STRIVING FOR AUTHENTICITY AND CONNECTION: HOW PARENTAL RESPONSE IMPACTS THE LIFE EXPERIENCE OF GENDER NONCONFORMING CHILDREN

by

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(Under the Direction of Anneliese A. Singh)

ABSTRACT

Children exhibiting nontraditional gender expression face numerous barriers including being isolated, bullied and teased at school, ostracized by peers and viewed as abnormal (Bryant, 2006; Ehrensaft, 2007; Meadow, 2011; Roberts et al, 2013; Swearer et al, 2008; Toomey, McGuire & Russell, 2012). These challenges contribute to increased rates of family and behavioral problems, difficulty in school, and other mental health issues – including depression, suicidal ideation and even homelessness (Bryant, 2006; Carver, Yunger & Perry, 2003; Clements-Nolle, Marx & Katz, 2006; D'Augelli, Grossman & Starks, 2006; Ehrensaft, 2012; Gainor, 2000; Meadow, 2001; Roberts et al, 2013; Toomey, McGuire & Russell, 2012; Israel & Tarver, 1997; Yu, 2010). Minimal research exists about the unique experience of individuals growing up as gender nonconforming (Riley et al, 2013), and recent research provides some insight into the experience of parenting children demonstrating gender nonconformity (de Jong, 2015; Johnson et al, 2014; Lindner, 2014; Pyne, 2014; Rahilly, 2015; Riley et al 2013; Sansfacona, Robichaud & Dumais-Michaud, 2015; Wyss, 2013). However, the need for a deeper understanding regarding parental influence on childhood gender nonconformity still exists (Riley et al, 2013; Sansfacona, Robichaud & Dumais-Michaud, 2015).

This study engages Social Constructionism (Burr, 2003) as the theoretical framework with the qualitative participatory action methodology of collective memory work (Haug, 1987) to research the impact of parental response on children who exhibit nontraditional gender preferences and self-expression. The findings of this study provide a deeper understanding regarding the dynamics that occur between parent and gender-nonconforming child as recollected in adulthood. Utilizing collective memory work, the participants and researcher engaged in collective analysis of twelve stories written by the participants regarding their parent's positive and/or negative responses to their childhood gender nonconformity. This research explores the impact of positive and negative parental responses and provides recommendations for the field of counseling in an effort to increase resources for counselors supporting families dealing with gender nonconformity. The study concludes with personal reflection regarding the process of the research and the experience of collective memory work.

INDEX WORDS: Counseling, Gender Nonconformity, Parenting, Social Constructionism, Social Construction of Gender, Childhood Gender Identity, Collective Memory Work

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DEDICATION

For my children – Zachary, Allie and Elaine.

You inspire me to live a life of authenticity and connection. I love you dearly.

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CHAPTER 1

INTRODUCTION AND THEORETICAL FRAMEWORK

I can hear their giggly laughter from the kitchen as I slice a pile of chilled wet strawberries. Today they are sister fairies, their frilly tutus gently bouncing up and down as they tiptoe across worn couch cushions placed down the hall like lily pads floating on top of a pond. Hurry! Fairies can't fly in the rain! We have to hide under a flower until the rain stops! The ribbons from their thin pink butterfly wings trail behind them as they squeal in excitement and leap to the next lily pad - the younger one less graceful with a shorter stride. The rain drops are getting bigger! There's the flower! Hurry! She yelled between gasps. Their voices are getting closer as I divide the strawberry pile in half and drop a handful onto each of the two pink plastic plates. They turn the corner and I can see them now – the pale pink leotards tight across their little shoulders making their collar bones seem more pronounced. Mommy! It's raining and we have to hide under the flower! Their stocking feet slide across the tile to safety – under the kitchen table. *Phew! We made it.* They both giggled and reached for the other's hands – leaning together so their foreheads touched. Can we have our lunch here under the flower, Mommy? Fairies can't be out in the rain. They sit cross-legged with eager eyes as I set their lunch plates down on the floor in front of them. Ooooh! Strawberries! Do fairies like strawberries mom? I smiled as I watched them both excitedly shove strawberries in their mouths. Yea buddy, fairies love strawberries! I said. His face lit with delight as his shoulders lifted towards his ears – Allie! We are having a real fairy lunch! He said to his sister – both elated, clutching their strawberries.

Expectations about gender norms influence our ideas about people's behavior and self-expression (Lucal, 1999; Martin, 2005; West & Zimmerman, 1987). While most children demonstrate traditional gender expression at an early age (Brinkman et al, 2014; Carver, Yunger

& Perry, 2003; Egan & Perry, 2001; Halim et al, 2014; Martin, Ruble & Szkrybalo, 2002), some children show a preference for varied self-expression and are described as gender nonconforming (Ehrensaft, 2007, 2011, 2012; Dreger, 2009; Drescher & Byne, 2012; Haldeman, 2000; Kane, 2006; Langer & Martin, 2004; Menvielle, 2012; Pyne, 2014). Children who demonstrate gender nonconformity encounter numerous challenges (Bryant, 2006; Meadow, 2012) as they navigate a culture with a socially-constructed binary view of gender (Lucal, 1999; Martin, 1998; West & Zimmerman, 1987).

This study examines the impact of parental responses to gender nonconformity as demonstrated through the adult recollection of childhood memories. Research suggests the importance of affirming and accepting parents as a catalyst for healthy development (Ehrensaft, 2007; Hill & Menvielle, 2009; Rohner, Khaleque & Cournoyer, 2005), contrasting the negative effects of rejecting or obstructive parenting (Ehrensaft, 2012; Ehrensaft, 2007; Rohner, Khaleque & Cournoyer, 2005). The current study aims to explore the impact of both types of parenting on identity development as reflected in memory recollection by adults who demonstrated gender nonconformity during their childhood. For the purpose of this study, the word parents will be used to describe any primary caregiver. As an introduction to this study, chapter one provides an overview of social constructionism as the guiding theory and its connection to childhood gender understanding, followed by a review of current research regarding parental response to gender nonconformity.

Social Constructionism

Social Constructionism serves as the guiding theoretical framework for this study.

Stemming from mid-20th century postmodern critiques of modernist ideas regarding certain truth and objectivity, social constructionism has roots in the United States (U.S.) (Berger &

Luckmann, 1966), and emerged in the 1990s as an important postmodern influence in the field of counseling (Guterman, 1994; Guterman & Rudes, 2008; Neimeyer, 1998). Focusing on the concept that knowledge is social, historically and culturally specific (Burr, 2003) and intersubjective, social constructionism views reality as it occurs through interpersonal relationships with others (McLaughlin, 2006), and problems as a result of language-based social communication (Guterman & Rudes, 2008).

Shifting from the post-modern view of relative truth, this paradigm suggests that what we know comes from social communities of understanding instead of individuals as isolated 'psychological entities' (Cottone, p. 193). An aberration from the modernist views of the past, social constructionism includes the belief that realities "...are socially constituted very differently in various cultures (or subcultures), times, and circumstances..." (Niemeyer, p. 221) and that individuals are "active agents who, individually and collectively, co-constitute the meaning of their experiential world" (Neimeyer, p. 222). An example of this as it applies to our understanding of gender involves the various ways in which masculinity is expressed through attire in other cultures and other time eras. In Kenya among the Maasai tribe, men wear the traditional red-checked shuka (Maasai blanket), with strands of colorful beads around their necks and their hair dyed red (retrived from http://www.kenya-information-guide.com/maasaitribe.html). In parts of India, traditionally, men wear a lungi or dhoti (fabric worn around the thighs or pulled up between the legs) (retrieved from http://www.britannica.com/topic/lungi). In the U.S., the socially-accepted expectation of clothing for someone identifying as male differs from these two examples. This variety reflects elements of the social construction of gender in these particular cultures.

Social constructionism accepts an objective reality and focuses on the construction of knowledge and understanding – as well as maintaining an epistemological (the study of knowledge) not an ontological (the nature of being or becoming) perspective (Burr, 2003).

Social constructionists view the culture as both objective and subjective – as a result of the interaction of people with their social world as well as the social world influencing people (Berger & Luckman, 1966). This back and forth results in what Berger and Luckmann (1966) describe as routinisation and habitualization – patterns occur as the result of repeated actions, which happen without much effort like a habit, which then becomes a part of a general set of knowledge. This knowledge becomes commonplace within a culture and is then carried on as objective understanding by future generations (Berger & Luckman, 1966). Examples where this subjective interaction becomes objective social knowledge in the U.S. include racism and other types of discrimination towards marginalized groups – including those demonstrating gender nonconformity. In particular, parents' beliefs about gender expression shape the way they interact with their children – which typically carries from generation to generation in families.

Social Constructionism and Gender

In the field of child development, historical understandings regarding gender identity primarily focused on the biological and anatomical differences between the sexes along with observational learning as the primary source of influence in understanding gender expression (Slaby & Fray, 1975). However, building on cultural changes beginning in the 1970s and Foucault's work theorizing the notion that knowledge arises socially as a result of power structures expressed through the language used within the culture (Foucault, 1978), early childhood researchers challenged the narrow binary model of gender (Davies, 1989; Grieshaber & Cannella, 2001; Thorne, 1993; Walkerdine, 1981) based simply on biology and observational

learning. By exploring the interaction of knowledge and power and its influence on peoples' relationships and understanding of gender, the focus shifted from just looking at gender differences to instead looking at gender power relations, the various types of femininities and masculinities, as well as gender expression (Blaise, 2014). The shift prompted researchers to acknowledge that gender is socially constructed and children are actually active agents in this construction (Blaise, 2014).

Recognizing the impact that socially-constructed knowledge has on various groups within the American culture necessitates increased awareness of the impact on people's life experiencesd. Burr (2003), describes four unique elements characterizing social constructionism and our ability to utilize this understanding more effectively. First, this worldview suggests we take a critical stance toward conventional knowledge, questioning common assumptions about how we understand the world. Second, we must understand that knowledge depends on the historical and cultural context. Third, our understanding of the nature of the world comes from our daily interactions with others throughout the course of our social exchanges. The fourth element of social constructionism involves the importance of recognizing the connection between knowledge and social action – realizing that these two joined concepts influence each other and contribute to human behavior.

Burr's (2003) description of social constructionism helps lay a foundation for understanding the social construction of gender as well as gender nonconformity within the American culture. This study and its implications can be understood in conjunction with these four elements. First, the study acknowledges the conventional knowledge and common assumptions regarding expected gender expression as well as gender nonconformity within our culture. Second, the researcher takes into consideration the historical and cultural context of

gender in the U.S. and how that impacts children demonstrating gender nonconformity. Third, the researcher focused on children's understanding of the world based on the social interactions with their parents and community throughout the course of their development. The fourth element combines research as a process of attaining knowledge and social action as opportunity for change. This study aims to utilize both of these concepts in a way that improves the experience of families with children demonstrating gender nonconformity.

Recognizing the gender binary as a socially-constructed concept (Lorber, 1991, 1999, 2002) allows for increased understanding regarding the cultural implications and challenges faced by individuals demonstrating gender nonconformity. This study aims to increase awareness regarding the experiences of individuals who demonstrate gender nonconformity by providing an opportunity to reflect on childhood memories that characterize their non-traditional gender expression. Utilizing participatory action research, which provides participants with the opportunity to engage more directly and collectively in the data collection and analysis (Kemmis & McTaggart, 2000; Onyx & Small, 2001), the researcher hopes to give voice to individuals whose life experience involved the challenges faced by their demonstrated gender nonconformity and provide the field of counseling with a deeper understanding about how best to support these individuals and their families.

Current Research about Gender Nonconformity

Throughout the two-year process of this particular study, new research continually became available within the sociological, psychological, and counseling fields regarding parenting children who demonstrate gender nonconformity (de Jong, 2015; Johnson et al, 2014; Linder, 2014; Pyne, 2014; Rahilly, 2015; Riley et al 2013; Sansfacona, Robichaud & Dumais-Michaud, 2015; Wyss, 2013). In both popular culture as well as academia, an increased

awareness has prompted a better focus on understanding the needs of these families and individuals. Current research is still limited and parents need access to more resources as they navigate the challenges faced when children demonstrate gender nonconformity.

In most cases, children demonstrate culturally-expected gender expression, behavior and eventual gender identity (Brinkman et al, 2014; Carver, Yunger & Perry, 2003; Egan & Perry, 2001; Halim et al, 2014; Martin, Ruble & Szkrybalo, 2002), however a small subgroup of children do not (Ehrensaft, 2007, 2011, 2012; Hill et al, 2010). This subset of children, usually at an early preschool age, demonstrate behaviors and expressions that do not match those culturally-expected norms – and are described in the research as gender independent (Pyne, 2014), gender variant (Bryant, 2006; Drescher & Byne, 2012; Hill et al, 2010; Meadow, 2012; Menvielle, 2012;), or gender nonconforming (Ehrensaft, 2007, 2011, 2012; Kane, 2006; Malpas, 2011). In 2009, researchers asserted that between 2.6% and 6% of boys and between 5% and 12% of girls demonstrated gender-variant behavior and/or self-expression (Moller, Schreier, Li & Romer, 2009), but the statistics may not accurately represent childhood gender nonconformity because many children learn to repress their preferences or the families only permit genuine self-expression inside the home (Kennedy & Hellen, 2010).

Parents of gender nonconforming children may struggle to find a balance between affirming their child's development of self and protecting them from the negative reactions of the people around them (Drescher & Byne, 2012; Ehrensaft, 2007; Menvielle, 2012; Rahilly, 2015; Sansfacona, Robichaud & Dumais-Michaud, 2015). In many cases, parents will even demonstrate rejecting or hostile responses due to fear and misinformation (Grossman et al, 2005; Markman, 2011; Wren, 2002). Research indicates a history of viewing gender nonconformity as pathology (Bryant, 2006; Green, 1967; Green & Money, 1961, 1964, 1966; Greenson, 1966;

Zucker 2008), as well as various types of inconclusive advice to parents raising children presenting non-traditional self-expression (Dreger, 2009; Drescher & Byne, 2012; Ehrensaft, 2007; Ehrensaft, 2012; Hill et al, 2010; Kane, 2006; Malpas, 2011; Meadow, 2012; Menvielle, 2012; Wren, 2002). While recent years have shown a shift in how professionals view gender nonconformity (Pyne, 2014), parents still struggle with finding helpful resources and social support in an effort to understand and empower their gender nonconforming child (Drescher & Byne, 2012; Hill & Menvielle, 2009). These families continue to need support and advocacy as parents learn to provide an environment for their children that allows them to thrive and reach their fullest potential (Ehrensaft, 2007; Hill & Menvielle, 2009; Minter, 2012).

Minimal research exists that provides reflection on the life experience of individuals growing up as gender nonconforming (Riley et al, 2013). In 2013, researchers asked open-ended questions to adults with a history of gender nonconformity during childhood provided a specific list of needs as described by participants (Riley et al, 2013). The following list reflects the needs of gender-variant children as reported in the participants' responses and based on the frequency with which they were reported (adapted from Riley et al, 2013):

- 1. For education programs and information about gender variance to be implemented in schools and in society generally.
- 2. For parents to love and value the child and provide space for them to talk about their feelings.
- 3. To be allowed to express and display their felt gender.
- 4. To know that others also have similar feelings and that gender variance is a natural occurrence.
- 5. To have their gender issues recognized and to be offered help by professionals.

- 6. For parents to transcend their cultural heritage, familial influences and religion to develop acceptance of gender variance in their children.
- 7. To live in a society tolerant of diversity and accepting of gender variance.

In this particular study, 50% of the participants never shared their feelings with their parents, others received negative responses from their family members and even more complied with unspoken limitations in the home (Riley et al, 2013). This study demonstrates the depth of challenges faced as well as the substantial needs of individuals whose childhood was characterized by gender-variance. With limited research and minimal awareness, individuals and families continue to struggle as they encounter numerous obstacles as a result of the socially-constructed expectations about gender expression in the U.S. (Riley et al, 2013).

Research about Parental Influence on Childhood Gender Identity Development

Currently, limited research exists as far as understanding the influence of parents on gender identity as reflected through the exploration of childhood memories. As part of the process of identity formation, childhood memories shape the way we understand ourselves (McLean, 2005; Onyx & Small, 2001; Pasupathi, 2001; Thorne, 2000). We construct narratives about past events in an effort to make sense of life experiences (McLean, 2005). In these narratives, we explore opportunities for meaning-making and identity construction – learning about ourselves by reflecting on past events (McLean & Breen, 2009). Our memories provide us with the details of the story of who we are (Pasupathi, 2001), starting during childhood.

Childhood encompasses a significant portion of our life memories (Pasupathi, 2001; Thorne, 2000) – including many experiences reflecting interactions with our parents and/or primary caregivers. The recollection of these interactions contributes to our emotional and psychological understanding of self (Thorne, 2000). Positive childhood memories promote

emotional well-being — especially when they include parental warmth and acceptance (Ainsworth, 1989; Ehrensaft, 2007; Hill & Menvielle, 2009; Rohner, Khaleque & Cournoyer, 2005). The quality of the parental relationship impacts a child's sense of emotional security (Ainsworth, 1989; Rohner, Khaleque & Cournoyer, 2005). Research indicates children worldwide, regardless of culture, depend on parental acceptance as a defining characteristic of healthy development (Ainsworth, 1989; Barber & Thomas, 1986; Khaleque & Rohner, 2002; Rohner, 1976, 1986, 2004, Veneziano, 2000). When childhood memories include parental rejection, youth and adults report higher rates of behavior problems, depression and substance abuse (Andry, 1962; Barnes & Farrell, 1992; Dominy, Johnson & Koch, 2000; Rohner, Khaleque & Cournoyer, 2005; Saxena, 1992; Simons, Robertson & Downs, 1989). Research indicates these problems create even more difficulty for children and youth with multiple and intersecting identities influenced by race, ethnicity and social class (Burns & Chen, 2012; Ryan et al, 2009; Singh, 2013; Veneziano, 2000). Parental influence maintains a powerful force in the process of development.

Identity development begins to take shape during late childhood – influenced by a combination of biological, psychosocial and socio-cultural elements as well as individual life experiences (Erikson, 1968), including a cohesive sense of what characterizes a person as male or female. While children generally begin the process of understanding their gender identity during the preschool years (Slaby & Frey, 1975), a cohesive sense of gendered self usually begins to take shape during pre-adolescence (Egen & Perry, 2001). Viewed as a multidimensional construct, gender identity involves various elements of a child's psychosocial development (Egan & Perry, 2001). Specifically, children develop an understanding of socially-constructed gender categories; they recognize their own membership in, attitude about, and

compatibility with a gender category; as well as coping with felt pressure for gender conformity (Egan & Perry, 2001; Halim et al, 2014; Lorber, 1996; Martin, 1998; Martin, 2005; West & Zimmerman, 1987).

Research about Parenting a Gender-Variant Child

When children's preferences and self-expression do not match the cultural expectation for their birth-assigned sex, parents face numerous specific personal challenges (Johnson et al, 2014; Lindner, 2014; Riley et al, 2011; Sansfacona, Robichaud & Dumais-Michaud, 2015; Wyss, 2013). Researchers exploring the experience of parenting children demonstrating gender nonconformity have identified the following themes as described by the parents – 1) Understanding, labeling and articulating their child's gender-variance, 2) Emotional challenges including stress and anxiety related to supporting their child, invisibility and nonrecognition in relation to others, as well as feelings of uncertainty and loneliness, and 3) Challenges at home, school, social services, and accessing health services (Johnson et al, 2014; Lindner, 2014; Riley et al, 2011; Sansfacona, Robichaud & Dumais-Michaud, 2015; Wyss, 2013). While the participants described their method of parenting as affirmative, they continually struggled with fear, doubt and uncertainty about the best course of action – referring to their experience as 'emotionally draining' (Sansfacona, Robichaud & Dumais-Michaud, 2015).

Another new study examined the strategies of parents whose children demonstrated gender-variance (Rahilly, 2015). In this study, the researcher analyzed three specific ways parents develop their own critical consciousness about gender as they attempt to support their child's nonconformity - 1) gender hedging, 2) gender literacy, and 3) playing along (Rahilly, 2015). *Gender hedging* is described as "parent's creative efforts to curb their child's nonconformity and stay within gender-normative constraints" (p. 347), for example – purchasing

a pink pair of socks for their son instead of a skirt or gender-atypical play indoors, but gender-normative expression in public (Rahilly, 2015). *Gender literacy* occurs when parents begin researching in an effort to educate themselves, increase the dialogue, engage in conversations with their children about the child's gender nonconformity and seek outside support (Rahilly, 2015). *Playing along* happens when parents recognize the cultural social construction and its influence on people's expectations of gender, yet also recognize instances where challenging this socially-constructed 'truth regime' (Rahilly, 2015) is not entirely necessary. The researcher provides insight into the unique experience of parenting children who demonstrate gender nonconformity. All of these studies offer an opportunity for increased awareness about the experience of parents whose children demonstrate gender nonconformity.

New research regarding these individuals and their families continues to allow increased understanding about their life experience – which can lead to improved functioning for both gender nonconforming children and their families. This current study aims to understand the influence of parents' response on childhood gender nonconformity in an effort to raise awareness about the need for affirmative parenting.

Structure of the Dissertation

In an effort to engage in research and potential publication highlighting the necessity of increased understanding about gender nonconformity, this dissertation follows a manuscript format. The author aims to provide insight regarding relevant current literature and research, an overview of the research methodology and findings as well as personal reflection and reflexivity. The current chapter provides a description of current issues related to gender nonconformity, the theoretical base for the research as well as the structure of the dissertation. Chapter two reflects on relevant research and practice within the field of counseling. Chapter three includes the

details of the current study and findings. Chapter four concludes with researcher reflexivity and future implications for practice, research and advocacy.

References

- Ainsworth, M. S. (1989). Attachments beyond infancy. American Psychologist, 44(4), 709-716.
- Andry, R. G. (1962). Paternal and maternal roles and delinquency. *Public Health Papers*, *14*, 31-44.
- Barber, B. K., & Thomas, D. L. (1986). Dimensions of fathers' and mothers' supportive behavior: The case for physical affection. *Journal of Marriage and Family*, 48(4), 783-794.
- Barnes, G. M., & Farrell, M. P. (1992). Parental support and control as predictors of adolescent drinking, delinquency, and related problem behaviors. *Journal of Marriage and Family*, 54(4), 763-776.
- Blaise, M. (2014). Interfering with gendered development: A timely intervention. *International Journal of Early Childhood*, 6(3), 317-326. doi: 10.1007/s13158-014-0122-9.
- Berger, P., & Luckmann, T. (1966). *The social construction of reality*. Garden City, NY: Doubleday.
- Brinkman, B. G., Rabenstein, K. L., Rosén, L. A., & Zimmerman, T. S. (2014). Children's gender identity development: The dynamic negotiation process between conformity and authenticity. *Youth & Society*, 46(6), 835-852. doi:10.1177/0044118X12455025
- Bryant, K. (2006). Making gender identity disorder of childhood: Historical lessons for contemporary debates. *Sexuality Research & Social Policy: Journal of NSRC*, *3*(3), 23-39. doi: 10.1525/srsp.2006.3.3.23.
- Burnes, T. R., & Chen, M. M. (2012). The multiple identities of transgender individuals:

 Incorporating a framework of intersectionality to gender crossing. In R. Josselson & M.

- Harway (Eds.), *Navigating multiple identities: Race, gender, culture, nationality, and roles* (pp. 113-127). New York, NY: Oxford University. doi:10.1093/acprof:oso/9780199732074.003.0007.
- Burr, V. (2003). Social Constructionism. New York: Rutledge.
- Carver, P. R., Yunger, J. L., & Perry, D. G. (2003). Gender identity and adjustment in middle childhood. *Sex Roles*, 49(3-4), 95-109. doi: 10.1007/s11199-009-9709-2.
- Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality*, 51(3), 53-69.
- Cottone, R. R. (2001). A social constructivism model of ethical decision-making in counseling. *Journal of Counseling and Development*, 79(1), 39.
- D'Augelli, A., Grossman, A. H., & Starks, M. T. (2006). Childhood gender atypicality, victimization, and PTSD among lesbian, gay, and bisexual youth. *Journal of Interpersonal Violence*, 21(11), 1462-1482.
- Davies, B. ([1989] 2003). Frogs and snails and feminist tales. London: Allen and Unwin.
- de Jong, D. (2014). 'He wears pink leggings almost every day, and a pink sweatshirt': How school social workers understand and respond to gender variance. *Child and Adolescent Social Work Journal*, 32, 247-255. doi:10.1007/s10560-014-0355-3
- Dikshit, K. R. (2015). *India Clothing*. Retrieved from http://www.britannica.com/topic/lungi
- Dominy, N. L., & Johnson, W. B. (2000). Perception of parental acceptance in women with binge eating disorder. *Journal of Psychology*, 134(1), 23.
- Dreger, A. (2009). Gender identity disorder in childhood: Inconclusive advice to parents. *The Hastings Center Report*, (1), 26. doi:10.2307/25548351

- Drescher, J., & Byne, W. (2012). Gender Dysphoric/Gender variant (GD/GV) children and adolescents: Summarizing what we know and what we have yet to learn. *Journal of Homosexuality*, 59(3), 501-510. doi: 10.1080/00918369.2012.653317
- Dymond, R. F. (1949). A scale for the measurement of empathic ability. *Journal of Consulting Psychology*, *13*(2), 127-133.
- Egan, S. K., & Perry, D. G. (2001). Gender identity: A multidimensional analysis with implications for psychosocial adjustment. *Developmental Psychology*, *37*(4), 451-463. doi:10.1037/0012-1649.37.4.451
- Ehrensaft, D. (2007). Raising girlyboys: A parent's perspective. *Studies in Gender & Sexuality*, 8(3), 269-302. doi:10.1080/15240650701226581
- Ehrensaft, D. (2011). Boys will be girls, girls will be boys: Children affect parents as parents affect children in gender nonconformity. *Psychoanalytic Psychology*, 28(4), 528-548. doi:10.1037/a0023828
- Ehrensaft, D. (2012). From gender identity disorder to gender identity creativity: True gender self child therapy. *Journal of Homosexuality*, *59*(3), 337-356. doi:10.1080/00918369.2012.653303
- Erikson, Erik. (1968). Identity: Youth and crisis. New York: Norton.
- Foucault, M. (1978). *The history of sexuality: An introduction* (R. Hurley, Trans., Vol. 1). New York: Pantheon Books.
- Gainor, K. (2000). Including transgender issues in lesbian, gay, and bisexual psychology: Implications for clinical practice and training. In B. Greene & G. L. Croom (Eds.), Education, research, and practice in lesbian, gay, bisexual, and transgendered psychology: A resource manual (pp. 131-160). Thousand Oaks, CA: Sage.

