilst Kathryn is firm in her denial that she wanted a girl, one might assume that her strong conviction that she was carrying a girl permeated into both her

conscious and unconscious preparations for mothering Jodie post-birth. As Raphael-Leff comments, pregnancy is a time of "unleashed fantasy" (1993: p40). It is not unreasonable to assume that Kathryn might have magically fast-forwarded to situating a female baby within the existent family, playing with a little girl, imagining how they might look or be dressed, enjoying intimate chats and so on. By the time Jodie was born, a powerful fantasy child may already have been in existence.

A '*fantastic*', or fantasy, birth?

Kathryn remembers the birth of Jodie as a wonderful experience. Unlike many women, she spoke positively about giving birth:

> *And err, the whole birth was fantastic, it was err, a brilliant birth. …And when she was born, when, when… they said you know it's a boy, it was such a surprise and I wasn't sort of disappointment, it was, I really thought it was a girl, you know…You know, I can't believe it's a little boy and he was gorgeous, you know and I bonded with him straight away and it's not that I am disappointed that I didn't have a girl.*

Whilst Kathryn may not have been disappointed that Jodie was a boy, she owns to being surprised and undoubtedly must have taken a moment or two to mentally adjust to the different representation of reality a boy-child presented.

She was thrilled to have a healthy child, and expressed her repeated annoyance when other people imply that she had wanted a girl because her eldest child was a boy. However, I wonder whether unconsciously Kathryn worries that she has caused Jodie's gender identity issues by so strongly identifying with a female child whilst Jodie was in the womb. Kathryn later describes Jodie asking her what went '*wrong*' when she was in her tummy. One can speculate that this must have been very painful for Kathryn to hear,

and may well have reinforced unspoken fears of having magically caused Jodie's gender dysphoria through thinking she was going to have a girl.

Later in the interview Kathryn speaks poignantly of being *"robbed of the joy of being told that I had a baby girl when I gave birth"*. This somewhat violent description contradicts her earlier description of a 'brilliant' birth and suggests that Kathryn experiences many conflicting emotions about Jodie's gender identity issues that she is not always able to own. It also is possible that her vehement denial of any sense of disappointment in having another boy may be unconsciously linked to feeling guilty that Jodie now identifies as a girl.

The emergence of gender identity issues – 'Jodie was different'

In keeping with many parental narratives of the emergence of gender non-conformity in a boy, Kathryn's first memory of Jodie's gender identity issues was seeing a 2 ½ year old Jodie wearing a tea towel on her head. Although she initially did not hear her correctly, Jodie told her that she was a girl and from then onwards started to wear tea towels on her head and wanted to wear them out of the house.   This developed into Jodie always wanting to wear one of Kathryn's t-shirts, and later she asked her mother to buy her a girl's dress in a local charity shop. Kathryn thought that she would *"call her bluff"* and buy it as she was convinced that Jodie would never wear it. This phrase '*calling her bluff*' was used a couple of times in the research interview and suggests attempts by Kathryn to bring matters to a head, or possibly closure by proving that Jodie was not serious in her claims to a female identity. These early interactions can be interpreted as part of Kathryn's need to situate Jodie within a gendered identity, possibly because she was uncomfortable with being in the 'borderlands' and sought a 'gendered home' for Jodie (Alsop et al: 2002: p207). However, she was proved wrong and Jodie wanted to wear the dress all the time. Initially she was only allowed to wear it in the house, but Jodie kept on going out to play in it in the street, or getting upset if not allowed to wear it out.

Having already had one boy, and coming from a family of brothers, Adam was also clear that Jodie's behaviour was different from an early age. His narrative account began at this (st)age. He described her early behaviour as '*unusual*' in contrast to his two other "*completely standard boys*" commenting

> *we, well we found it difficult to come to terms with to start off with.*
> *Not difficult to come to terms with, but umm we couldn't understand*
> *the behaviour.*

He recalls lots of discussions with Kathryn around this time, including speculating about Jodie's possible sexuality. For many people, the consideration of a child's sexuality is completely taboo and something that is often feared (Waddell: 2002). Adam's brother rejected his son who was gay, and there is now a rift in the extended family which Adam is determined will not happen in his own family. Thus, there was already a dominant familial discourse of non/acceptance towards sexual diversity before Jodie was born. Adam is very clear that he does not have a problem with Jodie's eventual sexual orientation and reiterates through the interview that he loves her unconditionally and will be there for her no matter what.

From early on, Jodie insisted that everyone call her 'she' or by a female name. She used a variety of different names before finally asking her parents what they would have called her if she had been born a girl. This is now her name of choice. Around this time Adam started to call her by a gender neutral pet name and he used this throughout the interview. Adam does not comment on how Jodie felt about his use of a pet name, but he only used her chosen female name once at the very beginning of the interview. The use of a pet name by Adam may have initially arisen as an attempt to minimise the significance of Jodie's rejection of her male birth identity. However, being derived from her male name, it does also perhaps indicate Adam's openness to allow for the possibility of change, should Jodie wish to change her mind.

Kathryn found changing Jodie's name very difficult. A child's name is embued with emotional significance and has been specifically chosen by the parents,

often pre-birth. The naming of a child can be seen as part of a complex "social process" (Lieberson and Bell: 1992: p512) whereby parents take into consideration the appropriateness of a name to their social status, associations that they have with a particular name, as well as the potential reaction of others to their chosen name. By changing their name, an individual thus effectively rejects their birth identity as created by their parent(s) and seeks to acquire a new one in a very public way (Zamboni: 2006). Like many parents of children with gender identity issues, Kathryn would avoid the use of gendered terms and rather than saying 'good boy' would say 'well done'. She recalls being very confused as to what to call Jodie, especially in public:

So you know, like when she was a boy I was calling her he and then she was dressed as a girl I was calling her she and I get mixed up half the time and I don't know… you know, I got more used to calling her a she now…But yeah, I just felt that umm, for her sake and we have to respect how she feels….That err, you know we have to call her she 'cos that's what she wants us to umm, do.

In time, she adjusted more to the constant corrections by Jodie, and also felt more self-conscious when out of the home environment if she referred to Jodie as a boy when she looked like a girl. However, she was also very aware that many people in their community knew that Jodie was a biological boy dressed as a girl and found it very difficult to walk round the supermarket with Jodie dressed as a girl. As Carter and McGoldrick (1999) observe, the behaviour of a child reflects back on the family in an iterative process that sees parents acutely of how society may view their child, their family and their parenting. Parenting can then become adjusted in order to accommodate the perceived judgements of the community, and this appears to be what happened for Kathryn.

Another example of the collision between the inner sanctum of the family, and the wider family and community is in relation to celebrations and gift-giving. A common theme for all parents in this study was how to navigate the socially

constructed world of toys and presents. Societal expectations play a strong part in reinforcing parental notions of what is 'right' and 'wrong' and the Western construct of gender identity steers parents and other adults firmly down binary pathways (Lorber: 1994). Families may be comfortable with their children playing with cross-gender toys at home where they can not be censured by external agencies, but it is another matter outside of the family home. As Jodie has two brothers, the majority of the toys in the house are very male orientated and therefore it was not immediately apparent that Jodie preferred to play with girls' toys. However, Kathryn did notice that she played with a couple of small girl's toys that had been given away free in a MacDonalds Happy Meal. Similarly, just before her third birthday, Kathryn took the children to a large toy store in order to see what the children wanted for Christmas. Kathryn asked Jodie if she would like a sit-on tractor and trailer for Christmas but she preferred to have a Barbie car. At this stage, Kathryn and Adam felt unable to acquiese to Jodie's request and bought the tractor and trailer. Jodie completely ignored it and would not even sit on it.

In the early stages of Jodie's gender variant behaviour, Kathryn found it difficult to buy girl's clothes for her and initially she had hand-me-downs from neighbours. This was a point when Jodie's gender identity issues became more public and a broader circle of people became aware of her gender identity. Although a number of years have now passed, Kathryn's feelings have not really changed with respect to clothing and she still finds it upsetting to buy girls clothes as she thinks that she should not be buying them:

> *You know, when I look at him now dressed up as a girl I could cry sometimes because I look and I think 'well you should be dressed as a boy'…You know, 'cos you're not really a, a… you're not physically a, a girl.*

This complex depressive struggle was present throughout the interview with Kathryn often commenting on how she had to do things for Jodie's sake, even if it came at emotional cost to herself. It appears to me that Kathryn often struggled to integrate her experience of Jodie, but was constantly mindful of

the need to be able to contain her own uncertainties for Jodie's sake. In contrast to his wife, Adam did not directly indicate that he struggles at all with Jodie's gender identity issues. I wonder whether this is the case as it must be really difficult to live in a family environment with such turbulent emotions being expressed by both Kathryn and Jodie and acted out so physically by the latter. Such an omission could be taken at face value in that Adam genuinely does not struggle with Jodie's gender identity. As I did not interview him face-to-face, I did not have the benefit of picking up on non-verbal behaviour which could have helped to interpret and contextualise some of his comments. It may alternatively be because he was focused on containing Kathryn's anxieties, or, drawing on the Hollway and Jefferson's (2000) notion of the 'defended subject', because he did not wish to acknowledge to a stranger that he found things difficult. However, whatever the case, Adam appears to be able to act successfully as a 'container' for the family.

The critical transition point or '*crux*'

Matters came to "*a crux*" for Adam when Jodie willingly agreed to Kathryn cutting off her genitalia with a pair of scissors. Like many children with gender identity issues, Jodie has never felt completely comfortable with her genitalia. When she was about 4 years old, she told her mother that she wanted to cut them off. This aggressive act against the person was mirrored by Kathryn who thought that she would '*call her bluff*' and asked her to get some scissors so that she could do it for her. Jodie did as she was asked which shocked Kathryn, whether this was because of the physical realisation of both their latent aggressions, or because it confirmed just how deeply Jodie feels about being born in the wrong body.

Around this time the local Family Centre passed on the website details of Mermaids to Kathryn. Reading the information made sense to Kathryn:

> *I was reading about children with gender dysphoria. Because*
> *obviously I had never heard of it and I didn't know what was, was*

going on and you know, it ticked all the boxes…I couldn't believe what I was reading you know.

She found out about the Tavistock Clinic and went to her GP in order to start the referral process, although it was not until Jodie was 7 years old that they first visited the Tavistock.   Initially they were referred to a Consultant Paediatrician who had never heard of the Tavistock Clinic. The endocrinology tests came back showing that Jodie did not have any physical reason for feeling that she was a girl, and in Adam's words "*she was a completely normal male…*" As Adam related this to me, I did not pick up any sense of irony in his comment, and I wonder whether this is perhaps suggestive of the fact that Jodie's condition is so normalised within the family that Adam failed to hear how incongruous his statement was.

Jodie was then sent to see a Psychologist. Kathryn was unhappy about the Psychologist's approach as she felt that her attitude was that there was a little boy inside Jodie wanting to get out. Jodie used to get quite upset about her gender identity, often crying and asking her mother if there was another child out there with her body. She also used to have difficulties in separating from Kathryn, and used to feel guilty if she went out to play and would not go to her bed until Kathryn had gone upstairs to hers. Kathryn describes Jodie still as being more insecure than her other children and needing more attention. The psychologist's formulation was that Jodie possibly took on a female role in order to identify with Kathryn when she was ill, and also possibly in order to gain attention. This formulation is in keeping with the model proposed by Coates et al (1991) that suggests that cross-gender identification in boys can be "a compromise formation for the management of separation anxiety" (p481). Kathryn felt that this theoretical approach put undue pressure on Jodie to change and therefore asked again for a referral to the Tavistock Clinic where Jodie could receive an expert assessment.

As there appeared to be a general lack of awareness about gender identity issues locally to where Adam lived, both he and Kathryn started to research it on the internet to see if Jodie's experience was unique, or whether it was part

of a recognised condition. That was when he came across Mermaids and then started to talk to other parents. This was greatly reassuring for Adam as

> *we sort of took comfort from that really thinking that you know, we are not doing anything different.*

The need to feel that Jodie was the same as other children with gender identity issues and that his parenting behaviour was the same as others was a dominant theme for Adam in his interview. In some ways this denial of difference marked him as more of a 'transporting' parent (Ehrensaft: 2011b) than Kathryn who openly, but somewhat emotionlessly it felt to me, discussed her fears and concerns about each stage of Jodie's journey.

In the interim Jodie had started school as a boy, although she was living as a girl outside of school. Kathryn is reluctant to register her as a girl, or to alter her name via Deed Poll:

> *I was trying to hold that off because I thought, what I was… I thought she was coping alright going to school as a boy and living as a girl because I thought she was getting the balance, you know……she was getting, she was being able to feel like herself and I, I was again still hoping that her feelings would change and she'd want to be a boy again.*

Adam acknowledges feeling worried when Jodie was going to school as a boy as he felt that she was becoming depressed having to present as a boy. However, he is really pleased to see her blossom and become more relaxed when allowed to live full-time as a girl, commenting on how '*lovely*' it is to see her happy. Initially he had been worried about her transitioning at school, but is pleased at how well it had gone. Just before the school broke up for the summer holidays, supported by Kathryn Jodie gave a talk to her peers about gender dysphoria and explained that the following term she would be coming back dressed as a girl. Kathryn is very proud of Jodie for doing this, and articulated her love and unconditional support for Jodie no matter what

gender she was. The school have been very supportive and accepting of Jodie and, although she is still registered as a boy under her male name, the school also calls her Jodie.

Like his wife, Adam also talks about Jodie's presentation to her peers at school and acknowledges feeling

> *apprehensive really because it's such a difficult thing for a young person to do, to be so adamant and you know, risk losing their friends and everything like that but she was so brave to do that. I thought it was just brilliant.*

This is one of the few times within the interview that Adam owns his own feelings using the first person singular, and also admitted to feelings of anxiety. However, as the above comment illustrates, his feelings of apprehension are quickly counter-balanced in his description of pride in Jodie, and putting a positive spin on the experience by seeing the situation as being '*brilliant*'.

The Present – 'it's a medical condition'

Part of the parental journey for Kathryn and Adam has been a gradual coming to terms with Jodie's gender identity issues. This has also meant navigating the social systems outside of the nuclear family to interface with the wider social community.

A forthcoming dilemma for Kathryn is the family's summer holiday to a predominantly Muslim country which Kathryn fears may be less tolerant of Jodie's gender identity issues. As Wilson (1998: p1) suggests, different societies have different layers of tolerance for difference, and differences that have a 'sexual quality' about them raise the largest concerns. Quite understandably at the time of the interview Kathryn was worried about the discrepancy between Jodie's passport and her current presentation. Her

passport contains her given birth name, her biological sex and a photograph of Jodie presenting as a boy. Although Kathryn is aware that she can take a letter from the Tavistock to explain Jodie's situation, she asked Jodie to dress as a boy at least when travelling into the country. Jodie initially refused, but Kathryn persisted, asking her to dress in gender neutral clothing and eventually has managed to get Jodie to agree to wear a football t-shirt and trainers.

This concern about the views of others is rooted in other experiences. For example, Jodie needed to go to hospital:

> *I had to tell them you know, that she was a boy. They didn't, they were fine about it but it's, it's not nice to have to do it….You know, because you don't know the reaction you are gonna get from people… But it's not nice to have to do it. And sometimes when I meet people like, that don't know that she's a boy, I sort of feel like a liar. Or being deceitful by just calling her she…and on the other hand it's none of their business.*

This quote is suggestive of the complex depressive struggle that Kathryn is engaged in with regards to coping with Jodie's gender identity issues; torn between wanting to be honest, and wanting to preserve the family secret, split between the bodily and psychological presentation of gender identity, worrying about what others think, and not caring.

By contrast, Adam's view of gender identity appears to be more simplistic. He is very clear about his views on the aetiology of gender identity issues:

> *There's nothing wrong, there is absolutely nothing wrong. Kids develop the way they need to. They develop... it's not nurture, it's definitely nature. Umm if it's in them then it's always going to be in them so just support them, that's all you need to do.*

One wonders whether his need to reiterate the normality of the condition is part of a coping mechanism, a denial of the anxieties that having a 'non-standard' boy presents. Yet, his assertion that there is nothing '*wrong*' conflicts with Kathryn's very strong feeling that it is '*wrong*' for Jodie to be dressing in girl's clothing. Kathryn's own view of the aetiology of Jodie's gender identity issues is that it is a medical condition, and having such a diagnosis affords a degree of protection for Jodie in terms of her rights to live as her chosen gender. As the couple were not interviewed together, I was not sure how much Kathryn shared her ongoing conflicting feelings with Adam, or whether she presented as fully on board with all aspects in order to preserve the idealised family.

The Future – 'I can't accept she's not going to change'

Like the parents in Hill and Menvielle's study, Kathryn appears to be in "a sort of existential impasse" (2009: p267) until Jodie is able to manifest a stable gender identity. At times Jodie does ask her mother what would happen if she changes her mind and decides she is a boy indicating her cognitive ability to imagine different futures. Kathryn is however clear that part of her role as a parent is to unconditionally support Jodie and not to try and second-guess the future:

> *that's what I've always said to Jodie, you know, we can, we can help you, you know. You, you… it can be sorted when you're older if that's what you want and if you change your feelings or whatever, there is an end in sight whereas if one of the kids had a terminal illness, it would be just terrible. But it's still devastating. It hasn't been easy.*

The analogy with a terminal illness was made on a couple of occasions and Kathryn seems to feel that Jodie's gender issues are curable in some sense and this is less hurtful than if she had a physical illness. As Harden (2005b) suggests when writing about parenting a child with mental illness, "the very

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foundations of the socialisation project are shaken" (p366) as the transition into adulthood and increasing dependency from the parental couple is less obvious for Jodie. Seeing Jodie's gender identity issues as a medical condition also might help to transfer any sense of blame away from the parental couple, and this may help Kathryn in managing her ambivalent feelings.

Many writers on gender dysphoria have noted the sense of loss experienced by parents of children with gender identity issues and Wren (2002) notes that mothers were more likely to confront their feelings of loss in what she terms "loss-oriented grief" (p393). Kathryn speaks of feeling "*robbed of my little boy because he's gone*" and also "*robbed of the joy of being told that I had a baby girl when I gave birth*". Like mourners who have no body to grieve over to cement the finality of death, Kathryn's loss of her idealised child is complex and unresolved. Like the fathers in Wren's (ibid) study, Adam does not indicate any sense of grief in his narrative account, but arguably could be experiencing "restoration-oriented grief" (p393). This is when individuals continue with everyday life without letting their child's gender identity issues have too much of a part to play.

Adam's fears about Jodie being bullied have, as yet, been unfounded. Speaking in the first person, he comments about always worrying about how others view Jodie and whether they will accept her. Whilst Jodie is currently accepted within her immediate social circles, wider societal systems will start to impact on her more as she moves outside of the protective familial inner circle and relative safety of primary school. At the end of his interview Adam acknowledges his fears about other parents and society as a whole:

> *What worries, what worries me is you hear these horror stories in*
> *the papers where it's all going out and everybody at the school gets*
> *to know and…it's not the kids. I'll tell you now it's not the kids,*
> *the kids are no problem. At the school the kids are no problem but*
> *if the parents get to hear about things…they can kick off.*

Like other parents in the study, Adam refers to recent negative media coverage about parents of a young pre-pubescent child who was allowed to go to school dressed cross-gender. This raises concerns for him about how to balance the risks of promoting Jodie's happiness versus maintaining her privacy and ensuring her protection, a concern frequently voiced by fathers (Malpas: 2011).   Thus, whilst Adam may arguably hold tenanciously on to his notion that there is '*nothing wrong*' with Jodie, he is mindful of wider societal constructions of gender identity and people's intolerance of difference.

Adam and Kathryn offer very different narratives about their experience of parenting Jodie, and this was also reflected in their discussions about the future.   Given that Jodie was 10 years old at the time of the research interview, one might have anticipated that discussion of puberty and transition into adulthood may have been of more pressing concern.   Adam did not mention this at all, and Kathryn's main concern was related to how they might negotiate funding authorities. It is possible that this lack of current attention to specific transitionary points in the future reflects an introjection of Jodie's own relative contentment with her current position and a reluctance to contemplate the anxiety-provoking changes ahead of them as a family.

Case Study Three

The Parental Couple

Nicola and Jason are a white British couple in their fifties living on the outskirts of a large city.   They have three children, "*a pink, purple and a blue one*", as Nicola described them, ranging in age from 7 to 20 years old. Ashley, aged 9, is their middle child. Since the end of last year Ashley has been living in role as a boy, although she was born a biological girl and called Amy by her parents. Both Nicola and Jason are still adjusting to calling their daughter 'he' and 'Ashley' and used both gender pronouns and names throughout the interview.

The family have been living in their current home for the past six years and appear firmly embedded within their local community. Nicola works in the Public Sector and both she and Jason had the day off when I visited for the interview.

The interview context

Although I was initially under the impression that I would only be interviewing Nicola, both parents partook in the interview which was carried out jointly in their living room. Nicola picked me up from the train station and, it appeared to me that we carefully spoke of topics such as her work and forthcoming job interview rather than touch on anything relating to why I was visiting. Thus, by the time I arrived at the family home, I was still none the wiser as to what her child was called, what their birth gender was, or what age they were. This was only revealed once I had been made comfortable in the living room with a cup of tea, and the Dictaphone had been switched on.

The living room was clearly a family space with a television and shelving unit housing a number of photographs of different family members spanning the generations. There were a couple of boxes of toys behind the door, which appeared to contain stereotypically boys' toys such as plastic toy dinosaurs. There was also a large Doll's House by the fireplace, which had been recently bought for Ashley at his request.

At the beginning of the interview I asked the couple how they would like me to refer to their child, and it was agreed that I should call him Ashley and use the male pronoun. Therefore, as well as for ease of flow in this case study, I will use their child's male name and gender pronoun throughout, although this may present as incongruous and perhaps nonsensical at times. However, this will still hopefully help to provide a sense of the transitional change that the family are currently experiencing.

I explicitly asked Nicola if she uses the female pronoun more when Ashley is not around, but she denied this. However, later in the interview she recognised herself that she had slipped into using 'she' and Amy as the interview progressed. This may be because we were talking about the past before Ashley's change of name. Alternatively it may also be because Nicola felt more comfortable and less guarded with me and thus her true identification with her child became more transparent as she relaxed into the interview. Perhaps more significantly at the beginning of the interview Nicola spoke mostly in the first person plural (we) about Ashley which I found really quite unusual; for example, "*we've had some horrendous haircuts*", "*we didn't have any boys toys*", "*we would have the pink things*" . In this way, Ashley almost seemed deprived a voice, or identity as his mother spoke about him in a way that did not even allow for a gendered pronoun to be used, and placed him in the gender borderlands (Alsop et al: 2002). This is also possibly illustrative of the transitional position that the family are currently negotiating.

Nicola had no difficulties in identifying her favourite photograph of Ashley and immediately placed a framed school photo on the coffee table in front of me. The photo had been taken in the recent school year and it showed a smiling boy with short spiked hair dressed in school uniform. As the Carter and McGoldrick (1999) family lifecycle model suggests, families move through developmental transitions both as individuals and families, and these occur in relation to familial relationship patterns and existing family scripts. One such family script for Nicola and Jason was that girls should have long hair, a script that proved to be particularly problematic for Ashley as will be explored later. Nicola said it was her favourite photo because it was the first one in which she could recall Ashley actually looking happy and smiling. She recalled previous photos of Ashley scowling or looking uncomfortable on the peripheries of group photos. Jason also said that the same photo was also his favourite, but I am not sure if this was as thought-through a choice as his wife's as Nicola challenged him on this.

The discussion was dominated by Nicola, with Jason only occasionally contributing verbally, and often having his sentences completed by his wife.

Interestingly I felt more annoyed with Jason for allowing this to happen, than with Nicola for doing it. I felt frustrated by Jason's lack of verbal contribution to the interview and wonder what might have been different had he been interviewed on his own. When originally arranging the interview on the phone with Nicola, she had said that Jason would just sit on the sofa and say nothing 'like a typical bloke' so it would not be worthwhile talking to him. I wonder whether this would have been the case, or whether Jason would have been more open with how he felt on his own.

However, there was an atmosphere of mutual respect and support between the couple, and I had the sense that whilst Jason might not have been as verbally articulate as his wife, he was a containing presence for her and did not foreclose on difficult emotional discussions. At one stage in the interview, Nicola became tearful and left the room. Jason looked quite uncomfortable but sat quietly and did not comment on her upset. This made me feel quite awkward and unsure how to progress the interview at that point, as will be explored below.

The Parental Experience
Pre-birth

Like Kathryn and Adam, Nicola mentioned that both she and Jason had fertility issues prior to having Ashley and had been told that they were unlikely to conceive. They stopped focusing on trying to have a baby, and soon after Ashley was conceived, with an eight year gap between him and his older sibling. Although it remained unspoken, I wonder whether Nicola fears that the treatment or problems that she experienced due to her fertility was a contributory factor to Ashley developing gender identity issues. This would not be an unlikely scenario as many parents feel that they are to blame in some way for their children's gender dysphoria (Zamboni: 2006). Nicola comments

I do wonder if it is like from obviously from make-up because we was told we couldn't have any more children, we both had fertility problems and we've realised, you know, well that's fine. Off we go, go and do other things and then six months later, they were wrong we could and I wondered if it was something to do with some faulty gene somewhere.