- Green, R. (1967). Sissies and tomboys: A guide to diagnosis and management. In C.W. Wahl (Ed.), *Sexual problems: Diagnosis and treatment in medical practices* (p. 89-114). New York: The Free Press.
- Green, R. (1968). Childhood cross-gender identification. *Journal of Nervous and Mental Disease*, 147(5), 500-509.
- Green, R. (1971). Diagnosis and treatment of gender identity disorders during childhood. *Archives of Sexual Behavior*, 1(2), 167-173.
- Green, R. (1974). Sexual identity conflict in children and adults. New York: Basic Books.
- Green, R. (1987). *The sissy boy syndrome and the development of homosexuality*. New Haven, CT: Yale University Press.
- Green, R., & Money, J. (1961). Effeminacy in prepubertal boys. Summary of eleven cases and recommendations for case management. *Pediatrics*, 27, 286-291.
- Green, R. & Money, J. (1964). Prepubertal, morphologically normal boys demonstrating signs of cross-gender identity: A five-year follow-up (abstracted). *American Journal of Orthopsychiatry*, 34(2), 365-366.
- Green, R. & Money, J. (1966). Stage-acting, role-taking, and effeminate impersonation during boyhood. *Archives of General Psychiatry*, 15, 535-538.
- Green, R., & Fuller, M. (1973). Family doll play and female identity in pre-adolescent males.

 *American Journal of Orthopsychiatry (Wiley-Blackwell), 43(1), 123.
- Green, R., & Fuller, M. (1973). Group therapy with feminine boys and their parents.

 International Journal of Group Psychotherapy, 23(1), 54-68.
- Greeson, R. R. (1966). A transvestite boy and a hypothesis. *International Journal of Psycho- Analysis*, 47, 396-403.

- Grieshaber, S., & Cannella, G. S. (Eds.). (2001). *Embracing identities in early childhood education: Diversity and possibilities*. New York: Teachers College Press.
- Grossman, A., D'Augelli, A., Howell, T. & Hubbard, S. (2005). Parents' reactions to transgender youths' gender nonconforming expression and identity. *Journal of Gay and Lesbian Social Services*, 18, 3 doi: 10.1300/J041v18n01_02
- Guterman, J. T. (1994). A social constructionist position for mental health counseling. *Journal of Mental Health Counseling*, 16, 226-244.
- Guterman. J. T. & Rudes, J. (2008). Social constructionism and ethics: Implications for counseling. *Counseling & Values*, 52(2), 136-144. DOI: 10.1002/j.2161-007X.2008.tb00097.x
- Halim, M. L., Ruble, D. N., Tamis-LeMonda, C., Zosuls, K. M., Lurye, L. E., & Greulich, F. K. (2014). Pink frilly dresses and the avoidance of all things "girly": Children's appearance rigidity and cognitive theories of gender development. *Developmental Psychology*, 50(4), 1091-1101. doi:10.1037/a0034906;10.1037/a0034906.supp
- Haldeman, D. C. (2000). Gender atypical youth: Clinical and social issues. *School Psychology Review*, 29(2), 192.
- Haug, F., & Carter, E. (1987). Female sexualization: A collective work of memory. London: Verso.
- Hill, D. B., & Menvielle, E. (2009). "You have to give them a place where they feel protected and safe and loved": The views of parents who have gender-variant children and adolescents. *Journal of LGBT Youth*, 6(2), 243-271. doi:10.1080/19361650903013527

- Hill, D. B., Menvielle, E., Sica, K. M., & Johnson, A. (2010). An affirmative intervention for families with gender variant children: Parental ratings of child mental health and gender. *Journal of Sex & Marital Therapy*, 36(1), 6-23. doi:10.1080/00926230903375560
- Israel, G. E., & Tarver, D. E. (1997). *Transgender care: Recommended guidelines, practical information, and personal accounts.* Philadelphia: Temple University Press.
- Johnson, D., Sikorski, J., Savage, T. & Woitaszewski, S. (2014). Parents of youth who identify as transgender: An exploratory study. *School Psychology Forum: Research in Practice*, 8(1), 56-74.
- Kane, E. W. (2006). 'No way my boys are going to be like that!' parents' responses to children's gender nonconformity. *Gender and Society*, (2), 149. doi:10.2307/27640879.
- Kemmis, S., & McTaggart, R. (2008). Participatory action research: Communicative action and the public sphere. In N. K. Denzin, & Y. S. Lincoln (Eds.), (pp. 271-330). Thousand Oaks, CA, US: Sage Publications, Inc.
- Kennedy, N. & Hellen, M. (2010). Transgender children: more than a theoretical challenge.

 Graduate Journal of Social Science, 7(2), 25-43.
- Khaleque, A., & Rohner, R. P. (2002). Perceived parental acceptance-rejection and psychological adjustment: A meta-analysis of cross-cultural and intracultural studies.

 *Journal of Marriage and Family, 64(1), 54-64.
- Langer, S. J., & Martin, J. I. (2004). How dresses can make you mentally ill: Examining gender identity disorder in children. *Child & Adolescent Social Work Journal*, 21(1), 5-23. doi: 10.1023/b:casw.0000012346.80025.f7
- Lindner, A. (2014). Familial support and celebration of gender nonconforming children. *Sex Roles*, 70, 442-444. doi: 10.1007/s11199-014-0363-y

- Lorber, J. (2002). *Gender and the Social Construction of Illness*, 2nd ed. Walnut Creek, CA: Altamira Press.
- Lorber, J. (1999). *Revisioning Gender* (co-editor with Myra Marx Ferree and Beth B. Hess). Thousand Oaks, CA: Sage, 1999.
- Lorber, J. (1996). Beyond the binaries: Depolarizing the categories of sex, sexuality, and gender. Sociological Inquiry, 66(2), 143-159.
- Lorber, J. (1991). *The Social Construction of Gender* (co-editor with Susan A. Farrell). Thousand Oaks, CA: Sage Publishing.
- Lucal, B. (1999). What it means to be gendered me: Life on the boundaries of a dichotomous gender system. Sage Publications.
- Malpas, J. (2011). Between pink and blue: A multi-dimensional family approach to gender nonconforming children and their families. *Family Process*, 50(4), 453-470. doi:10.1111/j.1545-5300.2011.01371.x
- Markman, E. R. (2011). Gender identity disorder, the gender binary, and transgender oppression: Implications for ethical social work. *Smith College Studies in Social Work*, 81, 314-327. doi: 10.1080/00377317.2011.616839
- Martin, C. L., Ruble, D. N., & Szkrybalo, J. (2002). Cognitive theories of early gender development. *Psychological Bulletin*, 128(6), 903-933. doi:10.1037/0033-2909.128.6.903
- Martin, K. A. (1998). *Becoming a gendered body: Practices of preschools* American Sociological Association.
- Martin, K. A. (2005). William wants a doll. Can he have one? Feminists, child care advisors, and gender-neutral child rearing. *Gender & Society*, 19(4), 456-479. doi: 10.1177/0891243204272968

- Meadow, T. (2011). 'Deep down where the music plays': How parents account for childhood gender variance. *Sexualities*, *14*(6), 725-747. doi: 10.1177/1363460711420463
- Menvielle, E. (2012). A comprehensive program for children with gender variant behaviors and gender identity disorders. *Journal of Homosexuality*, *59*(3), 357-368. doi:10.1080/00918369.2012.653305.
- Minter, S. P. (2012). Supporting transgender children: New legal, social, and medical approaches. *Journal of Homosexuality*, *59*(3), 422-433. doi: 10.1080/00918369.2012.653311
- Moller, B., Schreier, H., Li, A., Romer, G. (2009). Gender identity disorder in children and adolescents. *Current problems in pediatric and adolescent health care*, 39(5), 117-143. doi: 10.1016/j.cppeds.2009.02.001
- McLaughlin, J. E. (2006). The pros and cons of viewing formal diagnosis from a social constructionist perspective. *Journal of Humanistic Counseling, Education and Development*, 45(2), 165-172. doi: 10.1002/j.2161-1939.2006.tb00015.x
- McLean, K. C. (2005). Late adolescent identity development: Narrative meaning making and memory telling. *Developmental Psychology*, 41(4), 683-691. doi: 10.1037/0012-1649.41.4.683
- McLean, K., & Breen, A. (2009). Processes and content of narrative identity development in adolescence: gender and well-being. *Developmental Psychology*, 45(3), 702-710. doi: 10.1037/a0015207
- Neimeyer, R. A. (1998). Social constructionism in the counseling context. *Counselling Psychology Quarterly*, 11(2), 135-149.

- Onyx, J., & Small, J. (2001). Memory-work: The method. *Qualitative Inquiry*, 7(6), 773. doi: 10.1177/107780040100700608
- Pasupathi, M. (2001). The social construction of the personal past and its implications for adult development. *Psychological Bulletin*, *127*(5), 651-672. doi: 10.1037//0033-2909.127.5.651
- Pyne, J. (2014). Gender independent kids: A paradigm shift in approaches to gender non-conforming children. *Canadian Journal of Human Sexuality*, 23(1), 1-8. doi:10.3138/cjhs.23.1.CO1
- Rahilly, E. (2015). The gender binary meets the gender-variant child: Parents' negotiations with childhood gender variance. *Gender & Society*, 29(3), 338-361. doi: 10.1177/0891243214563069
- Riley, E., Clemson, L., Sitharthan, G., & Diamond, M. (2013). Surviving a gender-variant childhood: The views of transgender adults on the needs of gender-variant children and their parents. *Journal of Sex & Martial Therapy*, *39*, 241-263. doi: 10.1080/0092623x.2011.628439
- Roberts, A. L., Rosario, M., Slopen, N., Calzo, J. P., & Austin, S. B. (2013). Childhood gender nonconformity, bullying victimization, and depressive symptoms across adolescence and early adulthood: An 11-year longitudinal study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(2), 143-152. doi:10.1016/j.jaac.2012.11.006
- Rohner, R. P. (1976). They love me, they love me not. New Haven, CT, US: HRAF Press.
- Rohner, R. P. (2004). The parental "acceptance-rejection syndrome": Universal correlates of perceived rejection. *American Psychologist*, *59*(8), 830-840. doi: 10.1037/0003-066X.59.8.830

- Rohner, R. P. (2008). Parental acceptance-rejection theory studies of intimate adult relationships.

 *Cross-Cultural Research: The Journal of Comparative Social Science, 42(1), 5-12. doi: 10.1177/1069397107309749
- Rohner, R. P., Khaleque, A., & Cournoyer, D. E. (2005). Parental acceptance-rejection: Theory, methods, cross-cultural evidence, and implications. *Ethos*, *33*(3), 299-334. Doi: 10.1525/eth.2005.33.3.299
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescence and the Health of LGBT Young Adults*, 23, 205-213. doi: 10.1111/j.1744-6171.2010.00246.x
- Sansfaçona, A. P., Robichauda, M. J., & Dumais-Michaud, A. A. (2015). The Experience of Parents Who Support Their Children's Gender Variance. *Journal of LGBT Youth*, 12(1), 39-63. doi: 10.1080/19361653.2014.935555
- Saxena, V. (1992). Perceived maternal rejection as related to negative attention-seeking classroom behaviour among primary school children. *Journal of Personality and Clinical Studies*, 8(1-2), 129-135.
- Simons, R. L., Robertson, J. F., & Downs, W. R. (1989). Nature of the association between parental rejection and delinquent behavior. *Journal of Youth and Adolescence*, 18(3), 297-310.
- Singh, A. A. (2012). Transgender youth of color and resilience: Negotiating oppression, finding support. *Sex Roles: A Journal of Research*, 68, 690-702. doi:10.1007/s11199-012-0149-z
- Singh, A. A. (2013). Transgender and intersex students: Resilience and empowerment. In E. Fisher & K. Hawkins (Eds.), *Creating school environments to support lesbian, gay, bisexual, transgender, and questioning students and families: A handbook for school*

- professionals (pp. 57-72). New York, NY: Routledge.
- Slaby, R. G., & Frey, K. S. (1975). Development of gender constancy and selective attention to same-sex models. *Child Development*, 46(4), 849-856. doi:10.1111/1467-8624.ep12242832
- Swearer, S. M., Turner, R. K., Givens, J. E., & Pollack, W. S. (2008). 'You're so gay!': Do different forms of bullying matter for adolescent males? *School Psychology Review*, 37(2), 160-173.
- The Maasai Tribe (2015). The maasai tribe. Retrieved from http://www.kenya-information-guide.com/maasai-tribe.html.
- Thorne, B. (1993). Gender play. Buckingham: Open University Press
- Thorne, A. (2000). Personal memory telling and personality development. *Personality & Social Psychology Review (Lawrence Erlbaum Associates)*, 4(1), 45-56. doi: 10.1207/s15327957pspr0401_5
- Toomey, R. B., McGuire, J. K., & Russell, S. T. (2012). Heteronormativity, school climates, and perceived safety for gender nonconforming peers. *Journal of Adolescence*, *35*(1), 187-196. doi:10.1016/j.adolescence.2011.03.001
- Veneziano, R. A. (2000). Perceived paternal and maternal acceptance and rural African

 American and European American youths' psychological adjustment. *Journal of Family*and Marriage, 62(1), 123-132. doi: 10.1111/j.1741-3737.2000.00123.x
- Walkerdine, V. (1981). Sex, power, and pedagogy. *Screen Education*, 38(Spring), 13–24 West, C., & Zimmerman, D. H. (1987). *Doing gender* Sage Publications.

- Wyss, S. E. (2013). Crisis, acceptance, and advocacy: A supportive guide for parents of trans and gender nonconforming youth: A review of the Transgender child. *Journal of LGBT Youth*, *10*, 163-168. doi: 10.1080/19361653.2012.717832
- Wyss, S.E. (2004). 'This was my hell': the violence experienced by gender non-conforming youth in US high schools. *International Journal of Qualitative Studies in Education*, 17(5), 709–730. doi: 10.1080/0951839042000253676
- Yu, V. (2010). Shelter and transitional housing for transgender youth. *Journal of Gay & Lesbian Mental Health*, 14(4), 340-345. doi:10.1080/19359705.2010.504476
- Zucker, K. J. (2008). Children with gender identity disorder: Is there a best practice?

 Neuropsychiatrie De l'Enfance Et De l'Adolescence, 56(6), 358-364.

 doi:10.1016/j.neurenf.2008.06.003

CHAPTER 2

SUPPORTING FAMILIES WITH GENDER NONCONFORMING CHILDREN: A CRITICAL REVIEW OF THE LITERATURE AND CALL TO THE FIELD OF COUNSELING

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Abstract

Childhood gender nonconformity upheld a reputation as a form of mental illness within the fields of psychology and counseling during the 1960s and 1970s (Bates & Bentler, 1973; Green, 1967, 1968, 1971, 1974, 1987; Rekers, 1975, 1977, 1979; Stoller, 1968). Social discourse and increased awareness both contribute to changes in how practitioners view and treat children who demonstrate nontraditional gender expression, but the need for improved support for these children and their families still exists (Bockting, 2008; Brinkman et al, 2014; Haldeman, 2000; Markman, 2011; Minter, 2012; Rands, 2013; Sausa, 2005). This article provides an overview of the various challenges and treatments historically upheld for gender nonconforming children and their families, the social justice issues regarding their specific needs, an overview of modern views of treatment as well as suggestions for supporting families.

INDEX WORDS: Counseling, Gender Nonconformity, Parenting, Social Constructionism, Social Construction of Gender, Childhood Gender Identity, Collective Memory Work

Introduction

Gender-atypical behavior and self-expression in children has historically upheld a reputation characterized by cultural debate and controversy (Bryant, 2006; Langer & Martin, 2004; Pyne, 2014) due to socially-constructed views of gender and sexuality (Butler, 2004; Connell, 1995; Lorber & Farrell, 1991). Initially, gender nonconformity was viewed as a mental health crisis during the 1960s when researchers began studying boys who demonstrated feminine preferences (Bates & Bentler, 1973; Green, 1967, 1968, 1971, 1974, 1987; Rekers, 1975, 1977, 1979; Stoller, 1968). At that time, children were viewed as having pathological mental illness and were immediately referred to psychotherapy, group therapy and behavior modification as a treatment modality for curing their gender variance (Bates & Bentler, 1973; Green, 1967, 1968, 1971; Rekers, 1975, 1977, 1979; Stoller, 1968). Their parents were also referred for therapy and assigned as the primary cause for their child's mental illness (Green, 1974, 1987; Rekers, 1977,1979, 1982a, 1982b; Stoller, 1968).

Even as recent as the 1980s, the leading experts still referred to gender atypical behavior and self-expression as symptoms of mental illness (APA, 1980; Langer & Martin, 2004). However, increased cultural awareness, public discourse and inclusive academic debate have prompted a new kind of understanding, and perhaps a paradigm shift for families with children demonstrating gender nonconformity (Ehrensaft, 2012; Pyne, 2014). While this shift promotes positive change for these families, many social justice issues remain at the forefront as counselors aim to support and advocate with these families (Bockting, 2008; Brinkman et al, 2014; Haldeman, 2000; Markman, 2011; Minter, 2012; Rands, 2013; Sausa, 2005).

In this article, the author provides an overview of the challenges and the historical treatments for childhood gender nonconformity within the fields of counseling and psychology

as well as some related social justice issues when working with this population, followed by an overview of the current treatment modalities, and concluding with suggestions and future implications for supporting families with children who demonstrate gender nonconformity.

Childhood Gender Nonconformity: Challenges for Parents and Children

Heteronormative expectations about gender expression and behavior influence cultural views of normalcy and categorical ideas about what makes a person masculine or feminine (Butler, 2004; Connell, 1987; Lorber & Farrell, 1991). These cultural expectations begin to shape an individual's view of themselves as a gendered being, but not before their authentic self-expression reveals itself during childhood (Ehrensaft, 2012). While most children demonstrate conventional gender expression at an early age (Brinkman et al, 2014; Carver, Yunger & Perry, 2003; Egan & Perry, 2001; Halim et al, 2014; Martin, Ruble & Szkrybalo, 2002), some children indicate preferences for variance in their self-expression and are described as gender nonconforming (Ehrensaft, 2007, 2011, 2012; Dreger, 2009; Drescher & Byne, 2012; Haldeman, 2000; Kane, 2006; Langer & Martin, 2004; Menvielle, 2012; Pyne, 2014).

Children who demonstrate behavior, self-expression and mannerisms that contradict the expected normative gender role encounter numerous challenges, as they navigate a culture with a socially-constructed binary view of gender (Lucal, 1999; Martin, 1998; West & Zimmerman, 1987). These challenges include being teased or bullied at school, being ostracized by their peers and viewed as abnormal by people within their community (Bryant, 2006; Ehrensaft, 2007; Meadow, 2011; Roberts et al, 2013; Swearer et al, 2008; Toomey, McGuire & Russell, 2012). These experiences contribute to various negative emotions which can lead to difficulty in school, family and behavioral problems, as well as higher rates of mental illness (Carver, Yunger & Perry, 2003; D'Augelli, Grossman & Starks, 2006; Ehrensaft, 2012). Research indicates that

gender nonconforming youth with supportive families show better mental health functioning and well-being than their peers who do not (Hill et al, 2010; Ryan, Huebner, Diaz & Sanches, 2009) and that when prohibited from expressing their authentic selves, they show an increase in symptoms of anxiety, stress, distress, anger, and depression (Ehrensaft, 2012).

Parents face the challenge of having to balance two conflicting parental directives - nurture their child's authentic personhood while promoting their adjustment to negative social realities (Drescher & Byne, 2012; Ehrensaft, 2007; Malpas, 2011; Menvielle, 2012). Another dilemma some parents face involves the struggle regarding crucial decisions about their child's gender identity while dealing with uncertainty about which identity he or she will affirm as they mature – balancing the task of remaining flexible while affirming their child's current self-expression (Ehrensaft, 2012; Malpas, 2011; Menvielle, 2012). Parents carry the responsibility of negotiating these tasks in both supportive and judgmental social contexts within the culture, where gender nonconformity often becomes a source of isolation and oppression (Malpas, 2011).

Culturally, gender noncomforming children and their families face these challenges as a result of the oppression they encounter due to the gender binary (Markman, 2011). In addition to the difficulties at school due to being ostracized, harassed and fearful of their own safety (Bryant, 2006; Graytak, Kosciw & Diaz, 2009; Roberts et al, 2013; Swearer et al, 2008; Toomey, McGuire & Russell, 2012), gender nonconforming youth also face issues of mistreatment and discrimination as they shift into adolescence and young adulthood. Research indicates gender nonconforming youth experience numerous challenges as a result of their gender identity – including higher rates of suicide (Clements-Nolle, Marx & Katz, 2006; Gainor, 2000), difficulty accessing health care (Grossman & D'Augelli, 2006; Spicer 2010) and barriers with employment (Clough, 2000; Pearson, 2010). Youth who identify as transgender also represent a large

percentage of the homeless youth population (Israel & Tarver, 1997; Yu, 2010) and experience higher rates of hate crimes (National Coalition of Anti-Violence Programs, 2005). This marginalized population faces these various challenges as a result of injustices within the culture due to societal fear and misinformation (Markman, 2011).

While in recent years, the fields of counseling and psychology have shown a shift in how professionals view and treat gender nonconformity (Bryant, 2006; Pyne, 2014), parents still struggle with finding helpful resources and social support in an effort to understand and empower their gender nonconforming child (Drescher & Byne, 2012; Hill & Menvielle, 2009). These families continue to need support and advocacy as parents learn to balance their supportive and protective roles while navigating potentially negative social contexts prohibiting their child from the opportunity to thrive and reach their fullest potential (Ehrensaft, 2007; Hill & Menvielle, 2009; Minter, 2012). Opportunities for support exist more today than in the past, but continued progress remains necessary (Bryant, 2006; Haldeman, 2006; Langer & Martin, 2004; Pyne, 2014).

Historical Views of Gender Nonconforming Children

During the 1960s and 1970s, researchers from the fields of psychology and psychiatry began to study gender-variance, focusing mainly on the families of boys demonstrating feminine self-expression (Bates & Bentler, 1973; Green, 1967, 1968, 1971, 1974, 1987; Rekers, 1975, 1977, 1979; Stoller, 1968). Aimed at eliminating the boys' feminine behaviors, researchers utilized behavior modification treatments over the course of many months, including various reward and punishment systems in order to replace feminine behavior, activities, play partners, and gestures with masculine behavior, activities, play partners and gestures (Rekers, 1975, 1979; Rekers & Lovaas, 1974; Rekers & Mead, 1979). Critics of these behavioral approaches

condemned this body of research, suggesting the treatments redirect children toward a very narrow set of outdated stereotypes of traditional masculine behaviors (Bryant, 2006) and that these behaviors might not actually lead to optimal outcomes for these boys (Winkler, 1977).

The American Psychological Association's 1980 edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) (APA, 1980) included a diagnostic classification for Gender Identity Disorder of Childhood – which at that time, was categorized as a Psychosexual Disorder (APA, 1980). Described as having persistent feelings of discomfort about their anatomical sex (APA, 1980), children who fit the criteria of this diagnosis also typically demonstrated "persistent repudiation" of their anatomical features as well as preferences for toys and/or clothing more stereotypically preferred by someone of the opposite-gender (APA, 1980). In this edition, the diagnostic criteria were specific and separate for boys and girls. In the 1987 revised edition of the DSM, Gender Identity Disorder maintained the same diagnostic features, but was moved to the section of Disorders First Evident in Infancy, Childhood or Adolescence (APA, 1987).

The fourth edition moved it to a new category of disorders – Sexual and Gender Identity Disorders (APA, 1994). This edition included a more broad set of criteria that did not differentiate between boys or girls and did not include the prerequisite that children had to specifically state their desire to be the opposite sex (APA, 1994), which was the case for the previous editions (APA, 1980; APA, 1987). Increased research on gender-atypicality as well as changes in cultural attitudes regarding gender expression influenced the various changes in this particular diagnosis, which has brought a paradigm shift in understanding children who demonstrate gender nonconformity (Pyne, 2014). The most recent edition of the DSM has eliminated Gender Identity Disorder and instead utilizes the diagnosis of Gender Dysphoria,

which is defined as a child verbalizing the desire to be of the other gender as well as clinically significant distress or impairment in life functioning (APA, 2013). Atypical gender behavior and/or self-expression are no longer included in the diagnostic criteria.

Modern Views of Gender Nonconforming Children

Currently, research indicates a shift in how professionals view gender nonconforming children and their families (Bryant, 2006; Drescher & Byne, 2012; Haldeman, 2000; Langer & Martin, 2004; Minter, 2012; Pyne, 2014), in addition to changes in the language used to describe their gender variance as a part of human diversity (Pyne, 2014). Shifting "from disorder to diversity, from treatment to affirmation, from pathology to pride, from cure to community" (Pyne, 2014), professionals and families have created a safer space for more inclusive conversations regarding gender atypicality. While there is more work to be done in supporting and advocating with these children and their families, the field of counseling has established some affirming views, treatments and programs to promote the well-being of gender nonconforming children and their families (Ehrensaft, 2012, Hill, Menvielle et al, 2010; Malpas, 2011; Menvielle, 2012). The following section includes an overview of three main treatment modalities for practitioners working with these children and their families.

Comprehensive Program for Children with Gender Variant Behaviors

Dr. Menvielle, a psychiatrist at the Children's National Medical Center in Washington, DC, has established what he calls a Comprehensive Program for Children with Gender Variant Behaviors and Gender Identity Disorders. His program combines diagnostic and treatment interventions aimed at helping parents affirm and support their children, while actively promoting their healthy adjustment. This program involves an extended initial evaluation and interview of parents and child (both separately and together), supplemented with standard

diagnostic instruments that allow the team of professionals to provide through feedback and recommendations (Menvielle, 2012). Once the team has established the specific needs of the individual child and their family, the practitioners discuss these details with the family.

One of the main premises of this program is that the gender nonconforming child's development should not be interfered with any more than a child with conventional gender expression (Menvielle, 2012). Goals for all families in this program include fostering the development of self-esteem and social competencies as well as encouraging parents not to make any assumptions about long term outcomes while accepting all possibilities (Menvielle, 2012). Menvielle also suggests parents supportively allowing the child to lead and avoid the imposition of the parents' preference during the process of the child's identity development – thus establishing a foundation of positive self-regard.

Children assessed in this program typically attend open-ended support groups while their parents participate in psycho-educational and problem-solving groups. Often the groups for children occur simultaneously with the groups for parents – allowing a supportive community for everyone, a socializing experience for children, and an opportunity for practitioners to monitor the ongoing development of the children (Menvielle, 2012). In this particular program, the parent groups include ongoing education and problem-solving in an interactive manner where parents participate instead of being passive recipients. These groups also provide a normalizing experience for parents to find comfort in knowing they are not alone with their struggles, as well as opportunities for parents and children to establish friendships with other families sharing a common experience (Menvielle, 2012).

True Gender Self Therapy

From the Department of Pediatrics at the University of California San Francisco, Dr. Ehrensaft specializes in working with gender nonconforming children and youth. She utilizes a treatment modality she describes as True Gender Self Therapy (TGST), stemming from the premise that gender is not a binary category, as described by the culture, but is rather "a complicated three-dimensional web" (Ehrensaft, 2012). TGST maintains a focus on helping a child explore his or her gender identity while understanding the social limitations that may inhibit its fullest expression (Ehrensaft, 2012). This type of counseling posits children's individual creativity as a psychological function that allows their true self to emerge and when forced to accommodate to the demands of others – a false self develops. Children's true self unfolds when the primary care-givers allow the child to authentically develop (Ehrensaft, 2012).

TGST aims to facilitate a child's ability to internalize a positive self-identity while recognizing situations in which that identity may need protection from negative reactions. Ehrensaft suggests an effective counselor helps equip the child to differentiate a false gender self as a conscious self-protection mechanism versus a constricting, resistant unconscious defense. While the main goal of TGST is to foster the child's authentic gender self, parents often will struggle with two opposing goals – allow the child's authentic self to emerge and keep the child safe. This type of counseling also involves an exploration of these self-protective false gender constructions as a process of understanding the child's resilience and empowerment in response to negativity from others.

Ehrensaft also offers an important element to her therapeutic process regarding gender nonconformity and its potential role as a symptom of an underlying psychological problem – in rare cases (Ehrensaft, 2012). She suggests effective therapeutic awareness as a key for

understanding the manifestation of a more general, disorganized and unintegrated sense of self as a possible indicator of gender nonconformity being a symptom of a different underlying condition as a result of possible trauma or other disturbance (Ehrensaft, 2012). In these rare exceptions, the counselor can help the child process the life experiences as an avenue for achieving a deeper understanding of their authentic self (Ehrensaft, 2012). In most cases of gender nonconformity, children need an affirming and accepting therapeutic environment to facilitate the exploration of their authentic identity and the awareness and skills to navigate the social contexts that may not offer the same level of acceptance (Ehrensaft, 2012).

A Multi-Dimensional Family Approach

Similar to Dr. Menvielle's comprehensive program, the Multi-Dimensional Family

Approach (MDFA) also aims to support families with gender nonconforming children as they
navigate their life experience. One of the initial main goals of this approach involves the process
of both children and parents shifting from an 'either/or' mentality to 'both/and' regarding
affirming the child's identity as well as learning to cope with the external social realities
(Malpas, 2011). Another main goal focuses on parental acceptance as a first step toward
facilitating harmony between the child and their environment – decreasing parental anxiety and
reactivity so they can support and advocate with their child (Malpas, 2011). Described as a
relational model that integrates systemic, structural, experiential, narrative, social-constructionist
and social justice approaches (Malpas, 2011), MDFA includes five specific components: 1)
parental engagement and education, 2) individual assessment and child therapy, 3) parental
coaching, 4) systemic family therapy, 5) parent support groups. These five components aim to
help families "negotiate the interactions between a rigid gender binary imported from familial,

social and cultural experiences and a fluid gender spectrum articulated by their child" (Malpas, 2011, p.468).

First, through the process of parental engagement and education, the counselors typically meet with parents to establish a therapeutic alliance, offer private emotional processing regarding their own fears and beliefs as well as getting a detailed account of the child's development. This initial stage in the process also allows for the counselor to assess whether the treatment plan should focus more on the child or the parent(s), because in many cases the parents may actually demonstrate more distress than the gender nonconforming child (Malpas, 2011). During the assessment process, utilizing various data-collecting instruments (Cohen-Kettenis & Pfafflin, 2003; Meyer-Bahlburg, 2002; Zucker et al, 1993), the counselor aims to understand the specific characteristics of the child's gender nonconformity – specifically to differentiate between a child who demonstrates features of gender dysphoria regarding their anatomical body and one who does not.

Once the counselor establishes the specific needs of both parent and child, the therapy process shifts to accomplish various goals including empowering and supporting parents, resolution of marital or parental discord around gender nonconformity, making meaning to facilitate bonding between parent and child, mobilizing family resilience and cooperative problem-solving (Malpas, 2011). A final element of MDFA includes parents and children engaging in a multi-family monthly community group which provides access to a space for reflection and connection with other families experiencing a similar complex process of growth (Malpas, 2011).

All three methods of treatment include the following shared elements: 1) Recognizing gender nonconformity as a variance of human diversity instead of a sign of pathology, 2)

Acknowledging that children demonstrating gender nonconformity do not necessarily need mental health treatment, 3) Parents can benefit from various psycho-educational and therapeutic types of support in order to better maintain their challenging roles (Malpas, 2011). These programs provide many opportunities for growth and increased awareness regarding the specific needs of both parents and children dealing with gender nonconformity. Their effectiveness continues to help numerous families in need (Ehrensaft, 2012; Malpas, 2011; Menvielle, 2012), however the availability of such counseling programs remains very limited across the United States (U.S.) and families continue to struggle to find supportive resources (Minter, 2012).

Ideally, families should have easy access to intensive therapeutic programs in order to effectively manage the issues surrounding their child's gender expression. However, this is not the case and the need for support continues to exist (Drescher & Byne, 2012; Haldeman, 2000; Minter, 2012). While a comprehensive program clearly provides a high level of informed psycho-educational and therapeutic support (Ehrensaft, 2012; Malpas, 2011; Menvielle, 2012), effective counselors can also provide an operative level of support by simply equipping parents to better relate with their gender nonconforming child through a more intentional level of self-awareness and connectivity. Utilizing the main features of a well-known counseling method, parents can positively contribute to their child's development simply through better therapeutic relating (Rogers, 1951, 1957). Through the application of the concepts of Carl Rogers' personcentered approach, counselors can equip parents by modeling this method as well as helping them to demonstrate the core conditions with their gender nonconforming child.

Equipping Parents to Utilize Rogerian Person-Centered Concepts

Carl Rogers (1957, 1959, 1967, 1986, 2001) established the *person-centered approach* and proposed that every person holds the capacity for a level of self-understanding that promotes

thriving and growing, both of which can occur through an effective therapeutic relationship. This relationship occurs through what Rogers referred to as Person-Centered Therapy (PCT). PCT maintains a focus on the counselor-client relationship. The counselor establishes an environment promoting warmth and unconditional positive regard – aimed at helping the client find within him- or herself the ability to self-actualize and find genuine authenticity, which allows them to make positive changes and find personal fulfillment (Rogers, 1959, 1967, 1986, 2001). Rogers' theory emphasizes the value and dignity of everyone as well as the tremendous opportunities for personal growth and increased self-awareness that can be realized from one's life experiences. Rogers believed that a non-directive, empathic and warm therapeutic relationship provides the catalyst for personal change and growth to establish the meaning, freedom and relationships that allow for self-actualization (Rogers, 1957, 1959, 1967, 1986, 2001).

Core Conditions

Rogers' approach to therapy is characterized by three specific conditions that create a growth-promoting environment for the client. First, as a part of being in the relationship, the therapist openly demonstrates genuineness during the process of therapy. Rogers referred to this realness as *congruence*, and described it as the counselor maintaining a close match between what they experience in their present awareness and what they express to the client (Rogers, 1957, 1959, 1967, 1986, 2001). This particular element allows for honest connections between client and counselor in a safe and constructive setting – providing the client with positive relational experiences, which become building blocks for self-exploration and growth.

The second condition of this growth-promoting environment is termed *unconditional* positive regard. Rogers described this as an accepting and positive attitude toward the client in

the present moment and involves a warm and affirming therapeutic view of the client throughout the process (Rogers, 1957, 1959, 1967, 1986, 2001). The counselor highly esteems the client and values their authentic personhood in a way that makes them feel cherished. This condition connects with the existential belief that individuals thrive when given the opportunity to recognize their own innate value and potential for personal fulfillment. Unconditional positive regard allows clients to see their unique value in ways they never have, which encourages a more affirming view of themselves (Rogers, 1957, 1959, 1967, 1986, 2001).

The person-centered approach places emphasis on *empathy* as the third characteristic. An effective counselor utilizes earnest listening in an effort to fully understand the feelings of the client. Empathy happens when the counselor accurately communicates the emotional meanings of the client – including ones that are below the conscious level (Rogers, 1959). When a client feels fully understood within the safety of an affirming therapeutic relationship, powerful change can occur (Rogers, 1959). When all three elements characterize the foundation of the therapeutic relationship, the client holds the opportunity for depth in connection, self-affirmation as well as personal growth. Understanding this therapeutic approach allows for effective implementation when working with families of gender nonconforming children.

Expanding the Core Conditions for Parents of Gender Nonconforming Children

Research indicates that children's ability to regulate emotion impacts their social competence and ability to maintain positive relationships (Cohen, 2006; McDowell et al, 2002). In addition, the effective use of coping strategies in the midst of stress – also known as resilience (Eisenberg et al 1997; Harvey, 2007; Jew, Green & Kroger, 1999), mediates a child's social functioning and emotional regulation (Eisenberg et al, 1997). Resilience remains a necessary trait for children who demonstrate gender nonconformity – particularly those who may later

identify as transgender, as these youth face numerous barriers including mistreatment, discrimination, homeless and even hate crimes as a result of their gender identity (Israel & Tarver, 1997; Gainor, 2000; Singh, Hays & Watson, 2011).

Emotional regulation, social competence and resilience all characterize healthy emotional development in children and remain heavily dependent on the mechanisms of parental response – including parental modeling, coaching, responsiveness and expression (McDowell et al, 2002). Parents' effective modeling and emotion-coaching establishes a positive foundation equipping children for growth and success throughout childhood and into adulthood (Boym & Parke, 1995; Cassidy et al, 1992; Contreras et al, 2000; Denham et al, 1997; Gottman, Katz & Hooven, 1997; McDowell & Park, 2000). Effective parental response is the key to supporting children demonstrating gender nonconformity (Ehrensaft, 2007, 2012; Menvielle, 2012). The core concepts in the person-centered therapeutic approach offer parents an opportunity to provide their child with appropriate and helpful emotional responses as the family navigates the challenges of gender nonconformity.

Rogers' approach aims to equip therapists to provide an effective therapeutic environment that promotes change and growth (Rogers, 1957, 1959, 1967, 1986, 2001). In a similar manner, application of the core conditions within the relationship between parents and their gender nonconforming children can provide opportunity for growth and change allowing the child to flourish in the development of their authentic identity. Research indicates most parents struggle with how to effectively both support and protect their gender nonconforming child (Drescher & Byne, 2012; Ehrensaft, 2007; Menvielle, 2012). Because an increase in cultural awareness regarding rigid gender norms has presented a shift in how people view children demonstrating variant self-expression (Pyne, 2014), parents can more easily find helpful

resources. However, understanding a simple formula for relating with their child seems a necessary and viable option when working with these families.

During the 1960s, psychologists developed a type of play therapy called filial therapy (Guerney, 1964) to promote improved emotional relating between parent and child. Counselors trained parents to play with their child at home in a very specific manner, followed by the parent continuously meeting with the counselor to discuss any insights regarding the relationship with their child (Guerney, 1964). The specific parent-child play sessions aimed to accomplish several goals – including changing the child's perception of the parent, increasing the child's ability to communicate with the parents, as well as create improved attitudes between parent and child which can result in better relating (Guerney, 1964). Modeled closely to Rogers' techniques, filial therapy provides parents with opportunity for improved relating (Guerney, 1964) and elements of this counseling technique can help families of children demonstrating gender nonconformity. Counselors can incorporate similar elements in conjunction with Rogers' core conditions to better support these families. The following section provides an overview of how parents can utilize Rogers' core concepts as they relate with their gender nonconforming child.

Helping Parents Demonstrate Unconditional Positive Regard

Research indicates affirming and accepting parents provide gender nonconforming children with the kind of support they need as they develop throughout childhood (Ehrensaft, 2007, 2012; Hill & Menvielle, 2009; Hill et al, 2010; Menvielle, 2012). Similar to Rogers' concept of unconditional positive regard, affirming and accepting parents withhold judgment and avoid imposing restrictions on their child's gender self-expression – providing their child with the opportunity to thrive in their authentic self (Ehrensaft, 2012). In a therapeutic setting, when a therapist establishes a trusting and respectful environment, clients become more open, more

respectful and engage in more authentic self-discovery (Kensit, 2000). Parents can do the same with their child.

Perhaps the most simple of the three core conditions, unconditional positive regard involves parents allowing their child the freedom to engage in gender atypical behavior and self-expression without shame or judgment – providing them a "place where they feel protected and safe and loved" (Hill & Menvielle, 2012, p. 243). Parents often describe feeling a level of discomfort when initially faced with the challenge of encouraging their child's non-traditional gender expression while realizing the cultural implications of such expression (Dreger, 2009; Ehrensaft, 2007, 2012; Hill & Menvielle, 2009; Kane, 2006; Malpas, 2011). However, implementing unconditional positive regard *in conjunction with* the other two core conditions (empathy and congruence) becomes a more realistic and feasible task for parents.

Helping Parents Demonstrate Empathy

Rogers described empathy as an understanding of another's awareness or a sense of their private world (Rogers, 1959). Empathic behaviors include perceiving, feeling, thinking, and communicating (Keefe, 1976). Original research on empathy characterized it as an "imaginative transposition of oneself into the thinking, feeling and acting of another and so structuring the world as he does" (Dymond, 1949, p. 127). Empathy maintains a crucial role in a parent's understanding of their child's emotional experience – particularly with children demonstrating gender nonconformity. In order to fully embody (and therefore understand) their child's 'structuring of the world,' parents must set aside their own personal biases, discomforts or cognitive distortions (Keefe, 1976) and intentionally imagine the internal conflicting experience between their child's authentic self and the accommodating false self (Ehrensaft, 2012). Parents must acutely observe their child's genuine emotional expression and allow themselves to feel the

intensity of their experience – recognizing its merit beyond the act of wearing a simple hair bow or baseball cap.

Once parents gain an in-depth empathic understanding of their child's experience, their feelings and thoughts should be demonstrated as an intentional behavioral response that communicates attentive sentiment to match the emotions experienced (Keefe, 1976). Empathic behaviors can be demonstrated through numerous elements of communication – including verbal, postural, facial and even varying vocal manners (Keefe, 1976). Empathy requires a form of psychological openness as well as the ability to cognitively sort personal feelings (Keefe, 1976), therefore parents should aim to increase their self-awareness in order effectively process their own emotions when attempting to become more empathic with their child. When parents increase their empathic capabilities, they develop more effective relational skills which contributes to the positive development of their child's social competence (McDowell et al, 2002)

Helping Parents Demonstrate Congruence

Rogers (1957) believed that both empathy and unconditional positive regard depend on the genuineness that exists within the relationship – which he referred to as congruence. Congruence involves a mindful self- and other-awareness, careful reflection and a willingness to engage in both internal and external connections with the other person (Geller & Greenberg, 2002; Rogers, 1957). Congruence within the therapeutic relationship requires enhanced self-awareness on the part of the therapist (Cornelius-White, 2007). Congruence sanctions comfort, authentic openness and directivity from the therapist – communicating worth and capability to the client (Kolden et al, 2011). This same dynamic can occur between parent and child.

Rooted in a parent's own process of self-understanding and as an extension of their ability to maintain empathy, congruence allows for both the parent and child to express vulnerability within their relationship through various encounters and challenges related to the child's gender nonconformity. Parental genuineness communicates care and concern in a way that prioritizes authenticity and relational connection – allowing a child to view the parents as trustworthy, accepting and a safe haven for emotional expression. Combined with the intentional elements of empathy, genuineness between a highly self-aware parent and a trusting gender nonconforming child becomes a catalyst for deep connection (Ehrensaft, 2012) as well as a strong foundation for social-emotional development (McDowell et al, 2002).

Understanding the therapeutic nature of Rogers' core conditions as viable options for parents to utilize allows families to become more effective mechanisms in supporting and improving the life experience of their gender nonconforming child. Table 1.1 in the Appendix provides a visual for reflecting on the benefits of the core conditions as products of thoughtful intervention from affirming parents.

Equipping parents to establish a supportive and protective relationship with their gender nonconforming child provides a better outcome for these children (Ehrensaft, 2007, 2012; Menvielle 2012; Malpas, 2011; Pyne, 2014) and allows for positive social and emotional development, which contributes to increases in prosocial behavior, better relationships, competent social functioning and higher academic performance (Cohen, 2006; McDowell et al, 2002). Some progress has been made in the fields of counseling and psychology as professionals shift from a disorder/deficit view of gender nonconformity to more inclusive and progressive ideas about gender independence and creativity (Bryant, 2006; Drescher & Byne, 2012; Haldeman, 2000; Langer & Martin, 2004; Minter, 2012; Pyne, 2014). Continued improvement

necessitates further resources for families and increased awareness for the culture in order to better serve and advocate with families impacted by gender nonconformity.

References

- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC, Author.
- American Psychiatric Association. (1987). Diagnostic and statistical manual of mental disorders (3rd ed., text revision). Washington, DC, Author.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC, Author.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC, Author.
- Bates, J. & Bentler, P. (1973). Play activities of normal and effeminate boys. *Developmental Psychology*, 9(1), 20-27.
- Blaise, M., & Taylor, A. (2012). Using queer theory to rethink gender equity in early childhood education. *Young Children*, 67(1), 88-96.
- Bockting, W. O. (1997). The assessment and treatment of gender dysphoria. *Directions in Clinical and Counseling Psychology*, 7, 1–22.
- Bockting, W. O. (2008). Psychotherapy and the real-life experience: From gender dichotomy to gender diversity. *Sexologies*, *17*, 211-222.doi: 10.1016/j.sexol.2008.08.001
- Boyum, L.A., & Park, R. D. (1995). The role of family emotional expressiveness in the development of children's social competence. *Journal of Marriage and the Family*, *57*, 593-608.

- Brinkman, B. G., Rabenstein, K. L., Rosén, L. A., & Zimmerman, T. S. (2014). Children's gender identity development: The dynamic negotiation process between conformity and authenticity. *Youth & Society*, 46(6), 835-852. doi:10.1177/0044118X12455025
- Bryant, K. (2006). Making gender identity disorder of childhood: Historical lessons for contemporary debates. *Sexuality Research & Social Policy: Journal of NSRC*, *3*(3), 23-39. doi: 10.1525/srsp.2006.3.3.23.
- Bussey, K., & Bandura, A. (1999). Social cognitive theory of gender development and differentiation. *Psychological Review*, *106*(4), 676-713. doi:10.1037/0033-295X.106.4.676
- Butler, J. (2004). Undoing Gender. New York: Routledge
- Carver, P. R., Yunger, J. L., & Perry, D. G. (2003). Gender identity and adjustment in middle childhood. *Sex Roles*, 49(3-4), 95-109. doi: 10.1007/s11199-009-9709-2.
- Case, K. A., & Meier, S. C. (2014). Developing allies to transgender and gender-nonconforming youth: Training for counselors and educators. *Journal of LGBT Youth*, 11(1), 62-82. doi:10.1080/19361653.2014.840764
- Cassidy, J. Park, R. D., Butkovsky, L., & Braungart, J.M. (1992). Family-peer connections: The role of emotional expressiveness within the family and children's understanding of emotions. *Child Development*, *63*, 603-618.
- Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality*, 51(3), 53-69.
- Clough, A. S. (2000). The illusion of protection: Transsexual employment discrimination. *Journal of Gender and the Law, 1*, 849-886.

- Cohen-Kettenis, P. T. & Pfafflin, F. (2003). *Transgenderism and intersexuality in childhood and adolescence: Making choices*. Thousand Oaks, CA: Sage.
- Coates, S. W. (2008). Intervention with preschool boys with gender identity issues.

 *Neuropsychiatrie De l'Enfance Et De l'Adolescence, 56(6), 392-397.

 doi:10.1016/j.neurenf.2008.06.004
- Cohen, J. (2006). Social, emotional, ethical, and academic education: Creating a climate for learning, participation in democracy, and well-being. *Harvard Educational Review*, 72(2), 201-230. doi: 10.17763/haer.76.2.j44854x1524644vn
- Coltrane, S., & Adams, M. (1997). Children and gender. In *Contemporary Parenting:*Challenges and Issues. Arrendel, T. (Ed). (pp. 219-253). CA: Sage Publications.
- Connell, R. W. (1989). Cool guys, swots and wimps: The interplay of masculinity and education.

 Oxford Review of Education, (3), 291. doi:10.2307/1050420
- Connell, R. W. (1992). A very straight gay: Masculinity, homosexual experience, and the dynamics of gender. *American Sociological Review*, (6), 735. doi:10.2307/2096120
- Connell, R. W. (1998). R. W. Connell's 'Masculinities': Reply. *Gender and Society*, (4), 474. doi:10.2307/190181
- Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender and Society*, (6), 829. doi:10.2307/27640853
- Connell, R. (1987). *Gender and power: Society, the person and sexual politics / R.W. connell*Stanford, Calif.: Stanford University Press, 1987.
- Contreras, J.M., Kerns, K.A., Weimer, B.L., & Gentzler, A.L. (2000). Emotion regulation as a mediator of associations between mother-child attachment and peer relationships in

- middle childhood. *Journal of Family Psychology, 14*, 111-124. doi: 10.1037//0893-3200.14.1.111
- Cornelius-White, J.H.D. (2007). Congruence: An integrated five-dimensional model. *Person-Centered & Experiential Psychotherapies*, 6, 229-239.

 Doi:10.1080/14779757.2007.9688444
- Crawford, J. (1992). Emotion and gender: Constructing meaning from memory / collectively researched and written by june crawford ... [et al.] London; Newbury Park, CA: Sage Publications, 1992.
- D'Augelli, A., Grossman, A. H., & Starks, M. T. (2006). Childhood gender atypicality, victimization, and PTSD among lesbian, gay, and bisexual youth. *Journal of Interpersonal Violence*, 21(11), 1462-1482.
- Denham, S.A., Mitchell-Copeland, J., Strandberg, K., Auerback, S., & Blair, K. (1997). Parental contributions to preschoolers' emotional competence: Direct and indirect effects. *Motivation and Emotion*, 21, 65-86.
- Dominy, N. L., & Johnson, W. B. (2000). Perception of parental acceptance in women with binge eating disorder. *Journal of Psychology*, *134*(1), 23.
- Dreger, A. (2009). Gender identity disorder in childhood: Inconclusive advice to parents. *The Hastings Center Report*, (1), 26. doi:10.2307/25548351
- Drescher, J., & Byne, W. (2012). Gender Dysphoric/Gender variant (GD/GV) children and adolescents: Summarizing what we know and what we have yet to learn. *Journal of Homosexuality*, 59(3), 501-510. doi: 10.1080/00918369.2012.653317
- Dymond, R. F. (1949). A scale for the measurement of empathic ability. *Journal of Consulting Psychology*, 13(2), 127-133.

- Egan, S. K., & Perry, D. G. (2001). Gender identity: A multidimensional analysis with implications for psychosocial adjustment. *Developmental Psychology*, *37*(4), 451-463. doi:10.1037/0012-1649.37.4.451
- Ehrensaft, D. (2007). Raising girlyboys: A parent's perspective. *Studies in Gender & Sexuality*, 8(3), 269-302. doi:10.1080/15240650701226581
- Ehrensaft, D. (2011). Boys will be girls, girls will be boys: Children affect parents as parents affect children in gender nonconformity. *Psychoanalytic Psychology*, 28(4), 528-548. doi:10.1037/a0023828
- Ehrensaft, D. (2012). From gender identity disorder to gender identity creativity: True gender self child therapy. *Journal of Homosexuality*, 59(3), 337-356. doi:10.1080/00918369.2012.653303
- Erikson, Erik. (1968). Identity: Youth and crisis. New York: Norton.
- Eisenberg, N., Guthrie, I. K., Fabes, R.A., Reiser, M. (1997). The relations of regulation and emotionality to resiliency and competence social functioning in elementary school children. *Child Development*, 68, 295-311.
- Fagot, B. I. (1973). Sex-related stereotyping of toddlers' behaviors. *Developmental Psychology*, 9(3), 429-429. doi:10.1037/h0034926
- Fausto-Sterling, A. (2012). The dynamic development of gender variability. *Journal of Homosexuality*, 59(3), 398-421. doi:10.1080/00918369.2012.653310
- Fiese, B. H., & Skillman, G. (2000). Gender differences in family stories: Moderating influence of parent gender role and child gender. *Sex Roles*, 43(5-6), 267-283.
- Freire, P. (1994). *Pedagogy of hope: Reliving pedagogy of the oppressed*. New York: Continuum.

- Freire, P. (1990). Education for critical consciousness. New York, NY: Continuum.
- Freire, P. (1970/1996). Pedagogy of the oppressed. London, England: Penguin Press.
- Gainor, K. (2000). Including transgender issues in lesbian, gay, and bisexual psychology: Implications for clinical practice and training. In B. Greene & G. L. Croom (Eds.), Education, research, and practice in lesbian, gay, bisexual, and transgendered psychology: A resource manual (pp. 131-160). Thousand Oaks, CA: Sage.
- Geller, S. & Greenberg, L. (2002). Therapeutic presence: Therapists experience of presence in the psychotherapy encounter in psychotherapy. *Person Centered & Experiential Psychotherapies*, 1, 71-86.
- Goodman, L. A., Liang, B., Helms, J. E., Latta, R. E., Sparks, E., & Weintrab, S. R. (2004).