Nicola's next comment is perhaps more telling in that she quietly says almost in passing that she had wanted a boy. It was at this point that she got up and left the room in tears to go and get a tissue from the kitchen. When Nicola left, Jason looked at her sympathetically, then focused his attention on his tea. There was a long pause and as he had chosen not to comment on his wife's distress, I decided not to comment on it either. This was a powerful point during the interview and, unusually for me, I felt uncomfortable with the silence which I think is a reflection of the strong transference of emotion to me from Jason. I also felt concerned that Nicola might be feeling under pressure to return quickly to the living room to carry on the interview. Therefore, I changed the direction of the discussion slightly and asked Jason about how he understood the aetiology of Ashley's gender identity issues. Nicola then returned to the room and the discussion progressed with no acknowledgement of her temporary absence. Perhaps at this point both Nicola and Jason felt more comfortable with ignoring their difficult feelings, in the same way that they had earlier spoken about ignoring Ashley's extreme tomboyish behaviour. This perhaps is illustrative of Hollway and Jefferson's notion of 'defended subjects' (2000: p27) in action. Instead, possibly slightly safer ground was reached through a discussion about their participation in a Mermaids residential weekend which is where they learned about the link between genetics and gender dysphoria.

The emergence of gender identity issues – 'She was like a little boy with a dress on'

Unlike the other families interviewed, Jason and Nicola have only recently come to the realisation that Ashley has gender identity issues. They spent

many years in denial that Ashley's behaviour was significantly different to other tomboyish girls. In this way they fit well with Zamboni's (2006) description of the latency stage for families who struggle to name what is happening to their child. At the time of the interview they had only acknowledged what was happening for around eight months, although in retrospect they could see that Ashley had probably been experiencing identity issues since he was a toddler. As Nicola puts it

> *I think Amy has perhaps been Ashley for a very very long time. We perhaps just didn't… I don't know.*

She recalls a photo of Ashley when he was about eighteen months old, dressed in a dress, but looked more boyish with short hair and holding a football. By the age of three Ashley was displaying regularly getting into trouble at nursery, and on one occasion cut a large chunk out of his hair which was long at that time. He refused to wear pink or girl's clothing and when offered a choice as to what to wear would choose muted colours of grey or black. At fetes, rather than chose glittery butterfly or princess face paints, Ashley would have his face painted up as Batman or Spiderman, contrasting completely with his long girl's hair. Although he would occasionally tell his parents that he was really a boy, they would ignore it and just thought that he was a tomboy.

Ashley's behaviour became increasingly problematic as he moved out of the inner sanctum of his immediate family and neighbourhood and entered into the institutional setting of the schooling system. Initially he attended a Catholic School, but in retrospect, Nicola feels that this was *"the worse decision ever because they could not accept that a girl could act the way that Amy did"*. I wonder whether initially Nicola and Jason decided to send Ashley to a 'strict' Catholic school in the hope that they would be able to mould his behaviour. The verb 'accept' is central to Nicola's narrative and, like the narratives explored in Wren's (2002) research, recurs frequently throughout, mostly in binary opposites: acceptance or non-acceptance. The immediate family and neighbours, especially children, are presented as very accepting of Ashley's

behaviour, whilst the schooling system in particular is viewed as very unaccepting and unable to cope with Ashley.

Nicola describes Ashley as boisterous and loud, always playing with the boys and getting into mischief. Getting him dressed in the mornings was '*like a warzone*' and Ashley insists on having clothing that has 'boy' in the label. During the winter months this was not an issue as he could wear trousers to school, but during the summer, the school he attended at the time had a strict policy that girls had to wear dresses. Nicola and Jason were frequently called into school because of behavioural issues, although they did not find Ashley's behaviour challenging at home:

> *Every day, we was getting phone calls, going in. Nothing was ever mentioned about gender, we never thought anything about it then. And we moved two years ago to another school. They said there was more acceptance then but we did say, you know, he's very much a tomboy, thinks of herself as a boy, still, never thought anything then did we really?*

The new school proved to be equally unaccepting of Ashley's behaviour and he continued to get into trouble. PE lessons were particularly problematic and Ashley was even banned from the local swimming pool. In retrospect, this ban is easy to understand as most gender variant children will have a strong aversion to wearing swimming costumes and this is often seen as part of the presenting clinical picture at diagnosis (Zucker and Bradley: 1995). However, at the time Nicola could not understand why the PE lessons were proving to be such a battle zone for Ashley as he excels in sport.

Out of school, Ashley's behaviour was not concerning, perhaps because he was treated like a boy and the family culture was strongly supportive of his tomboyish behaviour. Indeed, both his parental aunt and sister had also been very tomboyish when they were younger and, as Di Ceglie et al (2002) comment, in Western society tomboyish behaviour is not usually considered pathological. He is allowed to wear boys' clothes, and friends and family are

encouraged to buy boys clothes and toys for him for birthdays and Christmas. However, Nicola continues to try and encourage him to wear girls' clothes and still buys them for him, trying to keep the door open in case he changes his mind.

in order to manage how she felt about people mistaking Ashley for a boy, Nicola developed a number of coping mechanisms including humour:

> *I just used to sort of laugh it off and I think it's a front you sort of develop because you'd go in, and people would say, 'oh I saw your little boy the other day' or 'your son looks nice'. 'That's actually Amy' and I used to correct people and see their face and I thought, why am I doing that? Because I am making it actually worse so then I just say 'yeah yeah'.*

Nicola feels that her use of humour is at odds with how she really feels about people mistaking her child's gender identity. Through trying to spare the embarrassment of others, Nicola speaks of ending up feeling uncomfortable herself. Thus her adaptive reaction of agreeing with people may be a protective mechanism adopted in order to protect her from potentially painful discussions about Ashley's gender identity issues.

The critical transition point – "when we thought it goes more than that"

Unlike some of the other parents interviewed who "begin at the beginning" (Carroll: 1991), Nicola and Jason's narrative began with recounting when they first really realised that Ashley was more than "*just a tomboy*", and that they needed advice. Whilst Ashley was in the shower, Nicola took the opportunity to talk to him about puberty and how his body was going to change and develop. In response, Ashley graphically described to Nicola how he was going to cut his breasts off in the shower and wash them down the plug hole. In keeping with being a child of his age, there was no consideration of the potential consequences of such actions, and Ashley appeared confident that

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he would be able to keep it a secret. Understandably Nicola was worried as it was the first time that he had ever said something like this. Suddenly her defensive mechanisms were no longer able to cope with the enormity of the information being presented to her.

When she went to the GP to ask for advice, Nicola recounts the GP saying that he had wondered how long it would be before she came to see him. His own son plays tennis with Ashley and the GP offered the tentative diagnosis of gender dysphoria. Nicola recalls being quite shocked that someone else had realised that Ashley's tomboyish behaviour was more deep-rooted before she had. After hearing this diagnosis for the first time, Nicola found out about Mermaids and Ashley was referred to CAMHS.

A CAMHS worker visited Ashley at school and undertook an assessment for ADHD. When this was scored as a girl, Ashley's behaviour presented at an extreme end of the spectrum, but when marked as a boy, her behaviour scored within the normal ranges.   The CAMHS worker appears to have been able to have pinpointed Ashley's challenging behaviour as being gender-related, in particular in relation to PE, his favourite activity.   In this interpretation, reminiscent of the seminal Broverman et al (1970) study, gender appears to be socially constructed and it almost seems as if Ashley's behaviour is deemed socially acceptable if given the label 'male' behaviour. Although the GP had given a name to Ashley's difficulties, it was the session with the CAMHS worker that really helped Nicola to make sense of Ashley's behaviour over the years:

> *… it was things as well with CAMHS that brought it to me, it really upset me was we'd never thought about and… it made so much sense. Amy was banned from the local swimming pool through school for bad behaviour. Never liked swimming lessons. Never wanted to go. CAMHS said to her, 'what do you have to wear when you go swimming Amy?' and as soon as she said that, I just thought, I didn't give it a thought….she has to wear a swimming*

costume…dress like a boy…And I just felt awkward 'cos I never put
two and two together.

It seems as if Nicola had developed the defense of 'not thinking' as a way of not knowing what was really going on for Ashley. Throughout the interview I was struck by Nicola commenting that she 'hadn't thought' or 'didn't know', although during the interview she did seem to be able to speculate and spoke fluently about Ashley's issues.

Following the suggestion of the CAMHS worker, Nicola and Jason found a different school for Ashley, and thus far the staff team appear to be much more accepting of Ashley. Around the time of the CAMHS worker's input, Ashley's name was changed by deed poll. In relation to this, Nicola comments

> *You know, you'd get funny stares when you say her name and this*
> *little person appears and what's just like a boy. You know, that was,*
> *a lot to do with the name change as well. 'Cos I wasn't allowed to*
> *call her Amy when we was out…And you can't just shout 'Oi! come*
> *here' can you 'cos everybody would look round at you and trying to*
> *explain that and that's when it became about the name change.*
> *Because he'd just walk off.*

He is registered at his new school as Ashley rather than Amy, and adjustments have been made to allow for his gender identity. There was considerable discussion at the time about the choice of name as originally he wanted to be called Aiden. It was suggested to him by both the CAMHS worker and his parents that if he ever changed his mind and wanted to be a girl, then the name Aiden would make that more difficult. Ashley was therefore chosen as it is gender neutral, although spelled differently in the female version. This changing of name suggests that Nicola and Jason have developed the ability to think and be flexible and open to change. Such a position can not have been easy to achieve given the relatively short length of their journey thus far.

The Present – "Getting there, it's the he and the she bit"

Since the name change, and the change of school, Ashley has been much happier and both Nicola and Jason comment on how remarkable the change in behaviour for Ashley has been. Ashley is much happier in himself and the battles with the Education Department have ceased.   Nicola recently bumped into one of Ashley's former teachers and mentioned that they had changed schools again because of gender issues. When the teacher responded that she was not surprised, Nicola comments

> N: *I just felt like saying 'stupid woman, why didn't you say something?'*
> J: **Well she could of sort of taken us to one side and…**
> N: *They couldn't be seen to be saying, especially at the Catholic school as well. They couldn't even as a teacher, couldn't be seen to say, well do you think your child's got gender identity, could they really? But I was a bit annoyed that, it explained a lot of things.*

Nicola's response could be seen to be a projective identification with the teacher; the stupid woman is in fact herself and Nicola is unable to acknowledge her feelings of anger with herself for not recognising the extent of Ashley's gender identity issues earlier.   This is in keeping with Bion's (1962) notion that it is only when there is sufficient pressure from thoughts that the apparatus for thinking develops.   Thus, when faced with overwhelming evidence from a variety of different sources, Nicola is finally able to begin to 'think' about what might be going on.

Whilst Ashley is known and accepted as Ashley, a boy, at school, he is still known as Amy, a talented girl, in the local tennis playing community.   This has caused considerable disquiet for Nicola and Jason as they are worried about him being exposed as a girl at his new school, and acknowledge that they have thought about moving areas if things became too difficult for Ashley. I wonder whether this is a defensive response, part of a possibly negative process of what de Monteflores and Schulz (1978 cited in Lev: 2004:

p245) call "restructuring the past". Whilst referring to transgendered adults who embrace their new gender identity with gusto and separate themselves completely from their former life, I think it might also be applicable to Jason and Nicola. Whilst at present it may feel safer and easier to move the whole family away from their current community, there is always the fear of exposure of Ashley's birth identity. By leaving their current community, there is also the risk that the family might not have to fully engage or think about their transgender journey.

As well as considering moving home, the family have also had to face losing friends who have not been so understanding of Ashley and Nicola offers a number of instances where she has felt judged by others. This experience was also found to be a theme in research carried out by Coulter (2010). Nicola recounts cutting ties with a close friend who she felt was critical of her approach to raising Ashley and considered Nicola to be overly encouraging his boyish behaviour. This was one aspect of the couple's approach to parenting Ashley that presented differently. Nicola acknowledges that she is less '*polite*' than Jason and they both agree that only one person has said to Jason that Ashley is going through a phase. However, in contrast, Nicola has lost count of the amount of times well-meaning friends and others have told her that.   Nicola's own family have also been less supportive of the couple's parenting, in particular her father has been very negative regarding encouraging Ashley's sporting talent. However, the couple have both been pleasantly surprised by how accepting Jason's family have been towards Ashley's gender issues.

Tennis is central to the family's life, with not only Ashley, but also his older sister and father being big fans. The interview constantly returned back to tennis, and it is almost impossible to untangle Ashley's gender identity issues and his tennis career. Perhaps ironically for Ashley, it is his considerable skill and talent at tennis that may well be the deciding factor in whether he lives in a male or female role in the future. His coach is aware of his gender identity issues, and Jason and Nicola have tentatively also told a couple of the parents who they thought they knew well. However, this information was not

received in the way that they had hoped and some parents had reacted uncomfortably. In one of his rare contributions to the interview, Jason comments

> *They're just strange aren't they? At end of day, all you want is your kid to be happy umm, and she's quite happy playing [tennis] and you just want her to be happy and seeing, doing what…(sigh)… the normal children are doing.*

Whilst Jason did not offer up any firm views as to the aetiology of Ashley's gender identity issues, his sigh, and use of the word 'normal' perhaps suggest that he does indeed have more to say about it than he felt able in the interview.

Ashley has been scouted to join a tennis Centre of Excellence. However, this is as a girl and this has forced the family to really think about Ashley's future: does he want a potential professional career as a tennis player that is only attainable if he accepts a female gender identity? As Jason points out, Ashley would be just one of thousands of competent male players, but an exceptional female one. His ability at sport has contributed to Jason and Nicola wondering whether his gender identity issues are due to genetic factors, as Nicola says

> *we wonder as well about the brain because we've had a lot of people from different place, and she had a hat on one year, it was winter and got scouted as a boy and people can't believe, even the coach … said they can't believe a girl could play [tennis] to the extent that she can and has got a [sporting] brain.*

Ashley initially wanted to carry on playing against boys for as long as possible However, his parents convinced him that he would benefit from a higher standard of coaching if he went to the girls' Centre of Excellence immediately and may well fall behind his female peer group if he trialled again for it at a later stage. I wonder whether this justification also disguises a parental hope

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that if Ashley socialises with the girls and is treated like a girl whilst following his passion for tennis, it may also have the more socially acceptable outcome of him identifying as a girl. Ashley's love of sport may well be the deciding factor in his developing gender identity and allow him a safe space in which to work out how he feels. However, they have also reassured him that he can return back to his original club at any time if it does not work out at the Centre of Excellence.

The Future – "I can't think that far ahead"

This was one area that was not really touched upon in the interview and as the quote above illustrates, it was another area that is perhaps too difficult for the couple to think about. Nicola is hopeful that Ashley will change his mind and is very mindful of the potential impact that her actions, or lack of, could have on him. In relation to offering choice of clothing still, she remarks

> *But you've still got to go through and say that haven' t you because*
> *if not I am worried that we will push her too far and she'll think, I*
> *can't get out of this now.*

Although the future is clearly difficult to contemplate, the family clearly had been able to be thoughtful about the possibility of change in their encouragement to Ashley in choosing a gender neutral name that would not foreclose on her choice of gender identity in the future. Indeed, research suggests that Ashley is entering the critical developmental phase between the ages of 10 – 13 years old. This is when his social environment changes rapidly as well, and activities become significantly more gender divided and the social distance between girls and boys increases. It can therefore be a time when biological girls in particular can feel like they have 'missed the boat' and do not know how to reclaim their female identity (Steensma et al: 2011).

When explicitly asked about how they saw the future, Nicola says in a quiet voice,

I don't know, I can't think that far ahead. I don't think.

However, she later admits that puberty and secondary school *'frightened the life out of her'*, and Jason adds that they are probably their main concerns, although neither elaborate on this. The discussion about the future occurred two-thirds of the way through the interview and was diverted into a discussion about Ashley's new school and how they had prepared the pupils for the arrival of Ashley. Contemplation of the future appears difficult for the couple at this time, and any potential discussion was foreclosed with the comment *'Nothing is ever straight forward is it?'*

Case Study Four

<u>The Parent</u>

Zara is a white Muslim woman in her mid-forties living in a vibrant multi-cultural city with an 8yr old daughter, Ellie, who identifies as a boy.   At the time of the interview, Zara was working full-time although in the process of re-negotiating her hours with her employer in order to spend more time with Ellie. She was also in the process of separating from her husband of two years who was shortly to move out of the marital home. Home life was thus difficult, not least because Zara was finding it very challenging to parent Ellie who was also exhibiting behavioural problems that may or may not have been linked to her gender identity. Zara also had significant health problems of her own.

Uniquely out of the parents in this study, Zara gave a fairly rich account of her own early life, as well as her pregnancy. She described a childhood with a terminally ill younger sister. Time not spent in school was spent unwillingly by her sister's hospital bedside at her father's behest. Following her sister's death, Zara's relationship with her own mother became distant, and, perhaps unsurprisingly, her young adulthood was affected by periods of depression, which were occasionally suicidal in nature.

The Interview Context

Zara was interviewed at her place of work in a small impersonal interview room usually used by staff to see clients. Although the interview was not carried out during the lunch-time period, Zara appeared relaxed with the timing and told me that her manager was aware that I was coming and had given her permission.

I was struck by Zara's Islamic dress when I arrived at the office as I had not expected to be interviewing someone in hejab, and definitely not a white British person in hejab. This reminded me of the importance of first impressions and the unconscious assumptions that I had made prior to meeting her. However, during the course of the interview, I often felt that her comments were not in keeping with my perception of a religious person and I was sometimes shocked and taken aback by the hatred that she expressed in relation to Ellie.

The photo that Zara showed during the interview was one of her daughter with long hair and a fringe. The photo depicted Ellie dressed in a long-sleeved t-shirt and long skirt sat in front of a brightly lit Christmas tree. She looked unsmilingly at the camera, and the photo struck me as being deeply melancholic and I wondered why Zara had chosen this as her favourite photograph to share with me. When I asked why it was her favourite photo, Zara said it was because of Ellie's long hair, "*This is her, this is how I want her to be*". In my view, it depicted an unhappy child. Indeed the photo contrasted strongly against another photo that she shared during the interview as she wanted to show me what Ellie looks like now. This was of a smiling Ellie standing in a shopping mall on holiday. She was wearing cargo trousers and a street-style t-shirt and her hair was cropped short.

Zara was tearful throughout the interview, although she also indicated that she had a cold. Her emotions appeared very much on the surface and I was a bit taken aback at how willingly she expressed some of her difficult feelings in respect of her daughter to a stranger. In retrospect, I was shocked that she

should not choose to hide or defend against openly expressing such feelings to me and wonder whether I was being used as a container for these painful emotions. Indeed some of what I heard made me consider Ellie to be 'a child in need' within the definitions of the Children Act 1989, and after the interview I felt both drained, and also relieved that the family's problems were being attended to, by someone else.

<u>The Parental Experience</u>
<u>Pregnancy and birth</u>

Zara began her narrative by describing the breakdown of her relationship with Ellie's birth father, and returned to Ellie's actual birth towards the end of the interview. The description of this period felt still very raw and full of anger to me and I was struck by the fact that Zara spoke about her ex-husband before she spoke about Ellie. She met her first husband, Ellie's father, when she moved abroad to live in a predominantly Muslim country. The year-long marriage was not a happy one, and her husband was not supportive, nor was he faithful to her. Thus, when she did become pregnant with Ellie in her late thirties, Zara was potentially emotionally vulnerable, experiencing multiple psychosocial stressors (Cochrane and Robertson: 1973). Faced with a terminally ill mother in another country, who died a month before Ellie's birth, and an errant husband, Zara's pregnancy may well have taken on added emotional and psychic significance for her.

Pregnancy can be viewed as a time of introspection for the mother-to-be with Raphael-Leff (1993) describing it as a time when a woman is drawn "into the depths of her psychic space, tap-rooting powerful unconscious representations from her inside story which begin to permeate her dreams, fantasies and emotional life" (p8). Like many women, Zara had always fantasised about having a child; Ellie was her "*dream*" as she had always wanted a little and she recalled having "*had lots of dreams of her doing ballet and all the gender specific crap*". Thus even before conception, one could speculate that the fantasy of Ellie was permeating Zara's unconscious, creating a

powerful idealised female child, that the real Ellie would subsequently struggle to live up to. I also wonder whether the loss of this idealised child is also something that Zara is very angry about as the use of the word 'crap' suggests.

The pregnancy was very difficult with complications. At 22 weeks Zara had a massive bleed which nearly resulted in both her and the unborn baby dying. Zara refused to sign consent forms to have the baby removed from her, playing for time hoping that the bleed would stop, which it did. As a result of the bleed and her other complications, Zara was hospitalised for the last four months of pregnancy before Ellie was born. Thus, even before Ellie was born, Zara had to take on the role of protecting her daughter when confronted by the authorities who wanted to '*take her from me*'.

Ellie's birth was traumatic for Zara. At 36 weeks, Zara needed to have dental treatment for an abscess, but the pain brought on from the treatment induced labour. Ellie was thus born prematurely, albeit via a 'planned' Caesarian section. She weighed 9lbs at birth and was born with in-growing toenails and according to Zara, "*she's been a difficult baby ever since*". Unsurprisingly given her psycho-social circumstances which are known to increase the risk of developing post-partum psychiatric problems (RCPsych: 2011), Zara subsequently suffered from post-natal depression. Her post-natal depression went untreated, and indeed was not even recognised as an illness in the country where she was living. This lack of treatment may have contributed to some of her early difficulties with Ellie as research suggests that mothers with post-natal depression have flat affect, find it difficult to stimulate their babies and are less responsive to their needs (Burke: 2003).

The Early Years – '*she's not normal'*

Zara's already difficult relationship with her husband did not improve and he physically assaulted her when she was holding Ellie. Therefore, when Ellie was 6mths old, Zara left her husband, lying to him about her intentions so that

she could leave the country with their child and subsequently divorce him. For the sake of Ellie however, Zara has maintained strained links with her ex-husband who still lives abroad.

From the very beginning Zara struggled to make a positive emotional connection with Ellie:

> *I don't think I bonded with her. I've never felt like I loved my daughter [crying] but I just feel there's this invisible… it's how I describe my relationship with my mother. As after my sister died, I love my mother, I felt there was this invisible barrier there. You couldn't get too close. I feel… [crying]. I feel that with my daughter right, and I wonder if maybe she feels that.*

As Fraiberg et al comment, "in every nursery there are ghosts…intruders from the parental past" (1975: p387) and Zara similarly compares her own difficulties in bonding with Ellie to those her mother had with her. Confronted with the dysfunctional aspects of her own experience of being mothered, coupled with the psychosocial, or 'horizontal' stressors (Carter and McGoldrick: 1999: p6) outlined previously, Zara may have found it difficult to develop a positive relationship with her own daughter.

Zara has a very strong work ethic and considers that state benefits are only there for emergencies. Therefore, after just eight months settling back in, Zara managed to get a job and Ellie was placed in day-care whilst she worked. However, even at 18mths old, Zara reports that Ellie appears to have been a very angry and 'uncontained' baby and she used to dread collecting her from day-care, suggesting that she was unable to contain Ellie's distressed feelings:

> *Z: She would scream all the way on an hour bus journey just screaming, like she was asleep but screaming and fighting me.*
> I: And how did that make you feel because…
> *Z: Suicidal.*

I…that's in public isn't it?

Z: I was literally probably the closest I ever got to feeling on the verge of that. I used to feel like I needed valium to pick her up.

In order to cope with the stress of collecting Ellie from day-care, Zara describes ensuring that she always had a treat for her when she picked her up. Ellie became used to this, and would demand to see what her mother had brought for her. If Zara did not have anything for her, she would throw a tantrum. Thus physical objects became used as temporary containers for Ellie's feelings, possibly resulting in ever heightening and out-of-control emotions for both mother and daughter. Reminiscent of Winnicott's description of 'too good a mother' (cited in Hopkins: 1996), Zara appears to have had difficulty in relinquishing her maternal attentiveness to Ellie and over-anticipates her daughter's needs with the end result of being "hated as well as loved" (ibid: p408). Zara's anxiety-driven need to immediately satiate her daughter's needs seems to thus have led to Ellie having difficulties in tolerating frustration.

This pattern of behaviour continues to the point of Zara now avoiding taking Ellie shopping with her whenever possible as she feels forced into buying things for her. Reflecting back on this, Zara comments that she *"bred a monster in reality"* and she refers to Ellie as *"evil"* a number of times during the interview. It appears that in order to cope with the reality of Ellie as opposed to the idealised version that Zara dreamt of pre-conception, Zara may need to split off the bad aspects of Ellie and describe her as a 'monster' rather than a child. Rather than idealising or idolising Ellie, Zara's defensive position seems to have been to demonise her. Splitting can be seen as a way of managing the challenge of continuing to love Ellie whilst also hating her or, as Spurling (2004) phrases it, securing safety "by separating the endangered from the endangering" (p80). This is unusual behaviour for a parent seen by GIDS and Zara's experience does not reflect the majority of families with children with gender identity issues.