 Training counseling psychologists as social justice agents: Feminist and multicultural principles in action. *The Counseling Psychologist*, *32*, 793–837.

 doi:10.1177=0011000004268802
- Gottman, J.M., Katz, L.F., & Hooven, C. (1996). Parental meta-emotion philosophy and the emotional life of families: Theoretical models and preliminary data. *Journal of Family Psychology*, 10, 243-268.
- Graytak, E., Kosciw, J., Diaz, E. (2009). Harsh realities: The experiences of transgender youth in our nation's schools. New York: GLSEN.
- Green, R. (1967). Sissies and tomboys: A guide to diagnosis and management. In C.W. Wahl (Ed.), *Sexual problems: Diagnosis and treatment in medical practices* (p. 89-114). New York: The Free Press.
- Green, R. (1968). Childhood cross-gender identification. *Journal of Nervous and Mental Disease*, 147(5), 500-509.

- Green, R. (1971). Diagnosis and treatment of gender identity disorders during childhood. *Archives of Sexual Behavior*, 1(2), 167-173.
- Green, R. (1974). Sexual identity conflict in children and adults. New York: Basic Books.
- Green, R. (1987). *The sissy boy syndrome and the development of homosexuality*. New Haven, CT: Yale University Press.
- Green, R., & Money, J. (1961). Effeminacy in prepubertal boys. Summary of eleven cases and recommendations for case management. *Pediatrics*, 27, 286-291.
- Green, R. & Money, J. (1964). Prepubertal, morphologically normal boys demonstrating signs of cross-gender identity: A five-year follow-up (abstracted). *American Journal of Orthopsychiatry*, 34(2), 365-366.
- Green, R. & Money, J. (1966). Stage-acting, role-taking, and effeminate impersonation during boyhood. *Archives of General Psychiatry*, 15, 535-538.
- Green, R., & Fuller, M. (1973). Family doll play and female identity in pre-adolescent males.

 American Journal of Orthopsychiatry (Wiley-Blackwell), 43(1), 123.
- Green, R., & Fuller, M. (1973). Group therapy with feminine boys and their parents.

 International Journal of Group Psychotherapy, 23(1), 54-68.
- Greeson, R. R. (1966). A transvestite boy and a hypothesis. *International Journal of Psycho- Analysis*, 47, 396-403.
- Grossman, A. & D'Augelli, A. (2006). Transgender youth: Invisible and vulnerable. *Journal of Homosexuality*, 51, 111-128. doi:10.1300/J082v51n01_06
- Grossman, A., D'Augelli, A., Howell, T. & Hubbard, S. (2005). Parents' reactions to transgender youths' gender nonconforming expression and identity. *Journal of Gay and Lesbian Social Services*, 18, 3 doi: 10.1300/J041v18n01_02

- Guerney, B. (1964). Filial therapy: Description & Rational. *Journal of Consulting Psychology*, 28(4), p. 304-310.
- Haldeman, D. C. (2000). Gender atypical youth: Clinical and social issues. *School Psychology Review*, 29(2), 192.
- Halim, M. L., Ruble, D. N., Tamis-LeMonda, C., Zosuls, K. M., Lurye, L. E., & Greulich, F. K. (2014). Pink frilly dresses and the avoidance of all things "girly": Children's appearance rigidity and cognitive theories of gender development. *Developmental Psychology*, 50(4), 1091-1101. doi:10.1037/a0034906; 10.1037/a0034906.supp
- Harvey, M. R. (2007). Towards an ecological understanding of resilience in trauma survivors: Implications for theory, research, and practice. *Journal of Aggression, Maltreatment & Trauma, 14*(1), 9-32. doi: 10.1300/j146v14n01_02
- Hill, D. B., & Menvielle, E. (2009). "You have to give them a place where they feel protected and safe and loved": The views of parents who have gender-variant children and adolescents. *Journal of LGBT Youth*, 6(2), 243-271. doi:10.1080/19361650903013527
- Hill, D. B., Menvielle, E., Sica, K. M., & Johnson, A. (2010). An affirmative intervention for families with gender variant children: Parental ratings of child mental health and gender. *Journal of Sex & Marital Therapy*, 36(1), 6-23. doi:10.1080/00926230903375560
- Israel, G. E., & Tarver, D. E. (1997). Transgender care: Recommended guidelines, practical information, and personal accounts. Philadelphia: Temple University Press.
- Jew, C. L., Green, K. E., & Kroger, J. (1999). Development and validation of a measure of resiliency. Measurement and Evaluation in Counseling and Development, 32(2), 75-89.

- Johnson, L. L., Bradley, S. J., Birkenfeld-Adams, A., Kuksis, M. A., Maing, D. M., Mitchell, J. N., & Zucker, K. J. (2004). A parent-report gender identity questionnaire for children.
 Archives of Sexual Behaviour, 33(2), 105-116.
- Kane, E. W. (2006). 'No way my boys are going to be like that!' parents' responses to children's gender nonconformity. *Gender and Society*, (2), 149. doi:10.2307/27640879
- Keefe, T. (1976). Empathy: The critical skill. Social Work, January 1976, 10-14.
- Kelso, T. (2011). Snakes and snails and mermaid tails: Raising a gender-variant son. *Child and Adolescent Psychiatric Clinics of North America*, 20(4), 745-755. doi:10.1016/j.chc.2011.07.003
- Kensit, D. A. (2000). Rogerian theory: a critique of the effectiveness of pure client-centred therapy. *Counseling Psychology Quarterly*, *13*(4), 345-351. doi: 10.1080/713658499
- Khaleque, A., & Rohner, R. P. (2013). Effects of multiple acceptance and rejection on adults' psychological adjustment: A pancultural study. *Social Indicators Research*, 113(1), 393-399.
- Khaleque, A., & Rohner, R. P. (2002). Perceived parental acceptance-rejection and psychological adjustment: A meta-analysis of cross-cultural and intracultural studies.

 *Journal of Marriage and Family, 64(1), 54-64.
- Kolden, G.C., Klein, M.H., Chia-Chiang, W. & Austin, S.B. (2011). Congruence/Genuineness.

 *Psychotherapy, 28(1), 65-71. doi: 10.1037/a0022064
- Langer, S. J., & Martin, J. I. (2004). How dresses can make you mentally ill: Examining gender identity disorder in children. *Child & Adolescent Social Work Journal*, 21(1), 5-23. doi: 10.1023/b:casw.0000012346.80025.f7

- Leinbach, M. D., Hort, B. E., & Fagot, B. I. (1997). Bears are for boys: Metaphorical associations in young children's gender stereotypes. *Cognitive Development*, 12(1), 107-130. doi:10.1016/S0885-2014(97)90032-0
- Lev, A. I. (2004). Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families. Binghamton, NY US: Haworth Clinical Practice Press.
- Lorber, J. (1996). Beyond the binaries: Depolarizing the categories of sex, sexuality, and gender. Sociological Inquiry, 66(2), 143-159.
- Lorber, J. & Farrell, S. (1991). *The social construction of gender*. Brooklyn, NY: Sage Publications.
- Lucal, B. (1999). What it means to be gendered me: Life on the boundaries of a dichotomous gender system Sage Publications.
- Malpas, J. (2011). Between pink and blue: A multi-dimensional family approach to gender nonconforming children and their families. *Family Process*, 50(4), 453-470. doi:10.1111/j.1545-5300.2011.01371.x
- Markman, E. R. (2011). Gender identity disorder, the gender binary, and transgender oppression: Implications for ethical social work. *Smith College Studies in Social Work*, *81*, 314-327. doi: 10.1080/00377317.2011.616839
- Martin, C. L., Ruble, D. N., & Szkrybalo, J. (2002). Cognitive theories of early gender development. *Psychological Bulletin*, *128*(6), 903-933. doi:10.1037/0033-2909.128.6.903
- Martin, K. A. (1998). *Becoming a gendered body: Practices of preschools* American Sociological Association.

- Martin, K. A. (2005). William wants a doll. can he have one? Feminists, child care advisors, and gender-neutral child rearing. *Gender & Society*, 19(4), 456-479. doi: 10.1177/0891243204272968
- Mayer, K. H., Makadon, H. J., & Garofalo, R. (2014). Promoting the successful development of sexual and gender minority youths. *American Journal of Public Health*, 104(6), 976-981. doi: 10.2105/AJPH.2014.301876
- McCormack, M. (2012). From hegemonic masculinity to inclusive masculinities Oxford
 University Press. doi:10.1093/acprof:oso/9780199778249.003.0018
- McDowell, D.J. & Park R.D. (2000). Differential knowledge of display rules for positive and negative emotions: Influence from parents, influences on peers. *Social Development*, 9, 415-432. doi: 10.1111/1467-9507.00136
- McDowell, D. J., Kim, M., O'Neil, R., & Parke, R. D. (2002). Children's emotional regulation and social competence in middle childhood: The role of maternal and paternal interactive style. *Marriage & Family Review*, *34*(3-4), 345-364. doi: 10.1300/J002v34n03_07
- McLean, K. C. (2005). Late adolescent identity development: Narrative meaning making and memory telling. *Developmental Psychology*, 41(4), 683-691. doi: 10.1037/0012-1649.41.4.683
- McLean, K., & Breen, A. (2009). Processes and content of narrative identity development in adolescence: gender and well-being. *Developmental Psychology*, 45(3), 702-710. doi: 10.1037/a0015207
- Meadow, T. (2011). 'Deep down where the music plays': How parents account for childhood gender variance. *Sexualities*, *14*(6), 725-747. doi: 10.1177/1363460711420463

- Menvielle, E. (2012). A comprehensive program for children with gender variant behaviors and gender identity disorders. *Journal of Homosexuality*, *59*(3), 357-368. doi:10.1080/00918369.2012.653305
- Menvielle, E. J., & 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. doi: 10.1097/00004583-200208000-00021
- Menvielle, E., & Hill, D. B. (2011). An affirmative intervention for families with gender-variant children: A process evaluation. *Journal of Gay & Lesbian Mental Health*, *15*(1), 94-123. doi:10.1080/19359705.2011.530576
- Minter, S. P. (2012). Supporting transgender children: New legal, social, and medical approaches. *Journal of Homosexuality*, *59*(3), 422-433. doi: 10.1080/00918369.2012.653311
- Meyer-Bahlburg, H.F.L, (2002). Gender identity disorder in young boys: A parent- and peer-based treatment protocol. *Clinical Child Psychology and Psychiatry*, 7, 360-377.
- National Coalition of Anti-Violence Programs. (2005). Anti- gay, lesbian, bisexual and transgender violence in 2004: A report of the National Coalition of Anti-Violence Programs. Retrieved from http://www.avp.org/publications/reports/2004NationalHVSynopsis.pdf
- O'Neil, M. E., McWhirter, E. H., & Cerezo, A. (2008). Transgender identities and gender variance in vocational psychology: Recommendations for practice, social advocacy, and research. *Journal of Career Development*, 34(3), 286-308. doi: 10.1177/0894845307311251

- Owen-Anderson, A., Bradley, S. J., & Zucker, K. J. (2010). Expressed emotion in mothers of boys with gender identity disorder. *Journal of Sex & Marital Therapy*, *36*(4), 327-345. doi:10.1080/0092623X.2010.488115
- Pomerleau, A., Bolduc, D., Malcuit, G., & Cossette, L. (1990). Pink or blue: Environmental gender stereotypes in the first two years of life. *Sex Roles*, 22(5-6), 359-367.
- Poulin-Dubois, D., Serbin, L. A., Eichstedt, J. A., Sen, M. G., & Beissel, C. F. (2002). Men Don't put on make-up: Toddlers' knowledge of the gender stereotyping of household activities. *Social Development*, 11(2), 166-181.
- Pyne, J. (2014). Gender independent kids: A paradigm shift in approaches to gender non-conforming children. *Canadian Journal of Human Sexuality*, 23(1), 1-8. doi:10.3138/cjhs.23.1.CO1
- Rands, K. (2013). Supporting transgender and gender nonconforming youth through teaching mathematics for social justice. *Journal of LGBT Youth, 10*, 106-126.doi: 10.1080/19361653.2012.717813
- Reason, P. (1994). Human inquiry as discipline and practice. In P. Reason (Ed.), (pp. 40-56). Thousand Oaks, CA, US: Sage Publications, Inc.
- Reivich, K., & Shatté, A. (2002). The resilience factor: 7 essential skills for overcoming life's inevitable obstacles. New York, NY, US: Broadway Books.
- Rekers, G. (1975). Stimulus control over sex-typed play in cross-gender identified boys. *Journal of Experimental Child Psychology*, 20, 136-148.
- Rekers, G. (1977). Atypical gender development and psychosocial adjustment. *Journal of Applied Behavior Analysis*, 10(3), 559-571.

- Rekers, G. (1979). Sex-role behavior change: Intrasubject studies of boyhood gender disturbance. *Journal of Psychology*, 103, 255-269.
- Rekers, G. (1982a). *Growing up straight: What every family should know about homosexuality*. Chicago: Moody Press.
- Rekers, G. (1982b). Shaping your child's sexual identity. Grand Rapids, MI: Baker Book House.
- Rekers, G. A., & Lovaas, O. I. (1974). Behavioral treatment of deviant sex-role behaviors in a male child. *Journal of Applied Behavior Analysis*, 7, 173-190. doi:10.1901/jaba.1974.7-173
- Rekers, G. A., & Mead, (1979). Early intervention for female sexual identity disturbance: Self-monitoring of play behavior. *Journal of Abnormal Child Psychology*, 7(4), 405-423.
- Rheingold, H. L., & Cook, K. V. (1975). The contents of boys' and girls' rooms as an index of parents' behavior. *Child Development*, 46(2), 459-463. doi:10.1111/1467-8624.ep12188237
- Roberts, A. L., Rosario, M., Slopen, N., Calzo, J. P., & Austin, S. B. (2013). Childhood gender nonconformity, bullying victimization, and depressive symptoms across adolescence and early adulthood: An 11-year longitudinal study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(2), 143-152. doi:10.1016/j.jaac.2012.11.006
- Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21, 95-103.
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships. In S. Koch (Ed.), *Psychology: A study of a science*, Vol 3. New York: McGraw-Hill, 1959, 184-256.

- Rogers, C. R. (1967). In Rogers C. R. (Ed.), *The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics*. Oxford, England: U. Wisconsin Press.
- Rogers, C. (1986). Carl Rogers on the development of the person-centered approach. *Person-centered Review*, 1(3), 257-259.
- Rogers, C. (2001). The foundations of the person-centered approach. *Education*, 100(2), 98-107.
- Rosenberg, M. (2002). Children with gender identity issues and their parents in individual and group treatment. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41(5), 619-621.
- Rosenberg, M., & Jellinek, M. S. (2002). Children with gender identity issues and their parents in individual and group treatment. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41(5), 619-621. doi:10.1097/00004583-200205000-00020
- Rottnek, M. (1999). In Rottnek M. (Ed.), Sissies and tomboys: Gender nonconformity and homosexual childhood. New York, NY, US: New York University Press.
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346-352. doi:10.1542/peds.2007-3524
- Sausa, L. (2005). Translating research into practice: Trans youth recommendations for improving school systems. *Journal of Gay and Lesbian Issues in Education*, *3*(1), 15-28. doi:10.1300/J367v03n01_04
- Shakin, M., Shakin, D., & Sternglanz, S. H. (1985). Infant clothing: Sex labeling for strangers. Sex Roles, 12(9), 955-964.

- Singh, A. A. (2012). Transgender youth of color and resilience: Negotiating oppression, finding support. *Sex Roles: A Journal of Research*, 68, 690-702. doi:10.1007/s11199-012-0149-z
- Singh, A., A., Hays, D., & Watson, L. (2011). Strength in the face of adversity: Resilience strategies of transgender individuals. *Journal of Counseling and Development*, 89, 20-27.
- Slaby, R. G., & Frey, K. S. (1975). Development of gender constancy and selective attention to same-sex models. *Child Development*, 46(4), 849-856. doi:10.1111/1467-8624.ep12242832
- Spence, J. T., & Buckner, C. (1995). Masculinity and femininity: Defining the undefinable. In P. J. Kalbfleisch, & M. J. Cody (Eds.), (pp. 105-138). Hillsdale, NJ, England: Lawrence Erlbaum Associates, Inc.
- Spicer, S. S. (2010). Healthcare needs of the transgender homeless population. *Journal of Gay & Lesbian Mental Health*, 14(4), 320-339. doi:10.1080/19359705.2010.505844
- Steensma, T. D., van, d. E., Verhulst, F. C., & Cohen-Kettenis, P. (2012). Gender variance in childhood and sexual orientation in adulthood: A prospective study. *The Journal of Sexual Medicine*. *10*(11), 2723-2733. doi: 10:2723-2733
- Stoller, R. J. (1968). Sex and gender: On the development of masculinity and femininity. New York: Science House.
- Surtees, N., & Gunn, A. C. (2010). (Re)marking heteronormativity: Resisting practices in early childhood education contexts. *Australasian Journal of Early Childhood*, *35*(1), 42-47.
- Swearer, S. M., Turner, R. K., Givens, J. E., & Pollack, W. S. (2008). 'You're so gay!': Do different forms of bullying matter for adolescent males? *School Psychology Review*, 37(2), 160-173.

- Taylor, C., Peter, T., Schachter, K., Paquin, S., Beldom, S., Gross, Z., & McMinn, T.L. (2008).
 Youth Speak Up about Homophobia and Transphobia: The First National Climate Survey
 on Homophobia in Canadian Schools. Phase One Report. Toronto, ON: Egale Canada
 Human Rights Trust.
- Thorne, A. (2000). Personal memory telling and personality development. *Personality & Social Psychology Review (Lawrence Erlbaum Associates)*, 4(1), 45-56. doi: 10.1207/s15327957pspr0401_5
- Thorne, B. (1993). *Gender play: Girls and boys in school*. New Brunswick, N.J.: Rutgers University Press, c1993.
- Toomey, R. B., McGuire, J. K., & Russell, S. T. (2012). Heteronormativity, school climates, and perceived safety for gender nonconforming peers. *Journal of Adolescence*, *35*(1), 187-196. doi:10.1016/j.adolescence.2011.03.001
- Tuerk, C. (2011). Considerations for affirming gender nonconforming boys and their families:

 New approaches, new challenges. *Child and Adolescent Psychiatric Clinics of North America*, 20(4), 767-777. doi:10.1016/j.chc.2011.07.005
- Vitelli, R., & Riccardi, E. (2010). Gender identity disorder and attachment theory: The influence of the patient's internal working models on psychotherapeutic engagement and objective.

 A study undertaken using the adult attachment interview. *International Journal of Transgenderism*, 12(4), 241-253. doi:10.1080/15532739.2010.551485
- Weinberg, M. K., Tronick, E. Z., Cohn, J. F., & Olson, K. L. (1999). Gender differences in emotional expressivity and self-regulation during early infancy. *Developmental Psychology*, 35(1), 175-188. doi:10.1037/0012-1649.35.1.175
- West, C., & Zimmerman, D. H. (1987). *Doing gender* Sage Publications.

- Winkler, R. C. (1977). What types of sex-role behavior should behavior modifiers promote?

 **Journal of Applied Behavior Analysis, 10(3), 549-552.
- Winnicott, D.W. (1960). The theory of the parent-infant relationship. In D. W. Winnicott (Ed.),

 *Maturational processes and the facilitating environment (pp. 37-55). Madison, CT:

 International Universities Press.
- Wisnowski, D. L. (2011). Raising a gender non-conforming child. *Child and Adolescent*Psychiatric Clinics of North America, 20(4), 757-766. doi:10.1016/j.chc.2011.08.003
- 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. doi: 10.1177/1359104502007003035
- Wyman, P. A., Sandler, I., Wolchik, S., & Nelson, K. (2000). Resilience as cumulative competence promotion and stress protection: Theory and intervention. In D. Cicchetti, J. Rappaport, I. Sandler & R. P. Weissberg (Eds.), (pp. 133-184). Washington, DC US: Child Welfare League of America.
- Yu, V. (2010). Shelter and transitional housing for transgender youth. *Journal of Gay & Lesbian Mental Health*, 14(4), 340-345. doi:10.1080/19359705.2010.504476
- Yunger, J. L., Carver, P. R., & Perry, D. G. (2004). Does gender identity influence children's psychological well-being? *Developmental Psychology*, 40(4), 572-582.
- Zosuls, K. M., Ruble, D. N., Tamis-LeMonda, C., Shrout, P. E., Bornstein, M. H., & Greulich, F. K. (2009). The acquisition of gender labels in infancy: Implications for gender-typed play. *Developmental Psychology*, 45(3), 688-701. doi:10.1037/a0014053

- Zucker, K. J. (2008). Children with gender identity disorder: Is there a best practice?

 Neuropsychiatrie De l'Enfance Et De l'Adolescence, 56(6), 358-364.

 doi:10.1016/j.neurenf.2008.06.003
- Zucker, K.J., Bradley, S.J., Lowry Sullivan, C.B., Kuksis, M., Birkenfeld-Adams, A., & Mitchell, J.N. (1993). A gender identity interview for children. *Journal of Personality Assessment*, 61, 443-456.
- Zucker, K. J., Wood, H., Singh, D., & Bradley, S. J. (2012). A developmental, biopsychosocial model for the treatment of children with gender identity disorder. *Journal of Homosexuality*, 59(3), 369-397.
- Zucker, K. J., Bradley, S. J., Ben-Dat, D., Ho, C., Johnson, L., & Owen, A. (2003).
 Psychopathology in the parents of boys with gender identity disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(1), 2-4. doi:10.1097/00004583-200301000-00003
- Zuger, B. (1966). Effeminate behavior present in boys from early childhood. I. the clinical syndrome and follow-up studies. *The Journal of Pediatrics*, 69(6), 1098-1107.
- Zuger, B. (1978). Effeminate behavior present in boys from childhood: Ten additional years of follow-up. *Comprehensive Psychiatry*, *19*(4), 363-369.

CHAPTER 3

UNDERSTANDING THE INFLUENCE OF PARENTAL RESPONSE TO CHILDHOOD GENDER NONCONFORMITY THROUGH COLLECTIVE MEMORY WORK

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Abstract

Nontraditional gender self-expression during childhood presents families with numerous challenges (Bryant, 2006; Ehrensaft, 2007; Meadow, 2011; Roberts et al, 2013; Swearer et al, 2008; Toomey, McGuire & Russell, 2012). Current research indicates an increase in awareness regarding the experience of gender nonconformity during childhood as well as the experience of parenting children exhibiting gender nonconforming self-expression (de Jong, 2015; Johnson et al, 2014; Lindner, 2014; Pyne, 2014; Rahilly, 2015; Riley et al 2013; Sansfacona, Robichaud & Dumais-Michaud, 2015; Wyss, 2013). This qualitative study utilizes a type of participatory action research (CITE) referred to as collective memory work (Haug, 1987) in an effort to understand more deeply the impact of parental response on childhood gender nonconformity. This article provides an overview of the literature regarding gender nonconformity and cultural influences as well as the details of the qualitative study – including methodology and findings, followed by discussion and implications of the research.

INDEX WORDS: Counseling, Gender Nonconformity, Parenting, Social Constructionism, Social Construction of Gender, Childhood Gender Identity, Collective Memory Work

INTRODUCTION AND RATIONALE FOR STUDY

On December 28, 2014, 17-year old Leelah Alcorn was struck by a tractor trailer while walking on the interstate at 2:00 in the morning, four miles from her home. She wrote the following words prior to committing suicide,

Please don't be sad, it's for the better. The life I would've lived isn't worth living ... because I'm transgender... To put it simply, I feel like a girl trapped in a boy's body, and I've felt that way ever since I was 4. I never knew there was a word for that feeling, nor was it possible for a boy to become a girl, so I never told anyone and I just continued to do traditionally 'boyish' things to try to fit in (Franz, 2015, p. 1).

When she shared about this gender struggle with her family, Leelah's mother reacted negatively, dismissing her feelings and fears throughout her childhood (Franz, 2015). In addition, Leelah's parents viewed her identity struggles as a mental illness and took her to a psychiatrist who treated her with medications as well as a therapist who utilized reparative therapy (Moss, 2014) in an attempt to 'cure' Leelah. Surrounded by adults who did not provide empathy, warmth or acceptance, Leelah felt compelled to end her life by stepping in front of a tractor trailer driving on the interstate in the middle of the night.

Leelah's parents expressed devastation upon losing their child, especially in this manner (Franz, 2015). While they did not support Leelah in her identity struggle, they described how much they loved their child and now face the overwhelming grief that only comes with such tremendous loss. In addition to the shattering anguish of losing the oldest of their four children, the family also reported they were unable to have a memorial service due to the social and cultural backlash initiated by Leelah's suicide (Franz, 2015). Through various social media

outlets, people throughout the U.S. voiced their support for Leelah as well as their disdain for the lack of support her parents demonstrated towards her gender identity (Franz, 2015).

The death of this transgender adolescent represents statistics about the difficulties faced by transgender and gender nonconforming youth in the U.S. (Grant, Mottet, Tanis, 2011; Graytak, Kosciw, Diaz, 2009; Roberts et al, 2013). Research indicates higher rates of isolation, depression, and suicidal ideation for transgender and gender nonconforming youth compared to their peers (Clements-Nolle, Marx & Katz, 2006; Grant, Mottet, Tanis, 2011; Graytak, Kosciw, Diaz, 2009; Grossman & D'Augelli, 2006; Toomey, McGuire & Russell, 2012). Transgender youth also represent a disproportionate percentage of the homeless youth population (Israel & Tarver, 1997; Yu, 2010) as a result of leaving home due to familial and/or parental rejection (Ryan, Huebner, Diaz, & Sanchez, 2009).

Leelah Alcorn's story embodies the experience of many transgender and gender nonconforming youth. Recognizing the importance of providing an affirming home environment for gender nonconforming young people maintains a critical role in the well-being of adolescents like Leelah. Equipping parents with knowledge and understanding regarding the challenges faced by transgender and gender nonconforming youth requires increased exposure and awareness about these life experiences. In addition, parents need access to better resources regarding how to support their child and help them navigate a culture adhering to rigid expectations about gender expression. Understanding the role of cultural and social expectations regarding gender expression provides a helpful starting point.

Culture, Gender, and Parenting

Predisposed ideas regarding appropriate gender expression hold roots in culturally-expressed norms (Halim et al, 2014; Lorber, 1996; Martin, 2005; West & Zimmerman, 1987).