The emergence of gender identity issues – 'something triggered it'

Ellie's gender non-conformity appeared at a young age. Even as a pre-schooler, Zara recalls her showing a preference for playing with the boys, and a disinterest in dolls and girl's things:

> *She always went with the boys……and did the boy things, which was*
> *ok but she used to wear dresses and I used to love dressing her up.*
> *But, but then she kind of... just before she started school, she started*
> *imitating what the boys were doing.*

At this stage, Zara appears to have been able to tolerate Ellie's behaviour, finding it 'ok' as long as it was tempered by her still having physical representations of femininity in terms of her clothing. Contact with Ellie's birthfather was promoted and he came to visit her briefly with his new partner. Zara found the brevity of the visit very hurtful and this was the only time that Ellie's father has visited her in the UK.

Out of all of the parents interviewed, Zara was the least willing, or able, to speculate on the possible cause of Ellie's gender identity issues. However, she does wonder whether the absence of her ex-husband was a contributory factor and comments a couple of times that he may have '*triggered it'*. Certainly there are many examples in the literature of the effects of an absent parent on the development of gender identity dysphoria (for example Ironside: 1998; Gaffney and Reyes: 1999). However, whilst a small number of children from one parent or newly constituted families do develop psychological or behavioural problems (Amato and Keith: 2001), most children do not. Given the strength of Zara's negative emotions towards Ellie's father, I wonder whether her placing the blame on her ex-husband might be a defence against her own anxiety about possibly contributing to Ellie's difficulties. Zara traces back the beginnings of Ellie's gender identity issues to their second visit to her birthfather when she was five years old:

And it's kind of started a little bit before that but it really went full blown after that trip and that was the last time I ever took her there…I can't put her through that.

Zara made the decision to stop promoting face to face contact as she felt that it was harmful to her daughter. I also wonder whether she also found it too difficult emotionally herself as she expressed a lot of hatred towards her ex-husband during the interview.

Ellie's hair became one of the first battlegrounds for mother and daughter, with Zara refusing to let Ellie have it cut. Shortly after returning from seeing her father Ellie stopped wearing girl's clothes and then started hacking at her hair. This deeply upset Zara who had loved her long straight hair, which appeared to be a strong family script, part of a representation of femininity as pink and frilly. Zara commented on how she herself was not a "*girlie-girl*" and I wonder whether her idealisation of Ellie's femininity is in some way a projection of her own repressed femininity. Zara's own hair is hidden under her hejab, but she is clear that she does not want Ellie to wear hejab herself. Due to the unevenness of the self-created haircut, Zara eventually allowed Ellie to have her hair cut, although she has regretted it ever since:

And that was the worst thing I did, 'cos she insists on it now. I wish I hadn't. But you know, she's not happy with her hair, you've got to let her have. But I hate it when people say, 'alright sonny?' I hate it. I want to snap at them but she'll get upset with me.

'The Crux'

Eventually Zara felt unable to cope any more with Ellie's behaviour, and decided to expose their home life to scrutiny. Recording a video of Ellie's violent behaviour at home and showing it to a teacher triggered the school referring Ellie to CAMHS for an assessment. According to Zara, CAMHS has

declined to work with Ellie as she is "*too complex*".   This has left Zara feeling very much on her own with Ellie's challenging behaviour; as she says:

> *but then what help can I get for her?...I shouldn't have to put up with that. You know…And sometimes she makes me so angry that I've actually had to step outside the front door because I, I said to my manager in here, I said I can see sometimes when parents have snapped. And they've done something to their child that's put them in jail and had their child taken away. I have to step outside the front door. I literally go outside, take my key and just stand outside the front door until I have calmed down. And then I come back in the house. That's how she gets you.*

Zara compares herself to other parents who have lost control, and indeed this sense of being uncontained was powerful throughout the interview.   As mentioned earlier, Zara's emotions spilled out in the form of tears during the interview, and she spoke afterwards about how helpful she had found it talking about her experience.   By contrast, I left the interview with mixed feelings, being elated to have such a raw in-depth interview, but also anxious and concerned about the mental health and stability of the family unit.

Although the local CAMHS is not actively involved with Ellie, it seems that they did pass on the referral to GIDS and Zara and Ellie are now seeing a member of the team which has been perceived as very helpful by Zara. Ellie has now also been seen by a Paediatric Endocrinologist for hormone testing, although Zara did not appear to think that this was necessary as she does not view Ellie's difficulties as being medical in nature.   However, she clearly speaks of needing *"someone to find out why"*, suggesting that she may be struggling with the uncertainty of Ellie's presentation. It may also be that she is more reluctant than the other parents interviewed to research possible causes herself as she is frightened about what she may discover. Certainly, as explored in the literature review, some perspectives on gender identity issues have a tendency towards pathologising the parents (e.g Zucker: 2008) and it may be that Zara fears this is the case and does not wish to have it

confirmed. Alternatively, it may be that by tasking a third party to find out what is worrying her daughter, Zara is adopting a defended position and distancing herself from the distress that her daughter is experiencing.

The Present – 'It's like somebody's taken my child'

Another battleground for Zara is that of shopping and clothes. Whilst she initially used to enjoy clothes shopping for Ellie, it is now a fraught activity and one that Zara finds very stressful. Clothes were one of the first outward signs of Ellie's struggle with being a girl, and also her rejection of her father as she initially refused to wear any of the '*stupid girls clothes*' that he had bought for her.   Zara now buys most of Ellie's clothes off the internet, or when Ellie is not with her:

> *I can't take her shopping. So I go and I buy, 'cos I know what she wants. Cargo umm, camouflage trousers…Jeans have to be a certain way. She won't have them ski leg ones…Basically she lives in cargo trousers and umm, camouflage trousers and she wears hideous t-shirts. She's got the most terrible dress sense. She goes out in pyjamas. They have to have skull and crossbones on them. I have never seen a child with such hideous dress sense. It's embarrassing. It really is.*

I wondered about this sense of embarrassment for Zara, for whilst she recounts that Ellie has a poor sense of style, I could not help but think that it is Zara who purchases all the clothes for her and thus contributes to Ellie's style. I also wonder whether Ellie's unorthodox combination of clothes is just her way of trying to find her identity through the closely monitored control of her mother. Zara struggles with buying boys clothes for Ellie and recounted a couple of incidents where she tried to cover up the fact that she had bought female clothing for Ellie.   Both mother and daughter seem to need to conceptualise gender using a binary discourse as neither can tolerate gender neutral or unisex clothing (Wiseman and Davidson: 2011). For Ellie, clothes

have to be boys, whilst for Zara, trying to preserve the idealised female child, they ideally should be girl's clothes. I could not help but wonder why Zara persisted in purchasing female clothing for Ellie when it resulted in violent outburst. Her actions seemed to me to be deliberately provocative and contrast with Zara's fond recollections of dressing her daughter in pink girl's things when she was little:

> *but I just hate when she's dressed like that because umm, it just, it's*
> *not the same child. It's like somebody's taken my child and put back*
> *one that's not mine.*

This sense of <mark>having a changeling</mark> is very powerful and is in keeping with the discourse of loss that many other parents of children with gender dysphoria recount (Lev: 2004).

About three years ago Zara met her second husband, from whom she is currently separating. Like her first husband, he is also not a UK resident and Zara believes that he also married her in order to gain entitlement to a British passport. Up until about the age of five, Ellie used to sleep in Zara's bed every night, refusing to sleep in her own room. She has already told Zara, that once her husband has left, she will go back to sleeping with her again. Such behaviour suggests that Ellie may be insecurely attached to her parents and may present with difficult behaviour in order to reduce her anxiety (Howe: 1995). As explored in the literature review, psychoanalytic perspectives on gender identity issues often suggest that an overly enmeshed relationship with the mother, and a distant relationship with the father are common features in children presenting with gender confusion.

Although he has been a father figure to Ellie for the past three years, Zara feels that her current husband has not been a supportive co-parent and refers to him as '*useless*', also having declined to contributed financially to supporting them as a family. However, he has enabled Zara to carry on working full-time as he collects Ellie from school, and also looks after her during school holidays. Last summer he took her to visit his family in the Middle East for the

summer vacation, and it was during this holiday that the smiling photo of Ellie was taken. Zara presents her husband and the wider Muslim community as being intolerant of difference,

> *My husband is very small minded and he says it's a sin against God, you need to take her to the Mosque if she's gonna be gay. I don't know. What's a Mosque gonna do…? I am probably a bit scared to go and ask. What… because I know what they would say. Bring her in here, we'll read her some Koran. We'll bash it out of her. Because that is the mentality.*

Her faith appears to be a double-edged sword for Zara. As a convert to the faith, Zara clearly had felt drawn to Islam and is a practising Muslim. Yet, she fears its views on sexuality and difference and has not spoken to the Imam about Ellie or her situation, preferring to manage on her own and keep her difficulties secret. This was one of the 'gaps' in the research interview as although expansive on other areas of her life, Zara did not talk about her faith or what led her to convert to Islam. I wondered about this change in her own identity and how it must feel to Zara to have her child rejected by her adopted faith.

After the death of her mother, Zara turned to her aunt as her main source of support and she appears to have felt quite contained by this relationship. Ellie used to be spoiled by her cousins, but in later years, Zara feels that they have withdrawn and become disinterested in her. She links this particularly to Ellie's gender expression, feeling that her family cannot "*deal with it*" and this has also led to her feeling quite isolated in raising Ellie. Christmas was a particularly poignant time when Ellie did not receive many gifts from her cousins. This was in contrast to being given over £1,000 in gifts from Zara, despite being a Muslim and not celebrating Christmas. When Ellie asked one of her cousins why she hadn't been given a present, she was told that they didn't know what to buy her as she was into boys' things:

And I thought, why? I was quite upset about that...... it's like they are not interested in her and I think that's, my auntie still is obviously......but that's quite hurtful for her so she's constantly being rejected. And I am wondering if she feels rejected by me 'cos I constantly work.

Zara's wondering about Ellie feeling rejected may well be a mirror on her own feelings of being rejected by her own mother, and subsequently by both her husbands. A sense of being on her own was also manifest in concerns about what would happen to Ellie if anything happened to her. She feels that she was the only person who could cope with Ellie's behaviour which over the years has become increasingly violent and aggressive towards Zara.

This feeling that others did not really understand, or made light of Ellie's gendered behaviour, was not an isolated occurrence. Another example that Zara gave was of attending an appointment with her husband and Ellie was dressed in an identical fashion to her teddy bear. Officials mistook Ellie for a boy, and when Zara told them that she was a girl who had gender issues, she reported that they had found it "*cute*". Like many parents of children with disabilities, Zara finds such incidents draining, and they serve to perpetuate her 'state of continual coping' in order to minimise the potential discomfort of others (Case: 2000: p284).

This sense of isolation was not just present in her immediate social circle, but also from the wider professional community. Zara presented mixed messages about the support she receives from others; on the one hand she speaks of feeling that, as a parent, she is overlooked by professionals, and, on the other she speaks of how supportive the school has been to both her and Ellie. However, she does have concerns about the future when Ellie moves up to secondary school and she anticipates that she would almost certainly be bullied by the older children.   This really worries Zara to the extent that she is seriously considering home schooling Ellie so that the potential for bullying was limited. Given the troubled relationship between Zara and her daughter, this consideration of home schooling appears ill-thought through to me, and I

wonder if it is rooted in a paranoid-schizoid way of thinking where home is safe and the outside world is unsafe.

Whilst she acknowledges it is right that the child should receive support, Zara feels

> it's difficult having a child with gender identity and parents do get forgotten. There's no real support for the parent. The child gets the support which obviously they need but there's nothing there for the parent.

Like the very nature of gender identity dysphoria, Zara feels invisible and that her own needs are minimised.   Part of Zara feeling on her own with Ellie is due to having to work full-time and being unable to take time off to attend appointments and other activities such as parental support groups. This is another driver for her wishing to move towards part-time hours so that she can access more support. However, it does seem that work acts as a protective framework for her, allowing her to escape from her tumultuous home life. I was not sure whether Zara really did want to access potential support for her as a parent, or whether work was a convenient excuse to avoid engaging with the issues. Zara's Line Manager in some ways is presented as an idealised mother-figure to Zara being able to help her in managing her anxieties and containing her day-to-day difficulties with Ellie.

Whilst Zara is able to share with her colleagues incidents from her family life, she also felt that, her manager excepted, she has never revealed the whole truth of the impact that her family life was having on her:

> I mean I always make a joke of what Ellie gets up to. They probably think, some say, oh it's just a phase she's going through but I am thinking, you don't live, you don't see what it's like.

Humour can often be used to provide relief from distressing situations, and can allow the "momentary enjoyment" of repressed or disavowed feelings

(Christie: 1994). Whilst Zara appears to feel comfortable using humour herself, on her own terms, she is less comfortable when others chose to use it, suggesting that she is indeed struggling to acknowledge her feelings towards Ellie's behaviour.

The Future – 'I hope it's gonna go away'

Acceptance by the wider community is concerning for Zara and she has attempted to prepare her daughter about the potential for bullying:

> *I mean I have tried to talk to her about it and I've said, look Ellie, mummy accepts how you are and your friends accept how you are but you are gonna have to understand, I don't know if she, perhaps it's a little bit too much of a complex conversation of her age but I say, you're gonna be… I am warning you, you are gonna be bullied. I don't want you to be bullied…But I… if she's bullied then I will personally go down that school myself and stand in front of that whole school and tell them how it is.*

As with many parents of children with gender identity issues, ever present is the concern of possible suicide or self-harm (Grossman and D'Augelli: 2007) and Zara compared her daughter to transgender adults that she has known who have been drug users or developed mental illness.   Zara is also worried about puberty as her daughter's body had already started to develop:

> *And I am petrified because she's threatened to cut them off. She said, I am gonna get a knife and cut my boobs off. I just don't know how she went from one thing to the other, 'cos she never showed signs of that as a little girl*

Zara views the future as bleak and just hopes that she can manage until Ellie is 18 years old. I was struck by her seemingly believing that Ellie would no longer give her cause for concern after this age as she would have 'achieved'

adulthood and be separate from Zara. This belief seems to be one of a number of protective defensive processes in place in order to help Zara manage with the present. She does not see it as her right to make decisions about hormonal treatment or surgery for her daughter and was adamant that such decisions would not be made until Ellie could make them herself as an adult. This potentially was storing up more problems when puberty arrived definitively for Ellie. Zara's main hope for the future is that "*it's gonna go away*", suggesting that she borders on denial of Ellie's difficulties, and favours a more passive approach to dealing with the Ellie's gender identity issues. I think that this is one of the reasons that I left the interview feeling so hopeless and overwhelmed. As Wren's (2002) research suggests, denial of the issues tends to be linked to poorer outcomes for the child and family, and I left feeling concerned for both Ellie and Zara's future health and happiness.

Case Study Five

<u>The Parent</u>

Collette is a black Afro-Caribbean mother of six year old Ben, ten year old Jonah and thirteen year old Jack. Ben has shown a preference for girls' toys and clothing from a young age. He has recently started to identify as a girl, although he still appears to be accepting of being called by his birth name.

Collette raises the boys on her own and works part-time as an Office Administrator. The boys have different biological fathers, although all view Ben's father, Jim, as 'Dad'. Jack and Jonah do not know who their father is as the relationship between him and Collette was abusive and Collette does not wish him to have any contact with their sons. Jim is a White British man and thus Ben has lighter skin than both his brothers and mother. Although Jim and Collette split up two years ago shortly after the family moved to their new home, he still remains in close contact. Indeed, the interview date was set to allow for Jim to participate in the interview as he was on a three day visit staying with the family.

<u>The interview context</u>

Although the interview time had been set to allow travel time post-rush hour and school run, on arrival at the family home, I was greeted by Collette in a towel having just got out of the shower.   She was very relaxed about being caught unprepared and showed me into the living room whilst she went to get changed. Prior to the interview she had not told me anything about Ben, but I ascertained from the Barbie Dolls on the chair, the pink toy basket and the 'Nephew' card on the shelf that her child was a boy who identified strongly as a girl.

Ben was the youngest child of the parents interviewed, and Collette commented that she wanted to participate in the research as she felt '*ready*' to talk about her experiences. There was no sign of Jim and Collette said that she felt he was more in denial about Ben's gender identity issues and did not feel as able as her to talk about how he felt. This was quite disappointing for me as I was hoping to get Jim's perspective as a father who lives apart from the family. However, Collette was very willing to talk and provided me with a very in-depth and rich account of her and Ben's current experience. Indeed, unlike the other parents, Collette did not provide such a chronological account of her experience and offered me some of her most insightful comments pre- and post- tape recording. Where possible, I will indicate which comments were made out of sequence as this helps to contextualise the interview and give some insight into Collette's possible thought processes.

The interview was very chatty in style and was probably the easiest for me to undertake. I think this was because of Collette's relaxed manner, rather than the fact that I had already carried out a number of other interviews. She was very happy to talk, and indeed I had the impression that she would have talked for longer.

Collette was keen to show me photos of Ben, and clearly had spent some time the previous evening going through her photos and thinking about which one was her favourite one. When I had been waiting for her, I had spied a

small passport-sized photo of a dark-skinned boy with short hair and assumed that it was Ben. It was thus a considerable shock when she showed me two photos of a pretty pale mixed-race girl with fine boned chiselled features and long ringlets framing his face, dressed in a princess dress.   Ben was beaming at the camera and holding his hand up in a stereotypical 'camp' male gesture. The photo reminded me of Zucker et al's (1993) controversial suggestion that physically attractive boys can trigger responses in the parent that can serve to perpetuate effeminate behaviour. Collette also showed me a picture of Ben smiling sleepily dressed in a patterned blue sleep-suit when he was about 18 months old. However, she commented that whilst she liked the photo of him, it was not really 'him' and whenever she thought of him in her mind, it was always an image of him dressed in a girl's outfit that came to mind.

The Parental Experience
Pre-birth

Although not part of the recorded interview, just before I left Collette told me that she had been certain during pregnancy that she had been carrying a girl. This comment was prompted by me noticing a pen and ink drawing of a Madonna and child in her cloakroom and Collette telling me that it reminded her of carrying her first child. With Jack and Jonah she had been certain that she had been carrying boys. Therefore, when she had the feeling she was carrying a girl when pregnant with Ben, she was similarly convinced that her instinct was correct. When Collette told me this, I was struck by how it mirrored Kathryn's experience. I was similarly struck that she chose to tell me this just as I was leaving, suggesting to me that her belief that she was carrying a female child was something that she was now uncomfortable with, and may have felt some guilt about possibly causing Ben's gender identity issues.

<u>The emergence of gender identity issues – 'he started having, you know, ideas'</u>

Since babyhood, Collette describes her feeling that *"there has always been something there"* with Ben. When they would visit other people's houses, he would always play with pots and pans and he enjoyed pretending to cook. When Collette told me this, I found it difficult to understand her comment as I personally do not view cooking as a particularly gendered activity. However, whether due to social constructions of gender and a family culture that views cooking as a female activity, or because of other unspoken aspects, Collette appeared to associate Ben's behaviour as being gender variant. Initially, she bought him a chef's outfit, but then she noticed that he was also enjoying dressing up in her clothes:

> *I didn't think anything of it at all, happy for him to you know, express*
> *himself umm and then one day I thought, oh maybe we can get him that*
> *for dressing up and it was umm a dress, or maybe that for dressing up,*
> *a tutu.*

Like Nicola and Jason, Collette initially did not 'think' about Ben's behaviour and just accepted it as part of who he was. She alludes to the fact a couple of times during the interview that Ben has always had issues because he has health issues as well. Although she was very open about other matters, she did not explain fully what Ben's other health issues were and I was not clear if these were physical or mental health issues. I wonder whether this perhaps mirrored how Collette was coping with the uncertainty of diagnosis for Ben, a theme that developed later in the interview when she speaks of wanting him to undergo a barrage of tests to try and "*decipher what we are dealing with"*.

Unlike Ben's father Jim, Collette gradually started to 'question' whether Ben was just going through a phase, or whether something else was going on for him when she realised that he seemed to have no interest in boys' things. His wish lists for presents always were very female orientated and his favourite toy was a doll who was taken everywhere with him. Collette described this as

his 'nu-nu' or comfort object. At this point, when Ben was about four years old, Collette started to do some research into gender dysphoria:

> *I was like, oh my goodness. [Laughs.] This is Ben… And I read, you know, information from their websites and umm it got to the stage where it's like, okay. I think there was a while I left it and just thought, no, you know, just let him develop and progress but it wasn't changing. And, in fact, it was getting more intense.*

She decided not to access any of the support networks that she had discovered in her research and *"kind of left it for a while"*. It was around this time that her relationship with Jim broke down, and I wonder whether Collette deciding not to take things further with Ben was in part a response to the emotional climate at the time. It may be that she hoped that Jim's lack of acceptance may have been what was exacerbating Ben's behaviour and, with her as sole resident, and accepting, parent a reduction in gender variant behaviour would occur.

The critical transition point – 'I can't do this on my own'

Although initially Collette says that there was no one thing that prompted her to ask for help and cites a continuing escalation of feminine behaviour, she then recalls a significant conversation with Ben during his reception year at school:

> *I think what it was actually, when I say there wasn't a pin point. He said umm, I'm a girl. Umm, he didn't say I want to be a girl. He said I am a girl and to me that was quite telling…umm… so from that point I suppose it was almost like trying to understand, trying to get information from him if you like to see where he was at you know, but at the same time I was thinking, but you know you are only 4 or 5 and how can you…*

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In spite of her reservations about Ben fully 'knowing' his own mind, Collette acted decisively and took her concerns to the GP asking for a referral to GIDS. Although she did not perceive the GP to be fully supportive, the GP did make the referral as requested. Collette comments

> *The GP herself was a bit umm, umm… what's the word? Umm… she didn't, it was my belief that she was against that kind of thought pattern. That was the impression that I got….it was very much a case of you know, umm, I suppose she was looking ahead, you know the stigma, the you know the issues that you are going to have with it being accepted etc., etc.*

I wonder whether the GP was as thoughtful about the future as Collette presents. It may be that this comment is really a mirror on Collette's own thoughts as she begins to think about the potential for discrimination and stigma for Ben in years to come, especially when he has to interact with people outside his immediate social and family system.

Ben was first seen by GIDS when he was five years old. Shortly before his sixth birthday, due to concerns that perhaps she had inadvertently encouraged Ben too much towards feminine toys and activities, Collette decided to take away all of his toys and refused to allow them back. This part of the narrative was quite confusing for me as she relates the story in parts, initially beginning before the Dictaphone was switched on, then returning to the narrative mid-interview. I wonder whether my confusion corresponds to Collette feeling uncomfortable about recounting what she describes as "*a last ditch attempt*" to give Ben the chance to develop as a boy. Such an approach is hugely contentious and has been advocated for younger children by some mental health professionals (for example Rekers: 1995). However, Collette acknowledges that this course of action did not '*feel right*' but she felt like it was something she had to do. In order to try and remove some of the potential bad feeling towards her by Ben, and also because of his own concerns about Ben's developing gender identity, her father was the one who told Ben that he was no longer allowed to have his dolls.

As a result, Ben's challenging behaviour escalated and he became very angry towards his mother, telling her that he hated her, wanted to live with his father and felt that she does not care about him. This behaviour is reminiscent of an overly enmeshed relationship where the child has difficulties in separating from its mother and thus 'acts out' the difficult feelings. As Howe (1995) comments, one of the developmental tasks for children is to learn how to separate and moderate its feelings of anxiety and anger when its needs are not met by others, especially its primary attachment figure. Collette presents as mindful of Ben's emotional struggles and enlisted the support of one of her friends, asking her if she could find out what was worrying Ben:

> *One of the things he said to her was "why did mummy born me a boy?" And umm, It's… what did he say? "Why did she choose for me to be a boy?" Umm and I'm going backwards here because that was said and then when she told me that it kind of put a few things in place for me.*

Collette then realised that her actions had evoked a very powerful reaction in her son, and that his acting out was as a direct result of having his toys and dressing up clothes taken away. Whilst her intention had been to encourage Ben to try and play with boys' things, the result was that Ben felt that she did not accept him. Around this time she started to participate in Mermaid Discussion groups, and every response that she received back to her post about difficulties with Ben advised her unequivocally to give him back the girls' toys. Thinking about Di Ceglie's (2008) description of the potential for professionals to re-enact family dynamics when working with young people with gender dysphoria, I wonder if this was the case for Ben's clinician at GIDS and also the 'expert' parents within Mermaids. It appears as if some of the parents within Mermaids are also adopting a definite non-negotiable 'position' in relation to their views on how to support children with gender identity issues. Certainly Collette's action in taking away Ben's girl's possessions appears to be overly punitive and very distressing for him, but if

seen within the context of binary opposites, illustrates how she perhaps could only see her position in terms of Ben 'having' or 'not having' the toys.

The Present – 'am I doing the right thing?'

Gradually Collette has returned the girls' toys back to Ben, using them as an incentive for good behaviour by allowing Ben to have them in stages if he has behaved well. It is unlikely that she will remove his girls' toys again and she feels that ultimately it was far too distressing for both of them. Ben now has all bar one bag of his toys, and every day Collette comments that his behaviour grows more and more entrenched. At present he only has girls' clothes for dressing up, and is not allowed to wear them out of the house although he does try. Sometimes Ben will wear hair accessories and Collette will try and buy him boys' clothes that are slightly more feminine such as pink t-shirts for example.

Prior to the Dictaphone being switched on, Collette described herself as a very 'girlie' and 'strong' woman. She was wearing a bright pink top and co-ordinating tights and nail varnish and also told me that her bedroom was very pink. There seems therefore to be a very strong family script about femininity being expressed in a very visual way through clothes and material possessions. I also wonder whether Colette's pride in being a woman has resulted in some inappropriate narcissism developing. Schmidt Neven (1996) writes of a mother taking narcissistic pride in the similarities that she sees between herself and her developing child. In Schmidt Neven's illustration, this is a female child, but there is a possibility that Ben's effeminate appearance and behaviour is either in response to, or contributory to Collette perhaps treating him more like an extension of herself, rather than a separate male individual. Schmidt Neven (ibid) suggests that the child, in an attempt to establish their own identity, often borrows the mother's clothing in order to 'borrow' part of their identity. Conversely the family representations of masculinity appear to relate to male physical strength and the ability to defend one's family. There also may be cultural aspects to notions of masculinity as

Collette's parents are immigrants from the Caribbean. Collette's father was a military man and Jack and Jonah currently attend Army Cadets.   Jack is described by Collette as being *'a boy's boy, a man's man'.*   One wonders whether Ben has also internalised these scripts, and is not able to relate to the dominant representation of masculinity and feels more comfortable with its binary opposite.

Due to his long hair and feminine behaviour, Ben is often mistaken for a girl and has told his mother that he feels really happy when this happens. At present he does not have a girl's name that he asks to be used and tells strangers his birth name or calls himself 'Supergirl'. Like Nicola, Collette has mixed feelings about this, and when asked whether she corrects people, she says:

> *Sometimes I do and other times I think oh I can't be bothered. [Laughs.] Umm because sometimes I just think, do you know what it's going to be too complicated because he's there with Barbie in one hand, Mopsie in the other and you know looking very feminine and I am not going to see you again probably so I can't, I'm not even going to end up going there. Mmm, how, I don't know, no, I don't think I have really… I think there is part of me that feels happy for Ben when they say it.*

Like some of the other parents, Collette sometimes feels misunderstood by others when explaining Ben's gender identity issues.   By mentioning the different paths that children with gender identity issues can take, Collette sometimes feels that others assume she has foreclosed on Ben's future. Thus, in her attempts to explain the possible range of outcomes, Collette feels that others assume she is explaining an outcome that she wants. There is, of course, the possibility that this is a projection, and it is the case. However, her quest for information ties in with Smithson's (2008: p205) description of a 'knowledge seeker', someone who is able to tolerate uncertainty in the journey to find out more, and who is not defended about prior held beliefs. Collette

tries to be open to other people's perspectives on Ben, but this is not always easy as she comments,

the one thing, you know, I always stand by, I'm with this 24/7. You know, you may have that opinion of what you have seen, that may just be an hour within a month. (Laughs) So yeah, you are entitled to have that opinion but look at it from my point of view… umm and I think that's when I, I realise that, yeah that I am doing the right thing…umm, you know, as much as all of these niggles are there, I do feel that I am doing the right thing.

Although Collette feels that Ben's father struggles to accept their son's gender identity issues, her family and friends have been very supportive of her parenting and she has not been on the receiving end of any negativity. However, friends have been more inclined to comment that Ben's behaviour is part of a phase, and, in a comment suggestive of a more sociological stance, one male friend told Collette that back in their home country Ben's behaviour would not be seen as anything out of the ordinary.

Although her father was one of the instigators of the project to remove Ben's toys, Collette comments that he was fine about the toys being given back to Ben and has told Collette that at least they know that they tried. She is very close to her mother, sister and one cousin in particular, and Collette is able to share her frustrations and worries with them. However, speaking of how she manages her emotions in the absence of a supportive partner, Collette says

sometimes I hold onto it; I don't always let it out and then it will build up and build up until the point where I'm like "aarrghh!" and I just want to go and stand on a really high hill and just scream.

Since starting at GIDS, Collette has started to explore the possibility that she may have a part to play in the development of Ben's gender identity issues. During discussions with Ben's clinician, Collette has been encouraged to think

about possible psychological reasons for his gender identity, including the breakdown of her relationship with Jim and the fact that she views herself as a very strong female.   This formulation is in keeping with Malpas' (2011) observation that parental conflict can exacerbate a gender non-conforming child's alignment with the parent who is perceived to be more accepting. Whilst Collette is open to this way of thinking, she is also critical of it, pointing to the fact that her other sons do not have gender identity issues. Looking at psychological issues raises the possibility of her being partly to blame for Ben's difficulties which is understandably very difficult for a parent to contemplate.   However, she comments powerfully

> *I think ultimately, although those things are there, which I do need to explore, I think it, you know, it's only the right thing for me to do is to explore them but deep down inside I really do, I just feel that my son wants to be my daughter...*

This comment could also be interpreted as suggestive that perhaps Collette does also want Ben to be her 'daughter'; unlike earlier in the interview she does not say that he wants to be 'a girl', but that he wants to be 'my daughter'. Equally this shift in language could be seen as indicative of Collette's ambivalence towards Ben's gender identity.

Like some of the other parents who made analogies to physical illnesses, Collette reflects on the challenges faced when parenting a child with gender identity issues:

> *it's still very daunting and it's still very, it's like a minefield, it's like oh because it's the not knowing. If he was I don't know let's just say diabetic, then it's quite simple in the sense that you manage the diet, you have insulin. (laughs) And you know you get on, but with this it is just so ambiguous, it's like how, how do you… umm … sometimes I think how do I justify me not encouraging it, but allowing it, when he is a physical boy?*

Interestingly, unlike other parents who made analogies to terminal illness, Collette uses the metaphor of a chronic condition, indicating an awareness of the potential longevity of Ben's gender identity issues, rather than a need to see it as something that could be 'cured'.

The Future – 'it's the not knowing'

Collette has mixed feelings about the future and how to support Ben over the next few years, especially given Jim's difficulties in coming to terms with Ben's gender identity issues and conflicting advice offered to her by both professionals at GIDS and fellow parents via Mermaids.   Whilst Jonah has told his mother that he thinks Ben will grow out of it, Collette is not so certain:

> *it's just such an unsure area and personally I don't think that that is going to be the case. I do think that there is always going to be some issue there whatever it may be, whether he is gay, or whether he be a transvestite.*

Although earlier in the interview Collette only alluded to health issues, she mentions when talking about the future that he has difficulties in concentrating and this is a worry for her. Ben is behind academically at school and although he is due to go into Year Two, he is still really at Reception level. This has led to Collette wondering if he is on the Autistic Spectrum or has Attention Deficit Disorder and she is keen to have him thoroughly assessed so that *"so we can decipher what we are dealing with".*   This link of the Autistic Spectrum with Ben's gender identity issues by Collette is interesting in that there is some, albeit limited, case study research also linking gender identity and autistic spectrum disorders. Research cited by Attwood (2005) suggests that some boys with Asperger's syndrome may notice that their mother is more naturally socially adept and thus seek to imitate her behaviour through developing female mannerisms and interests.   An alternative perspective proffered by authors such as Tyson (2002) is that Ben may be over-identifying with his mother.

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Perhaps unsurprisingly given Ben's age, Collette only made passing reference to puberty, commenting that she had a '*good few years'* before they hit it.   However, one of her concerns is about the future impact of Ben's behaviour on his older brothers:

> *you know, the worry of the stigma and everything umm for, for Jack [and Jonah] as well so in essence I suppose what I am saying is that Jim needs to be on board because he needs to be able… not just to support Ben but also [Jonah and] Jack...umm.. but at the same time, if I've got to do it, I will do it. Sure, you know there's no other qualms about that at all.*

Ben was the youngest child in this research study and thus some of the concerns that Collette is contemplating are still very new to her as she is so early on in her journey. She speaks of part of her being '*almost willing*' to take Ben shopping to buy whatever he wants and part of her wanting to work alongside the school looking at their Equal Opportunities policy.   This indicates an awareness of the impact of the wider socio-political environment and more of a rights-led perspective. The other part of her is unsure about whether or not Ben is emotionally ready to take the next step and she is worried about Ben getting to the age of ten and then feeling trapped in a female role that he no longer wants. Summarising her concerns, she says

> *I haven't got a clue to be honest with you is the honest answer and I haven't particularly got Jim on board umm as his father, umm which makes it, it does make it difficult because, you know, he is his father but ultimately I have got to do what is right you know, for Ben. So I just don't know, I really just do not know what happens next.*
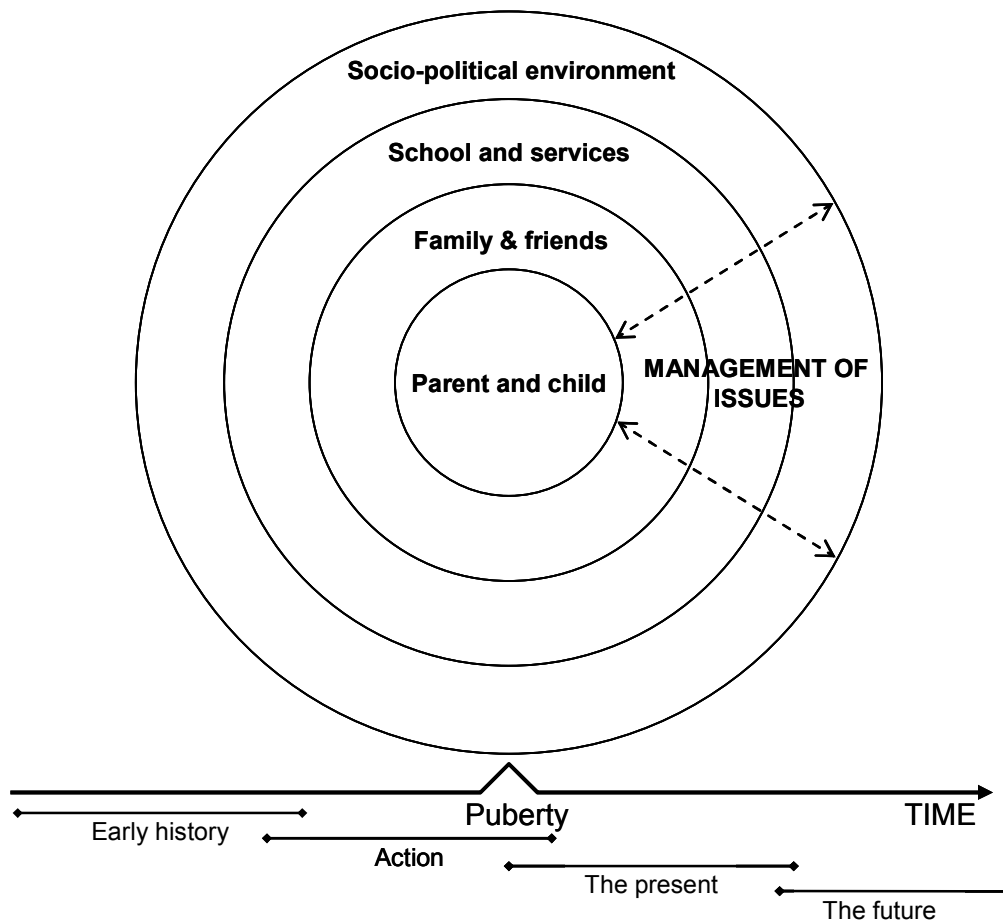
Findings and Discussion

Following on from the previous chapter that set out the Case studies, this chapter will draw together the themes from the parental narratives and explore them in relation to the extant literature.   Five key themes relating to the process of mourning emerged during the analysis of the data which I coded, or labelled, as *loss*, *not thinking*, *uncertainty*, *ambivalence* and *acceptance*. Whilst these 'labels' are attuned to previous research findings, I contend that the use of psychosocial research techniques has enabled me to drill down further and extend current thinking in the field of social work practice with individuals with gender identity issues and their families.

Whilst aspects of mourning and grief are considered in other research accounts of parents with children with gender identity issues it is usually with the hopeful outcome that a sense of acceptance of the child's gender identity will be achieved. In this way, it seems to me that the process of grieving has become sanitised and somehow made less painful by proposing that there is an 'end goal' or desirable, and indeed achievable outcome. Whilst this may indeed be the case for some parents, the uncertainty faced by the parent participants in this research did not suggest that this was a reality for them at this time. Suggestions of a process through a number of stages during grieving for the loss of their child suggests society's need to compartmentalise mourning and denies the ongoing vacillation between different and often painful states of mind for the parent. Additionally a staged approach of mourning also fails to consider the joy and vitality that parents also experience loving a child with gender identity issues. Whilst not specifically writing about gender identity dysphoria Craib (1998) suggests both sexuality and mourning are "split off from the rest of social life and given its own specialised space governed by experts" (p158). As such, this research re-examines these two socially taboo areas within a psychosocial context where the rest of the social environment is taken fully into consideration.

As the individual case studies have already been explored in relation to literature, this chapter will seek to extend my presentation of the parental narratives through a re-conceptualisation of the issues as a whole and development of explanations. Consideration of the methodology and its effectiveness in obtaining to answers to my research question will also be undertaken, and the strengths and limitations of the research will be discussed. As highlighted in both the Introduction and Literature Review, the experience of gender identity issues engenders a range of highly political and polarised responses. Individuals are subject not only to the "confused scandal of the media" but also "the collusive, falsely liberal seduction of medical-surgical 're-attribution' of sexual gender" (Argentieri:2009: p34-5). The parental narratives frequently highlighted their perception that many of the professionals they encountered along their journey were ill-informed about gender dysphoria and thus ill-equipped to practice effectively with their family. It is thus hoped that this research will help to educate both social workers and other professionals through highlighting the practice implications of the findings and suggesting further areas of research.

Organisation of Themes

As set out in the Methodology chapter, all of the transcripts were coded according to Charmaz and Bryant's (2011) recommendations. In this way, I was able to follow trends in the data and make links and establish patterns between the different narratives. The Family Life Cycle (Carter & McGoldrick: 1999) enabled me to see the parental narratives as a series of complex and multi-layered interactions, all relating to mourning, which became my central organising code. In her work with parents of adolescent children with gender identity issues, Coulter (2010) also drew on the Family Life Cycle and initially I found her interpretation helpful in thinking about my findings. Coulter's (ibid) original diagram (see overleaf) places 'Management of Issues' as the central organising theme. This relates to parental "issues, challenges and dilemma" (p35) and the resources that were utilised to manage these.

Socio-political environment

School and services

Family & friends

Parent and child

MANAGEMENT OF ISSUES

Puberty

TIME

Early history

Action

The present

The future

<mark>**Journey of a parent of a transgendered child (Coulter 2010: p35)**</mark>

<mark>As I discuss in the Methodology chapter, whilst initially I also used 'Management of Issues' as an axial code (see Appendix 8 for illustrations of my coding), I found that there was a stronger presence of codes relating to emotional rather than practical issues. Coulter's work was also with parents of adolescents, and thus puberty took on additional significance and the parental experience was conceptualised as a journey. As her focus was less psychodynamic and there was not such a strong focus on possible unconscious processes, the centre of her diagrammatic system is conceptualised as parent and child, rather than individual. These differences led to me adapting Coulter's diagram as can be seen overleaf:</mark>
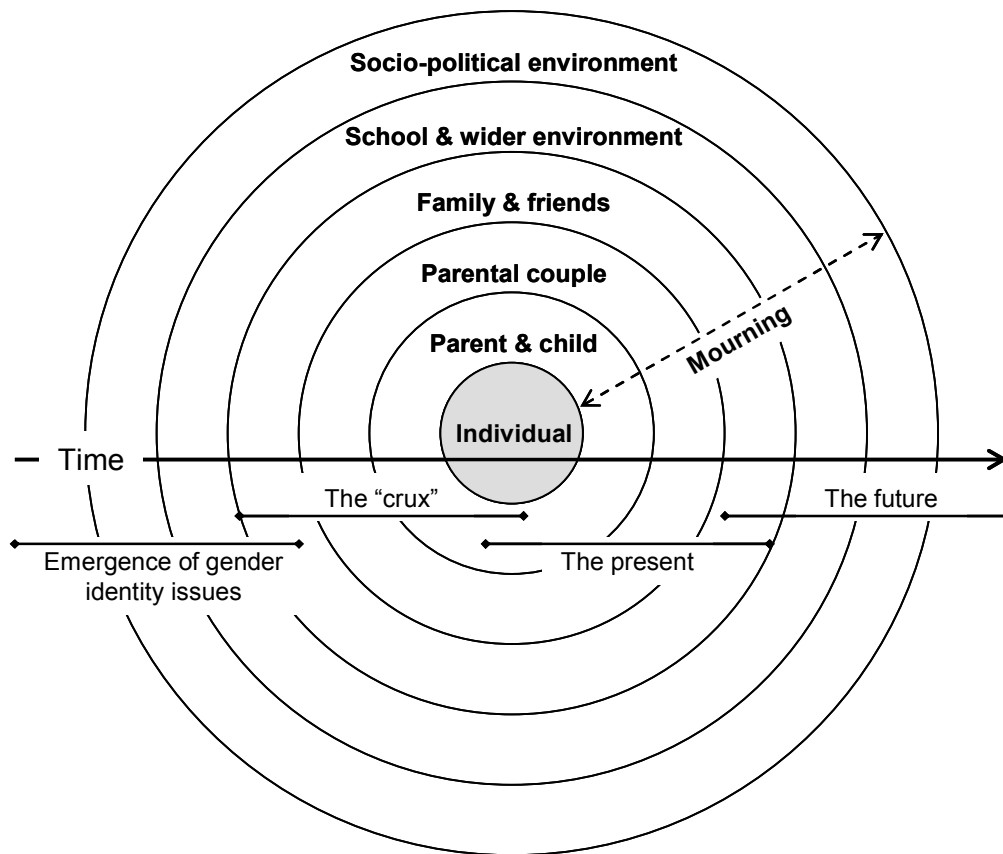
'The Family Life Cycle' adapted from Coulter (2010: p35)

The theme of mourning cut across all layers of the system; for example, the theme of acceptance emerged very powerfully, from narratives of concern about how society treats transgendered individuals in the macro and exo-systems, to discussions on an individual level of parents initially finding it hard to come to terms with their child's gender identity issues. The diagrammatic representation of the theme of mourning is a double-ended arrow to indicate that it not only is present in all systems, but also should be seen to have wide-ranging complex effects cross and inter-systems. For example, the way that a child is treated or perceived by a non-accepting religious faith group can have an impact on the way that their parent experiences the gender identity issues. I also added an additional layer to the diagram: 'individual' which reflects the

fact that the psychosocial nature of the research speculated on unconscious hidden processes that may have been present for the individual parent.

Like Coulter, time is also considered as a vital aspect in understanding life experience, and is diagrammatically depicted as affecting all of the systems. All of the parents bar one couple clearly identified a conversation with their child that I coded as 'the crux' and which led to a referral to GIDS.   Coulter (ibid) again organised her temporal codes differently to me reflecting the fact that the parents interviewed in her research were further on in their transgender journey.   For example, she utilises the category 'Early history' which relates to pre-puberty, and identifies the period between this and the parental present as 'Action'.   Puberty was also highlighted.   These temporal categories do not fit with my data, and thus I have adapted her diagram to reflect this difference as well.   As can be seen in the presentation of the Case Studies, the parents in this research tended to talk in detail about the present, as well as the events leading up to their current situation.   This provided a rich seam of data to mine as the narratives of disclosure and early struggles were less tinged with the retrospection of previous studies into parental experience that also included parents of adolescents (e.g. Hill & Menvielle: 2009; Riley et al: 2011).

By organising my codes on a more systemic level, I was struck that the majority of the codes relating to age and stage fitted the inner circles of the parent's system and there was a strong focus on emotions and actions that related to either just the individual, or the family.   However, the Family Life Cycle is a helpful model in understanding this as it reminds us that individuals are subject to the constant interplay between the systems (reflected in the dotted double-edged arrow of 'mourning' on the diagram).   Thus, whilst it may not have emerged as a strong explicit theme in my analysis, other aspects such as the impact of religion, social class and stigma all had an impact on the parents' everyday lived experience as can be seen in the Case Studies. Unlike Coulter's (ibid) research, there was little explicit mention of interactions with schools, or the wider environment although this could be because, except for one family, the parents had positive experiences with the school.   Similarly

there was almost no attention given to broader socio-political issues. This suggests that parents of pre-pubescent children are focused on their 'here and now' and their immediate environment. This replicates the findings of Riley et al (2011) who found that parents of children of all ages were focused in on their immediate concerns rather than their children's future psychosexual outcome for example.

Although the Family Life Cycle allows for examination of family scripts, it does not consider in depth many of the unconscious processes which are key to psychosocial research. Thus, the centre of the diagram is labelled 'Individual' which I am interpreting as the unconscious processes at intra-psychic level. Casting a lens over all of these layers is the additional interplay between myself as researcher and the parent participant. Carter & McGoldrick's (1999) original practice-based model does not include this, but clearly it is of crucial significance if one is attempting an in-depth analysis of the data presented during the research interviews.

Emergent Themes

'Somebody's taken my child' – Loss

The theme of loss is central to many LGBT parental narratives (e.g. Ben-Ari: 1995; LaSala: 2000; Salzburg: 2009), with parents' experience of their transgender journey often being likened to that of a bereavement experience. Indeed, Kübler-Ross' (1969) seminal work on loss was originally conceptualised to relate to the diagnosis of a terminal illness, as well as bereavement, and a number of the parents compared their child's experience to cancer. Parker and Weiss (1983) describe three core tasks of grief as being intellectual acceptance of loss, emotional acceptance of loss, and finally the gaining of a new identity. Arguably the parents in this research were still negotiating the first two tasks and struggling to come to terms with their experience. The gaining of a new identity is not yet possible for these parents

as they still do not really know what or who they are grieving for, and are unable to move on until their grief is more resolved. This cannot happen until their child achieves gender constancy, which if one accepts Kohlberg's theory (1966) is at the age of seven years old, an age that all bar one of the children had achieved. However, the experience of all the parents in this study suggests that Kohlberg's theory, at best, is only applicable to a 'normative' group of children, or, perhaps more controversially, is to be discredited.

Riley et al (2011) challenge the findings of other research that suggests parents need to grieve. They speculate that it only relates to parents of older children or adult children coming out, or if the need for medical intervention arises. However, none of the children in this study were even close to the age when medical intervention might have been considered. It appears that one of the reasons that the parental experience of loss is so raw is because there is no 'body' to grieve. Until their child has finally settled on a gender identity that they feel comfortable with, the parents remain in "a sort of existential impasse" (Hill & Menvielle: 2009: p267). Many of the parents spoke of how their child's biological gender was often mistaken by strangers, much to the child's delight. However, this gave the parents great pain and served to perpetuate their feeling that they had 'lost' their birth child.

Equally, adults outside of the parental couple often expressed their views that the child was just going through 'a phase' thus belittling the sense of loss that the parent was feeling. In this way, due to the often invisible nature of gender identity issues in younger children, parents seem to experience what Doka refers to as "disenfranchised grief" (1989: p1). This is where parental grief goes unacknowledged and unsupported by friends and family, and society as a whole. Additionally, because of the stigma involved, parents can also inhibit their own grieving, not least because of their need to sustain hope in a positive outcome for their child (MacGregor: 1994).

The narrative of loss however is more complex, and viewed through a psychoanalytic lens, it was not just the loss of a gendered child that was being revealed. The loss of not only the idealised child, but also the idealised family

and parent was also present in the narratives. Simpson (2005) talks about the normative process of pre-birth fantasising about an 'ideal' child. After the birth of the real child, "this ideal is relinquished by the parents through a process of mourning, which is recurrent throughout the child's life" (p103). This process was evident for many of the mothers who spoke of being cuckolded, feeling a sense of loss every time they see their child dressed in the opposite gender clothes, or recalling their dreams of watching their child play football or do ballet.   As outlined in the Literature Review, Lev (2004) devised an oft-cited four stages of grieving that a parent goes through after the disclosure of a transgender identity by their child.   Her model ends with 'Finding balance' which is about achieving resolution of the initial turmoil, but this does not fit with the parental experience of the participants in this study. Clearly there are always theoretical challenges in any model that implies a staged process and does not allow for more fluidity, and I would suggest that Lev's model needs more circularity within it as the feelings of loss were recurrent and did not appear to show any signs of abating for the parents in this study.   Thus, I would also suggest that a further stage of 'Personal Growth and Change' needs to be added to Lev's model. Many of the parents reframed their often emotionally harrowing experiences into discourses of positive personal growth and spoke about how they had become a better person as a result of their experience of parenting a child with gender identity issues. This links to the concept of post-traumatic growth that suggests it is possible to achieve personal growth as a positive consequence of facing adversity (Tedeschi and Calhoun: 1998; Linley and Joseph: 2004).   However, I wonder additionally whether the move towards framing painful experiences as personal growth is perhaps also part of the "contemporary denial of pain and complexity" (Craib: 1998: p166) related to mourning as discussed earlier.

For most of the parents in this study, the 'normal healthy' grieving process could be observed, but for one parent, this was not the case and more disturbed grieving seemed to be experienced. Whilst writing about parents who have a disabled child, Simpson's (2005) comments are also pertinent to bear in mind in that

> "where there is a high degree of narcissistic investment in their imagined wished for child, having a disabled child can result in extreme feelings of narcissistic injury with attendant outrage and loss of self-esteem…To have a disabled child can leave these parents feeling that their sense of self is damaged and this can evoke powerful defence manoeuvres" (p105).