Parents begin shaping their child's gender expression – both with unconscious expectations (choosing nursery décor, clothing and toys) as well as intentional guidance as they interact with their growing child (Fiese & Skillman, 2000; Pomerleau et al, 1990). Research indicates parental gender typing occurs in specific patterns with fathers enforcing more rigid gender boundaries than mothers, and both parents enforcing more rigid boundaries with their sons than their daughters (Antill, 1987; Coltrane & Adams, 1997; Kane, 2006).

Cultural expectations about gender behavior stem from ideas based on heteronormativity and hegemonic masculinity, both of which exalt one specific form of masculinity over others (Connell, 1998). Connell (1987) describes features of masculinity including aggression and limited emotionality as well as avoidance of maternal femininity, passivity and excessive emotionality. In the U.S., both mothers and fathers report efforts to encourage and celebrate gender nonconformity during childhood in their daughters – including positive responses when their daughters dress in sports clothing or pursue traditionally male toys, activities and occupations (Kane, 2006; Thorne, 1993). However, parents' reactions to their son's gender nonconformity include less flexibility in many areas. While modern parents are more likely to encourage culturally-expected female traits such as emotional openness, domestic skills, nurturance, empathy, and nonviolence – they consistently demonstrate negative reactions to more feminine traits such as passivity and excessive emotionality (Kane, 2006) in their boys. Parents typically make efforts to promote the ideal of normative masculinity in their boys as defined by Connell (1987, 1998) and research indicates parents face fear and concern when their son consistently demonstrates behaviors or preferences that deviate from those norms (Martin, 2005).

Gender Nonconformity in Children

Historically viewed as pathological (Green, 1967; Green & Money, 1961, 1964, 1966; Greenson, 1966), gender nonconformity occurs when a child reaches the age where freedom of self-expression prompts him or her to demonstrate their preference for other-gendered norms of behavior and/or appearance. For example, a child assigned male at birth who indicates he likes to wear dresses or a child assigned female at birth who prefers a very short haircut – both of which contradict the culturally-typical modes of self-expression for their assigned gender.

Defined as the local, culturally-appropriate behavioral expressions of an individual's understanding of masculine and feminine as demonstrated through their identity, (Fausto-Sterling, 2012), gender norms in the U.S. stem from a system dominated by heteronormativity and hegemonic masculinity – both of which provide minimal flexibility, especially for children assigned male at birth (Connell & Messerschmidt, 2005). Cultural gender discourses or "common sense" beliefs maintain powerful influences on children's gender-related behavior, specifying two categories of gender appropriateness – referred to as discourses of dominant masculinity and subordinate femininity (Blaise & Taylor, 2012). When children are compliant with the culturally dominant gender beliefs about normal/abnormal and natural/unnatural behaviors, their parents' and teachers' approval motivates them to repeat those behaviors, which further reinforces the culture's dominant gender views (Blaise & Taylor, 2012; West & Zimmerman, 1987).

Children whose behavior, self-expression and mannerisms do not match the expected normative gender role encounter various challenges on a daily basis – including being teased or bullied at school, being ostracized by their peers and viewed as abnormal by people within their community (Ehrensaft, 2007; Roberts et al, 2013; Swearer et al, 2008; Toomey, McGuire &

Russell, 2012). Shifting into adolescence and young adulthood, gender nonconforming youth experience even more difficulty with oppression, mistreatment and discrimination as a result of their gender identity (Clements-Nolle, Marx & Katz, 2006; Clough, 2000; Gainor, 2000; Grossman & D'Augelli, 2006; Spicer 2010). All of these experiences contribute to various negative emotions which can lead to higher rates of mental illness (Carver, Yunger & Perry, 2003; D'Augelli, Grossman & Starks, 2006; Ehrensaft, 2012).

Current literature suggests two contradictory theories of children's gender development (Dreger, 2009; Ehrensaft, 2012; Fausto-Sterling, 2012; Menvielle, 2012; Pyne, 2014; Zucker et al, 2012) as well as opposing theories of how best to parent these children (Ehrensaft, 2007; Ehrensaft, 2012; Hill & Menvielle, 2009; Hill et al, 2010; Meadow, 2011). The first school of thought bears a psychiatric or therapeutic model and places pathology at the center of a child's gender variance (Zucker et al, 2012). In some cases, a biological or medical model points to predisposed biological factors as the cause of gender nonconformity (Fausto-Sterling, 2012), but most researchers agree it is a combination of biopsychosocial factors (Zucker et al, 2012).

Parents consistently report their child simply "presented" the behavior at a very young age (Ehrensaft, 2012).

Along with an assigned diagnosis of mental illness (APA, 1980, 1994, 2013; Drescher & Byne, 2012; Langer & Martin, 2004; Zucker et al, 2003), specialists encourage the child's parents to utilize reparative interventions (Hill et al, 2010; Hill & Menvielle, 2009; Zucker et al, 2012) to convert the child to engage in the stereotypical gendered behavior. Research indicates these types of interventions more often produce increased withdrawal, isolation, negative self-image, reduced acceptance by peers, self-doubt (Rosenberg, 2002; Yunger, Carver & Perry,

2004; Hill et al, 2010), and even increased rates of suicide or suicide attempts (D'Augelli, Grossman & Starks, 2006; Carver, Yunger, & Perry, 2003).

Ehrensaft (2007) also indicates that when the family copes by implementing parental obstruction, children show increased levels of stress, distress, anxiety and depression, resulting in "significant harm" to the child's psychological well-being. In addition, attempting to convert a child into a traditionally-gendered individual invalidates their sense of unique self (Hill et al, 2010) and no scientific evidence indicates these interventions have long term benefits (Hill et al, 2010).

The second school of thinking, referred to as an accommodative or affirmative model (Ehrensaft, 2012; Hill et al, 2010; Hill & Menvielle, 2009; Fausto-Sterling, 2012), involves a deeper understanding of the complexity of each person's gender identity. Ehrensaft (2012) references Winnicott's (1960) perspective on human development where he suggests that an individual's true self is evident at birth and the potential for the true self to unfold depends on suitable mirroring and emotional holding by the primary care-givers. The true self of a child can authentically emerge when the adults do not impose themselves on the child's psyche, but rather allow the child's genuine self to bloom (Ehrensaft, 2012). The false self of a child is defined as the part of our personality that accommodates to the demands of others and the environment – it is "the face a child puts on for the world" (p. 342), based on other's expectations (Ehrensaft, 2012). Children's individual creativity is seen as the psychological function that "launches the true self and allows it to stay afloat" (p. 342). An individual's authentic identity stems from this uniqueness.

Within this model, parents maintain an unconditionally loving and supportive role, also referred to as facilitative (Ehrensaft, 2007). A facilitative parent encourages their child's unique

self-expression while also helping the child to cope with the culture that may respond negatively to that self-expression (Ehrensaft, 2007). Professionals encourage parents to unconditionally value their child, acknowledge their difference, help them navigate school and their community, as well as advocate for changes in the family and society to minimize negative social experiences (Lev, 2004). Research indicates a supportive parent provides a child with the best opportunities to establish a foundation of positive self-regard in the midst of the negativity of society (Hill & Menvielle, 2009). A facilitative parenting style also promotes resilience, which maintains a necessary role in a child's success as he or she becomes a young adult. Defined as an individual's ability to persevere and adapt, resilience helps children overcome threats to their personhood as they push through their identity development (Reivich & Shatte, 2002).

Resiliency in children happens when the family supports the child's genuine development, thus making a positive impact on their self-esteem and contributing to more positive social interactions (Wyman et al, 2000).

Both schools of thinking acknowledge the significant challenges parents face when raising a gender non-conforming child. Research indicates most parents face concerns about understanding their child's gender variance, the cause and prognosis, as well as concerns about the social ramifications (Menvielle, 2012). Understanding that gender non-conforming children face many obstacles as they navigate identity development presents an important social justice issue within the culture. During childhood (before the onset of puberty), pressuring children to conform to the cultural gender norms increases negative emotions such as sadness, anxiety, withdrawal and distress (Carver, Yunger, & Perry, 2003; Egan & Perry, 2011). Adolescence presents even more difficulty as harassment and fear of violence become more pervasive issues, especially for adolescents who go on to identify as transgender (Grossman & D'Augelli, 2006;

Singh, 2013; Taylor et al, 2008). Recognizing that an affirming approach by the child's family, peers and community helps to reduce the negative effects and provides an opportunity for children to thrive and settle into an authentic identity (Ehrensaft, 2007).

Gender Nonconforming Children and Parental Acceptance-Rejection

Rohner (1976, 1986, 2004, 2005, 2008, 2014) developed an empirically and cross-culturally researched theory regarding the general influence parents have on their children – referred to as parental acceptance-rejection theory (PARTheory). Focusing on the expression of parental love, this theory aims to demonstrate the important influence of parental acceptance on the healthy psychosocial development of children worldwide as well as demonstrating the detrimental effects of parental rejection (Rohner, Khaleque & Cournoyer, 2005). Parental acceptance and rejection create a continuum labeled the *warmth dimension*, which describes the bond shared between parent and child as demonstrated by physical and verbal behaviors in emotional or affectional expression (Rohner, Khaleque & Cournoyer, 2005). Parents interact with their child in ways that reflect their level of acceptance or rejection, with one end of the continuum marked by parental warmth and nurture while the other end reflects the absence or withdrawal of nurture as well as the presence of emotionally hurtful behaviors (Rohner, Khaleque & Cournoyer, 2005).

In his research, Rohner (2005) discovered that parents demonstrate either acceptance or rejection with both verbal and non-verbal interactions with their child. Regardless of how parental rejection occurs, the basic premise suggests any type of perceived parental rejection contributes to problems with psychosocial adjustment, relationship problems, and higher rates of behavioral problems, depression and substance use (Andry, 1962; Barnes & Farrell, 1992; Dominy, Johnson & Koch, 2000; Rohner, Khaleque & Cournoyer, 2005; Saxena, 1992; Simons,

Robertson & Downs, 1989). Research indicates that a significant percentage of the variability in children's psychosocial adjustment can be accounted for by their perception of being accepted or rejection by their parents (Rohner, Khaleque & Cournoyer, 2005). Much like the differing impact of facilitative parenting versus obstructive parenting for gender nonconforming children (Ehrensaft, 2007), childhood necessitates parental acceptance and warmth as a vital piece of psychosocial health and well-being.

In an effort to understand the impact of parental responses to gender nonconformity, this study aims to explore childhood memories as demonstrated through adult recollection.

Recognizing the importance of parental acceptance a catalyst for healthy psychosocial development (Ehrensaft, 2007; Hill & Menvielle, 2009; Rohner, Khaleque & Cournoyer, 2005), compared to the detrimental effects of rejecting or obstructive parenting (Ehrensaft, 2012; Ehrensaft, 2007; Rohner, Khaleque & Cournoyer, 2005), the study will explore the impact of both types of parenting on identity development as reflected in memory construction. The author will utilize a type of Participatory Action Research (PAR) to explore the life experiences of gender nonconforming children through the use of collective memory work with adults. The following research question will guide this study: How does parental response impact the life experience of gender nonconforming children as reflected in adult memory recollection?

Method

The purpose of this collective memory work is to explore the impact of parental response to gender nonconformity during childhood as reflected in the experiences and memories of adults. Aimed at a collaborative effort between researcher and participants, collective memory work shares with social justice theories elements of giving voice, sharing power and consciousness-raising (Goodman et al, 2004) by providing an opportunity for the participants to

maintain a role in both generating and analyzing data throughout the research process (Haug, 1987).

Collective memory work has roots in Participatory Action Research (PAR), which aims to accomplish both useful knowledge and consciousness-raising empowerment (Reason, 1994) through the collaborative effort between researcher and participants (Haug, 1987). PAR maintains elements of social justice with a focus on the researcher's ability to develop critical consciousness (Reason, 1994) similar to Freire's conscientization (1970/1996). Freire (1970/1996) suggested that empowerment promotes opportunities for change in individuals as well as within the culture. Participatory Action Research promotes this type of empowerment for both the researcher and the participants (Kidd & Kral, 2005).

Participatory Action Research

Freire (1997) suggested that "those promoting participatory action research believe people have a universal right to participate in the production of knowledge which is a disciplined process of personal and social transformation" (p. xi). Participatory action research combines elements of research, knowledge-seeking and change-making action (Hall, 1981) in an effort to minimize the traditional distance between researcher and subject. Hall (1981) suggested three specific tenets or guidelines of participatory action research. First this type of research aims to work with oppressed or marginalized populations – sometimes working within communities.

Second, PAR aims to contribute to positive social change by working with the specific needs of the population as well as the greater issues around systemic oppression. Third, PAR promotes an opportunity for learning and growth throughout the process of research, education and action in a way that allows participants to contribute (Hall, 1981).

Kemmis and McTaggart (2000) suggest three features that distinguish PAR from other methods – shared ownership of research projects, community-based analysis of social problems, and an orientation toward community action (p. 568). Utilizing participant involvement allows for various unconventional methods in some cases. Participatory action research utilizes numerous methods for conducting research – some examples include theater, political action, community seminars, educational camps, video productions and storytelling (Brydon-Miller, 1997). Critics of PAR suggest limitations of this method due to blurred lines between community development and research (Kemmis & McTaggart, 2000) as well as potentially being time consuming and expensive (Singh, Richmond & Burns, 2013). Effective implementation of PAR allows for valuable data collection and important social justice elements of participant involvement.

Collective Memory Work

Onyx and Small (2001) referred to memory work as a "feminist social constructionist method in that it breaks down the barriers between the subject and object of research" (p. 775). Collective memory research established roots with liberation and feminist tenets through the work of Frigga Haug. Haug (1987) opposed traditional methods of scientific research, where participants become objects of the process. She suggested we view ourselves as more than "simply a bundle of reactions to all-powerful structures," and instead look for "possible indications of how we have participated actively in the formation of our past experience" (p. 35).

Identity formation unfolds throughout life as a complex combination of psychological, biological, cognitive, social and cultural elements starting at birth. Life events contribute to our understanding of self – both through the actual emotional experience of the event, as well as how we make meaning of it (McLean, 2005; Onyx & Small, 2001; Pasupathi, 2001; Thorne, 2000).

As adults, memories of life events shape our understanding of self and play an important role in the construction of our identity (Crawford et al, 1992). Memories create the social construction of self (Onyx & Small, 2001). Memory-work allows researchers to look at the past to provide a deeper understanding of an individual's life. "Anything and everything remembered constitutes a relevant trace – precisely because it is remembered for the formation of identity" (Haug, 1987, p. 50).

Haug identified three specific phases of the process of collective memory research. During the initial phase, the researcher provides the participants with a writing prompt and specific instructions regarding the method of writing. Haug established four specific criteria regarding the writing. First, the participants are instructed to write 1 to 2 pages about a particular episode, action, or event (referred to by researchers as a trigger or cue). Second, they should write in the third person using a pseudonym. Third, participants should write in as much detail as possible, including even what might be considered to be trivial or inconsequential. Fourth, participants should describe the experience, do not import interpretation, explanation, or biography.

The specific writing instructions aim to guide the participants toward creating a descriptive account conducive to in-depth analysis (which happens during the next phase of the research process). In addition, writing in the third person allows the participants to maintain some distance from the experience, which can allow more clear construction (Kivel & Johnson, 2009). The participants submit their writing assignments anonymously and may or may not identify their own work during the process.

The second phase of collective memory work involves a collaboration of the participants and the researcher in a process of simultaneous data collection and analysis during a semi-

structured informal focus group session. During this phase, the participants read the writing assignments as a group and begin the process of analyzing – looking for meaning in the language as well as the context. The group members work together in discussion regarding the individual writings – taking turns sharing ideas and opinions, looking for similarities and differences, common elements between stories, identifying both contradictions and generalizations (Crawford et al, 1992). Group members also discuss theories, popular relevant concepts and social implications connected to the memories described. In addition, the group members should also look at what elements were not included in the memory but potentially should have been (Crawford et al, 1992).

The third phase of collective memory work involves a recursive process where the researcher combines the written memories and the collective discussion to explore themes, further meaning and insights – connecting with the academic literature. This phase also includes further discussion about these findings with some of the group members to secure thorough understanding and confirmation regarding the interpretation and meaning.

The process of collective memory work allows cooperation between researcher and participants. Haug even referred to the participants as *coresearchers* in an effort to eliminate the power structure of traditional research which positions the experimenter and the experimented on different levels. Collective memory research provides a dynamic conducive to human interaction as a way of understanding the impact of memory on the meaning of life experiences. As Haug (1987) suggested, "Human beings produce their lives collectively. It is within the domain of collective production that individual experience becomes possible" (p. 43).

Researcher Positionality

Qualitative research methods require acknowledging issues of bias as a way of promoting trustworthiness (Hays & Singh, 2012). For this study, the researcher is a cisgender white female doctoral student with a counseling psychology background who is also the mother of a gender nonconforming child. The researcher believes in the importance of increased awareness, advocacy and implementing necessary supports for families dealing with issues connected to their experiences raising a gender nonconforming child. The experiences of the researcher motivate her to explore the elements of childhood memories for this population as well as identify positive interventions that promote the well-being of families with children demonstrating gender nonconformity.

In addition to the numerous unique challenges parents face when raising a child who demonstrates gender nonconformity, minimal information exists to equip and empower parents. The researcher recalls many examples from her own experience where the lack of support and resources contributed to feelings of helplessness, fear and isolation. Motivated to ensure that her son felt loved and safe to be himself, she decided to utilize elements of counseling theories as a foundation for nurturing his authentic identity development. Recognizing the influence of affirming parental responses to his self-expression led the researcher to acknowledge the importance of equipping parents to create an environment for their child that promotes positive experiences. The researcher believes that affirming parents contribute to more positive memories when one reflects back on their childhood gender nonconformity.

Throughout the process, the researcher documented her perceptions to reflect on researcher bias. In addition, the method of collective memory work allows for a diverse group of participants and their involvement in the data analysis (Haug, 1987; Onyx & Small, 2001).

These elements will help increase the perception of the data, thus allowing for depth in understanding.

Participants

Referred to as purposeful snowball sampling (Hays & Singh, 2012), the researcher utilized networking with established counseling, education, and social justice-related organizations and asked colleagues and professionals to share a verbal or email invitation for participation in this study. When prospective qualified participants responded to the recruitment invitations, they were then contacted by phone to discuss verbal informed consent, confirm relevant research criteria as well as describe the research process. Once the researcher established contact and agreement with 8-10 participants, they were contacted by phone or email to discuss the writing assignment and schedule a meeting time to attend the focus groups. This study followed all ethical guidelines established by the Institutional Review Board for the state of Georgia, study #00001758.

The study includes the collective analysis of 12 stories written by six of the recruited participants. The criteria for participation included 1) adults over the age of 18 and 2) a history of gender nonconformity during childhood and/or adolescence. The researcher facilitated two informal semi-structured focus groups, involving the six participants – including three self-identified White females, one self-identified African-American male and two self-identified White males. During the pre-screening process, the researcher spoke with all six participants over the phone and they described their history of gender nonconformity. Five of the six participants identified as cisgender, one identified as androgynous and one of the participants recalled a period during her adolescence where she identified as transgender for a short time.

Simultaneous Data Collection and Analysis

Prior to the focus group session, participants wrote one to two double-spaced pages about two particular memories from the childhood interactions (one positive and one negative) they had with their parents as a result of their demonstration of gender nonconformity. Participants were instructed to write in the third person using a pseudonym and to write in as much detail as possible, including even what might be considered trivial or inconsequential – describing the experiences, but not importing interpretation, explanation, or biography (Haug, 1987). The stories describing their experiences served as the first level of data generated. Stories varied in length and detail, describing remembered experiences from childhood and young adolescence when their parents responded to their gender nonconformity with both positive and negative responses.

The participants were instructed to email their stories to the researcher prior to the focus group session so the researcher could email all the written stories to all the participants prior to the focus group. However, most participants simply brought their stories to the focus group or emailed the stories the day of the focus group. So the first few minutes of the focus groups involved everyone reading through the stories. During the first focus group, we did not have enough time to discuss every story, so the group consensus involved us reading one from each pseudonym. The group also collectively opted to disclose their identities as discussion about the stories began.

The researcher facilitated the two focus groups and both lasted approximately two hours. In collective memory work, the participants and researcher are considered the research team (Haug, 1987). The team engaged in discussion about the similarities and differences in the stories, identified themes and meaning regarding the experiences of children demonstrating gender nonconformity. Everyone maintained a focus on the research question – How does

parental response impact the life experience of gender nonconforming children as reflected in adult memory recollection? While facilitating the group sessions, the researcher asked the participants to explore the content of the stories using the memory facilitation worksheet (Appendix A). The research team collectively engaged in discourse analysis (Jones, 2012) – specifically exploring the language used in each written story. In addition, this collective analysis also involved a form of domain development and abstraction (Hill et al, 2005), as the research team members immersed themselves in the written stories and identified larger themes or domains through debate and conversation leading to a consensus through the process of crossanalysis (Hays & Singh, 2012), where they developed themes that described the overall meaning of each story. During the sessions, the researcher took notes to document the discussion and process of the conversation. The researcher also provided worksheets for all the participants to take notes as well – and many of them did. These notes were included alongside the collected data.

After the two focus groups, the researcher compiled all of the transcribed data and all the written data into various tables and outlines to reflect the discussion and consensus of the group. One table included an expanded version of the memory facilitation worksheet for every positive story and another table for every negative story. Another table reflected the overall themes and meanings of all the stories. The researcher engaged in comparative analysis (Hays & Singh, 2012) within all of the positive and negative stories, attempting to understand similarities and differences as described in the authors' experiences.

Initially, the researcher viewed the categorized stories as a binary and assumed the data reflected only positive themes from positive parental responses and only negative themes from negative parental responses. However, acknowledging this assumption as a subjective bias, the

researcher engaged in the process of explication (Hays & Singh, 2012) in an effort to see more clearly the meaning of the stories and the focus group dialogue. Through this process, the researcher realized the participants' stories and their discussion reflected some overlap between positive experiences and negative experiences as a result of both positive and negative parental responses. At this point, the researcher utilized creative synthesis (Hays & Singh 2012) in order to describe the final themes as reflected in the participants' stories and the focus group discussion. Once the researcher identified these themes, the participants were contacted through email with the final insights and they were given the option of responding to the researcher's summation.

Trustworthiness

Utilizing qualitative research methods, an effective researcher maintains efforts to ensure validity – also referred to as trustworthiness or rigor (Hays & Singh, 2012). Trustworthiness involves specific criteria – including elements of internal and external validity, authenticity and dependability (Hays & Singh, 2012). Along with implementing a creative methodology, the researcher utilized three specific strategies to ensure trustworthiness in this study. The first strategy involved *member checking* – an essential feature of collective memory work. Member checking happens in research when the researcher involves participants in the process in an effort to ensure accuracy in reflecting the meaning of their experience. During all stages of the research process, the researcher consulted with the participants regarding the process as well as the findings.

The second strategy involves the researcher utilizing a *reflexive journal* as well as field notes – both of which documented reflections, thoughts and insights throughout the process. A reflexive journal helps the researcher reflect on their own feelings and thoughts throughout the

research process – which helps minimize the influence of bias and/or subjectivity. This research also involved *triangulation* as a strategy for trustworthiness. Triangulation involves using a variety of different types of data collection throughout the research process (Hays & Singh, 2012). During each phase of collective memory work the researcher collected data through multiple methods – including through the written memory assignments, the discussion and observation during the focus groups as well as field notes taken, and the follow-up insights during the last phase.

Findings

The following section describes the major themes identified through the collective analysis of the participants during the focus groups and the creative synthesis of the researcher. Based on the research question and the two stories written by each participant, the findings reflect specific elements that characterize the life experience of a child demonstrating gender nonconformity. Specific themes were identified based on the parental response – reflected through the recollection of memories from both positive and negative parental responses. The themes reflect a life experience characterized by 1) authenticity or inauthenticity, as well as 2) connection or disconnection. Each of these themes has specific characteristics and/or criteria as identified by the research team. The following section provides descriptions and examples of each theme.

Authenticity

The participants described authenticity as the freedom and subsequent validation to be comfortable and confident in one's individuality. This naturally occurred as a result of parents demonstrating positive responses to their child's nontraditional self-expression. Lee grew up in various foster homes where his non-traditional gender expression became a source of struggle

until one of his foster parents encouraged him to pursue his desire to become a cheerleader. As we discussed Evy's lack of freedom to wear the kind of clothing she preferred, Lee described her desire for freedom in this way -

I looked at it as not only the freedom to wear what you want, but the freedom to actually just be free. Because if you're being forced into doing something, you feel confined. You know, to get to freedom, one needs to feel free. In my opinion. I need to be able to feel free to be, so I can have the freedom to wear what I want to wear.

In all six of the stories reflecting negative parental response, the authors indicated an inability to feel as though they were free to be their authentic self. Positive parental response made a powerful impact on the author's ability to comfortably exist in their genuine and unique preferences. Authenticity was characterized in two subcategories as described in the participants' stories of their parent's responses – 1) comfort/individuality, and 2) empowerment/validation.

Experiencing Authenticity through Comfort/Individuality

One of the most frequently used words throughout the stories and our focus group discussion was the word 'comfort.' When an individual's life experience is characterized by gender nonconformity, the conflict between comfort and discomfort continues as an ongoing struggle. Participants described being uncomfortable wearing certain clothing, playing with certain toys, engaging in certain behavior – all as a result of social-constructed cultural expectations regarding appropriate gender expression. The authors described various levels of comfort and discomfort as it related to their self-expression based on the parents' responses. Typically, when parental response was positive, the participants described *feeling comfortable* because they could wear what they wanted, behave and play freely. When the parental response

was negative, the participants described *the desire to be comfortable* because they were being forced to wear something that made them feel uncomfortable or having to play or behave in ways that were not comfortable. For example, In Evy's story about being forced to wear a dress, she crafted a comparison to describe how comfortable it felt to be able to change out of her dress clothes.

Growing up, Evy was forced to dress in dresses...she knew that it was a requirement of her parents but that arguing was not an option. Always being taught to be respectful, instead of fighting dresses, tights, leggings, dress shoes, and making herself 'pretty' for church, she just hoped that her parents slept late on more Sundays than not. She looked forward to getting home and releasing her sweaty feet and thighs into something more comfortable. In the warm season, the cool feeling of fresh clothing was more inviting than satisfying her intense after-church hunger pains.

Participants described the desire for comfort in all of the stories reflecting negative parental response and they described comfort as an emotion experienced in all of the stories reflecting positive parental response. In the discussion, participants agreed that being comfortable and maintaining their individuality paved the way for them to feel authentic. This next example exhibits one participant's opposing stories based on the parents' differing responses.