Again, it is important to emphasise that case study no 4 is unusual for parents seen by GIDS; research by Hill et al (2010) suggests that parents are not ordinarily motivated to seek support due to antagonistic feelings towards their child, and usually are tolerant and accepting of gender variance. However, the atypical experience reminds us of the complex and diverse interactions that are part of parents' experience of having a child with gender identity issues.

Along with their sense of losing their idealised child, there was also a sense of losing the ideal of the parent that they had envisioned being, a fundamental existential crisis for the parent. This can be seen in descriptions of feeling forced to act against their better judgement, feeling completely unsure how to parent their child, and undertaking tasks they had never envisioned such as taking their female child to the barber's shop. Like many parents of LGBT children, the parents had to develop what Beeler and DiProva describe as "an alternative vision of the future" (1999: p451). As a result of their lack of knowledge about gender identity issues, and their unscripted role, many of the parents spoke of becoming 'expert parents' in order to manage. Commenting on the experience of parents of children with mental illness, Harden (2005a) describes the process of re-skilling that many undertake as an attempt to "reposition themselves as experts in their role as caregivers" (p219). Whilst this may be a positive reframing of their role as parent, it still requires a considerable effort on the part of the parent, who may still be grieving the loss of the parent they wanted to be.

Extending outwards into the concentric circles of Carter & McGoldrick's (ibid) Family Life Cycle, the discourse of loss can also be seen as extending to the

loss of the idealised family. Parents spoke of how accepting their other children were of their gender variant sibling, but were also mindful of how the younger children especially saw nothing unusual in their sibling's behaviour. Many of the families were also in contact with Mermaids and had attended Residential events where they had met other gender variant children and adults. In this way, gender identity issues were normalised for the families in a way that they could never have envisioned happening, and a more sociologically informed stance was made possible within the 'safe' and gender variant environment created by the Mermaids community.

'I can't think' – Not thinking

As part of the mourning process, a stage of disbelief and denial is commonly experienced (Dickenson & Johnson: 1993). In keeping with this, parental narratives were peppered with comments such as 'I can't think' or 'I didn't think anything of it'. With the benefit of retrospection offered by the opportunity to discuss their experiences, some parents appeared to be able to use the research interview as an opportunity to think. I was frequently drawn into the narrative with comments that acknowledged my clinical experience at GIDS and it appears that my non-judgemental stance in the research encounter enabled the parent to be thoughtful.

However, their previous inability to think suggests a process of denial or repression, which can be seen as a fundamental defence against the anxiety that their child's gender variant behaviour was causing them. As Palmer (1973) states, "everyone has thoughts; that is, they have various primitive and more elaborate ideas which they may utter or keep to themselves. Whether thoughts are used for rational thinking is another matter" (p128). Parents in this study were initially unable to think or even name their child's gender identity issues reflecting the complexities and social pressures of contemporary parenting practice. It may be that they worried about their own internalised homophobia, or the possible homophobic reactions of others if

they put into words their concerns. Parents may also have worried that it was their fault that their child was exhibiting gender variant behaviour and therefore found it easier to deny this thought, than allow it space. Certainly the tone of moral outrage epitomised by responses in the blogosphere to on-line media articles about transgender issues makes it extremely difficult for thoughtful thinking to take place.

Over a period of time, which varied for the parents in this study, they gradually became able to think the "unknown thought" (Bollas: 1987) and wonder about what was happening in their family. This usually occurred once there was sufficient evidence of gender variant behaviour for the parent to start to wonder about what was going on for their child. This is in keeping with Bion's (1967) notion that it is only when there is sufficient pressure from thoughts that the apparatus for thinking develops. What appears to be different for these parents, than for others studied, is that the child openly articulated their distress with their gender identity from a young age. Thus, after the 'crux' conversation, parents were forced into thinking at a much earlier stage about what was happening for their child, and compelled to act. Other studies such as Grossman et al (2005) suggest that high numbers of young people chose not to disclose their gender dysphoria to their parents, thus potentially perpetuating their parents' inability to think about what their behaviour might mean. Similarly, some of the parents in Wren's (2002) study also were unaware of their child's gender identity issues pre-puberty, and thus had less time to come to terms with their gender dysphoria before having to think about issues such as hormone-blockers.

'I haven't got a clue' – Uncertainty

As one might expect, parents expressed a great deal of uncertainty, both about their child's diagnosis and the prognosis, and their narratives were situated largely in the past and present domains. Where the future was discussed, it was briefly referred to as something that posed a great threat to their child's wellbeing, and filled the parent with fear and trepidation. Unlike

the past and present which were described in detail, the future, as for many bereaved individuals, was described with vague brushstrokes.

Like Coulter's (2010) research, parents were specifically asked how they understood gender identity in terms of their child which enabled a discussion about possible aetiology. However, for Coulter (ibid) considerations of aetiology did not emerge as a significant theme in her research. However, for the parents in this study speculations about aetiology were peppered through the narratives, although no one cause was conclusively subscribed to. All of the parents were aware of possible psychological interpretations for their child's behaviour, but presented as reluctant to accept them, either dismissing them outright, or questioning their validity. A commonly held view was that the child was 'born that way', suggesting a tendency towards a biological understanding of gender identity. Whilst parental views on aetiology have not previously been reported in empirical research, this biological perspective does tie in with the prevalent discourses of both GIRES (Gender Identity Research and Education Society) and Mermaids, organisations strongly linked to families in the UK.

Current therapeutic guidelines promoted by GIDS (Di Ceglie:1998: p187) and detailed in the Literature Review, recommend working with the family to enable uncertainty to be tolerated. Guidance suggests that therapists should try and prevent foreclosure on the ability to think about other possibilities and striving for certainty can be seen as part of a developmentally healthy process. Yet whilst a degree of uncertainty can be viewed as a positive experience for parents as it suggests openness to change, the parents in this research did find it very difficult to tolerate. None of the parents commented on a need to have a formal diagnosis for their child, although many of them appeared to feel comfortable naming their child's difficulties as gender dysphoria. However, parents interviewed were in the early stages of therapeutic work, and thus it would be unrealistic to assume that the aim of enabling tolerance of uncertainty could have been achieved.

Significantly, unprompted by myself, many of the parents cited the research by Drummond et al (2008), and Wallien and Cohen-Kettenis (2008) that 80% of children will desist in their gender dysphoric behaviour by adulthood. Whilst they were aware of this research, and appeared to understand the possibility of change for their child, the parents still seemed to need to take up a position regarding their child's future gender identity. Some parents held on to the hope that their child would revert back to their biological gender identity, whilst others felt that their child would most probably persist. Holding a position of uncertainty appeared too difficult for these parents, and binary positions appeared to offer more comfort. As Wiseman and Davidson (2011) suggest "a binary discourse of sex and gender provides concrete predictability where there may be a great deal of uncertainty and fluidity, both temporal and contextual" (p3).

Through the course of the research process, I tried to maintain an open mind regarding the aetiology of gender identity issues as I felt that it was important to try and not take a position regarding this. Indeed, as a 'bricoleur' I sought to weave together multiple theoretical perspectives. However, during the process, I sometimes found myself veering more towards one particular position as certain pieces of information were revealed to me, reminiscent of Di Ceglie's (2009) description of navigating the waters between Scylla and Charybdis. For example, I sometimes felt that the history given was hugely suggestive of a psychological explanation such as separation anxiety (Howe: 1995), yet with others I could not see how one child had developed gender identity difficulties when their siblings had not. In this way, I vascillated between different positions, possibly mirroring the parents' own experience as they encountered new and compelling interpretations of why their child might be distressed.

'Having to do it for the sake of my child'- Ambivalence

Whilst all of the parents expressed their willingness to do whatever they needed to do to support their child in their transgender journey, this was often

countered with comments about not really wanting to, or even feeling forced. Hill et al (2010) found that parents were often "caught in a bind" (2010: p9), trying to balance the child's wishes with their fears of resultant social exclusion and bullying. From a psychoanalytic perspective, such "contradictory impulses and emotions towards the same object" (Rycroft: 1995: p6) can be understood as ambivalence, and far from being a pathological emotion, can be viewed positively as being part of being a 'good enough' parent. Winnicott (1958; 1965) describes the 'good enough mother' as one who loves her child, but also is able to hate them, who is devoted to her child, but also able to put her own interests first. As Kunst (2012) phrases it, "she is not boundless. She is real" (para 7). Whilst other research suggests that parents may be subject to conflicting emotions (Hill & Menvielle: 2009), there is little indication that this is a normal healthy process, leading parents to feel pathologised and often misunderstood by professionals (Lev: 2004), a failure in their parenting project.

Whilst previous research may allude to the 'bind' that parents find themselves in, there is little to suggest that it is normal to be ambivalent thus sustaining the sense for parents that they need to be 'perfect parents', who unconditionally accept their child. Indeed, the treatment goals of some therapeutic programmes in North America strongly push parents towards accepting their child (e.g. Rosenberg: 2002; Menvielle & Turk: 2002). However, if one applies Winnicott's concept of the 'ordinary devoted' parent to parents of children with gender identity issues, it is possible to see that such conflicts are not only normal and psychologically healthy, but part of enabling the child to develop. To "do all the right things at the right moments" (Winnicott: 1965: p51) results not only in the parent becoming 'transporting' (Ehrensaft: 2011b: p17), but also can lead to "something worse than castrate the infant" (Winnicott: ibid).

One of the novel aspects of this research was the bricolage design that allowed for the use of family photographs to enhance the parental narrative. Unlike the families of older children where the public display of photographs is highly contentious as the child often does not wish to have visual reminders of

their biological sex (Lantz: 1999; personal correspondence, Davidson: 2012), for the parents in this study, there did not appear to be a problem with displaying photos of the child dressed in clothes consistent with their biological sex. Indeed, some of the photos shown to me were framed and clearly had been on display. Parents presented as curious about this aspect of my research methodology, but were willing partners in showing me a photograph. There was a distinct gender divide in the process of selecting the photograph. Without exception, all of the mothers had thought carefully about their choice of photograph and often described their reasoning for it being their favourite one. By contrast, all of the fathers appeared to select the photograph at the last minute after prompting by me, and when asked why it was their favourite said it was because their child looked happy in it.

Although I attempted to remain open-minded in approaching the photographs, I did initially make an assumption that parents would all chose a photograph of their child dressed in clothes matching their biological sex. I wondered whether the parents' choice of photograph might belie verbal expressions of acceptance of their child's gender identity and reveal more ambivalence than the parent was prepared to articulate. This was not the case; parents did own ambivalent feelings, and their choice of photograph(s) supported this, rather than revealed any unconscious processes at play. This reminded me of one of the benefits of bricolage as described in the Methodology Chapter as it can serve to illuminate differences as well as clarify similarities.

'You hear these horror stories in the paper' – Acceptance

As discussed previously, acceptance is an aspect of many theories of mourning and has emerged as a central concept in many other explorations of parenting children with gender identity issues (e.g. Emerson & Rosenfeld: 1996; Lesser: 1999; Wren: 2002). However, the notion of acceptance is contested (Kornblum & Anderson: 1982; Williams & Lin: 2010), and during the course of this research alternative conceptualisations were considered such

as 'assimilation' and 'adaption'. Zamboni (2006) even suggests the word 'appreciation'. However, the word that repeatedly was used by parents was that of 'acceptance', and thus, in order to promote the parental voice, this is the word that will form the basis of the following discussion.

Acceptance is seen as the final stage in Emerson & Rosenfeld's (1996) model, although their interpretation of acceptance is that it does not have to signify agreement with their child's gender identity. Although the circumstances leading up to 'the crux' were usually very traumatic, parental narratives tended to gloss over this part of the history telling. This may be because it was too painful to recall in detail, or, possibly because they feared it was contrary to their carefully constructed discourse of accepting their child. Like the parents in Harden's (2005a) study of parents with children with mental health problems, parents spoke consistently about accepting their child's gender identity issues and this appeared to be viewed as a positive step forward, and an important part of 'good parenting' (Harden: ibid: p219). Certainly, acceptance, in the form of "acknowledging the unvarnished facts of a situation rather than passivity or resignation" (Williams & Lin: ibid: p23) seemed to be inherent in parental narratives of personal growth and change.

Acceptance in this study seemed to be couched more in terms of how others might view and 'accept' their child, rather than how the parents themselves accepted their child which has been the reported findings of other research (Lesser: 1999; Grossman et al: 2005; Hegedus: 2009). Whilst a couple of parents explicitly said that they accepted their child, the parental narratives made implicit that all parents both supported and accepted their child, no matter what the eventual psychosexual orientation or outcome for them. Given the often conflicting and ambiguous narrative presented in the interviews, there is a possibility that the concern about others accepting their child is in fact a projection of their own unwanted feelings. Whilst the potential, and indeed, social reality of stigma and even violence for these families is undeniable (Grant el: 2010), the projection of non-acceptance onto others may be an additional coping strategy that parents adopt in order to manage the anxiety of having a child who is different.

Wren (2002) identified that parents who were less able to accept their child's gender variant behaviour were more likely to adopt a more negative and inactive role in supporting their child in their journey. Those parents who were more accepting tended to actively engage in "coping behaviour" (p394). This was borne out in this study; every family bar one had sought out information, and actively engaged with Mermaids, and/or attended parent support groups. Only one parent had not, and she struggled immensely with tolerating her daughter's behaviour, and seemed paralysed to be able to be able to effect any change at the time of the interview.

However, moving out through the different domains of the Family Life Cycle, all of the parents in this study were acutely aware of social stigma and the challenges that came from their child being perceived as 'different'. As identified in the Literature Review, there can be challenges from having a different world view, or identifying society as having the issue rather than the child by drawing on social constructions of gender to inform a position. As mentioned in the Case Studies, a number of parents specifically referenced negative newspaper coverage where children and families had been 'outed' and this lack of societal tolerance weighed heavily on their minds. Due to the younger age of the children in this study, many of the children were 'under the radar' and their gender identity issues were therefore not as publicly evident. The 'social' aspects of the parental experience felt very powerful to me, yet in terms of hearing the parental narratives on a surface level and coding the data, it remained quite hidden. It may be because there is so much anxiety about social stigma, and indeed violent feelings about atypical sexualities, that the parents were forced to defend against their own anxieties in order to protect their children. Whilst some concern was voiced about the onset of puberty, parents' main worry seemed to be about how their child would be accepted in the future, and how their future happiness, whatever their gender identity, could be ensured. The issue of broader societal acceptance was also highlighted in Coulter's (2010) research where many of the parents expressed hope that they and their children would have prominent transgender role models in the future.

As with the parents who attended Malpas' (2011) therapeutic group, it was the mothers who expressed more concern about what others thought of both their child, and their parenting. Whilst undoubtedly, the parents in this study were subject to unsolicited advice and judgement about their parenting, equally one does not need to have a child with gender identity issues to be engulfed by such concerns. Fears about being subject to pejorative comments should be viewed alongside Western societal norms of increasingly high rates of parenting perfectionism and concern about being judged by others as the numerous posts on sites like Babycentre.co.uk and Mumsnet testify. It may also be that the fathers in this study were less subject to speculative comments on their parenting as fathers in the West tend to be less judged as society tends to have a lower expectation of paternal involvement in child raising (Lee et al: 2012).

Personal Reflections on the Research Process

In the five years since initially becoming curious about gender identity dysphoria in 2007, I feel my understanding of the issues has developed immeasurably, although I remain uncertain as to the causes of gender dysphoria and the best way to manage the subsequent issues. Certainly in the time that I have been engaged in researching gender identity issues, research has moved on apace and new scientific possibilities have been presented that offer alternative explanations regarding aetiology. Given my background in psychodynamic thinking, it has not always been possible to keep up to speed with more physiological ways of thinking, and I am aware that this research is thus more biased towards psychosocial explanations.

As indicated in the Methodology chapter, the flexible research design has enabled the research to evolve in response to both my own changing understandings, and the process of data collection. When I first submitted my research proposal, I was somewhat in haste as I was pregnant and due to

start my maternity leave. Whilst I had a good understanding of the clinical literature, I did not fully understand some of the terminology relating to research methodology. This meant that some parts of my proposal were not fully thought through. For example, I originally intended to conduct semi-structured interviews, but after lengthy discussions with my supervisors came to the conclusion that these would not necessarily generate the 'beneath the surface' data that I was interested in. Putting this method to one side, and adopting the Free Association Narrative Interview (FANI) involved placing me outside of my comfort zone as I had never undertaken such an interview before. However, I found that my social work skills placed me in good stead, and after my first interview, I found the FANI to be intuitive, able to set interviewees at ease, as well as enabling relevant data to be collected.

One of the challenges of research is being either perceived as an 'insider' or 'outsider' in the process (White: 2001). In undertaking this research project, I was positioned as an 'insider' due to my professional background and links to GIDS. Thus, the parents who I interviewed would have identified me as being 'part of the system'. This undoubtedly had an impact on my recruitment as it was inevitably tainted by the quality of relationship that the parent already had with GIDS. Yet, there were clear advantages in having the 'insider' knowledge as it enabled me to explore very emotionally sensitive areas almost from a standing start as I did not have to convince the parent of my awareness of the issues or non-judgemental stance. They did not have to feel that they needed to educate me about gender dysphoria. However, whilst I acknowledge that on some levels I was an 'insider', I also had the disadvantages of being an 'outsider', not only to the group being studied, but also to the GID service. As Shaw and Gould (2001) highlight, I was an 'epistemological outsider' (p172) as I was not a parent of a child with a gender identity issue myself and thus was approaching the research with a different knowledge base. This led to ongoing concern on my part that I was not falling in to the traps identified by Hale (1997) as described in the Introduction. However, I was partially reassured by the positive feedback that I received from two of the mothers on an edited version of my findings. However, this concern was insignificant when set alongside my fear of antagonising or

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upsetting the wider transgender community. Through my close reading of both academic literature, novels and the blogosphere, I am very aware of the highly political and emotive nature of my research. This continues to make me very anxious about how it will be received and inevitably has had an impact of my progress at different junctures, and how I ultimately presented the findings. Clearly, when one suggests that 'hidden voices' are being revealed, this is open to debate, and thus one's methodology has to be especially transparent and open to scrutiny.

One aspect that I struggled with throughout the research process was how to manage the responsibility of analysing the data. I really wanted the research to stay close to the data and hear the parent's voice, and was keen that it should be shared with Mermaids who are instrumental in providing support to so many of the families. However, the process of supervision, both individual and group, often led to me feeling uncomfortable at some of the psychoanalytic interpretations that were being offered to help understand both parents and children. Although my doctoral studies are psychoanalytically informed, in the early stages of the data gathering and analysis, I felt that I was betraying 'my' parents by engaging with interpretations that often pathologised their behaviour. However, I quickly became aware that by over-identifying with the parents, I was paralysing my analysis. It took me a long time to feel comfortable with the case study format and to accept that I was speculating about possibilities, rather than presenting unchallengeable truisms. Yet, ultimately I believe that my personal research journey and ensuing struggles have been worthwhile and, as a result, I have been able to present a richer picture of the multiple pulls and stressors affecting parents.

I feel privileged that the parents in this study shared their difficulties with me and spoke about intimate matters that ordinarily one would not share with a complete stranger. Whilst they voiced experiences of being judged by friends, family or the wider community, in sharing their stories with me, they allowed their narratives to be unpicked and analysed in order to try and help other parents facing similar circumstances. As a by-product of this, they also enabled me to develop as a parent, reminding me of the everyday challenges

posed by our increasingly engendered society. I have become more aware of the choices that parents are faced with when both clothing children, and providing them with toys and other activities. Yet, whilst I am happy to promote activities that I perceive as gender neutral such as cooking and visiting the farm, I often wonder how I would feel if my young son were to show an interest in ballet, or ask to wear pink. This reminds me constantly how the parents in this study are just ordinary parents and I wonder how my husband and I would react if our son were to express gender variant ideas in the future. Even with everything that I have learned over the course of undertaking this research, I still do not know how I would respond if my own child were to experience issues with his gender identity. This leaves me to conclude that no matter how informed one is, the element of uncertainty will still remain for parents.

Strengths and Limitations of the research

Henwood and Pidgeon (1992) outline seven criteria to consider when evaluating qualitative research and these will now be drawn upon in order to consider the strengths and limitations of the research:

1) Keeping Close to the data: The importance of fit

The methodology employed within this research project was chosen for its ability to capture emotionally sensitive data, and allow the research participant the opportunity to talk in a relatively unstructured way about their experiences of parenting a child with gender identity issues. One of the challenges of carrying out both psychosocial and qualitative research is finding ontological fit i.e. how do we know what we know? By using a multiple Case Study design and photo elicitation rather than single study clinical vignette, I hope that I have overcome some of the limitations that I identify in research examined in the Literature Review.

Based on Free Association Narrative Interviewing, the interview schedule allowed for an in-depth exploration of the parent's experience and rich narratives were produced as a result. One of the disadvantages of this style of interviewing is that, rather than eliminate the researcher-effect, it celebrates it and this is used as a way to keep close, and indeed, underneath the surface of the data. Thus, every time I nodded in agreement or encouragement, or asked a clarifying question, I was contributing to the co-construction of the narrative. However, even with a structured interview format, this cannot be completely eliminated, and I have sought to be transparent in my subsequent interpretation and analysis of the data.

Each transcript was coded according to procedures outlined by Charmaz and Bryant (2011). Initially each line was coded, and then axial and selective codes were devised (please see Appendix 6: p217 for an example of a coded transcript). This enabled me to establish patterns of themes. Wherever possible, 'in vivo' codes were used in order to maintain links with the parental voice. These were then used to shape the case studies, and the subsequent discussion where the key emergent themes are presented. Additionally, through utilising a case study format, I have endeavoured to stay close to the data by presenting the parental narratives using lengthy quotes in the parent's own words. In this way I have been explicit about what the parents actually said, what my interpretation of this was, and what speculative possibilities I have proposed. As discussed earlier, one limitation of being a solo researcher is that codes are only devised by one person and therefore may not be perceived as relevant by another researcher. To try and minimise this possibility, I discussed all stages of my research with my supervisory team, and all transcripts were shared and discussed with either my supervisor, or my peer discussion group. This enabled me to double-check if the codes that I had applied were perceived to be relevant and fitting to the data.

2) Integration of theory

One of the advantages of undertaking a part-time professional Doctorate is that the life-span of the research can take many years to complete. This

means that there is ample time to reflect on the codes and categories and utilise memos in order to capture the thinking process. In this way, theory can emerge in a less forced way than when there is time pressure to complete. Through introducing the themes and categories in the Case Studies and then commenting on the key themes in more detail in the Discussion Chapter, I hope to have illustrated the process of constructing the emergent theory.

As discussed in the Methodology section, I was already sensitised to the broader issues likely to be affecting the parent participants. Whilst this had the advantage of enabling me to be emotionally responsive to the parent's narrative as it was being recounted, it could be argued that this could have led to me over-interpreting their experience through my own understanding of gender identity issues and the extant theories. However, given the hidden nature of gender identity issues, and the concerns about acceptance highlighted in both this research and others, I remain certain that my approach was appropriate. My use of reflexivity has enabled the reader to be clear where I have used theory to speculate on what might be going on for the families involved.

One of the criticisms of bricolage is that it is an academic excuse for a do-it-yourself approach to research. However, as Kincheloe (2001) highlights, whilst these may be legitimate criticisms of some research, the bricolage approach does allow for academic freedom in looking at a variety of different perspectives in order to understand research data. Rather than looking at data through a narrowly prescribed lens, bricolage allows the researcher to look at a range of perspectives outside of their usual discipline. Using this approach has allowed me to consider not only psychosocial perspectives but also to consider biological and genetic theories in understanding this hidden aspect of parental experience.

3) Reflexivity

Throughout this thesis, I have endeavoured to constantly reflect upon my position and examine how this may affect both my interactions with the

research participants and the data gathered. My personal position is outlined in both the Introduction and Methodology, and I also endeavoured to include my own involvement in the co-construction of the narrative presented in the Case studies. Whilst reflexivity is a key social work skill (D'Cruz et al: 2007; Ruch: 2009), its application in research terms is slightly different. Unlike in the face-to-face encounter, the opportunity to constantly reflect on one's position is possible, and thus the opportunity to alter an interpretation or challenge an assumption made is much easier. Whilst I utilised a reflective diary and found this particularly helpful post-interview, I also used both supervision and my peer Discussion Group to help challenge some of my assumptions and to help me constantly question why I experienced something the way I did.   For example, in an original draft of my Literature Review, I had referred to a man 'without a penis', but to a woman as having a mastectomy, rather than being 'without breasts'. Originally I did not notice this gendered discrepancy, and it was highlighted by one of my supervisors. This led me to wonder why I had chosen to use of medical terminology for the woman, but not for the man. Similarly, in a later draft, it was drawn to my attention that I had used the term "girlie" but not "boyish". Reflecting on this, I initially assumed that I had used the term because the parents had used this in their narratives, but then considered why I had used it in other parts of the text when it is not a term that I would ordinarily use.   I wonder if I had used the term pejoratively, unconsciously suggesting negative attitudes towards social constructions of femininity that involve bubble-gum pink, glitter and sparkle.

Undoubtedly a potential limitation of this research is that it may not be possible to replicate the findings as they are a co-constructed product of both my research encounters with the participants, and my own particular position, influenced as it is by psycho-dynamic thinking. Indeed, as discussed in the Methodology section, there are numerous critiques of psychosocial research that draw attention to its epistemology.   However, I hope that my clear labelling of my interpretations and position throughout enables transparency and the opportunity to utilise the findings both in other research and in practice settings in the future.

4) Documentation

An important aspect of the research journey was both the keeping of a research journal, but also keeping drafts of work in progress. Each time a draft chapter was altered, either by hand or electronically, versions were kept and saved in order to provide a 'paper trail' to shed light on my thinking process that could also be held up to external scrutiny (Lincoln & Guba: 1985). This was invaluable in the latter stages of the analysis and writing up as it enabled me to keep moving between versions and remind me of the development of my thought processes. One limitation of the research was the fact that I did not keep copies of the photographs that the parents chose to discuss. Whilst this can be argued as necessary in terms of preserving confidentiality, and also securing parental consent to participate in this aspect of the research, it does mean that full discussion of the photographs can not be replicated by another researcher.

5) Theoretical sampling and negative case analysis

Theoretical sampling was not possible due to the small number of research participants recruited. Whilst the aim of the research had been to recruit more participants, this was not achievable, even with a year long recruitment phase. Undoubtedly the emotionally sensitive nature of the research and the hidden nature of the gender identity issues made it difficult to recruit. The research protocol presented to the NHS Ethics Committee also only allowed for one contact interview with participants, thus removing the possibility of returning to explore emergent themes or hunches in more detail. As discussed in the Methodology Chapter, sampling was restricted to known families seen by GIDS, an issue that I recommend be addressed in future research (see below). With such a small sample, negative case analysis was equally difficult to undertake, although as discussed previously, one narrative was noticeably different to the other parents in the study, and indeed, many of the parents seen at GIDS. However, despite the differences in this narrative, there were many similarities, which thus add to the credibility of the emergent themes discovered.

6) Sensitivity to negotiated realities

The original intention of the research was to give a voice to the parents of pre-pubescent children with gender identity issues. However, as my studies progressed, I came to realise that this was not entirely achievable as my own position and interpretation meant that it would ultimately be my 'version' of the parental voice that would be heard. Prior to commencing my research, I had attended a conference on children with gender identity issues and was somewhat taken aback to find the entrance picketed by two adult transgendered individuals and an accompanying police officer. This raised my awareness as to the highly contentious and political nature of the topic. It inevitably also led to me becoming anxious about how to undertake the research in a sensitive manner that would not offend, but equally would not avoid exploring difficult issues.

All the parents interviewed were sent copies of their interview transcripts and encouraged to make amendments if they did not feel that they were accurate. Two parents did make alterations as a result relating to information that they shared with me, but subsequently felt was breaking the confidence of a fellow parent who they knew through Mermaids. In addition, in order to try and ensure that the findings were recognisable to the parents, I sent them a research synopsis that included a 'findings' section with all of the key codes and themes explored within it. This did not include my interpretations of the findings, and was intended to offer the parents the chance to interpret the emergent themes from their own position. The synopsis was sent to parents prior to submitting the final thesis, and in this way, they were offered the opportunity to comment on it. Two of the mothers did respond to the findings, and both expressed how informative they had found it and that they had felt it was sensitively written. This has encouraged me and the report that I sent them will form the basis of a journal article in the near future.

<u>7) Transferability</u>

The parental perspective has been explored from a subjective standpoint as it is impossible to have either a control group of parents with non-gender disordered children, or have parents comment objectively on their parenting of non-gender disordered siblings as well. Although Charmaz's (2001; 2006) constructivist approach allows for research to be a product of its time, place and interactions between participant and researcher, nonetheless the resultant findings can be transferable to other similar parent of pre-pubescent children with gender identity issues populations.

The methodology is clearly outlined, and the case studies provide a detailed account of the parental experience. As identified in the Methodology Chapter, one of the strengths of the case study design is that it allows parental experience to be examined in great detail, enabling links to be made and common themes to emerge. Although the research was undertaken with a specific research population, the findings could be transferable to other parent populations, such as parents of adolescents with gender identity issues who have only just disclosed their difficulties, parents of LGB children, and also parents of younger children with mental health difficulties who also have uncertain diagnoses and prognoses.

Research and Practice Implications

Research Recommendations

As the literature review has illustrated, research into the experience of families with children with gender identity issues is very limited, especially within a UK context. Whilst this small-scale study has added to the academic literature, more work needs to be done in order to increase awareness and understanding of the issues that parents face. Only eight parents participated in this research project and therefore a larger study is required in order to explore if the emergent themes can be replicated.

One of the limitations of the study as discussed above is the fact that it consisted of a one-off interview. Given the high percentage of child who desist post-puberty, it would be interesting to interview the same group of parents again in five years time to explore how their experience has changed. This would also serve as a bridging piece of research between this project and that of Coulter (2010) who interviewed parents of older children. One of the mothers who provided feedback on my findings shared with me that her biological son was now attending school full-time as a girl, reminding me yet again that nothing is static and my research is very much a product of a moment-in-time. In the six months since the interview, the parental perspective has shifted, and whilst it was tempting to re-visit the case study again to reflect this, it would not have stayed close to the data provided in the research interview and I wanted it to remain as an illustration of a particular time.

All of the parents interviewed were being seen at GIDS. Whilst it ensured that the sample included parents of children who had gender identity issues, it also meant that the sample excluded parents who had chosen not to seek support from the NHS. A study sponsored by Mermaids or GIRES would offer a different perspective as the parents that they might recruit would not necessarily have had contact, or ongoing support from formal agencies.

All of the children bar one were part of sibling groups and there is no UK research into this population. Siblings are offered less opportunity to talk about their perspective and feelings during clinic time, and thus may have many unmet needs of which services are currently unaware. Given the impact that having a member with gender identity issues can have on a family, attention should also be given to this over-looked group.

Practice Recommendations

One of the challenges for parents of pre-pubescent child with gender dysphoria as discussed earlier in this chapter is their inability to 'know' what is happening to their child in the early stages of their journey. This makes it difficult to access any support as parents are not initially able to 'name' what the difficulty is, and professionals working in proscriptive services driven by eligibility criteria may be unable to offer appropriate help. As Kathryn illustrates, after a long period of being in the dark, many of the parents then have a 'eureka moment' when they realise what might be the problem:

> I went on to the website and I was reading about children with gender dysphoria. Because obviously I had never heard of it and I didn't know what was, was going on and you know, it ticked all the boxes.

This may well resonate with the professional experience as, despite the current media furore, gender dysphoria in children is an unusual presentation and professionals will rarely have encountered it.   Thus, the professional experience is highly likely to be a mirror to that of the parent. Some of the emotional reactions uncovered in this research are also likely to be those that professionals experience: uncertainty, ambivalence, not knowing.   These emotions can precipitate a need to 'do' rather than simply to 'be' and hold and manage the uncertainty.   As the findings, and indeed my own experience suggests, the emotional response to the child's gender identity issues is not static and shifts not only with time, but changes in circumstances and a growing awareness of issues. Like the families, professionals are subject to the complex inter-play of systems as illustrated by the diagram earlier. Thus, in keeping with the highest standards of contemporary social work practice, it is vital that professionals constantly reflect on both their emotional response to the work, and how this translates in practice. This poses particular challenges in the current outcomes-orientated social work environment where supervision is dominated by case management rather than the opportunity to reflect. However, the feelings engendered by working with families with pre-

All of the parents who did participate in the research had reached a point in their journey whereby they felt able to 'name' their child's difficulties as being related to extreme distress over their gender identity. Thus, some of the recommendations are also tentatively addressed towards parents who might not be so far on in their journey.

==Practice-orientated recommendations==

==i) Family Centres==

Non-pathologising support should be offered via existing non-specialist networks such as Family Centres. Some of the families involved in this research had positive experiences of Family Centres and thus more consideration should be made to including them within support networks, especially where there are younger siblings. As discussed earlier, families may normalise gender identity issues, but outside of the family system, the sibling, and indeed parents, may encounter prejudice and fear. ==With appropriate supervision==, professionals are thus ideally placed to act as 'containers' for the parent's anxieties (Ruch: 2007) and can enable them to tolerate uncertainty and live with ambivalence. As discussed earlier, these two aspects are central to the parental experience and very much in keeping with current good practice guidelines promoted by GIDS (Di Ceglie: 1998).

However, staff working in Family Centres may not be familiar with the issues affecting families with gender identity issues, and more training may need to be put in place to support this. Information is readily available on the Internet relating to gender dysphoria, but this is frequently biased towards one perspective and does not always present the spectrum of views in this

contentious area. As a professional it is important to try and resist being forced into binary certainties in order to enable the parent to tolerate the uncertainty of their child's gender identity. Maintaining an open-mind and not offering false hope was difficult enough for me to achieve as a well-informed researcher. Therefore, it may be even more difficult for a professional with little knowledge of experience of working in this field.

ii) Child and Adolescent Mental Health Services (CAMHS)

Given the ongoing debates within the academic and transgender community as to whether gender dysphoria is a psychiatric condition, it is understandable that local service providers may differ in their assessment as to whether Child and Adolescent Mental Health Services (CAMHS) or regular Social Care services are most appropriate to meet the family's needs. A seemingly happy latent child with gender dysphoric feelings may not meet the eligibility criteria for many CAMHS teams, which could result in their parents not being offered the support that they require. Parents then become 'expert' parents, enabling the professionals to acquire knowledge from them, rather than receiving the emotional support that they need. However, as the experiences of the families in this research suggest, there comes a point in the families' lives when the gender dysphoric feelings become overwhelming and too difficult to contain and bear on their own. Arguably, rather than adding an additional layer of stress to the family by requiring them to navigate complex referral routes to secondary and tertiary health care services when they reach their 'crux' point, it would be more beneficial for families to be in regular low-key contact with CAMHS.

Currently there is no clear guidance on how to ensure that families with a gender dysphoric child do not need to reach the crisis point of being deemed in need of either a Core Assessment or a s47 Children Act Child Protection investigation (Children Act 1989) before services can be offered. Arguably, whilst local funding constraints may restrict service provision, families with a child who has gender identity issues should always be considered to meet the threshold for services under s17 of the Children Act 1989. Increasing awareness of the complex issues facing the child and family through training

iii) GIDS

For parents who are further on in their journey, increased levels of support should be offered to them. This should acknowledge the emotional strain that having a pre-pubescent child with gender identity issues can pose, and allow the opportunity for parents to grieve the loss of their internalised ideal parent. Support could be via participation in a parents' group, or 1:1 support and offer the opportunity to discuss feelings of ambivalence in order to empathise that it is a 'normal healthy' response to a child's gender identity issues.

The uncovering of experiences of mourning and loss in this research has been made even more powerful by the fact that some of the latent children were presented by their parents as seemingly content with their current status quo. Social workers and others may miss the powerful feelings that are being engendered in the parents. This indeed had been the case for me during the early days of my clinical placement at GIDS. Acting as a 'container' is especially important for parents who are raising their child on their own, and for those where there is a difference of opinion in how to manage the issues.

Policy orientated recommendations

i) Written Guidance

Accessible written information should be prepared by a lead organisation such as the NHS, presented in a non-biased format, that can be shared with schools and other organisations, as well as family and friends, that explains

gender identity issues and offers guidance on how to offer appropriate support.   Outside of academic circles, there is relatively little material on alternative perspectives on gender dysphoria such as gender creativity (e.g. Ehrensaft: 2011a). Gender creativity as a concept is arguably more affirming of a younger child's perspective than more traditional binary discourses that are promoted by many transgendered adults.   Internet or written resources should attempt to correct the binary perspective by raising awareness of alternative ways of understanding gender identity.

More weight should also be given by schools to parental guidance in relation to how their child's needs might be accommodated. Schools should routinely be offered opportunities to participate in training on transgender issues. A number of organisations already offer this training, and a central database could be held by GIDS, or another organisation such as Mermaids or GIRES. At the moment, the onus appears to be on the parents to campaign for their child's rights in school. Template Equal Opportunities documents should be made widely available that outline the kinds of measures that are helpful for schools to consider for Primary School age children with gender identity issues. Whilst Brill and Pepper (2008) do include some suggestions at the back of their handbook, a UK orientated template should be developed and made widely available.   This could be published on the Internet under the umbrella of one of the aforementioned agencies, but also routinely sent to all local Child Safeguarding co-ordinators.

ii) Dissemination of research

As Burdge (2007) comments, most research articles are in specialist journals and thus only read by "the choir" (p248).   Given the complexity of the experience of these families, and the highly polarising positions that can be adopted, awareness needs to be raised amongst a broader professional group. As my bibliography illustrates, there are limited research articles relating to gender identity issues in children in specialist journals, let alone social work journals. Therefore, it is the intention to offer the findings of this research to more mainstream social work publications such as The British Journal of Social Work, Practice and The Journal of Social Work Practice.

Given that the findings are also highly pertinent to all professionals working with this particular group of families, it is also intended to submit articles for publication in journals linked to other professionals such as teachers, educational psychologists and Special Educational Needs Co-ordinators.

It is also important that findings are shared within specialist professional groups. A symposium proposal for the 2014 World Professional Transgender Health Conference has already been submitted as part of a presentation by the GIDS service. The findings of this research project are also going to be shared closer to home with the clinicians working at GIDS, and Mermaids.

It is hoped that this research emulates the best in creative social work 'near-practice' research and has "high potential for translation into practice" as advocated by the Social Care Institute for Excellence (2005: p16). In addition, it is hoped that the research has fulfilled its original aim of providing a voice for the parent by shedding some light on an under-explored and little discussed area of human experience.

Bibliography

- Alanko, K., Santtila, P., Salo, B., Jern, P., Johansson, A., Sandnabba, K. (2011) *Testing Causal Models of the Relationship Between Childhood gender Atypical Behaviour and Parent-Child Relationship* British Journal of Developmental Psychology , 29, 214-233

- Alanko, K., Santtila, P., Harlaar, N., Witting, K., Varjonen, M., Jern, P. (2010) *Common Genetic Effects on Gender Atypical Behavior in Childhood and Sexual Orientation in Adulthood: A Study of Finnish Twins* Archives of Sexual Behavior , 39, 81-92

- Alsop, R., Fitzsimmons, A., Lennon, K. (2002) *Theorizing Gender* Cambridge: Polity Press

- Amato, P. (2001) *Children of divorce in the 1990s: An update of the Amato and Keith (1991) meta-analysis* Journal of Family Psychology 15, 355–370

- American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders* 4th ed. (DSM IV) Washington DC: APA

- American Psychiatric Association (2008) *Report of the Task Force on Gender Identity and Gender Variance*
  http://www.apa.org/news/press/releases/gender-variant-2.pdf
  [accessed 16/10/12]

- American Psychiatric Association (2011) *DSM V Development Proposed Revisions*
  http://www.dsm5.org/ProposedRevisions/Pages/proposedrevision.aspx?rid=192 [accessed 26/10/11]

- Anderson, J. (2006) *Well-suited partners: psychoanalytic research and grounded theory* <u>Journal of Child Psychotherapy,</u> 33 (3), 329 – 348

- Argentieri, S. (2009) *Transvestism, Transsexualism, Transgender: Identfication and Imitation* in ed. Ambrosio, G. (2009) *Transvestism, Transsexualism in the Psychoanalytic Dimension* London: Karnac

- Attwood, T. (2007) *The Complete Guide to Asperger's Syndrome* London: Jessica Kingsley Publishers

- Balfour, A., Morgan, M., Vincent, C. (2012) *How Couple Relationships Shape Our World: Clinical Practice, Research and Policy Perspectives* London: Karnac

- Bandura, A. (1969) *Social Learning Theory of Identificatory Processes* in Goslin, D. ed. *Handbook of Socialization Theory and Research* Chicago: Rand McNally

- Banks, M. (2007) *Using Visual Data in Qualitative Research* London: Sage

- Bartlett, N., Vasey, P., Bukowski, W. (2000) *Is Gender Identity Disorder in Children a Mental Disorder?* <u>Sex Roles</u> , 43 (11-12), 753-785

- Beasley, C. (2005) *Gender and Sexuality: Critical Theories, Critical Thinkers* London: Sage

- Beauchamp, T., Childress, J. (2001) *Principles of Biomedical Ethics* Oxford: Oxford University Press 5th edition

- Beedell, P. (2009) *Charting the Clear Waters and the Murky Depths* in Clarke, S., Hoggett, P. eds. *Researching Beneath the Surface* London: Karnac

- Beeler, J., DiProva, V. (1999) *Family Adjustment Following Disclosure of Homosexuality by a Member: Themes Discerned in Narrative Accounts* <u>Journal of Marital and Family Therapy</u> , 25 (4), 443 – 459

- Bem, S. (1981) *Gender Schema Theory: A cognitive account of sex typing* <u>Psychological Review</u> , 88, 354–364

- Ben-Ari, A. (1995) *The Discovery that an Offspring is Gay: Parents'. Gay men's and lesbians' perspectives* <u>Journal of Homosexuality</u> , 30 (1), 89 - 111

- Berk, L. (2010) *Development Through the Lifespan* 5th ed. Boston, Mass: Allyn & Bacon

- Bion, W. (1962) *Learning from Experience* London: Heinemann

- Blackwood, E. (2002) *Sexuality and Gender in Certain Native American Tribes: The Case of Cross-gender Females* in eds. Williams C, Stein A (2002) *Sexuality and Gender* Oxford: Blackwell Publishers

- Bleiberg, E., Jackson, L., Ross, J. (1986) *Gender Identity Disorder and Object Loss* <u>Journal of the American Academy of Child Psychiatry</u> , 25 (1), 58 -67

- Bocklandt, S., Vilain, E. (2007) *Sex Differences in Brain and Behaviour: Hormones versus Genes* <u>Advanced Genetics</u> , 59, 245-266

- Bollas, C. (1989) *The Shadow of the Object: Psychoanalysis of the Unthought Known* New York*:* Columbia University Press

- Bond, J. (2011) *Tango: My Childhood, Backwards and in High Heels* New York: The Feminist Press at CUNY

- Bower, M. (2005) *Thinking Under Fire: Psychoanalytic Theory for Social Work Practice* London: Karnac

- Bowlby, J. (1969) *Attachment and loss: Volume 1. Attachment* New York: Basic Books

- Bowlby, J. (1973) *Attachment and loss: Volume 2. Separation: Anxiety and anger* New York: Basic Books

- Bowlby, J. (1980) *Attachment and loss: Volume 3. Loss* New York: Basic Books

- Brannen, J. (1988) *Research Note: The Study of Sensitive Subjects* Sociological Review , 36, 552 - 563

- Brannen, J. (1992) *Mixing Methods: Qualitative and Quantitative Research* Aldershot: Ashgate

- Briggs, S. (2002) *Working with Adolescent and Young Adults: a contemporary psychodynamic approach* Basingstoke: Palgrave Macmillan

- Briggs, S. (2005) *Psychoanalytic Research in the Era of Evidence-based Practice* in ed. Bower, M. (2005) *Thinking Under Fire: Psychoanalytic Theory for Social Work Practice* London: Karnac

- Brill, S., Pepper, R. (2008) *The Transgender Child: A Handbook for Families and Professionals* San Francisco: Cleis Press

- British Society for Paediatric Endocrinology and Diabetes (2009) *Statement on the management of Gender Identity Disorder (GID) in Children & Adolescents*

http://www.bsped.org.uk/clinical/docs/BSPEDStatementOnTheManagementOfGID.pdf [accessed 16/10/12]

- Bronfenbrenner, U. (1979) *The Ecology of Human Development* Cambridge, MA: Harvard University Press

- Brooks, F. (2000) *Beneath contempt: The mistreatment of non-traditional gender atypical boys* Journal of Gay & Lesbian Social Services , 12 (1), 107–116.

- Broverman, I., Broverman, D., Clarkson, F., Rosenkrantz, P., Vogel, S. (1970) Sex-*role stereotypes and Clinical Judgements of Mental Health* Journal of Consulting and Clinical Psychology , 34 (1), 1 - 7

- Bryman, A. (2008) *Social Research Methods* 3rd ed. Oxford: Oxford University Press

- Burdge, B. (2007) *Bending Gender, Ending Gender: Theoretical Foundations for Social Work Practice with the Transgender Community* Social Work , 52 (3), 243-250

- Burke, L. (2003) *The impact of maternal depression on familial relationships* International Review of Psychiatry , 15, 243–255

- Bussey, K., Bandura, A. (1999) *Social Cognitive Theory of Gender Development and Differentiation* Psychological Review , 106 (4), 676-713

- Butler, J. (1990) *Gender Trouble* London: Routledge

- Byne, W., Tobet, S., Mattiace, L., Lasco, M., Kemether, E., Edgar, M., Morgello, S., Buchsbaum, M., Jones, L. (2001) *The Interstitial Nuclei of the Human Anterior Hypothalmus: An investigation of variation within*

sex, sexual orientation and HIV status <u>Hormonal Behaviour</u> , 40, 86 - 92

- Carmichael, P., Davidson, S. (2009) *A Gender Identity Development Service* <u>The Psychologist</u> , 22 (1), 916-917

- Carroll, L. (1991) *Alice in Wonderland* Project Gutenberg Release 2.7a http://www.cs.indiana.edu/metastuff/wonder/wonderdir.html   [accessed 5/9/12]

- Carter, B., McGoldrick, M. (1999) *The Expanded Family Life Cycle: Individual, Family and Social Perspectives* 3rd ed. London: Allyn & Bacon

- Case, S. (2000) *Refocusing on the Parent: what are the social issues of concern for parents of disabled children?* <u>Disability and Society</u> ,15 (2), 271 - 292

- Charmaz, K. (2001). *Qualitative interviewing and grounded theory analysis* In Gubrium, J. & Holstein, J. (eds), *Handbook of interview research: Context and method* Thousand Oaks, CA: Sage

- Charmaz, K. (2006) *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis* Thousand Oaks, CA: Sage

- Charmaz, K., Bryant, A. (2011) *Grounded Theory and Credibility* in ed. Silverman, D. *Qualitative Research: Issues of Theory, Method and Practice* 3rd edition Thousand Oaks, CA: Sage

- Charmaz, K., Henwood, K. (2008) *Grounded Theory* in eds. Willig, C., Stainton-Rogers, W. *The SAGE Handbook of Qualitative Research in Psychology* London: SAGE

- Chodorow, N. (1978) *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender* Berkeley: University of California Press

- Chodorow, N. (1999) *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender* 2nd edition Berkeley: University of California Press

- Christie, G. (1994) *Some Psychoanalytic Aspects of Humour* International Journal of Psychoanalysis , 75, 479 - 489

- Clarke, S. (2008) *Psycho-social Research: relating self, identity and otherness* in Clarke, S., Hahn, H., Hoggett, P. eds. *Object Relations and Social Relations: The Implication of the Relational Turn in Psychoanalysis* London: Karnac

- Clarke, S., Hoggett, P. (2009) *Researching Beneath the Surface* London: Karnac

- Coates, S., Person, E. (1985) *Extreme Boyhood Femininity: Isolated Behavior or Pervasive Disorder*? Journal of Academic Child Psychiatry , 15, 6-38

- Coates, S., Friedman, R., Wolfe, S. (1991) *The Etiology of Boyhood Gender Identity Disorder: A Model for Integrating Temperament, Development and Psychodynamics* Psychoanalytic Dialogues ,1 (4), 481-524

- Coates, S., Moore, M. (1998) *The Complexity of Early Trauma: representation and transformation* in ed. Di Ceglie, D. (1998) *A Stranger in My Own Body: Atypical Gender Identity Development and Mental Health* London: Karnac

- Cochrane, R., Robertson, A. (1973) *The Life Events Inventory: a measure of the relative severity of psychosocial stressors* Journal of Psychosomatic Research ,17, 135 - 139

- Cohen-Kettenis, P., Pfäfflin, F. (2003) *Transgenderism and Intersexuality in Childhood and Adolescence: Making Choices* London: Sage

- Coolridge, F., Thedel, L., Young, S. (2002) *The heritability of Gender Identity Disorder in a Child and Adolescent Sample* Behavioural Genetics , 32, 251- 257

- Cooper, A. (2009) *Hearing the Grass Grow: Emotional and Epistemological Challenges of Practice-near Research* Journal of Social Work Practice , 23 (4), 429 – 442

- Corbett K (2009) *Boyhood Femininity, Gender Identity Disorder, Masculine Presuppositions and the Anxiety of Regulation* Psychoanalytic Dialogues ,19 (4), 353- 370

- Corsaro, W. (2011) *The Sociology of Childhood* 2nd ed. Thousand Oaks, CA: Sage

- Coulter, S. (2010) *Parenting a Child with Gender Identity Issues* unpublished clinical psychology Doctoral thesis, University of East London

- Cowan, C., Cowan, P. (2012) *Prevention: intervening with couples at critical transition points* in eds. Balfour et al *How Couple Relationships Shape Our World* London: Karnac

- Craib, I. (1998) *Experiencing Identity* London: Sage

- Cresswell, J. (1998) *Qualitative Inquiry and Research Design: Choosing Among Five Traditions* Thousand Oaks, CA: Sage

- Crociani-Windland, L. (2009) *How to Live and Learn: Learning, Duration, and the Virtual* in eds. Clarke, S., Hoggett, P. (2009) ibid