Nat's two stories had such different endings, which demonstrated the effects of contrasting influence of his parent's responses. In his first story, he sacrificed his preference of playing with his favorite toys because of his father's disapproval. However, in his second story, we see his individuality persevere.

Nat's father's response, as expected, was that he wasn't a girl and he shouldn't be taking these classes - he should do something for boys like soccer or karate or some other sport.

However, Nat's mother purchased costumes, tap and ballet shoes, and supported him through his tap and ballet years. It was the support of his mother and his new found friendship with his new best friend that kept him the spirit of doing what he loved and choosing not to quit.

The participants discuss the elements of Nat's story – particularly the support his mother provided.

Jared: The use of the word 'support' and how it was used. And so his mother purchased his shoes and supported him through those years, it was the support of his mother and his friendship, but that's how the story ended. Showing support, being supported and actually following through with something was like good, and choosing not to quit. And so it's like, by the end of this story he even had voice and choice in this situation.

Rebecca: Yea, and kept him in the spirit of doing what he loved. Compared to the ending of the other story – where he would not play with anything that he really wanted to play with.

Yea. So, support would probably be the activity of mom.

Nat: He didn't care what his father's response was, he didn't care what anybody else thought.

Or what anybody else you know was telling what should or should not be done. He was just gonna be happy and do what he wanted to do. I think, differing from the first one, it was like I guess because of the support of his mother and then being able to make friends there. That he kinda got his own voice to say, I'm gonna do what I like to do. And I don't care what other people thing I should be doing, I'm gonna do what I like.

When the child feels comfortable and safe to express their genuine preferences, they are free to flourish in their true self, and this is authenticity. "Only the true self can be creative and only the true self can feel real" (Winnicott, 1960). The participants acknowledged that parental responses

characterized by support promoted an environment where freedom of expression became a catalyst for true identity to exist. In conjunction with comfort and individuality, the stories included examples where authenticity is also characterized by empowerment and validation.

Experiencing Authenticity through Empowerment/Validation

Throughout the stories and focus group discussion, parental validation prompted a sense of empowerment in the life experience of the authors. This empowerment fueled the participants' engagement in activities they truly enjoyed as well as instilling hope regarding future possibilities. In Sam's story, we see that the validation demonstrated by the father gives Sam a sense of renewed hope about their relationship.

On New Year's Eve, Sam received a text from their father saying 'Happy New Year, son.' Sam was extremely surprised, because their father had never really said anything like that before. Hoping that their father decided to make supporting and accepting them as his new year's resolution, Sam replied with "Son? Does that mean you're finally accepting that I'm a boy?" Sam's father replied and said "Guess so, pal." This was a huge step for both of them, and a really great way for the two of them to attempt to get along better in the New Year.

Lee also described feeling liberated by the support of his guardian as he pursued a chance at becoming a cheerleader. Not only did this validation give him the confidence to try out for the team, but it also gave him hope for future endeavors where his gender expression would not be a barrier.

Lee felt awkward, but liberated in being accepted as a possibility for the team. He practiced just like the females did ... and felt a sense of empowerment. The experience was quite exhilarating! ... Lee felt a sense of accomplishment and a confidence that

would be needed for the future. The foster group home mother never once chastised him for auditioning or trying out for the cheerleading team. She encouraged him to do his best regardless of what others said or did. Lee felt validated in the sense that it seemed okay to just simply enjoy without having to worry so much about biological sex or gender. On the other hand, he wanted more experiences like this where biological sex and gender would not make the difference in the types of activities he wanted to do in high school. Lee needed to feel good about what he could accomplish and know that his biological sex or gender would not serve as a barrier to accomplishing his goals. To have a surrogate parent validate Lee's experiences decreased shame and guilt for trying something socially unacceptable.

Both of these examples demonstrate the empowering influence of a supportive parental response and its impact on the child's sense of hope, decision-making and motivation about the future. The participants agreed that parental validation creates an environment where a gender nonconforming child can flourish in his/her authentic self, without having to present a false version of themselves or mask their genuine feelings or preferences. In the stories characterized by negative parental responses, the authors described various altered versions of their true self and/or adaptations they implemented in order to accommodate the socially-constructed expectations of others around them. These adaptations resulted in inauthentic interactions with others, as well as an inauthentic version of themselves.

Inauthenticity

While authenticity happened as a result of freedom and comfort described in the stories, inauthenticity occurred when children were inhibited and/or constrained. Similar to Winnicott's (1960) 'false self,' inauthenticity serves as a mask or a behavioral defense in an effort to

maintain compliance with others' expectations. While certain types of inauthenticity can serve as a helpful temporary adaptation that promotes politeness in some social circumstances, Winnicott (1965) suggested too much of the 'false self' can promote emotional problems and lives filled with emptiness when children were unable to feel real to themselves in any circumstances. Jared recalls a time where his parents' restrictions about him playing with the toys he preferred made it challenging for him to actually enjoy play time with anyone.

I don't like playing sports, I'd rather do this, I don't wanna get dirty, I want to make my dolls have nice clothes, so they allowed me the freedom of doing so. However it truly wasn't freedom to do so. That freedom had limits, such as 'don't do this outside the house,' or 'don't do this like, with your family here.'

Described by the participants as the inability to be comfortable or free to demonstrate their naturally-inclined preferences for behavior, dress and/or self-expression, inauthenticity typically occurred as a result of negative parental responses. In their writing as well as during the collective analysis of the stories, the participants characterized inauthenticity in three ways -1) sacrificing individuality, 2) internalized coping or sneaking, 3) situational conformity. The next section provides examples and explanations of each of these subcategories.

Experiencing Inauthenticity through Sacrificing Individuality

The participants' stories included numerous examples where their parents' expectations for traditional gender expression created an environment where they learned to sacrifice their own preferences in order to maintain parental approval and/or avoid punishment. In many examples, the story described the voice of the father and his disapproval being a stronger force than the mother's approval. In all six of the stories with negative parental/family response, the authors include elements of sacrificing their own preferences and/or uniqueness as a way of

coping with parental disapproval. In the first example, the participants discuss Nat's story about his dad not allowing him to play with 'girl' toys.

Jared: Regardless of happiness or what one would have chosen in life, the expectation for this kid would be that he has got to play with boy toys because all else doesn't matter, they're boy toys, you have to play with boy toys. So happiness goes aside, because this is the rule that you have to abide by.

Rebecca: So the dad's priority is not that the child has fun and enjoys himself, it is that he needs to conform.

Jared: Right. Right. So individuality is not even a consideration – it is an expected role that from birth, he was meant to be in. and part of that birth role is to do these things, play with these toys. And it was ok for the brothers to play with any toys they wanted, so to engage physically with them. But then it goes into the limitations of the play and that he shouldn't play with them – he is not to play with girl toys, only boy toys and that he was not to play anything that was considered girly. By the father. So, as the story goes along, the action and the intent shifts from doing something fun to not doing something because it no longer has that same meaning.

Rebecca: (reading from the story): At the beginning, "Nat would 'often' play with girl toys because he found them more enjoyable as they related more to his interests, such as cooking, family, decorating, and just being creative..." but then by the end, "Nat would not play with anything that was considered girly."

Nat: I mean, it says it was enjoyable to play with more of the girl toys, where it related more to his interest, but towards the end he would not play with anything that was considered

girly, so it's almost like he pushed all of the enjoyable stuff to the side to conform to what was considered to be right.

Due to his dad's socially-constructed expectations about which toys boys and girls should or should not play with, Nat sacrificed his individual preferences for playing. He accommodated his father's preferences and lost his sense to true self – in addition, his father's lesson communicated that Nat's individuality is not as much of a priority as conforming to the social expectations of the society and/or culture around him. Other stories reflected similar adaptations to the social construction of appropriate gender expression – all characterized by inauthenticity of self.

Experiencing Inauthenticity through Internalized Coping and/or Sneaking

Another element of inauthenticity described in the stories involves the internalized coping mechanisms utilized by the authors when faced with negative parental responses. Examples include secretive or sneaky rebellious behavior, cognitive compromises and even self-talk that allow the person to feel a sense of control when not given the freedom to demonstrate genuine self-expression. In some cases, internal coping also became a helpful adaptation for interactions outside the boundaries of the supportive family. However, internal coping and sneaking behavior occurred most often when interacting with non-supportive parents. The first example of this is a discussion regarding Evy's story about her parents forcing her to wear dresses.

Sam: Maybe wearing shorts under her other dress made her feel like she was probably at least satisfying a part of herself. Like internally, no one else knew, but it was like her helping herself to feel comfortable.

Greta: She just wanted to be comfortable, just to be unrestricted and able to run.

Sam: She wanted to feel like a boy, maybe who could go play basketball, because she was able to be like a boy without really being told not to act like a boy.

Greta: That was her way of having control over that interaction. Very small victory there. I also think it's ironic that to cope with the restriction, she chose her own restriction. Like, 'If I have to wear this dress, I'm going to add a layer between me & the dress.'

Sam: Yea, she already wanted to release herself from the clothes.

Greta: It was her own choice of that restriction. To handle the stress of doing it.

Rebecca: So it was a sort of coping mechanism.

Greta: Yea – and it was overt. It was a trick – nobody knew. It provided comfort. She was more comfortable.

Lee's life story was characterized by moving around to various foster homes and having to adjust to differing levels of abuse and non-support from caregivers.

As a youth, Lee was on his tenth or eleventh foster care placement because it was a struggle to secure a foster family home. He was six feet tall, skinny, socially awkward, very shy, male, African-American, and struggling with his sexual orientation and gender identity. Mrs. Wagner reminded him on a regular basis that he needed to stand up like a 'man' and walk like he knew it.

The participants discussed how he coped with the challenging and rejecting environment around him, choosing to internally narrate his story in a way that demonstrates resilience and positive coping. So as he hid his authentic self in order to accommodate the emotionally-abusive parent forcing him to 'be a man,' Lee found a way to maintain authenticity internally. Lee's internal coping demonstrates the potential for children to develop resilience and positive life experiences, even when raised in a non-supported environment. The group discussed this internalized coping.

Greta: You know at the end, fluidity is embraced, which is ironic because his whole existence prior to that is about fluidity he had no control over. But now, choosing that fluidity to define him going forward, instead of sort of closing down.

Lee: Still remaining open.

Greta: Still remaining open, not making things black & white as a protective strategy, but to embrace that fluidity as part of this identity.

In Greta's story about going to help her grandfather and uncle work at the gas station, she described the cognitive shift she made once her uncle voiced his disapproval regarding her ability to work -

But my uncle responded negatively, with some 'no girl can work at a gas station' comment that deflated me and made my little self angry, though I remained silent. I wrote off my uncle then. He was no longer a reliable person to me and I didn't want anything to do with him from then on.

Greta changed how she related with this family member as a result of his disapproval of her authentic desire to work at the gas station. His socially-constructed view of what boys and girls should do as work inhibited her ability to demonstrate her true hard-working self. She coped with this inauthenticity by making the decision to avoid interacting with him indefinitely. Internalized coping and sacrificing individuality are both ways in which the authors characterized inauthenticity – in conjunction with situational conformity.

Experiencing Inauthenticity through Situational Conformity

Situational conformity describes the third element that characterizes the authors' inauthentic life experience as a result of their parents' negative response, but also as a result of societal expectations. So in some of the stories reflecting positive parental responses, the authors

still described the need for situational conformity when not in the supportive home environment. Participants described numerous examples of having to adapt and conform based on the environment or situation they encountered. In three of the six stories recalling negative parental response, the authors describe situations where they had to temporarily conform to more traditional gender expression due to the people or circumstances around them or they would only demonstrate genuine self-expression under certain specific circumstances. In addition, participants acknowledged that sometimes even with parental support, situational conformity became a coping mechanism for dealing with people outside the home. In this first example, Nat comments on Jared having to 'hide' behind the Wonder Woman mask for Halloween while trick-or-treating with his parents – and they were the ones who bought him the costume.

And you know his father was more like - he was ok with it, when you're home. Like you've got these Wonder Woman magnets and things you can keep at home and things you can play with at home. And then giving him the opportunity to take it outside the home, with the costume. But at the same time, still kind of hiding the fact that it's him be it's got the plastic face mask that's kind of hiding who he is. So it's like you can go out like this, but don't let anybody know it's you. You know, you're kinda covering yourself up.

While the father showed support by purchasing the costume for him, he still required Jared to conform to the situation by hiding himself behind the mask of a female character, so people wouldn't know it was his son. In this second example, the participants discuss Nat only playing with toys he likes when his dad is not around.

Jared: I mean you mentioned a couple of times that the dad's voice was more pervasive and strong, so regardless of the kids interest or the mom's being ok with the things that he did

or his interest, dad's voice was much more overarching and resounding to the fact that this is what you have to do as a boy. To the point where even by the end of this story, he was no longer doing any of the things he enjoyed doing simply because that's not what the father wanted. So in the presence of dad, this is what has to happen.

Rebecca: So altering or changing your sense of who you are in order to accommodate the louder voice?

Nat: Whenever he's around. I think it's like situational conforming. You know, conforming to the typical roles, based on a situation that he's placed in.

Jared: Maybe conforming to his dad's perceived gender roles.

Situational conformity occurred throughout many of the stories and was usually the result of the negative parental response. Participants acknowledged the need to adapt in certain circumstances in order to accommodate the socially-acceptable gender expression for the people and community around them. Situational conformity became an adaptation for hiding the authentic self, based on certain disapproving environments. Inauthenticity characterized by sacrificing individuality, internalized coping, and situational conformity became common habits for the life experience of these gender nonconforming children. All of these practiced ways of being became fairly routine for the participants and the inauthentic version of their true self became a familiar presence throughout their life experience. This inauthenticity then created challenges for the participants as they tried to relate with the parents and family members – often times leading to disconnection. However, when participants had the freedom to express their authentic preferences and be their genuine selves, more opportunities for connection became available.

Connection

Throughout the stories and discussion, the participants began to describe the relational elements of their life experience as recalled with these memories. They wrote about positive emotions associated with the love they have for their parents and other family members. They shared examples of the positive influence relationships have had on their lives. These examples of positive and improved relationships as a result of communication, warmth and compromise revealed the theme of connection. Connection reflects the relational needs in all people. Carl Rogers suggested that everyone has the capacity for growth and thriving to their fullest potential, and that this happens through healthy interpersonal relationships (Rogers, 1959, 1967, 1986, 2001). Greta describes her experience being raised by a single mother who supported her self-expression and provided an affirming home environment as very connected.

I am my mother's little girl, her only child, and the only grandchild they knew, so I had a privileged status with the three of them. I knew I was loved and that they all wanted the best for me. My mother was the center of my universe and I took all direction from her, and then in her absence, from my grandparents. My mother wanted me to be happy and be good and to have fun. Literally. Every time I left the house, she would say, 'Be good. Have fun.' Around schoolwork, the mantra was: All I ask of you is that you do your best. The mantra for life was: 'I want you to be happy.'

While this theme appeared clear and obvious in the stories that reflected positive parental response, the participants also identified some examples of opportunity for connection within the stories where parental response seemed negative. The authors wrote about various elements that contributed to feelings of closeness and connection with their parents/guardians, as well as connection with others outside the family. As described in their stories and/or discussed during the focus group, the following elements promoted connection in their life experience – 1) open

communication, 2) willingness to compromise, and 3) enhanced interpersonal relationships. The following section provides examples of these three subcategories.

Experiencing Connection through Open Communication

During the first focus group, a conversation arose about the importance of communication – even in the form of arguments or disagreements. While reading through Sam's story where her parents would use incorrect pronouns for her and her partner, the participants acknowledged that while this story reflects a negative parental response, it actually also reveals the importance and the value of open communication.

Sam stormed out of the room which caused Sally to start expressing their discontent and anger with the whole situation, implying that Sam's parents did not care about their happiness. Sally repeatedly told Sam's parents that they needed to try harder to accept Sam for the boy [he] was and that it was unfair for someone already dealing with something as difficult as being in the wrong body, to have to listen to their parents constantly telling them to stop being themselves.

The participants compared Sam's story to Evy's story where her parents forced her to wear dresses and there was never discussion – only silence – and that silence was described as 'militaristic.' The participants agreed that while Sam's parents were not supportive in this particular story, they were at least willing to engage in arguments and/or discussions, which provided opportunity for growth and connection. Their discussion follows -

Sam: Yea, when this argument resolved, we were all crying and we were yelling at each other.

And my dad ended up apologizing to us and saying he loved us both and that he was going to try to better understand us both.

Greta: What's interesting is that there's so much silence in the first story [Evy's], and so much more talking even if it was arguing. That it's a completely different family approach. And it sounds like Sam's parents were really trying but they were just ill-equipped.

Sam: Because they had no idea what to do.

Greta: But they kept talking, everybody's talking, yelling, talking.

Rebecca: Yea, but in those conversations, the effort was being made – like 'I want to understand this, I'm not understanding it, but I want to.' Whereas – there wasn't any talk in the other one [Evy's story].

Sam: Yea, and in that [Evy's] story, they knew how they were going to parent their child. And my parents were like 'I have no idea what to do' because they didn't know what they were doing.

Greta: But they didn't stop trying. And even an argument could be that an attempt to get information – you know, like it's something. Even though 'erupted' is not usually a positive term.

Sam: And what started as them intentionally or unintentionally hurting my feelings, ended up with my dad saying he was going to try harder, basically. And apologizing and everything.

So even in a story where parents struggled to support their child's gender nonconformity – open communication provided opportunity for connectivity between parent and child. The parents' desire to engage in an argument revealed their effort to understand the child and therefore improved the relational element. In the stories where open communication between parent and child existed, the connection improved. Connection is characterized by open communication, which also promoted a willingness to compromise.

Experiencing Connection through a Willingness to Compromise

Participants discussed the powerful influence of supportive parents and how that support even prompted times where a willingness to sacrifice their own preference as a form of agreeable compromise became a relationship-building experience between parent and child. Greta's story described a mother whose general response to her gender nonconformity seemed to range from neutral to affirming. The mother maintained a focus on Greta pursuing an education and placed very little, if any, focus on clothing and physical appearance while raising her. However, she asked Greta to wear a dress to her college graduation and Greta agreed but admitted during the discussion that she was 'immensely uncomfortable.' First, here is an excerpt from her story, followed by the group discussion about this example.

I had no choice but to go to college. All the other decisions were left up to me. Except for wearing a dress to my college graduation. She insisted I wear a dress 'because this is my graduation, too.' She was so proud to see me graduate because she had not. I wore a dress and that was the last time.

The participants attributed Greta's willingness to wear a dress as a reflection of the positive and supportive relationship she had with her mother all through childhood and adolescence. The open communication and willingness to compromise both characterize her life experience with a parent whose response was generally positive and affirming.

Greta: We argued about it – um I didn't want to, but she pulled the, you know, 'this is my graduation too' card, so I did. And that was the last time I wore a dress, the last time she asked me to. And that was really the only time she ever asked me to wear a dress. I was not... growing up, I wore dresses by choice. I had a few favorites that I would wear. And then I just stopped.

Sam: So it wasn't even a thing.

Greta: It wasn't a thing. I wore them, I stopped wearing them. We were done.

Sam: For the graduation thing, it probably was a big deal because you weren't used to wearing dresses, but then it was also – it wouldn't have killed you to wear a dress because you'd had all this freedom to choose.

Greta: Yea, like 'what's the big deal?'

Lee: I love that. I love what you said, it's liberating. It's very liberating.

Greta: I remember just being immensely uncomfortable all day. Like, I hadn't worn one in many years, so that was a lot to ask.

Sam: Well there's probably a much better relationship in adulthood with this one compared to the other stories.

Lee: And there was a communication in this one. It sounds like there was understood communication that was consistent, validated, affirming.

Rebecca: I wonder if the positive relationship that you had made it so that you were willing to make a sacrifice for her. Because college was such a substantial goal for her.

Greta: Yea, that's sorta what rationalized it - I realized how important it was for her. That we both got to this point. So I was like alright alright. I mean I could've refused outright.

And she would've just been disappointed or hurt, but it would've still - graduation would've still happened and she would've come. But I opted to do that for her.

In the participants' stories, connectivity occurred when the parent-child relationship was characterized by open communication, which even leads to a willingness to compromise personal preferences in some cases. Open communication and a willingness to compromise both

contribute to enhanced interpersonal relationships – which is the last subcategory reflecting connection.

Experiencing Connection through Enhanced Interpersonal Relationships

Many of the stories provided examples of connection between parents and child due to open communication, compromise and parental support. In addition, some of the stories demonstrated examples where relationships outside the family were enhanced as a result of both positive and negative parental responses. In some cases, the positive parental response equipped the author with confidence and opportunities for enhanced friendships. Nat described his mother's support of his interest in ballet as an opportunity for him to meet a lifelong friend who has provided immense support throughout his life.

Nat's mother loved that he enjoyed ballet and not only did he enjoy it but he also met his best friend in that class who today is like his sister. A person who has impacted his life and that otherwise would never have happened if Nat had conformed to societies/his father's view [of gender expression].

In other cases, the negative parental response provided a form of adaptation for the author to seek out support in other relationships. Evy's story described minimal parental support in the form of allowing her to play softball, which became an outlet for her to develop a very special friendship with another player. Evy describes this friendship as an integral part of her adolescence as she continued to navigate the challenges of gender nonconformity in a home where parents did not provide support or affirmation.

She was allowed to play recreation ball she learned the position of catcher. She shared the position with the coach's daughter and they quickly became good friends. Even for games it was rare that either parent came or stayed to watch. It didn't matter because this

was Evy's happy place. The friendship that was formed that last year of softball was still special even though they were at neighboring high schools. Molly came to Evy and asked her to play softball for their last year they could before graduating high school. Evy knew this was going to be difficult because she needed to work enough to earn enough money to pay her bills yet at the same time taking time off to play softball. Molly paid for her to play softball that last year and Evy made the sacrifice of the time. It wasn't her best season but it was the best decision she could've made.

In both the written stories as well as the focus group discussion, connectivity was more evident when parents demonstrated support for their child's gender nonconformity. However, connection happens as a result of open communication, which includes arguing or disagreements – as long as parent and child are expressing their feelings and listening to each other in an effort to learn and enhance the relationship. Participants agreed that when parents are engaged in a debate or argument, at least they are attempting to understand. Silence communicated no desire for understanding by the parents.

Connection happened in many of these stories as a result of open communication, a willingness to compromise and through enhanced interpersonal relationships outside the family. In homes where parent-child interactions include these elements, the child's life experience is recollected in a more positive light. Carl Rogers suggested that people thrive when they exist in healthy interpersonal relationships (Rogers, 1959). These relationships become the catalyst for self-fulfillment and even actualization (Rogers, 1959).

Disconnection

In many of the stories reflecting negative parental response, participants acknowledged various themes that characterized a brokenness or separation that developed between parent and

child. In some cases, the separation became a permanent broken relationship. In other cases, the separation maintained its role as a source of conflict or a divide that kept the participants from feeling warmth or love in the existing relationship. As described in the stories, this disconnect typically occurred once the child realized the parent did not support their self-expression or if the parental response communicated some level of disapproval or disappointment. This dynamic changed the relationship. Evy's parents had a strong unspoken presence characterized by disapproval and a militaristic style of enforcing the rigid socially-constructed rules about appropriate attire for their daughter.

Evy: You know it's funny – psychoanalyzing myself now. I intentionally left out family members. I had to mention them at some point, because that was the whole purpose. But left details out. Right now they're, we have no [relationship]...like just completely none. My dad tries, kinda, to have something to do with me, but beyond that, nothing. And my mom makes no effort whatsoever.

Greta: And she's absent from here totally [pointing to story].

Evy: Yep.

Greta: You have some relationship with your father here

Evy: He tries.

Greta: He tries. He's present in here. Yea, that's interesting.

Evy: Lack of details for family members.

Lee: I don't know that I know enough about mom or dad or them collectively as parents, other than the role that they were in regards to what they said you can or can't do.

Evy: Label only...label only [referring to the role her parents have in her life].

Evy describes her parents as completely disconnected from her in such a way that she refers to them as a 'label only,' due to their disapproval and her childhood characterized by zero support from her parents. The participants agreed that a lack of support stirs within children a level of frustration and/or cognitive dissonance about their feelings towards their caregivers. This happens as a result of two relational dynamics occurring between the author and their parents – 1) confusing/competing communication, and 2) misinformation leading to misunderstanding. These subcategories are described in the following section.

Experiencing Disconnection through Confusing/competing communication

In many of the stories – from both positive and negative parental response, confusing and/or competing communication created a frustrating disconnect between parent and child. The participants discussed the need for clarity as a part of their life experience growing up. Jared described a story where his parents demonstrated support by purchasing him his own Barbie dolls to play with. However, after his peers on the school bus found out he was playing with Barbies and they told his parents, Jared's parents took away all of his dolls and he was never allowed to play with them again. The participants discussed how much confusion arose as a result of these conflicting messages.

So by the end of this story, it's like 'you have to do what other people do, you have to conform to these other things that your [boy] cousins have always done. So this thing that we've been allowing you to do is not what everybody does or what you should have been doing.

In Lee's story with the various foster families, he describes numerous confusing and conflicting messages about his gender expression.

Mrs. Wagner specifically told Lee that she wanted to show him how men became men, but scolded him for crying or being too soft hearted and simply not toughening up. Lee was confused. He thought women wanted young men to learn how to be compassionate and passionate.

The following is an excerpt from the focus group discussion regarding this confusion,

Greta: He's hurt, confused, I be the messages are, it seems like he was hearing one thing from society, which is they want men to be compassionate and caring. And another message at home about how to be as a man – being told to deny that behavior.

Sam: And it was like he was having to deal with such different messages from so many different people. And having like different ideas of your gender and how you feel about it. And not knowing whether or not you're supposed to be tough, and caring or kind.

Another example of disconnection happening as a result of miscommunication is described in Evy's story and the lack of communication and just silence that was practiced in her home between her and her parents.

Greta: It seems distant, like it's just. I'm reading into it, it's not oppressive, it's just this is the way we do things. This is the way we do things and that's all, they didn't think about it in any other way.

Sam: Like it wasn't really an option to talk to them about whether or not she really wanted to wear dresses to church. This is just what you're supposed to do.

Evy: It was very militaristic. Like, this what you're going to do and you do it.

Greta: Yea, there was no discussion. It's all part of being respectful. Which is what you do, which is conforming to what everyone else is doing.