- Davidson, S. (2012) *Personal Correspondence*

- Dearden, G. (2009) *Transwomen's Memories of Parental Relationships: An Interpretative Phenomenological Analysis Study* https://uhra.herts.ac.uk/dspace/bitstream/2299/4518/1/Georgina%20Dearden%20-%20DClinPsy%20research%20thesis.pdf [accessed 3/6/11]

- Denzin, N., Lincoln, Y. (2000) *Introduction: The discipline and practice of qualitative research* in eds. Denzin, N., Lincoln, Y. (2000) *Handbook of Qualitative Research* 2nd ed. Thousand Oaks, CA: Sage

- Department for Education (2003) *Every Child Matters*

- Department for Education (2012) *The CAF Process* http://www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/caf/a0068957/the-caf-process [accessed 17/4/13]

- Devlin, H. (2009) *Scientists find single 'on-off' gene that can change gender traits* The Times 11/12/09 http://www.timesonline.co.uk/tol/news/science/genetics/article6952050.ece [accessed 15/9/11]

- De Vries, A., Noens, I., Cohen-Kettnis, P., van Berckelaer-Onnes, I, A., Doreleijers, T. (2010) *Autism Spectrum Disorders in Gender Dysphoric Children and Adolescents* Journal of Autism Development Disorders 40 (8), 930–936

- Diamond, M. (2004) *Sex, Gender, and Identity over the Years: A changing perspective* Child and Adolescent Psychiatric Clinics of North America ,13, 591—607

- Di Ceglie, D. ed. (1998) *A Stranger in my own Body: Atypical Gender Identity Development and Mental Health* London: Karnac

- Di Ceglie, D. (2000) *Gender Identity Disorder in Young People* Advances in Psychiatric Treatment , 6, 458 – 466

- Di Ceglie, D., Freedman, D., McPherson, S., Richardson, P. (2002) *Children and Adolescents Referred to a Specialist Gender Identity Development Service: Clinical Features and Demographic Characteristics* International Journal of Transgenderism , 6 (1) http://www.symposion.com/ijt/ijtvo06no01_01.htm [accessed 1/6/09]

- Di Ceglie, D., Coates Thummel, E. (2006) *An experience of group work with parents of children and Adolescents with gender identity disorder* Clinical Child Psychology and Psychiatry , 11 (3), 387-396

- Di Ceglie, D. (2008) *Working at the edge: Engaging in therapeutic work with young people with atypical gender identity development.* Neuropsychiatrie de l'Enfance et de l'Adolescence , 56 (6), 398-402

- Di Ceglie, D. (2009a) *Engaging Young People with Atypical Gender Identity Development in Therapeutic Work: A Developmental Approach* Journal of Child Psychotherapy , 35 (1), 3-12

- Di Ceglie, D. (2009b) *Between Scylla and Charybdis: exploring atypical gender identity development in children and adolescents* in ed. Ambrosio, G. (2009) *Transvestism, Transsexualism in the Psychoanalytic Dimension* London: Karnac

- Dickenson, D., Johnson, M. eds. (1993) *Death, Dying and Bereavement* London: Sage

- Doka, K. (1989) *Disenfranchised Grief: Recognising hidden sorrow* Lexington, MA: Lexington Books

- Dominelli, L. (1991) '*Race', Gender and Social Work* in ed. Davies, M. *The Sociology of Social Work* London: Routledge

- Drummond, A. (2012) *Grrl Alex: A Personal Journey to Transgender Identity* Worthing: Bramley Press

- Drummond, K., Bradley, S., Peterson-Badali, M., Zucker, K. (2008) *A follow-up study of girls with gender identity disorder* <u>Developmental Psychology</u> , 44, 34–45

- Durkin, K. (1995) *Developmental Social Psychology: From Infancy to Old Age* Oxford: Blackwell Publishing

- Eckes, T., Trautner, H. eds. (2000) *The Developmental Social Psychology of Gender* New Jersey: Laurence Erlbaum Associates Inc.

- Ehrensaft, D. (2007) *Raising Girlyboys: A Parent's Perspective* <u>Studies in Gender and Sexuality</u> , 8 (3), 269 - 302

- Ehrensaft, D. (2011a) *Gender Born, Gender Made: Raising Healthy Gender non-conforming Children* New York: The Experiment

- Ehrensaft, D. (2011b) *Boys Will Be Girls, Girls Will Be Boys: Children Affect Parents as Parents Affect Children in Gender Nonconformity* <u>Psychoanalytic Psychology</u> , 28 (4), 528-548

- Ehrensaft, D. (2012) *From Gender Identity Disorder to Gender Identity Creativity: True Gender Self Child Therapy* <u>Journal of Homosexuality</u> , 59 (3), 337 – 356

- Emerson, S., Rosenfeld, C. (1996) *Stages of Adjustment in Family Members of Transgendered Individuals* <u>Journal of Family Psychotherapy</u> , 7 (3), 1 - 12

- Feldman, M. (2005) *The Oedipus Complex 1* in eds. Budd, S., Rusbridger, R. (2005) *Introducing Psychoanalysis: Essential Themes and Topics* London: Routledge

- Fraiberg, S., Adeison, E., Shapiro, V. (1975) *Ghosts in the Nursery: A Psychoanalytic Approach to Impaired Infant-Mother Relationships* <u>Journal of the American Academy of Child Psychiatry</u> , 14, 387 – 342

- Frey, J. (2004) *Telephone Surveys* in eds. Lewis Beck, M., Bryman, A., Liao, T. *The Sage Encyclopaedia of Social Science Research Methods* Thousand Oaks, CA: Sage

- Frosh, S., Baraister, L. (2008) *Psychoanalysis and Psychosocial Studies* <u>Psychoanalysis, Culture and Society</u> , 13, 346-365

- Frosh, S., Emerson, P. (2005) *Interpretation and Over-interpretation: Disputing the Meaning of Texts* <u>Qualitative Research</u> , 5, 307-323

- Frosh, S., Saville Young, L. (2008) *Psychoanalytic Approaches to Qualitative Psychology* in eds. Willig, C., Stainton-Rogers, W. *The SAGE Handbook of Qualitative Research in Psychology* London: SAGE

- Gaffney, B., Reyes, P. (1999) *Gender Identity Dysphoria* in eds. Langado, M., Horne, A. (1999) *The Handbook of Child and Adolescent Psychotherapy: Psychoanalytic Approaches* London: Routledge

- Geertz, C. (1973) *Thick Description: Towards an interpretive theory of culture* in *The interpretation of cultures: selected essays*. New York: Basic Books

- Glaeser, E. (2011) *Aspects of Gender Identity Development: Searching for an explanation in the brain* Opus ,11,16 – 21 http://steinhardt.nyu.edu/opus/issues/2011/spring/gender_identity_development [accessed 13/9/12]

- Glaser, B. (1978) *Theoretical Sensitivity* London: Sociology Press

- Glaser, B., Strauss, A. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research* Chicago: Aldine

- Goffman, E. (1977) *The Arrangement Between the Sexes* Theory and Society , 4 (3), 301-331

- Goldner V (2011) *Trans: Gender in Free Fall* Psychoanalytic Dialogues: The International Journal of Relational Perspectives, 21 (2), 159 - 171

- Goldstein, J., Seidman, L., Horton, N., Makris, N., Kennedy, D., Vainess, V., Faraone, S., Tsuang, M. (2001) *Normal Sexual Dimorphism of the Adult Human Brain Assessed by in vivo Magnetic Resonance Imaging* Cerebral Cortex , 11 (6), 490 – 497

- Grant, J., Mottet, L., Tanis, J., Herman, J., Harrison, J., Keisling, M. (2010) *National Transgender Discrimination Survey : Report on health and health care* National Centre for Transgender Equality Washington DC

http://2fwww.thetaskforce.org/downloads/resources_and_tools/ntds_report_on_health.pdf [accessed 18/10/12]

- Greenwood, D., Lowenthal, D. (2005) *Case Study as a Means of Research Social Work and Improving Practitioner Education* Journal of Social Work Practice , 19 (2), 181 - 193

- Grossman, A., D'Augelli, A. (2007) *Transgender Youth and Life Threatening Behavior* Suicide and Life Threatening Behavior , 37, 527-537

- Grossman, A., D'Augelli, A., Jarrett Howell, T., Hubbard, S. (2005) *Parents' Reactions to Transgender Youths' Gender Nonconforming Expression and Identity* Journal of Gay and Lesbian Social Services , 18 (1), 3-16

- Hale, C. (1997) *Suggested Rules for Non-Transsexuals Writing About Transsexuals, Transsexuality, Transsexualism, or Trans* http://hivdatf.files.wordpress.com/2010/09/suggested-rules-for-non-modified.pdf [accessed 5/11/11]

- Hall, G. (1916) *Adolescence 2 vols.* New York: Appleton

- Harden, J. (2005a) *"Uncharted Waters": The Experience of Parents of Young People with Mental Health Problems* Qualitative Health Research , 15 (2), 207 – 223

- Harden, J. (2005b) *Parenting a young person with mental health problems: temporal disruption and reconstruction* Sociology of Health and Illness , 27 (3), 351 – 371

- Harris, P., Levy, A. (2012) *The boy of five living as a girl... helped by his parents, counsellors from the NHS and a school that give him a 'gender-neutral' loo* http://www.dailymail.co.uk/news/article-2103686/Boy-5-lives-life-GIRL-youngest-diagnosed-NHS-Gender-Identity-Disorder.html#ixzz1yX5t8hSg [accessed 22/6/12]

- Hawley, R. S., Mori, C. (1999) *The Human Genome: A User's Guide* San Diego: Academic Press

- Hegedus, J. (2009) *When a Daughter Becomes a Son: Parents' acceptance of their transgender children* unpublished dissertation Alliant International University, San Franciso Bay

- Hembree, W., Cohen-Kettenis, P., Delemarre-van de Waal, H., Gooren, L., Meyer, W., Spack, N., Tangpricha, V., Montori, V. (2009) *Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline* Journal of Clinical Endocrinology & Metabolism, 94 (9), 3132–3154

- Hennegan, A. (1982) *Introduction to Radclyffe Hall's The Well of Loneliness* London: Virago Press

- Henwood, K., Pidgeon, N. (1992) *Qualitative Research and Psychological Theorizing* British Journal of Psychology , 83, 97 – 111

- Hertzmann, L. (2012) *Commentary on Chapter One* in eds. Balfour et al *How Couple Relationships Shape Our World* London: Karnac

- Hill, D., Rozanski, C., Carfagnini, J., Willoughby, B. (2007) *Gender Identity Disorders in Childhood and Adolescence: A Critical Inquiry* International Journal of Sexual Health , 19 (1), 57-75

- Hill, D., Menvielle, E. (2009) *"You have to Give Them a Place Where They Feel Protected and Safe and Loved": The Views of Parents Who Have Gender-variant Children and Adolescents* <u>Journal of LGBT Youth</u> 6, 243 - 271

- Hill, D., Menvielle, E., Sica, K., Johnson, A. (2010) *An Affirmative Intervention for Families with Gender Variant Children: Parental Ratings of Child Mental Health and Gender* <u>Journal of Sex and Marital Therapy</u> , 36, 6-23

- Hoghughi, M. (2004) *Parenting: An introduction* in Hoghughi, M., Long, N. eds. *Handbook of Parenting: Theory and Practice for Research* London: Sage

- Holden, G. (1997) *Parents and the Dynamics of Child Rearing* Boulder, Colarado: Westview Press

- Hollway, W. (2008) *Doing Intellectual Disagreement Differently*? <u>Psychoanalysis, Culture and Society</u> , 13, 385-396

- Hollway, W., Jefferson, T. (2000) *Doing Qualitative Research Differently: Free association, narrative and the interview method* London: Sage

- Hollway, W, Jefferson, T. (2008) The *Free Association Narrative interview Method* in Given, L. *The SAGE Encyclopedia of Qualitative Research Methods* Thousand Oaks, CA: Sage

- Hopkins, J. (1996) *The Dangers and Deprivations of too-good Mothering* <u>Journal of Child Psychotherapy</u> , 22 (3), 407 - 422

- Howe, D. (1995) *Attachment Theory for Social Work Practice* Basingstoke: Palgrave Macmillan

- Hubbard, G., Backett-Milburn K., Kemmer, D. (2001) *Working with Emotion: Issues for the Researcher in Fieldwork and Teamwork* International Journal of Social Research Methodology , 4 (2), 119 - 137

- Hunt, J. (1989) *Psychoanalytic Aspects of Fieldwork* London: Sage

- IMDb (2012) Boys Don't Cry http://www.imdb.com/title/tt0171804/ [accessed 10/10/12]

- Intersex Society of North America (ISNA) (2008) *Intersex Conditions* http://www.isna.org/faq/conditions [accessed 26/10/11]

- Ironside, L. (1998) *"Jack" and "Jill": two children with gender identity disorders* in ed. Di Ceglie, D. *A Stranger in my own Body: Atypical Gender Identity Development and Mental Health* London: Karnac

- Israel, G. (2004) *Translove: Trangender Persons and Their Families* Journal of GLBT Family Studies , 1 (1), 53-67

- Jagose, A. (1996) *Queer Theory* Australian Humanities Review December http://www.australianhumanitiesreview.org/archive/Issue-Dec-1996/jagose.html [accessed 20/12/12]

- Jeffreys, S. (2012) *The Transgendering of Children: Gender Eugenics* Women's Studies International Forum , 35, 384 - 393

- Kennedy, N., Hellen, M. (2010) *Transgender Children: More than a Theoretical Challenge* Graduate Journal of Social Science , 7 (2), 25-43

- Kincheloe, J. (2001) *Describing the Bricolage: Conceptualising a new rigor in qualitative research* <u>Qualitative Inquiry</u> , 7 (6), 679 - 692

- Knafo, A., Iervolino, A., Plomin, R. (2005) *Masculine Girls and Feminine Boys: Genetic and Environmental Contributions to Atypical Gender Development in Early Childhood* <u>Journal of Personality and Social Psychology</u> , 88 (2), 400-412

- Kohlberg, L. (1966) *A cognitive-developmental analysis of children's sex- role concepts and attitudes* In Maccoby E (ed.) *The Development of Sex Differences.* Stanford, CA: Stanford University Press.

- Kornblum, H., Anderson, B. (1982) *Acceptance Reassessed – Point of View* in <u>Child Psychiatry and Human Development</u> , 2 (3) March, 171-8

- Kreukels, B., Haraldsen, I., De Cuypere, G., Richter-Appelt, H., Giljs, L., Cohen-Kettenis, P. (2012) *A European network for the investigation of gender incongruence: the ENIGI initiative* <u>European Psychiatry</u> , 27 (6), 445- 450

- Kübler-Ross, E. (1969) *On Death and Dying* New York: Macmillan

- Kuhn, A. (1995) *Family Secrets: Acts of Memory and Imagination* London: Verso

- Kunst, J. (2012) In Search of the Good Enough Mother <u>Psychology Today</u> http://www.psychologytoday.com/blog/headshrinkers-guide-the-galaxy/201205/in-search-the-good-enough-mother [accessed 29/9/12]

- Lantz, B. (1999) *Is the journey worth the pain?* In Boenke, M. ed. *Trans forming families: Real stories about transgendered loved ones* Imperial Beach, CA: Walter Trook.

- Larsson, H., Viding, E., Rijsdijk, V. F., Plomin, R. (2008) *Relationships Between Parental Negativity and Childhood Antisocial Behavior Over Time: a Bidirectional Effects Model in a Longitudinal Genetically Informative Design* <u>Journal of Abnormal Child Psychology</u> , 36, 633-645

- LaSala, M. (2000) *Lesbians, Gay Men, and Their Parents: Family Therapy for the Coming-Out Crisis* <u>Family Process</u> , 39 (1), 67 -81

- Laufer, M. E. (2005) *Gender Identity and Reality* in eds. Budd, S., Rusbridger, R. <u>Introducing Psychoanalysis: Essential Themes and Topics</u> London: Routledge

- Lawler, S. (2008) *Identity: Sociological Perspectives* Cambridge: The Polity Press

- Lee, M., Schoppe-Sullivan, S., Dush, C. (2012) *Parenting Perfectionism and Parenting Adjustment* <u>Personality and Individual Difference</u> , 52 (3), 454 - 457

- Lesser, J. (1999) *When Your Son Becomes Your Daughter: A Mother's Adjustment to a Transgender Child* <u>Families in Society</u> , 80 (2), 182-189

- Lev, A. (2004) *Transgender Emergence: Therapeutic Guidelines for Working with Gender-variant People and Their Families* Binghamton: The Haworth Press

- Lev, A. (2006) *Transgender Emergence within Families* in eds. Morrow, D., Messinger, L. *Sexual orientation and gender identity in social work practice* New York: Columbia University Press

- Lieberson, S., Bell, E. (1992) *Children's First Names: An Empirical Study of Social Taste* <u>American Journal of Sociology</u> , 98 (3), 511-554

- Lincoln, Y., Guba, E. (1985) *Naturalistic Enquiry* Beverley Hills, CA: Sage

- Linley, A., Joseph, S. (2004) *Positive Psychology in Practice* Hoboken, New Jersey: John Wiley & Sons

- Loizos, P. (2000) *Video, Film and Photographs as Research Documents* in eds. Bauer, M., Gaskell, G. (2000) *Qualitative Researching with Text, Image and Sound: A practical handbook* London: Sage

- Lorber, J. (1994) *Night to His Day: The Social Construction of Gender* http://www.meac.org/Resources/ed_services/SG_WEB/SeeingGender/PDFs/SocialConstructionOfGender.pdf [accessed 12/10/11]

- Ma Vie en Rose (1997) Sony Pictures Entertainment

- MacGregor, P. (1994) *Grief: The Unrecognised Parental Response to Mental Illness in a Child* <u>Social Work</u> , 39 (2), 160 -166

- Malpas, J. (2011) *Between Pink and Blue: a Multi-dimensional Family approach to gender Nonconforming Children and their Families* <u>Family Process</u> , 50 (4), 453-470

- Manners, P. (2009) *Gender Identity Disorder in Adolescence: a review of the literature* <u>Child and Adolescent Mental Health</u> , 14 (2), 62 – 68

- Marantz, S., Coates, S. (1991) *Mothers of Boys with Gender Identity Disorder: a comparison of matched controls* <u>Journal of the American Academy of Child and Adolescent Psychiatry</u> , 30 (2), 310 -315

- Martin, C., Ruble, D., Szkrybalo, J. (2002) *Cognitive Theories of Early Gender Development* Psychological Bulletin , 128 (6), 903-933

- Mason, J. (2002) *Qualitative Researching* London: Sage

- McGhee, G., Marland, G., Atkinson, J. (2007) *Grounded Theory Research: literature reviewing and reflexivity* Journal of Advanced Nursing , 60 (3), 334 – 342

- Meins, E., Fernyhough, C., de Rosnay, M., Arnott, B., Leekam, S. & Turner, M. (2012) *Mind-mindedness as a multidimensional construct: Appropriate and non-attuned mind-related comments independently predict infant–mother attachment in a socially diverse sample* Infancyl 17, 393-415

- Menvielle, E., Tuerk, C. (2002) *A Support Group for Parents of Gender -nonconforming Boys* Journal of the American Academy of Child & Adolescent Psychiatry , 41 (8), 1010 - 1013

- Mermaids (2001) *Where do The Mermaids Stand* London: Mermaids

- Mermaids (2010) *Where do the Mermaids Stand* London: Action for Children
http://www.mermaidsuk.org.uk/New%20Mermaids/Files/Mermaid%20Brochure.pdf [accessed 27/10/11]

- Mermaids (2011) *About Us*
 http://www.mermaidsuk.org.uk/New%20Mermaids/aboutus.htm
[accessed 10/8/11]

- Mitchell, W., Irvine, A. (2008) *I'm Okay, You're Okay?: Reflections on the Well-Being and Ethical Requirements of Researchers and*

*Research Participants in Conducting Qualitative Fieldwork Int*erviews
<u>International Journal of Qualitative Methods</u> , 7 (4), 31 - 44

- Möller, B., Schreier Li, A., Romer, G. (2009) *Gender Identity Disorder in Children and Adolescents* <u>Current Problems in Paediatric Adolescent Health Care</u> , May/June, 117-143

- Morgan, D. (1996) *Family Connections: an introduction to family studies* Cambridge: Polity Press

- NHS (2011a) *Worried About Your Child?* http://www.nhs.uk/Livewell/Transhealth/Pages/Transparentalworries.aspx [accessed 6/8/11]

- NHS (2011b) *Teenagers and Gender Identity* http://www.nhs.uk/Livewell/Transhealth/Pages/Transyoungpeople.aspx [accessed 16/10/12]

- Nieto, J. (2004) *Children and adolescents as sexual beings: cross-cultural perspectives* <u>Child and Adolescent Psychiatric Clinics of North America</u> , 13 (3), 461-77

- Oxford English Dictionary (2011) 3rd edition online version June 2011 http://www.oed.com/ [accessed 10/8/11]

- Palmer B (1973) *Thinking About Thought* <u>Human Relations</u> , 26 (1), 127-141

- Parkes, C. M. (1971) *Psycho-social Transitions: A Field for Study* <u>Social Science and Medicine</u> , 5 (2), 101 – 115

- Parkes, C. M., Weiss, R. (1983) *Recovery From Bereavement* New York: Basic Books

- Pfäefflin, F., Coleman, E. (1997) *Introduction* <u>International Journal of Transgenderism</u> , 1(1), http://www.iiav.nl/ezines/web/ijt/97-03/numbers/symposion/ijtintro.htm [accessed 24/8/11]

- Pleck, J. (2010) *Fatherhood and Masculinity* in ed. Lamb, M. *The Role of the Father in Child Development* 5th ed. Hoboken, New Jersey: John Wiley and Sons

- Preston-Shoot, M., Agass, D. (1990) *Making Sense of Social Work: Psychodynamics, systems and practice* Basingstoke: Macmillan

- Radley, A., Chamberlain, K. (2001) *Health Psychology and the Study of the Case: from method to analytic concern* <u>Social Science and Medicine</u> , 53, 321 - 332

- Raphael-Leff, J. (1993) *Pregnancy: The Inside Story* London: Karnac

- Raphael-Leff, J. (1996) *Reproductive Narratives of Parenting* in eds. Clulow, C. (1996) *Partners Becoming Parents* London: Sheldon Press

- Rekers, G. (1995) *Handbook of Child and Adolescent Sexual Problems* New York: Lexington Books

- Riley, E., Sitharthan, G., Clemson, L., Diamond, M. (2011) *The Needs of Gender-variant Children and Their Parents: A Parent Survey* <u>International Journal of Sexual Health</u> , 23, 181 – 195

- Robson, C. (2002) *Real World Research* 2nd ed. Oxford: Blackwell Publishing

- Rosenberg, M. (2002*) Children with Gender Identity Issues and Their Parents in Individual and Group Treatment* <u>American Academy of Child and Adolescent Psychiatry</u> vol 41 no 5 pp 619 – 621

- Royal College of Psychiatrists (1998) *Gender Identity Disorders in Children and Adolescents – Guidance for Management* Council Report CR63. London: Royal College of Psychiatrists

- Royal College of Psychiatrists (2008) *Good practice guidelines for assessment and treatment of gender dysphoria*

- Royal College of Psychiatrists (2011) *Postnatal Depression*

- Ruane, J. (2005) *Essentials of Research Methods* Oxford: Blackwell

- Ruch, G. (2000) *Self and Social Work: towards an integrated model of learning* <u>Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare and the Community</u> , 14 (2), 99 – 112

- Ruch, G. (2007) *Reflective Practice in Contemporary Child-care Social Work: The role of containment* <u>British Journal of Social Work</u> , 37, 659 - 680

- Ruch, G. (2009) ed. *Post-qualifying child care social work practice: developing reflective practice* London: Sage

- Ruch, G., Turney, D., Ward, A. (2010) *Relationship-based Social Work: Getting to the heart of practice* London: Jessica Kingsley Publishers

- Rycroft, C. (1995) *Critical Dictionary of Psychoanalysis* London: Penguin

- Sadowski, H., Gaffney, B. (1998) *Gender Identity Disorder, Depression and Suicidal Risk* in eds. Di Ceglie, D., Freedman, D. (1998) *A Stranger in My Own Body* London: Karnac

- Saketopoulou A (2011) *Minding the Gap: Intersections Between Gender, Race, and Class in Work with Gender Variant Children* Psychoanalytic Dialogues: The International Journal of Relational Perspectives, 21 (2), 192 - 209

- Saltzburg, S. (2009) *Parents' Experience of Feeling Socially Supported as Adolescents Come out as Gay or Lesbian: A Phenomenological Study* Journal of Family Social Work , 12 (4), 340 - 358

- Schmidt, J. (2001) *Redefining Fa'afafine: Western Discourses and the Construction of Transgenderism in Samoa* Intersections: Gender, History and Culture in the Asian Context Issue 6, August http://intersections.anu.edu.au/issue6/schmidt.html#n6

- Schmidt Neven, R. (1995) *Emotional Milestones: From Birth to Adulthood: a psychoanalytic approach* London: Jessica Kingsley Publishers

- Schultz, M., Kline Pruett, M., Kerig, P., Parke, R. (2009) *Strengthening Couple Relationships for Optimal Child Development: Lessons From Research and Intervention* Washington: American Psychological Association