Lee: Um yea, there's something to be said about being in an environment that says, in order for you to assume your identity or your truth, you must do this.

Whether through conflicting messages from parents or just powerful silence, miscommunication leads to disconnection – especially compared to the connectivity that happened as a result of open communication. Evy and Greta both recall not wanting to wear dresses. However, as a result of the open communication between Greta and her mother, she willingly wore a dress to honor her mother. Evy's parents wanted her to wear dresses as well, but due to their refusal to communicate with her and the militaristic silence, she constantly struggled, coped by secretly wearing shorts underneath, and how has no relationship with her parents. Confusing and/or non-existent communication leads to disconnection, which also happens as a result of misinformation.

Experiencing Disconnection through Misinformation and Misunderstanding

During the focus group, the participants discussed the importance of parents taking responsibility for seeking knowledge and information regarding gender nonconformity, appropriate pronouns, transgender and/or gender queer experiences and other related elements of their child's experience. The lack of information and/or misinformation leading to a disconnect in their relationship. In the discussion about Sam's story where her family engaged in a heated argument regarding the incorrect use of pronouns, the participants agreed that the author simply wanted the parents to seek information in order to help her navigate this unfamiliar process.

Lee: I think the author just wants to be understood, but also to be equipped. Instead of leaving it up to – I loved what you said, but instead of leaving it up to the youth or young person to figure it out because of the parental role, go out and learn. If that makes any sense.

Greta: Yea to not have to argue.

Lee: Why am I always having to remind you that you obviously shouldn't be saying incorrect or inappropriate pronouns because this is the person, you know, the person I'm dating etc. Why am I having to teach you, in the parental role – go learn this and help me get through this part of my life. So really, parents to seek more information or education around the relationship.

Rebecca: In addition to needing more education, but also the ability to communicate some love, in the midst, some understanding that maybe 'I don't know what to do but it does sound like you're really struggling' but just communicating concern and empathy, you know?

Lee: And not just doing it, and not having to go through the argument in the presence of the person you're dating, but having an actual intentional conversation outside of the person who's sitting there, who's going through.

Sam: Because really the only – there wasn't much conversation about it aside from the arguments because they didn't know what to do so they weren't going to sit down and ask me how I was feeling. I would it would be really the only times that we'd talk about it because my dad would freak out if I tried to talk to him about it.

Rebecca: So having an honest open conversation that includes some kind of empathy. And not yelling about wanting to have grandchildren (reading from story) 'Sam's father started yelling about how he wanted grandchildren'...

Evy: The misconception that you can't have them.

This example demonstrates the importance of parents attaining correct information in order to support gender nonconforming children. Participants agreed that whenever they felt misunderstood, they also felt disconnected to their parents. Based on the written stories and the focus group discussion, participants identified miscommunication, misunderstanding, and

misinformation as characteristics that created an environment where they felt disconnected from their families.

Discussion

In their written stories and throughout the focus group discussions, the participants identified elements of their childhood memories where their parents' response influenced their life experience in various ways. While the consensus within the groups included the belief that the positive memories contributed to more positive experiences and the negative memories contributed to more negative experiences, everyone recognized elements of resilience and adaptation that arise when parents do not support or affirm their child's nontraditional gender expression. The findings in this study support current research regarding parenting gender nonconforming children – focusing on the importance of creating an affirming environment where children have the freedom to express their genuine identity (Ehrensaft, 2012; Hill & Menvielle, 2011; Menvielle, 2012; Riley et al, 2013; Wyss, 2013).

In an effort to explore how parental response impacts the life experience of gender nonconforming children, the identified themes provide insight into how parents contribute to their child's ability to live a life characterized by authenticity and connection or inauthenticity and disconnection. These themes reflect the tenets of relational-cultural theory (RCT) (Comstock et al, 2008) which suggests psychological growth happens as a result of participation in mutually empathic and diversified relationships through authentic engagement (Comstock et al, 2008; Jordan, 2001). Mirroring Carl Rogers' (1959) belief that people thrive and grow best when in an environment characterized by authenticity and connection through healthy interpersonal relationships, this study emphasizes the important role parents have as they shape their child's life experience. This is especially important for parents whose children demonstrate

gender nonconformity due to the numerous challenges these children face living in a culture where their natural self-expression does not match the culturally-accepted expectations.

D. W. Winnicott (1960) focused on elements of authenticity in his work within the field of human development. Similar to Freud's (1957) ego and id as powerful concepts in personality development, Winnicott believed children develop a sense of their authentic self as they grow when they are given the opportunity to feel genuine and feel in touch with others (Grolnick, 1990). This authenticity happens as a result of effective mirroring and emotional attentiveness from the parents who also withhold imposing their own selves on the child's authentic self (Winnicott, 1960). Winnicott furthermore suggested that children will adapt a false version of themselves to accommodate the expectations of others as well as the environment (Winnicott, 1960). Winnicott's 'true self' and 'false self' reflect the participants' themes of authenticity and inauthenticity as described in their stories and during the focus group discussions.

Much of the discussion regarding the elements that characterized authenticity and inauthenticity provided interesting reflection as the participants shared their thoughts about the stories. For example, both Nat and Jared wrote about times when their parents' disapproval of their choice of play things prompted both of them to hide their authentic preferences and develop an inauthentic identity whenever their parents could see them playing. They both admitted that authentic play time only existed when the parents were not around. Another example involves the group discussion about Evy's forced dress-wearing. While the group discussed her wearing basketball shorts underneath her dresses as a child, she shared that even as an adult – she remembers doing that same thing for a job interview. She admitted that her parents' influence was so strong that even as an adult, she could not feel completely comfortable in her authentic self and continued to utilize inauthentic ways of expressing herself. The participants expressed

sadness for her as she shared how conflicted she felt – even through her adult years. During this same discussion, Greta pointed out that this adaptation in Evy's life reflected an unfortunate truth that Evy learned she could not be authentic when dealing with someone in a position of authority – "Until you are free from having to conform to anybody's standard, you do that [inauthenticity]."

Reflecting on the themes of connection and disconnection ties with elements of Carl Rogers and humanistic existential theory – specifically the belief that everyone holds the capacity for self-actualization when given an opportunity to exist in an environment characterized by an open, warm and nurturing relationship (Rogers, 1986). This theory also suggests that problems in human functioning occur as a result of alienation and separation from others (Ivey, D'Andrea & Ivey, 2012). Again, similar to the focus on relational connections, RCT also suggests that at the core of human suffering exists isolation, shame, humiliation and marginalization (Comstock et al, 2008), all of which result in disconnection. Lee's stories reflect numerous disconnections with guardians in his life as a result of the confusion and mixed information he received about being a male and specifically a black male. He described substantial challenges as a result of this disconnection. In Sam's story about her parents' inability to use correct pronouns and their expressed discomfort with her identity, she described feeling isolated and frustrated at their lack of understanding and acceptance.

The participants' numerous examples of relational connection and disconnection as a result of their parents' responses align with Rogers focus on the importance of the warm caring environment characterized by empathy, congruence and unconditional positive regard (Rogers, 1986). Relational connection promotes personal growth and well-being while relational

disconnection contributes to higher rates of psychosocial problems and challenges in authentic identity formation (Comstock et al, 2008; Rogers, 1986).

All four of the main themes existed in most of the participants' stories and the focus group discussion, however authenticity more likely provided connection, whereas inauthenticity prompted disconnection. In the two stories about dress-wearing, written by Greta and Evy, the participants acknowledged the contrast between Greta's affirming mother and Evy's silent and commanding parents and how these parental responses impacted the parent-child relationship throughout their lives. A heavy silence in the group followed Evy's comment about how she refers to her parents as only a label. Evy's inability to live as her authentic self created a substantial divide between her and her parents – so much that she now describes their relationship as non-existent. Greta's freedom of authenticity promoted a life-long positive relationship with her mother which still exists today. This reflects both Rogers' theory as well as RCT – which both focus on the importance of human engagement in authentic connections as a way to promote psychological growth and mental health (Comstock et al, 2008; Rogers, 1986).

Reflecting on the findings in this study provides an opportunity to acknowledge the powerful impact that parents have on their child's self-expression. For children who demonstrated gender nonconformity, the parents' response plays a critical role in their ability to develop an authentic identity which increases the likelihood of healthy relational connection. Healthy connected relationships built on authenticity provide individuals with a more positive life experience.

Practice, Research, and Advocacy Implications

Recognizing the challenges and the importance of affirming positive relationships throughout the life experience for gender nonconforming children provides many opportunities

for improved practice, research and advocacy. Continued research should include exploring the various intersected identities for gender nonconforming children from ethnically-diverse families. One of the participants in this study is African-American, and his writing included a reflection on some of the confusion he faced as a result of his multiple identities. Research indicates that gender nonconforming youth of color face numerous obstacles beyond the challenges faced by their white counterparts (Grossman, D'Augelli & Salter, 2006), and their families face other issues as well. Research exploring the family experience of gender nonconforming young people from various ethnic and racial backgrounds is needed in order to better support the specific needs of these families.

More research is also needed to support families whose children are gender nonconforming and may also identify as transgender (Brill & Pepper, 2008). While it is important to consider the fluid nature of gender expression during childhood (Spack et al, 2012), parents whose children identify as feeling like they are in the wrong body face even more challenges – including having to make decisions about transitioning, puberty and medical care (Johnson et al, 2014; Riley et al, 2013; Wyss, 2013). New research continues to provide insight into the family experience for these children (Johnson et al, 2014), which helps increase awareness about their needs and how to improve their life experience.

Continued research allows for continued advocacy. When parents feel equipped to support their child, they are more likely to advocate for the needs of their child and the family by working with teachers and administrators at schools, dialoguing in more public settings and challenging the public forum (Rahilly, 2015). Raising awareness about the needs of gender nonconforming children can also equip school counselors and social workers to better advocate for these students (de Jong, 2014; Riley et al, 2013). Community counselors and those in mental

health settings who are effectively trained to understand the needs of marginalized groups can also support families of children demonstrating gender nonconformity by providing them with affirming therapy and an environment where they feel loved and safe (Hill & Menvielle, 2012). Counselors can equip parents by utilizing Rogers' (1959) core conditions as a way of relating with their child as they support their unique self-expression. Increased awareness, increased education, and increased therapeutic services all contribute to better advocacy for these families.

Study Limitations

Qualitative research provides opportunity for depth in understanding people and their life experiences (Hays & Singh, 2012). Limitations in this particular study include the number of focus group sessions with the participants. Since collective memory work is a type of participatory action research (Onyx & Small, 2001), more sessions including some further social action could improve the benefits of this study. For example, Sansfaçona, Robichauda, and Dumais-Michaud (2015) recently completed a study utilizing participatory action research where they facilitated 14 sessions for parents whose children demonstrate gender nonconformity. The parents had the opportunity to share their challenges and emotions about the process of supporting their child. This type of participatory action research, which included the long-term focus groups promoted empowerment and increased the well-being of the participants (Sansfaçona, Robichauda, & Dumais-Michaud, 2015).

The participants in this study were primarily white individuals living in the south, which may not reflect the same experience as those from other ethnic groups living in other areas of the U. S. Another limitation of this study includes a limitation of the actual methodology.

Collective memory work involves participants spending time writing and attending at least one focus group. These requirements presented a challenge for many people who expressed interest

in participating in the study. The six participants represent less than half of the original number of people who wanted to participate. The logistics of coordinating timing and schedules for the writing and focus groups presented many challenges for implementing this study.

Conclusion

Collective memory work provides a powerful opportunity for participants to engage in the research process in a way that very few other methodologies offer. Reading the participants' stories and listening to their discussion allowed a glimpse into their unique life experiences.

Acknowledging the limitations of the social construction of gender expression within our culture and the numerous challenges this presents for these individuals and their families serves as an important reminder for the work needed in raising awareness and increasing support.

APPENDIX A

Writing Prompt Instructions:

- 1. Write 1 to 2 pages about 2 particular memories from your childhood of interactions (1 positive and 1 negative) you had with your parents as a result of your demonstration of gender nonconformity.
- 2. Write in the third person using a pseudonym.
- 3. Write in as much detail as possible, including even what might be considered to be trivial or inconsequential.
- 4. Describe the experiences, do not import interpretation, explanation, or biography.

Memory Work Facilitation Sheet*:

- 1) What is this story about what does it mean?
- 2) What is the author's perception of their parent's response?
- 3) After gaining consensus from the group on these two questions, the facilitator moves on to the literal interpretation of the text. Participants are now asked to underline verbs (actions) and circle adjectives (emotions).

Activity of the author (verbs)	Emotions of the author (adjectives)	Interests/wishes of the author	Activity of others	Emotions of others	Contradictions	Empty spaces/Silences	Observations about the use of language

Once the group completes this list, the facilitator then asks these questions:

- 4) How has the author/narrator been created in the story?
- 5) How have others in the text been created in the story?
- 6) What does the story mean?
- 7) How can the author's understanding of themselves based on their parents' response be applied to how children understand gender in our culture? What is the larger message of the story beyond this author's individual experiences?

^{*}Adapted from Kivel & Johnson, 2009

References

- Ainsworth, M. S. (1989). Attachments beyond infancy. American Psychologist, 44(4), 709-716.
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC, Author.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC, Author.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC, Author.
- Andry, R. G. (1962). Paternal and maternal roles and delinquency. *Public Health Papers*, *14*, 31-44.
- Antill, J. K. (1987). Parents' beliefs and values about sex roles, sex differences, and sexuality:

 Their sources and implications. In P. Shaver, & C. Hendrick (Eds.), (pp. 294-328).

 Thousand Oaks, CA, US: Sage Publications, Inc.
- Barber, B. K., & Thomas, D. L. (1986). Dimensions of fathers' and mothers' supportive behavior: The case for physical affection. *Journal of Marriage and Family*, 48(4), 783-794.
- Barnes, G. M., & Farrell, M. P. (1992). Parental support and control as predictors of adolescent drinking, delinquency, and related problem behaviors. *Journal of Marriage and Family*, 54(4), 763-776.
- Blaise, M., & Taylor, A. (2012). Using queer theory to rethink gender equity in early childhood education. *Young Children*, 67(1), 88-96.
- Brill, S. & Pepper, R. (2008). The transgender child. San Francisco: Cleis Press.

- Brinkman, B. G., Rabenstein, K. L., Rosén, L. A., & Zimmerman, T. S. (2014). Children's gender identity development: The dynamic negotiation process between conformity and authenticity. *Youth & Society*, 46(6), 835-852. doi:10.1177/0044118X12455025
- Bryant, K. (2006). Making gender identity disorder of childhood: Historical lessons for contemporary debates. *Sexuality Research & Social Policy: Journal of NSRC*, *3*(3), 23-39. doi: 10.1525/srsp.2006.3.3.23.
- Brydon-Miller, M. (1997). Participatory action research: Psychology and social change. *Journal of Social Issues*, *53*(4), 657-666.
- Burnes, T. R., & Chen, M. M. (2012). The multiple identities of transgender individuals:

 Incorporating a framework of intersectionality to gender crossing. In R. Josselson & M. Harway (Eds.), *Navigating multiple identities: Race, gender, culture, nationality, and roles* (pp. 113-127). New York, NY: Oxford University.
- Bussey, K., & Bandura, A. (1999). Social cognitive theory of gender development and differentiation. *Psychological Review*, *106*(4), 676-713. doi:10.1037/0033-295X.106.4.676
- Carver, P. R., Yunger, J. L., & Perry, D. G. (2003). Gender identity and adjustment in middle childhood. *Sex Roles*, 49(3-4), 95-109. doi: 10.1007/s11199-009-9709-2.
- Case, K. A., & Meier, S. C. (2014). Developing allies to transgender and gender-nonconforming youth: Training for counselors and educators. *Journal of LGBT Youth*, *11*(1), 62-82. doi:10.1080/19361653.2014.840764
- Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality*, 51(3), 53-69.

- Clough, A. S. (2000). The illusion of protection: Transsexual employment discrimination. *Journal of Gender and the Law, 1*, 849-886.
- Coates, S. W. (2008). Intervention with preschool boys with gender identity issues.

 *Neuropsychiatrie De l'Enfance Et De l'Adolescence, 56(6), 392-397.

 doi:10.1016/j.neurenf.2008.06.004
- Coltrane, S., & Adams, M. (1997). Children and gender. In *Contemporary Parenting:*Challenges and Issues. Arrendel, T. (Ed). (pp. 219-253). CA: Sage Publications.
- Comstock, D., Hammer, T., Strentzsch, J., Cannon, K., Parsons, J. & Salazar, G. (2008).

 Relational-cultural theory: A framework for bridging relational, multicultural, and social justice competencies. *Journal of Counseling and Development*, 86, 279-289.
- Connell, R. W. (1989). Cool guys, swots and wimps: The interplay of masculinity and education.

 Oxford Review of Education, (3), 291. doi:10.2307/1050420
- Connell, R. W. (1992). A very straight gay: Masculinity, homosexual experience, and the dynamics of gender. *American Sociological Review*, (6), 735. doi:10.2307/2096120
- Connell, R. W. (1998). R. W. Connell's 'Masculinities': Reply. *Gender and Society*, (4), 474. doi:10.2307/190181
- Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender and Society*, (6), 829. doi:10.2307/27640853
- Connell, R. (1987). *Gender and power: Society, the person and sexual politics*. Stanford, CA: Stanford University Press.
- Crawford, J. (1992). *Emotion and gender: Constructing meaning from memory*. London:Sage Publications.

- D'Augelli, A., Grossman, A. H., & Starks, M. T. (2006). Childhood gender atypicality, victimization, and PTSD among lesbian, gay, and bisexual youth. *Journal of Interpersonal Violence*, 21(11), 1462-1482.
- de Jong, D. (2014). 'He wears pink leggings almost every day, and a pink sweatshirt': How school social workers understand and respond to gender variance. *Child and Adolescent Social Work Journal*, 32, 247-255. doi:10.1007/s10560-014-0355-3
- Dominy, N. L., & Johnson, W. B. (2000). Perception of parental acceptance in women with binge eating disorder. *Journal of Psychology*, *134*(1), 23.
- Dreger, A. (2009). Gender identity disorder in childhood: Inconclusive advice to parents. *The Hastings Center Report*, (1), 26. doi:10.2307/25548351
- Drescher, J., & Byne, W. (2012). Gender Dysphoric/Gender variant (GD/GV) children and adolescents: Summarizing what we know and what we have yet to learn. *Journal of Homosexuality*, 59(3), 501-510. doi: 10.1080/00918369.2012.653317
- Dunlap, R. & Johnson, C. W. (2013). Consuming contradiction: media, masculinity and (hetero) sexual identity, *Leisure/Loisir*, *37*(1), 69-84, DOI: 10.1080/14927713.2013.783728
- Egan, S. K., & Perry, D. G. (2001). Gender identity: A multidimensional analysis with implications for psychosocial adjustment. *Developmental Psychology*, *37*(4), 451-463. doi:10.1037/0012-1649.37.4.451
- Ehrensaft, D. (2007). Raising girlyboys: A parent's perspective. *Studies in Gender & Sexuality*, 8(3), 269-302. doi:10.1080/15240650701226581
- Ehrensaft, D. (2011). Boys will be girls, girls will be boys: Children affect parents as parents affect children in gender nonconformity. *Psychoanalytic Psychology*, 28(4), 528-548. doi:10.1037/a0023828

- Ehrensaft, D. (2012). From gender identity disorder to gender identity creativity: True gender self child therapy. *Journal of Homosexuality*, 59(3), 337-356. doi:10.1080/00918369.2012.653303
- Erikson, E. (1968). *Identity: Youth and crisis*. New York: Norton.
- Fagot, B. I. (1973). Sex-related stereotyping of toddlers' behaviors. *Developmental Psychology*, 9(3), 429-429. doi:10.1037/h0034926
- Fausto-Sterling, A. (2012). The dynamic development of gender variability. *Journal of Homosexuality*, 59(3), 398-421. doi:10.1080/00918369.2012.653310
- Fiese, B. H., & Skillman, G. (2000). Gender differences in family stories: Moderating influence of parent gender role and child gender. *Sex Roles*, 43(5-6), 267-283. Doi: 10.1023/A:1026630824421
- Franz, A. (2015). An Ohio transgender teen's suicide, a mother's anguish. Retrieved from http://www.cnn.com/2014/12/31/us/ohio-transgender-teen-suicide/
- Freire, P. (1994). *Pedagogy of hope: Reliving pedagogy of the oppressed*. New York: Continuum.
- Freire, P. (1990). Education for critical consciousness. New York, NY: Continuum.
- Freire, P. (1970/1996). *Pedagogy of the oppressed*. London, England: Penguin Press.
- Freud, S. (1957). *The ego and the id*. London: Hogarth Press.
- Gainor, K. (2000). Including transgender issues in lesbian, gay, and bisexual psychology: Implications for clinical practice and training. In B. Greene & G. L. Croom (Eds.), Education, research, and practice in lesbian, gay, bisexual, and transgendered psychology: A resource manual (pp. 131-160). Thousand Oaks, CA: Sage.

- Gerouki, M. (2010). The boy who was drawing princesses: Primary teachers' accounts of children's non-conforming behaviours. *Sex Education*, 10(4), 335-348. doi:10.1080/14681811.2010.515092
- Goodman, L. A., Liang, B., Helms, J. E., Latta, R. E., Sparks, E., & Weintrab, S. R. (2004).

 Training counseling psychologists as social justice agents: Feminist and multicultural principles in action. *The Counseling Psychologist*, *32*, 793–837.

 doi:10.1177=0011000004268802
- Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Kiesling, M. (2011). *Injustice* at every turn: A report of the national transgender discrimination survey. Washington, DC: National Center for Transgender Equality & National Gay and Lesbian Task Force.

 Retrieved from: http://endtransdiscrimination.org/PDFs/NTDS_Report.pdf
- Graytak, E., Kosciw, J., Diaz, E. (2009). Harsh realities: The experiences of transgender youth in our nation's schools. New York: GLSEN.
- Green, R. (1967). Sissies and tomboys: A guide to diagnosis and management. In C.W. Wahl (Ed.), *Sexual problems: Diagnosis and treatment in medical practices* (p. 89-114). New York: The Free Press.
- Green, R. (1968). Childhood cross-gender identification. *Journal of Nervous and Mental Disease*, 147(5), 500-509.
- Green, R. (1971). Diagnosis and treatment of gender identity disorders during childhood.

 *Archives of Sexual Behavior, 1(2), 167-173.
- Green, R., & Money, J. (1961). Effeminacy in prepubertal boys. Summary of eleven cases and recommendations for case management. *Pediatrics*, 27, 286-291.

- Green, R. & Money, J. (1964). Prepubertal, morphologically normal boys demonstrating signs of cross-gender identity: A five-year follow-up (abstracted). *American Journal of Orthopsychiatry*, 34(2), 365-366.
- Green, R. & Money, J. (1966). Stage-acting, role-taking, and effeminate impersonation during boyhood. *Archives of General Psychiatry*, 15, 535-538.
- Green, R., & Fuller, M. (1973). Family doll play and female identity in pre-adolescent males.

 American Journal of Orthopsychiatry (Wiley-Blackwell), 43(1), 123.
- Green, R., & Fuller, M. (1973). Group therapy with feminine boys and their parents.

 International Journal of Group Psychotherapy, 23(1), 54-68.
- Greeson, R. R. (1966). A transvestite boy and a hypothesis. *International Journal of Psycho- Analysis*, 47, 396-403.
- Grolnick, S. (1990). The work and play of Donald Winnicott. London: Aronson.
- Grossman, A. & D'Augelli, A. (2006). Transgender youth: Invisible and vulnerable. *Journal of Homosexuality*, 51, 111-128. doi:10.1300/J082v51n01_06
- Grossman, A., D'Augelli, A., Howell, T. & Hubbard, S. (2005). Parents' reactions to transgender youths' gender nonconforming expression and identity. *Journal of Gay and Lesbian Social Services*, 18, 3 doi: 10.1300/J041v18n01_02
- Haldeman, D. C. (2000). Gender atypical youth: Clinical and social issues. *School Psychology Review*, 29(2), 192.
- Halim, M. L., Ruble, D. N., Tamis-LeMonda, C., Zosuls, K. M., Lurye, L. E., & Greulich, F. K. (2014). Pink frilly dresses and the avoidance of all things "girly": Children's appearance rigidity and cognitive theories of gender development. *Developmental Psychology*, 50(4), 1091-1101. doi:10.1037/a0034906; 10.1037/a0034906.supp

- Hall, B. L. (1981). Participatory research, popular knowledge and power: A personal reflection.

 Convergence: An International Journal of Adult Education, 14(3), 6-19.
- Harvey, M. R. (2007). Towards an ecological understanding of resilience in trauma survivors: Implications for theory, research, and practice. *Journal of Aggression, Maltreatment & Trauma*, *14*(1), 9-32. doi: 10.1300/j146v14n01_02
- Haug, F., & Carter, E. (1987). Female sexualization: A collective work of memory London: Verso, 1987.
- Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational setting*. New York: Guilford Press, c2012.
- Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005).Consensual qualitative research: An update. *Journal of Counseling Psychology*, 52, 196-205. Doi: 10.1037/0022-0167.52.2.196
- Hill, D. B., & Menvielle, E. (2009). "You have to give them a place where they feel protected and safe and loved": The views of parents who have gender-variant children and adolescents. *Journal of LGBT Youth*, 6(2), 243-271. doi:10.1080/19361650903013527
- Hill, D. B., Menvielle, E., Sica, K. M., & Johnson, A. (2010). An affirmative intervention for families with gender variant children: Parental ratings of child mental health and gender. *Journal of Sex & Marital Therapy*, 36(1), 6-23. doi:10.1080/00926230903375560
- Israel, G. E., & Tarver, D. E. (1997). *Transgender care: Recommended guidelines, practical information, and personal accounts.* Philadelphia: Temple University Press.
- Jew, C. L., Green, K. E., & Kroger, J. (1999). Development and validation of a measure of resiliency. Measurement and Evaluation in Counseling and Development, 32(2), 75-89.