- Schwartz, D. (2012) *Listening to Children Imagining Gender: Observing the inflation of an idea* Journal of Homosexuality , 59 (3), 460 -479

- Scofield, G., Beek, M. (2006) *Attachment Handbook for Fostering and Adoption* London: British Association for Adoption and Fostering

- Scourfield, J. (2001) *Interviewing Interviewers and Knowing About Knowledge* in eds. Shaw, I., Gould, N. (ibid)

- Segal, J. (1992) *Melanie Klein* London: Sage

- Shaw, I., Gould, N. (2001) *Qualitative Research in Social Work* London: Sage

- Silverstein, C., Auerbach, L. (1999) *Deconstructing the Essential Father* American Psychologist , 54 (6), 397-407

- Simpson, D. (2005) *Psychoanalytical Perspectives on Emotional Problems Facing Parents of Children with Learning Disabilities* in ed. Bower, M. (2005) *Psychoanalytic Theory for Social Work Practice: Thinking under fire* London: Routledge

- Smithson, M. (2008) *Psychology's Ambivalent View of Uncertainty* in Bammer, G., Smithson, M. eds. (2008) *Uncertainty and Risk: Multidisciplinary Perspectives* Oxford: Routledge

- Social Care Institute for Excellence (2005) *Developing the Evidence Base for Social Work and Social Care Practice* Using Knowledge in Social Care Report 10

- Spanton, T. (2012) *Drugs Halt Sexuality Until Children Chose Gender* http://www.thesun.co.uk/sol/homepage/woman/parenting/4077869/Drugs-halt-sexuality-until-children-choose-gender.html [accessed 22/6/12]

- Spurling, L. (2004) *An Introduction to Psychodynamic Counselling* Basingstoke: Palgrave Macmillan

- Steensma, T., Biemond, R., de Boer, F., Cohen-Kettnis, P. (2010) *Desisting and Persisting Gender Dysphoria After Childhood: A*

Qualitative Follow-up Study <u>Clinical Child Psychology and Psychiatry</u> 16 (4), 499-516

- Stein, A., Plummer, K. (1994) *I Can't Even Think Straight: Queer Theory and the missing sexual revolution in sociology* <u>Sociological Theory</u> , 12 (2), 178 - 187

- Stern, D. (2002) *The First Relationship* Cambridge, Mass: Harvard University Press

- Stockton Bond, K. (2009) *The Queer Child, or Growing Sideways in the Twentieth Century* Durham, NC: Duke University Press

- Stoller, R. (1973) *The Male Transsexual as 'Experiment'* <u>International Journal of Psychoanalysis</u> , 54, 215 -226

- Stoller, R. (1975) *Sex and gender: Vol. 2. The transsexual experiment.* London: Hogarth Press

- Stoller, R. (1992) *Gender Identity and Development and Prognosis: a summary* in eds. Chiland, C. & Young, J. *New Approaches to Mental Health from Birth to Adolescence* New Haven, CT, Yale University Press

- Tashakkori, A., Teddlie, C. (1992) *Combining Qualitative and Quantitative Approaches* London: Sage

- Tavistock and Portman NHS Trust (2011) Service for Children and Young People with Gender Identity Issues: Who This Service is For http://www.tavistockandportman.nhs.uk/childrenyoungpeoplegenderidentityissues [accessed 10/08/11]

- Tedeschi, G., Calhoun, L. (1998) *Post-traumatic Growth: Positive Changes in the Aftermath of Crisis* Hillsdale, New Jersey: Lawrence Erlbaum Associates

- The Brandon Teena Story (1998) Docurama

- Towle, R., Morgan, L. (2006) *Romancing the Transgender Native: Rethinking the Use of the 'Third Gender' Concept* in Stryker, S., Whittle, S. eds. (2006) *Transgender Studies Reader* London: Routledge

- Tyson, P. (2002) *A Developmental Line of Gender Identity, Gender Role, and Choice of Love Object* Journal American Psychoanalytical Association , 30, 61-86

- Uhlenhaut, H., Jakob, S., Anlag, K., Eisenberger, T., Sekido, R., Kress, J., Treier, A-C., Riethmacher, D., Schütz, G., Cooney, A., Lovell-Badge, R., Treier, M. (2009) *Somatic Sex Reprogramming of Adult Ovaries to Testes by FOXL2 Ablation* Cell , 139, 1130-1142

- Vanderburgh, R. (2009) *Appropriate Therapeutic Care for Families with Pre-Pubescent Transgender/Gender-Dissonant Children* Child and Adolescent Social Work Journal , 26 (2), 135 - 154

- Vitale, A. (2001) *Implications of being Gender Dysphoric*: A Developmental Review Gender and Psychoanalysis , 6 (2), 121-142

- Waddell, M. (2002) *Inside Lives: Psychoanalysis and the Growth of Personality* 2nd ed. London: Karnac

- Wallien, MS., Cohen-Kettenis, P.T. (2008) *Psychosexual outcome of gender-dysphoric children*. Journal of the American Academy of Adolescent Psychiatry , 47, 1413–23

- Weinstein, D., Weinstein, M. (1991) *Georg Simmel: Sociological flanneur bricoleur* Theory, Culture and Society , 8, 151 - 168

- Wengraf, T. (2006) *Interviewing for life-histories, lived situations and personal experience: The Biographic-Narrative Interpretive Method (BNIM) on its own and as part of a multi-method full spectrum psycho-societal methodology* http://webcache.googleusercontent.com/search?q=cache:fp51U3u_IAIJ:www.uel.ac.uk/cnr/Wengraf06.rtf+&cd=1&hl=en&ct=clnk&gl=uk&client=firefox-a [accessed 23/10/12]

- West, C., Zimmerman, D. (1987) *Doing Gender* Gender and Society ,1 (2), 125-151

- White, S. (2001) *Auto-ethnography as Reflexive Inquiry: The Research Act as Self-Surveillance* in eds. Shaw, I. & Gould, N. (2001)

- Williams, J., Lin, S. (2010) *Acceptance: An historical and conceptual review* Imagination, Cognition and Personality , 30 (1), 5-56

- Wilson, P. (1998) *Development and mental health: the issue of difference in atypical gender identity development* in ed. Di Ceglie, D. *A Stranger in my own Body: Atypical Gender Identity Development and Mental Health* London: Karnac

- Wilson K, Ruch G, Lymbery M, Cooper A (2008) *Social Work: An introduction to contemporary practice* London: Pearson Longman

- Winnicott, D. (1958) *Collected Papers: Through Paediatrics to Psycho-analysis* London: Tavistock

- Winnicott, D. (1964) *The Child, the Family and the Outside World* London: Penguin

- Winnicott, D. (1965) *The Maturational Process and the Facilitating Environment* London: Hogarth

- Wiseman, M., Davidson, S. (2011) *Problems with binary gender discourse: Using context to promote flexibility and connection in gender identity* Clinical Child Psychology and Psychiatry http://ccp.sagepub.com/content/early/2011/11/09/1359104511424991 [accessed 23/2/2012]

- World Health Organisation (1994) *International Classification of Diseases* WHO

- WPATH (2011) *Standards of Care* http://www.wpath.org/documents/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf [accessed 8/12/11]

- Wren, B. (2001) *Patterns of Thinking and Communication in Adolescents with an Atypical Gender Identity Organisation and Their Parents* Unpublished D. Syst. Psych. Thesis UEL in conjunction with the Tavistock Clinic, UK

- Wren, B. (2002) *I Can Accept My Child Is Transsexual But If I Ever See Him In a Dress I'll Hit Him: Dilemmas in Parenting a Transgendered Adolescent* Clinical Child Psychology and Psychiatry , 7 (3), 377-397

- Yardley, A. (2008) *Piecing Together: a Methodological Bricolage* Forum: Qualitative Social Research , 9 (2) Art. 31 http://nbn-resolving.de/urn:nbn:de:0114-fqs0802315

- Zamboni, B. (2006) *Therapeutic Considerations in Working with the Family, Friends, and Partners of Transgendered Individuals* The Family Journal: Counselling and Therapy for couples and Families , 14 (2), 174-179

- Zucker, K., Wild, J., Bradley, S. (1993) *Physical Attractiveness in Boys with Gender Identity Disorder* Archives of Sexual Behaviour , 32, 449 – 463

- Zucker, K., Bradley, S. (1995) *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents* New York: Guildford Press

- Zucker, K. (2008) *Children with Gender Identity Disorder: Is there a best practice?* Neuropsychiatrie de l'enfance et de l'adolescence , 56, pp 358 – 364

- Zucker, K., Wood, H., Singh, D., Bradley, S. (2012) *A Developmental, Biopsychosocial Model for the Treatment of Children with Gender Identity Disorder* Journal of Homosexuality , 59 (3), 369-397

Appendices

Appendix 1: Introductory Letter to Participants

5th July 2012

Dear Parent/Carer,

<u>Research into the experience of a parent or carer with a child with gender identity issues</u>

I am currently undertaking a small scale research project exploring the views of parents or carers who have a child with gender identity issues and am writing to you to invite you to take part. The research forms part of my Professional Doctoral studies.

The aim of the study is to gain a greater understanding of the experience of parents or carers who have a young child presenting with gender identity issues. Parents and carers are hugely influential in their children's lives and upbringing. Thus, how they view their child's expressed gender identity confusion will have a significant impact on their child's subsequent development. However, there has been limited research into the experiences of parents and carers. The areas that will be explored are:

- Parent/carers' experience of and how they ascribe meaning to having a child or young person with gender identity issues;
- Parent/carers' experiences of how this impacts on parenting;
- How parents/carers manage these issues.

You will have been given this letter by one of the clinicians working at the Gender Identity Development Service (GIDS) as I do not work there. I do not have direct access to your information and therefore the GIDS has passed on this letter to you on my behalf. Enclosed you will find an information sheet outlining the nature of the research and what you can expect if you chose to participate. There is no obligation for you to participate and it will not affect the treatment or support that you and your family receive from the GIDS either now, or at any point in the future.

If you are interested in participating, or would like to discuss this further, please either contact me directly (07** 496***) or via the GIDS (tel: 0208 74357111). Alternatively, please sign the attached sheet indicating that you are willing for me to contact you via either phone or email.

Yours sincerely,

Claire Gregor
claire@.....co.uk

Enc:

Participant Information Sheet
Participant Consent Form

Appendix 2: Information Sheet

How does having a child with gender identity issues influence parenting?

As you may be aware, the numbers of children who experience difficulties with their gender identity are not large and therefore both professionals and parents are still learning how best to help these children. The aim of the study is to gain a greater understanding of the experience of parents or carers who have a young child presenting with gender identity issues. You have been approached, via the Gender Identity Development Service, to participate in this study in order to help expand our understanding of how it feels like to parent or care for a child with gender identity issues.

Participation in the study is entirely voluntary and will not affect the service that you or your child receives from the GIDS. The study will involve you meeting myself (the researcher) on one occasion for approximately one hour to discuss your experiences of parenting. The interview can take place at the Tavistock Clinic, your home, or a venue that is comfortable for you at a time that suits you and your family. I am not employed by the GIDS, but am supervised by Dr Sarah Davidson, Consultant Clinical Psychologist at GIDS.

The questions asked during the interview will be around the following areas:

- Your experience of, and how you ascribe meaning to having a child or young person with gender identity issues;
- Your experiences of how this impacts on parenting;
- How you manage these issues.

You will also be asked to bring along a favourite photo of your child to talk about during the interview – this will not be kept by the interviewer. The interview will be recorded by Dictaphone in order to have an accurate record of what was discussed. After this has been transcribed, you will be sent a copy of the interview in writing so that you can check that it is accurate and you are happy with the content. All transcripts will be kept in a locked cabinet, and saved on a password protected computer.

If you agree to participate, your answers will be confidential to the study and will not be discussed with your child's clinical team (unless there are child protection concerns). All information gathered will be anonymised e.g. your names, your child's school, geographical location so that you and your family cannot be identified. You are free to withdraw at any stage of the study without giving a reason, and if you do so, all information collected from you will be destroyed. Withdrawing from the study will not affect the standard of care that you and your family receive from the GIDS now or at any time in the future.

Due to the nature of the research, it may be that you become distressed whilst talking about your families' experience. If this happens during the interview, it will stop and we will not continue until you feel able. If you remain upset, we will explore other options of support so that you do not leave the interview without a network of support in place to help you with your feelings.

The findings of the research will be written up as a Doctoral Thesis and may also be submitted for publication in a relevant professional journal and presented at a professionals' conference. Any quotations used will be anonymised and it will not be possible to identify the source. The findings will also be shared with the GIDS Clinical Team and a copy of the final research will be given to Mermaids. You will be also asked if you wish to see a copy of the final draft.

If you would like to ask anything about this research project, please do not hesitate to contact me either directly (07** 496*** or claire@.....co.uk) or via GIDS (0208 24357111).

Appendix 3: Consent Form

<u>How does having a child with gender identity issues influence parenting?</u>

- I agree that I have both read the Information Sheet that has been given to me, and had the opportunity to discuss any concerns or queries regarding the above named research.

Date	Name of participant	Signature

Date	Name of researcher	Signature

- I give consent for my GP to be advised of my participation in this study by way of a standard pro-forma letter.

Date	Name of participant	Signature

Date	Name of researcher	Signature

- I am aware that I may withdraw from the study at any point without giving any reason, and this will not affect the care that either myself or my child receives from the GIDS, either now or at any point in the future.

Date	Name of participant	Signature

Date	Name of researcher	Signature

Appendix 4: Free Association Interview Schedule

Go through the participant information sheet and sign the consent form with the participant. Offer the opportunity to ask any questions. Explain that the interview will last approximately one hour and that the interview can be stopped at any time. Explain that the participant is welcome not to answer any question they do not wish to.

*Explain that you are interested in **their** experiences as a **parent or carer** of a child with gender identity issues and as such the interview will be more like a conversation than a question-answer interview. Reiterate that you are not employed within the GIDS and that all information given in the interview will remain strictly confidential. Reiterate that participation in or withdrawal from the study will not affect the service that they and/or their family are receiving from the GIDS now or at any point in the future.*

Brief information collection / warm up to interview: Can you tell me a little about your child with gender identity issues: age, gender, siblings etc.

1. Do you have a favourite photo of your child that you can share with me? Can you describe what makes this your favourite photo?

2. Can you tell me about how you understand gender identity in terms of your child?
   a. Prompts: Can you tell me about an experience that has shaped this understanding?

3. Can you tell me about a specific incident in your experience of parenting your child?
   a. Prompts: How has it affected you? How do you think your experience of parenting differs from other parents? What would you assign these differences to?

4. How do you feel about having a child with gender identity issues?
   a. Prompts: How have these feelings changed over time?

5. What have you learned about parenting a child with gender identity issues over the years?

6. Is there anything that you feel would be important to add before we finish the interview?

Many thanks for taking part in this research study. Once I have conducted all the interviews and analysed the transcripts I will be producing a summary of the findings. If you are interested I would be happy to send you a copy of the summary for you to look at and comment on.

Appendix 5: Research Diary Extract no1

14/10/11
"Feeling very frustrated with the lack of progress in identifying possible participants. Administrator has been brilliant and has a spreadsheet set up of all the potentials. However, it requires clinicians to identify their own patients and do the initial contact about the research so I don't 'cold call' or compromise right to confidentiality. I know that the clinicians are busy, especially when on part-time contracts, but this is very frustrating as I want to start trying to book interviews…..
- *just like someone with a g.i.d – frustrated with lack of progress;*
- *identified but not identified/known;*
- *not wanting to bother people"*

Research Diary Extract no2

"Interview with N[*] & J together. I was initially a bit taken aback when J came and sat in the living room too as N had implied on the phone that he wouldn't have much to contribute. Struck me as the 'strong silent type' – N more fiery, but equally more emotional about the issues. Got upset during the interview and left the room at one point to get a tissue – when was this?? Tendency for N to answer questions directed at J.

Photo was of a smiling child (boy) with spiked hair dressed in school uniform. K clearly identified why it was her favourite. J sort of agreed but didn't define why. Photos of all 3 children in living room.

In car on way back N said that she still held on to the hope of going to chose A's prom dress.

Felt a bit uncomfy when N got upset as if it were my fault, steered conversation in a different direction to give her time to recover. A bit frustrating as would have liked to have pushed what exactly made her cry.

Some issues that came up they haven't yet mentioned to their clinician e.g. hobby. I got really caught up in self-initiated conversation about confidentiality/anonymity and being able to identify family – to such an extent that I offered to 'airbrush' youngest child out of case study! ? picking up on the fact that they were barely mentioned at all? The hobby is clearly such a key area for the child and thus I was picking up on the themes of worrying what others thought and protecting child's right to privacy etc.

It was difficult to engage J – trying to pull teeth at times, particularly due to how the living room was set up. I couldn't face both of them at the same time. Although N said that she would talk a lot on a tangent, I was surprised that she wasn't more forthcoming and I had to direct the interview more than I anticipated."

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[*] Parents' initials have been changed to match anonymised case studies

Interview 3

34   Mmm. *Participating in stereotypical activities*

Expressing interest in female objects

35   ...and doing all those other father/son things and so umm, yeah from quite pretty much as early on *Identifying with female things*

36   age as he was able to express himself, ▮▮▮▮ identified with and been attracted to female things. *Being attracted to female objects*

37   When he went round a house where there was girls' toys he would pick up the girls' toys, he would be

38   attracted to his mum's clothes and shoes and things like that which was just seen as being funny. *Being attracted to female clothes* *Being viewed as funny*

39   Uh huh. *Finding humour in behaviour*   *Loving boys toys typically*

40   Nothing, nothing strange just humorous. Umm and he always loved cars and trucks and stuff like *Speculating about*

41   that anyway but I think that's probably because that's just what he was given, because people only *child's behaviour*

42   give boys, boys' toys.

43   Yeah. *Describing child's early years as happy*

44   Umm so he played around and he was happy. You know he loved them. There was a particular *Describing behaviour as a phase*

45   phase he went through at quite a young age where he could identify pretty much every make and *Describing child as intelligent* *Becoming older*

46   model of car on the road. He has got a brain in his head. Umm but yeah as he got older the the *Strengthening desire for*

47   preference for female things and girlie things just became stronger and stronger until we moved *female things*

48   here, which was 4 years ago last October... *Moving house*

49   Was that around the time that that photo was taken? *Changing environment at age of 4 yrs*

50   Possibly 4, yeah maybe a bit before then. Umm I think we had literally just moved here so it must

51   have been, you know, October/November, umm 2008... *Linking photo to historical context*

52   Uh hun. *Contextualising situation*

53   ...and he was born in yeah 2004 so he would have been 4 years old and umm we were in Aldi and I *Being told by child what*

54   remember being in Aldi carrying him and he said 'Daddy I don't wanna be a boy I wanna be a girl'. *he wished*

55   I'll always remember that, you know it's actually instead of liking girlie things he said 'no I want to be

56   a girl'. So I gave the obvious response 'Don't be silly, you can't be a girl you're a boy'. *Responding to child negatively - Repressing expression*

57   Mmm. *Quelling child's wishes*

Repeating that child wants to be a girl

58   Umm and he said it again when we got home, it was probably the same day, it might not necessarily *Dismissing*

Upsetting self

59   have been err and said it again and he really got upset, really cried and cried and cried because he *of wish*

60   was a boy and he didn't wanna be, he wanted to be a girl and it didn't seem fair. It was the only time *Pinpointing*

61   I can recall him really getting upset by it and it was probably like the first time that I had been aware *first time*

62   that he had actually said 'I don't wanna be a boy, I wanna be a girl'. *only*

Expressing desire strongly   *time child got upset*

63   Uh huh. *Not forgetting this incident*

64   So not something I will forget in a hurry. *Being aware of significance of disclosure*

65   Uh huh. *Realising enormity of situation*

66   Umm and that was probably the point where you sort of realise well yeah maybe this is a bit more

67   real than perhaps we thought. I guess the original umm thought or reaction is denial really. Oh he'll

68   grow out of it, it's just a phase. *Acknowledging original feelings of denial*

Hoping it was a phase

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Appendix 7: Axial Coding

Temporal Category	Line-by-line codes	Open coding	Categories
Future	Hoping problem will go away	"I hope its gonna go away"	
Future	Worrying about child if she were to become ill or die	"if anything happens to me"	"supermum"; Having unanswered questions
Future	Anticipating problems due to religion in the future		Being aware of what others think
Future	Anticipating birth father will reject child	"he will reject her if he sees her as she is now"	Being aware of what others think
Future	Worrying about child when she's older because of possible bullying		Being aware of what others think; bullying
Future	Worrying that child will be bullied		Being aware of what others think; bullying
Future	Seeing future as bleak	"the future as quite bleak"	Feeling hopeless
Future	Worrying about child for the future		Having unanswered questions
Future	Seeing adulthood as end of her problems	"just get me 'til she's eighteen"	Idealisation
Future	Worrying about changing schools		Bullying
Past	Being mother's dream	"she was my dream"	Idealised child
Past	Being precious to mother		Idealised child
Past	Dreaming of child doing ballet	"doing ballet and all the gender specific crap"	Idealised child
Past	Wanting a little girl		Idealised child
Past	Feeling isolated		Loss of family support
Past	Feeling isolated	"She's only got me"	Loss of family support
Past	Losing faithfulness of husband		Loss of family support
Past	Losing mother		Loss of family support
Past	Losing sister		Loss of family support
Past	Re-taking control after an abusive marriage;		Loss of family support; bullying

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Appendix 8: Summary Tables of Codes and Categories Generated

Temporal	Management of issues	
	Emotional	Practical
Emergence of gender identity issues	**Not knowing†** Thinking it was '*just a phase*' Feeling parenting was being judged	Providing opposite gender clothes and toys Policing behaviour **(Unwillingly)** supporting gender variant behaviour
'*The Crux*'	Realising '*it goes deeper*' **'*Not knowing why*'** Being '*forced*' to act	Seeking advice – **'*I don't know what I'm dealing with*'** Gathering info on the web
The Present	Moving towards acceptance '**Having to do it for sake of child'** '**Somebody's taken my child'**	Being child-led '*It's the he's and the she's*'
The Future	**Not being able to think about it** **'*They may change*'** Worrying about unknowns	Preparing child for change

The Individual & Child Domain

Temporal	Management of issues	
	Emotional	Practical
Emergence of gender identity issues	Feeling parenting or genetics to blame	Negotiating with other partner about gendered choices *'things that we considered to be okay and not okay'*
'The Crux'		Taking the lead in information gathering *'Copying homework on the bus'*
The Present	Working together as a couple **Containing anxieties**	
The Future		

The Parental Couple Domain

Temporal	Management of issues	
	Emotional	Practical
Emergence of gender identity issues		Supporting gendered choices
'The Crux'	Minimisation of problem	Losing friends
The Present	*'It's a good conversation stopper'* **'Children are very accepting'** **'Feeling sense of peer pressure'**	Managing information – *'there's different levels of people'* Preparing others for changes
The Future		

Family & Friends Domain

Temporal	Management of issues	
	Emotional	Practical
Emergence of gender identity issues		Lack of understanding *'They'd never come across it before'*
'The Crux'		Making changes **(non-)Acceptance**
The Present	Protecting the child from society **'You hear these horror stories in the paper'**	Inter-acting with wider support network
The Future		Managing transition to secondary school

School and the Wider Domain

Appendix 9: Example of a Memo (1)

2/4/12
"Thinking about how acceptance for these parents is different than for those of other disabled parents due to changing nature of g.i.d and uncertain outcome e.g. 80% don't persist. Therefore, how can you really get your head around it? Not like a 'normal' kid where you might assume cultural stereotypes of work/uni, marriage/partnership & grandchildren – think of Lucy's comment about not being able to get tattoo of child's name.

Also notion of acceptance is different in that the children are not 'ill' - parents making the analogy that their child is not terminally ill – but almost these comments are a bit disingenuous in a way in that their lives are devastated in some ways, constantly trying to explain or justify their actions in a way that they wouldn't have to do if their child did have cancer.

Constantly having to deal with g.i.d – Lucy's low burning stressor – but without public acceptance or empathy/ enabling environment that might occur if cancer/physical disability."

Example of a Memo (2)

8/6/12
"Difference in these parents to others?
i) 'gay' parents – suspect sometimes something not right, but children only come 'out' in late teens, if ever
ii) parents of adolescents equally may only suspect, or child may only present in adolescence - ?stats about age of first presentation ? Domenico's paper?
By contrast these parents 'know' from an early age that their child has gender identity issues as the child has articulated it. However, they cannot fully know as there is still uncertainty due to the child's age - ?did all of them tell me that 20% persist?

Theme of knowing/thinking – what did Andrew say about the unknown thought?
- *"you know"*
- *children thinking that parents knew*
- *reminds me of the children's story where the butterfly thought that the monkey's parents would look different*
- *assumptions*
- *'I don't know" when asked about aetiology*
- *Kind of knowing but denying it – initial stage in grieving process/cycle?*

Example of a Memo (3)

"the crux bit for Kit…I wonder if it's more that it got too much for mum and dad, or mum in particular because there's so little written in my piece about that time and he doesn't appear to be mega distressed. So I need to go back and look at the transcripts and see if there's anything more in that section. Otherwise perhaps it could be interpreted as mum being more overwhelmed by her anxieties?"