- Johnson, C.W., Singh, A. A., Gonzalez, M. (2014). "It's complicated": Collective memories of transgender, queer, and questioning youth in high school, *Journal of Homosexuality*, 61(3), 419-434, DOI: 10.1080/00918369.2013.842436.
- Johnson, L. L., Bradley, S. J., Birkenfeld-Adams, A., Kuksis, M. A., Maing, D. M., Mitchell, J. N., & Zucker, K. J. (2004). A parent-report gender identity questionnaire for children.
 Archives of Sexual Behaviour, 33(2), 105-116.
- Jones, Rodney. (2012). *Discourse analysis: a resource book for students*. New York, NY: Routledge.
- Jordan, J.V. (2000). The role of mutual empathy in relational-cultural therapy. *In Session:*Psychotherapy in Practice, 55, 1005–1016.
- Jordan, J. V. (2001). A relational-cultural model: Healing through mutual empathy. *Bulletin of the Menninger Clinic*, 65, 92–103.
- Kane, E. W. (2006). 'No way my boys are going to be like that!' parents' responses to children's gender nonconformity. *Gender and Society*, (2), 149. doi:10.2307/27640879
- Kelso, T. (2011). Snakes and snails and mermaid tails: Raising a gender-variant son. *Child and Adolescent Psychiatric Clinics of North America*, 20(4), 745-755. doi:10.1016/j.chc.2011.07.003
- Kemmis, S., & McTaggart, R. (2008). Participatory action research: Communicative action and the public sphere. In N. K. Denzin, & Y. S. Lincoln (Eds.), (pp. 271-330). Thousand Oaks, CA, US: Sage Publications, Inc.
- Khaleque, A., & Rohner, R. P. (2013). Effects of multiple acceptance and rejection on adults' psychological adjustment: A pancultural study. *Social Indicators Research*, 113(1), 393-399.

- Khaleque, A., & Rohner, R. P. (2002). Perceived parental acceptance-rejection and psychological adjustment: A meta-analysis of cross-cultural and intracultural studies.

 *Journal of Marriage and Family, 64(1), 54-64.
- Kidd, S. A., & Kral, M. J. (2005). Practicing participatory action research. *Journal of Counseling Psychology*, 52(2), 187-195. doi:10.1037/0022-0167.52.2.187
- Kippax, S., Crawford, J., Benton, P., Gault, U., & Noesjirwan, J. (1988). Constructing emotions: Weaving meaning from memories. *British Journal of Social Psychology*, 27(1), 19-33.
- Kivel, B. D., & Johnson, C. W. (2009). Consuming media, making men: Using collective memory work to understand leisure and the construction of masculinity. *Journal of Leisure Research*, *41*(1), 109-133.
- Langer, S. J., & Martin, J. I. (2004). How dresses can make you mentally ill: Examining gender identity disorder in children. *Child & Adolescent Social Work Journal*, 21(1), 5-23. doi: 10.1023/b:casw.0000012346.80025.f7
- Leinbach, M. D., Hort, B. E., & Fagot, B. I. (1997). Bears are for boys: Metaphorical associations in young children's gender stereotypes. *Cognitive Development*, 12(1), 107-130. doi:10.1016/S0885-2014(97)90032-0
- Lev, A. I. (2004). Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families. Binghamton, NY US: Haworth Clinical Practice Press.
- Lindner, A. (2014). Familial support and celebration of gender nonconforming children. *Sex Roles*, 70, 442-444. doi: 10.1007/s11199-014-0363-y
- Lorber, J. (1996). Beyond the binaries: Depolarizing the categories of sex, sexuality, and gender. Sociological Inquiry, 66(2), 143-159.

- Lucal, B. (1999). What it means to be gendered me: Life on the boundaries of a dichotomous gender system Sage Publications.
- Malpas, J. (2011). Between pink and blue: A multi-dimensional family approach to gender nonconforming children and their families. *Family Process*, 50(4), 453-470. doi:10.1111/j.1545-5300.2011.01371.x
- Martin, C. L., Ruble, D. N., & Szkrybalo, J. (2002). Cognitive theories of early gender development. *Psychological Bulletin*, *128*(6), 903-933. doi:10.1037/0033-2909.128.6.903
- Martin, K. A. (1998). *Becoming a gendered body: Practices of preschools* American Sociological Association.
- Martin, K. A. (2005). William wants a doll. can he have one? Feminists, child care advisors, and gender-neutral child rearing. *Gender & Society*, 19(4), 456-479. doi: 10.1177/0891243204272968
- Mayer, K. H., Makadon, H. J., & Garofalo, R. (2014). Promoting the successful development of sexual and gender minority youths. *American Journal of Public Health*, 104(6), 976-981.
- McCormack, M. (2012). From hegemonic masculinity to inclusive masculinities. Oxford University Press. doi:10.1093/acprof:oso/9780199778249.003.0018
- McDowell, D. J., Kim, M., O'Neil, R., & Parke, R. D. (2002). Children's emotional regulation and social competence in middle childhood: The role of maternal and paternal interactive style. *Marriage & Family Review*, *34*(3-4), 345-364. doi: 10.1300/J002v34n03_07
- McLean, K. C. (2005). Late adolescent identity development: Narrative meaning making and memory telling. *Developmental Psychology*, 41(4), 683-691. doi: 10.1037/0012-1649.41.4.683

- McLean, K., & Breen, A. (2009). Processes and content of narrative identity development in adolescence: gender and well-being. *Developmental Psychology*, 45(3), 702-710. doi: 10.1037/a0015207
- Meadow, T. (2011). 'Deep down where the music plays': How parents account for childhood gender variance. *Sexualities*, *14*(6), 725-747. doi: 10.1177/1363460711420463
- Menvielle, E. (2012). A comprehensive program for children with gender variant behaviors and gender identity disorders. *Journal of Homosexuality*, *59*(3), 357-368. doi:10.1080/00918369.2012.653305
- Menvielle, E. J., & 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. doi: 10.1097/00004583-200208000-00021
- Menvielle, E., & Hill, D. B. (2011). An affirmative intervention for families with gender-variant children: A process evaluation. *Journal of Gay & Lesbian Mental Health*, *15*(1), 94-123. doi:10.1080/19359705.2011.530576
- Minter, S. P. (2012). Supporting transgender children: New legal, social, and medical approaches. *Journal of Homosexuality*, *59*(3), 422-433. doi: 10.1080/00918369.2012.653311
- O'Neil, M. E., McWhirter, E. H., & Cerezo, A. (2008). Transgender identities and gender variance in vocational psychology: Recommendations for practice, social advocacy, and research. *Journal of Career Development*, 34(3), 286-308.
- Onyx, J., & Small, J. (2001). Memory-work: The method. *Qualitative Inquiry*, 7(6), 773. doi: 10.1177/107780040100700608

- Owen-Anderson, A., Bradley, S. J., & Zucker, K. J. (2010). Expressed emotion in mothers of boys with gender identity disorder. *Journal of Sex & Marital Therapy*, *36*(4), 327-345. doi:10.1080/0092623X.2010.488115
- Pasupathi, M. (2001). The social construction of the personal past and its implications for adult development. *Psychological Bulletin*, *127*(5), 651-672. doi: 10.1037//0033-2909.127.5.651
- Pomerleau, A., Bolduc, D., Malcuit, G., & Cossette, L. (1990). Pink or blue: Environmental gender stereotypes in the first two years of life. *Sex Roles*, 22(5-6), 359-367.
- Poulin-Dubois, D., Serbin, L. A., Eichstedt, J. A., Sen, M. G., & Beissel, C. F. (2002). Men Don't put on make-up: Toddlers' knowledge of the gender stereotyping of household activities. *Social Development*, 11(2), 166-181.
- Pyne, J. (2014). Gender independent kids: A paradigm shift in approaches to gender non-conforming children. *Canadian Journal of Human Sexuality*, 23(1), 1-8. doi:10.3138/cjhs.23.1.CO1
- Rahilly, E. (2015). The gender binary meets the gender-variant child: Parents' negotiations with childhood gender variance. *Gender & Society*, 29(3), 338-361. doi: 10.1177/0891243214563069
- Riley, E., Clemson, L., Sitharthan, G., & Diamond, M. (2013). Surviving a gender-variant childhood: The views of transgender adults on the needs of gender-variant children and their parents. *Journal of Sex & Martial Therapy*, 39, 241-263. doi: 10.1080/0092623x.2011.628439
- Reason, P. (1994). Human inquiry as discipline and practice. In P. Reason (Ed.), (pp. 40-56). Thousand Oaks, CA, US: Sage Publications, Inc.

- Reivich, K., & Shatté, A. (2002). The resilience factor: 7 essential skills for overcoming life's inevitable obstacles. New York, NY, US: Broadway Books.
- Rekers, G. A., & Lovaas, O. I. (1974). Behavioral treatment of deviant sex-role behaviors in a male child. *Journal of Applied Behavior Analysis*, 7, 173-190. doi:10.1901/jaba.1974.7-173
- Rheingold, H. L., & Cook, K. V. (1975). The contents of boys' and girls' rooms as an index of parents' behavior. *Child Development*, 46(2), 459-463. doi:10.1111/1467-8624.ep12188237
- Roberts, A. L., Rosario, M., Slopen, N., Calzo, J. P., & Austin, S. B. (2013). Childhood gender nonconformity, bullying victimization, and depressive symptoms across adolescence and early adulthood: An 11-year longitudinal study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(2), 143-152. doi:10.1016/j.jaac.2012.11.006
- Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21, 95-103.
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships. In S. Koch (Ed.), *Psychology: A study of a science*, Vol 3. New York: McGraw-Hill, 1959, 184-256.
- Rogers, C. R. (1967). In Rogers C. R. (Ed.), *The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics*. Oxford, England: U. Wisconsin Press.
- Rogers, C. (1986). Carl Rogers on the development of the person-centered approach. *Person-centered Review*, 1(3), 257-259.
- Rogers, C. (2001). The foundations of the person-centered approach. *Education*, 100(2), 98-107.

- Rohner, R. P. (1976). They love me, they love me not. New Haven, CT, US: HRAF Press.
- Rohner, R. P. (2004). The parental "acceptance-rejection syndrome": Universal correlates of perceived rejection. *American Psychologist*, *59*(8), 830-840. doi: 10.1037/0003-066X.59.8.830
- Rohner, R. P. (2008). Parental acceptance-rejection theory studies of intimate adult relationships.

 *Cross-Cultural Research: The Journal of Comparative Social Science, 42(1), 5-12. doi: 10.1177/1069397107309749
- Rohner, R. P. (2014). Parental power and prestige moderate the relationship between perceived parental acceptance and offspring's sychological adjustment: Introduction to the international father acceptance-rejection project. *Cross-Cultural Research*, 48(3), 197-213. doi:10.1177/1069397114528295
- Rohner, R. P., Khaleque, A., & Cournoyer, D. E. (2005). Parental acceptance-rejection: Theory, methods, cross-cultural evidence, and implications. *Ethos*, *33*(3), 299-334. Doi: 10.1525/eth.2005.33.3.299
- Rohner, R. P. (1986). *The warmth dimension: Foundations of parental acceptance-rejection theory*. Beverly Hills CA: Sage Publications.
- Rosenberg, M. (2002). Children with gender identity issues and their parents in individual and group treatment. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41(5), 619-621.
- Rosenberg, M., & Jellinek, M. S. (2002). Children with gender identity issues and their parents in individual and group treatment. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41(5), 619-621. doi:10.1097/00004583-200205000-00020

- Rottnek, M. (1999). In Rottnek M. (Ed.), Sissies and tomboys: Gender nonconformity and homosexual childhood. New York, NY, US: New York University Press.
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346-352. doi:10.1542/peds.2007-3524
- Sansfaçona, A. P., Robichauda, M. J., & Dumais-Michaud, A. A. (2015). The Experience of Parents Who Support Their Children's Gender Variance. *Journal of LGBT Youth*, 12(1), 39-63. doi: 10.1080/19361653.2014.935555
- Saxena, V. (1992). Perceived maternal rejection as related to negative attention-seeking classroom behaviour among primary school children. *Journal of Personality and Clinical Studies*, 8(1-2), 129-135.
- Shakin, M., Shakin, D., & Sternglanz, S. H. (1985). Infant clothing: Sex labeling for strangers. Sex Roles, 12(9), 955-964.
- Simons, R. L., Robertson, J. F., & Downs, W. R. (1989). Nature of the association between parental rejection and delinquent behavior. *Journal of Youth and Adolescence*, 18(3), 297-310.
- Singh, A., A., Richmond, K., & Burnes, T., R. (2013). Feminist participatory action research with transgender communities: Fostering the practice of ethical and empowering research designs. *International Journal of Transgenderism*, 14(3), 93-104. doi:10.1080/15532739.2013.818516
- Slaby, R. G., & Frey, K. S. (1975). Development of gender constancy and selective attention to same-sex models. *Child Development*, 46(4), 849-856. doi:10.1111/1467-8624.ep12242832

- Spack, N. P., Edwards-Leeper, L., Feldman, H. A., Leibowitz, S., Mandel, F., Diamond, D. A., & Vance, S. R. (2012). Gender Identity Disorder: An emerging problem for pediatricians. *Pediatrics*, 129, 571-573. doi:10.1542/peds.2011-3696
- Spence, J. T., & Buckner, C. (1995). Masculinity and femininity: Defining the undefinable. In P. J. Kalbfleisch, & M. J. Cody (Eds.), (pp. 105-138). Hillsdale, NJ, England: Lawrence Erlbaum Associates, Inc.
- Spicer, S. S. (2010). Healthcare needs of the transgender homeless population. *Journal of Gay & Lesbian Mental Health*, 14(4), 320-339. doi:10.1080/19359705.2010.505844
- Steensma, T. D., van, d. E., Verhulst, F. C., & Cohen-Kettenis, P. (2012). Gender variance in childhood and sexual orientation in adulthood: A prospective study. *The Journal of Sexual Medicine*, 10(11), 2723-2733. doi: 10:2723-2733
- Surtees, N., & Gunn, A. C. (2010). (Re)marking heteronormativity: Resisting practices in early childhood education contexts. *Australasian Journal of Early Childhood*, *35*(1), 42-47.
- Swearer, S. M., Turner, R. K., Givens, J. E., & Pollack, W. S. (2008). 'You're so gay!': Do different forms of bullying matter for adolescent males? *School Psychology Review*, 37(2), 160-173.
- Taylor, C., Peter, T., Schachter, K., Paquin, S., Beldom, S., Gross, Z., & McMinn, T.L. (2008). *Youth Speak Up about Homophobia and Transphobia: The First National Climate Survey on Homophobia in Canadian Schools. Phase One Report.* Toronto, ON: Egale Canada Human Rights Trust.
- Thorne, A. (2000). Personal memory telling and personality development. *Personality & Social Psychology Review (Lawrence Erlbaum Associates)*, 4(1), 45-56. doi: 10.1207/s15327957pspr0401_5

- Thorne, B. (1993). *Gender play : Girls and boys in school*. New Brunswick, N.J. : Rutgers University Press, c1993.
- Toomey, R. B., McGuire, J. K., & Russell, S. T. (2012). Heteronormativity, school climates, and perceived safety for gender nonconforming peers. *Journal of Adolescence*, *35*(1), 187-196. doi:10.1016/j.adolescence.2011.03.001
- Tuerk, C. (2011). Considerations for affirming gender nonconforming boys and their families:

 New approaches, new challenges. *Child and Adolescent Psychiatric Clinics of North America*, 20(4), 767-777. doi:10.1016/j.chc.2011.07.005
- Veneziano, R. A. (2000). Perceived paternal and maternal acceptance and rural African

 American and European American youths' psychological adjustment. *Journal of Family*and Marriage, 62(1), 123-132. doi: 10.1111/j.1741-3737.2000.00123.x
- Vitelli, R., & Riccardi, E. (2010). Gender identity disorder and attachment theory: The influence of the patient's internal working models on psychotherapeutic engagement and objective.

 A study undertaken using the adult attachment interview. *International Journal of Transgenderism*, 12(4), 241-253. doi:10.1080/15532739.2010.551485
- Weinberg, M. K., Tronick, E. Z., Cohn, J. F., & Olson, K. L. (1999). Gender differences in emotional expressivity and self-regulation during early infancy. *Developmental Psychology*, 35(1), 175-188. doi:10.1037/0012-1649.35.1.175
- West, C., & Zimmerman, D. H. (1987). *Doing gender* Sage Publications.
- Winnicott, D.W. (1960). The theory of the parent-infant relationship. In D. W. Winnicott (Ed.),

 *Maturational processes and the facilitating environment (pp. 37-55). Madison, CT:

 International Universities Press.

- Winnicott, D. W. (1965). Ego distortion in terms of true and false self. In D.W. Winnicott (Ed.),

 Matruational processes and the facilitating environment: Studies in the theory of

 emotional development, p 140-152. New York. International Universities Press.
- Wisnowski, D. L. (2011). Raising a gender non-conforming child. *Child and Adolescent*Psychiatric Clinics of North America, 20(4), 757-766. doi:10.1016/j.chc.2011.08.003
- Wyman, P. A., Sandler, I., Wolchik, S., & Nelson, K. (2000). Resilience as cumulative competence promotion and stress protection: Theory and intervention. In D. Cicchetti, J. Rappaport, I. Sandler & R. P. Weissberg (Eds.), (pp. 133-184). Washington, DC US: Child Welfare League of America.
- Wyss, S. E. (2013). Crisis, acceptance, and advocacy: A supportive guide for parents of trans and gender nonconforming youth: A review of the Transgender child. *Journal of LGBT Youth*, 10, 163-168. doi: 10.1080/19361653.2012.717832
- Yu, V. (2010). Shelter and transitional housing for transgender youth. *Journal of Gay & Lesbian Mental Health*, 14(4), 340-345. doi:10.1080/19359705.2010.504476
- Yunger, J. L., Carver, P. R., & Perry, D. G. (2004). Does gender identity influence children's psychological well-being? *Developmental Psychology*, 40(4), 572-582.
- Zosuls, K. M., Ruble, D. N., Tamis-LeMonda, C., Shrout, P. E., Bornstein, M. H., & Greulich, F. K. (2009). The acquisition of gender labels in infancy: Implications for gender-typed play. *Developmental Psychology*, 45(3), 688-701. doi:10.1037/a0014053
- Zucker, K. J. (2008). Children with gender identity disorder: Is there a best practice?

 Neuropsychiatrie De l'Enfance Et De l'Adolescence, 56(6), 358-364.

 doi:10.1016/j.neurenf.2008.06.003

- Zucker, K. J., Wood, H., Singh, D., & Bradley, S. J. (2012). A developmental, biopsychosocial model for the treatment of children with gender identity disorder. *Journal of Homosexuality*, *59*(3), 369-397.
- Zucker, K. J., Bradley, S. J., Ben-Dat, D., Ho, C., Johnson, L., & Owen, A. (2003).
 Psychopathology in the parents of boys with gender identity disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(1), 2-4. doi:10.1097/00004583-200301000-00003
- Zuger, B. (1966). Effeminate behavior present in boys from early childhood. I. the clinical syndrome and follow-up studies. *The Journal of Pediatrics*, 69(6), 1098-1107.
- Zuger, B. (1978). Effeminate behavior present in boys from childhood: Ten additional years of follow-up. *Comprehensive Psychiatry*, *19*(4), 363-369.

CHAPTER 4

GROWTH AND CHANGE: THE PROCESS OF RESEARCHING AND WRITING ABOUT PARENTING GENDER NONCONFORMING CHILDREN WHILE PARENTING A GENDER NONCONFORMING CHILD

³ Eaker, R. To be submitted to *Qualitative Report*.

Abstract

This section chronicles the process of researching and writing a dissertation and how it connects to my life experience. Qualitative research involves a more personal connection between the researcher and the study (Johnson & Christenson, 2012), which allows for a more in-depth understanding of the experience of the participants as well as the researcher. This chapter provides reflection on the journey that began long before the coursework itself, utilizing four specific reflexive strategies (Pillow, 2003) to help enhance the rigor of the study. Reflecting on the method, theory and findings, the researcher makes connections with the personal experience and the process of the research.

INDEX WORDS: Counseling, Gender Nonconformity, Parenting, Social Constructionism,

Social Construction of Gender, Childhood Gender Identity, Collective

Memory Work, Qualitative Research, Reflexivity

INTRODUCTION

A completed doctoral degree reflects a journey – sometimes a journey that unknowingly begins long before the first moment in the classroom. As this dissertation unfolded over the course of my third year of school, I began to realize that the process started years ago and it became more personal than I ever imagined. I knew that qualitative research engages the researcher uniquely, allowing for a more in-depth understanding of the study and the experience of the participants (Johnson & Christensen, 2012), however I did not realize the ways in which the research would teach me about myself. While this study primarily focuses on research regarding parental influence on childhood gender nonconformity, my experience as the researcher holds its own set of findings. This chapter describes the journey of how my life experiences intersect the process of my dissertation – also referred to as researcher reflexivity (Berger, 2015; Hays & Singh, 2012; Pillow, 2003).

Researcher reflexivity holds a reputation as a process by which the researcher maintains a continual internal dialogue, a critical self-evaluation, and an active acknowledgement that their position may affect the process of the research as well as its outcome (Berger, 2015; Pillow, 2003). Effective researchers engage in reflexivity as a way to enhance the rigor of the study throughout the entire process of the research – from the formulating of the research question, participant recruitment, and all the way through data collection and analysis (Berger, 2015). As a researcher who does not share the same life experience as the participants, it is even more important to spend time in self-appraisal in order to better capture the essence of the participants' experience (Fawcett & Hearn 2004; Pillow, 2003). This chapter includes a reflection on my own experience as the researcher throughout this process, based on Pillow's (2003) four reflexive strategies – 1) reflexivity as recognition of self; 2) reflexivity as recognition of other; 3)

reflexivity as truth; and 4) reflexivity as transcendence. These four strategies work together and provide the researcher with effective personal evaluation and increased awareness (Pillow, 2003).

The first reflexive strategy involves what Pillow (2003) refers to as recognition of self, which involves the researcher acknowledging their own capacity to be known and reflected upon (Pillow, 2003). As I reflect on the process of this research, I realize how much change has occurred in me and my understanding of who I am. With that change came a lot of growth. This chapter provides insight into the process of my personal growth by also reflecting on the strongest elements of my identity development and their impact on the entire process of the research.

Pillow (2003) described the second reflexive strategy as recognition of the other. The ability to capture and understand the subject of the research in a way that truly reflects their experience is an important part of effective qualitative research (Pillow, 2003; Trinh, 1991). This chapter includes some personal reflection on the data collection and analysis process and the ways I attempted to represent the meaning of the participants' experiences within their stories and discussions. The third reflexive strategy is described as reflexivity as truth (Pillow, 2003), which reflects the idea that the researcher can communicate a form of truth throughout the process. Effective reflexivity allows for increased validity as well as increased rigor (Trinh, 1991). My goal with this chapter includes a genuine examination of myself, the experience of my participants, as well as the truth of my findings.

The final reflexive strategy is referred to as reflexivity as transcendence (Pillow, 2003). This wholeness occurs when the researcher allows for authentic self-appraisal as it relates to the research, a recognition of the experience of the participants, and the truth of the research.

Through the reflexive process, the researcher can move beyond their own subjectivity in a way that allows for a more accurate representation of the study (Pillow, 2003). This chapter provides in-depth reflection on the process of the research as it relates to these reflexive strategies.

Reflexivity and Researcher Positionality

Growth

About five years ago, I purchased a potted Carolina Jasmine. Limited in my knowledge and experience sustaining plants, I chose this vine because the tag said *Carolina jessamine* (Gelsemium sempervirens) – easy to grow, quite adaptable and tenacious. Will grow in a variety of conditions. Moist soil is ideal, but the vine is able to withstand periods of drought once established.

I was looking for a challenge to satisfy my current mental state – deep in the trenches of part-time career/full-time mom status. Tired of dealing with the frustrating cognitive dissonance of boredom while feeling guilty for being bored with the luxury of stay-at-home motherhood, I thought maybe growing some flowers would placate my discontent. I remember laughing at the parallel of the plant's ability to withstand periods of drought with my own current state. *Maybe we are a good match – this plant and I.* Adaptable. Tenacious. Ability to grow in a variety of conditions. And the description of its potential sounded beautiful – *Sweetly-scented golden yellow flowers cover the cascading, fine-textured foliage from February to April. The trumpet-shaped blooms are attractive to butterflies and the shiny evergreen leaves can grow 10-to-20-foot tall vines.* Golden yellow flowers, cascading foliage, and I do love butterflies – envying their evolutionary life cycle and the liberation of a complete metamorphosis.

I decided to keep the plant potted because it seemed easier and maybe I could take it with me if I ever moved. I watered and pruned and watched – envisioning a beautiful flora climbing

up the white stucco frame that bordered my front door. In fact, I became so engrossed in the process of this vine thriving, I decided to paint my front door a vibrant red – imagining how beautiful the thick evergreen vine would look as it arched around the red door, the golden yellow blooms attracting dainty flitting butterflies. My anticipation flooded four seasons with excitement and daydreams about the beauty this vine would bring.

Knowing Myself

When I was four years old, my 21-year old father visited a chaplain on the Air Force base where he was stationed as an enlisted soldier. Struggling with substance abuse, a troubled-marriage and parenting two children as a very young father, he found comfort in the wisdom the chaplain provided about the freedom one could have in a relationship with Jesus Christ.

Growing up in a large Catholic family, my dad listened to this Protestant chaplain describe security, peace and fulfillment through a faith so very different from his own. My dad describes this moment of discovery at the Air Force base chapel as a revolutionary spiritual experience that permanently changed his world and saved his family from the destruction of alcoholism and divorce. He walked home from the chapel, embraced my mom and has never looked back. They celebrated 36 years of marriage this year.

My dad and I share many personality traits – determination, passion, and a strong yearning for knowledge. His commitment to this new-found faith became a powerful force that shaped our family and constructed the reality that cultivated my identity. As directed by the leadership in this church, my dad passionately followed the Bible and proudly led our family with the strict principles of the fundamental southern Baptist religion. My family took pride in its staunch commitment to the faith and we all lived in unwavering veracity to the legalistic values taught by this religious sub-culture. Throughout all of my childhood and adolescence, my

understanding of the world emanated the rigid boundaries of this religious faith. This included the moral commitment that any thought or idea contrary to the ordained biblical principles taught in the church was most definitely a form of sin or temptation from the forces of evil and must be rectified immediately – in order to avoid any possibility of one's life inching beyond the boundaries of the faith.

I found comfort in the stability of the church and my strong family and I earnestly lived in accordance with this religious practice – even pursuing undergraduate and graduate degrees from universities echoing the values of the faith to which I was deeply connected. While my young adulthood included moments of doubt or hesitation about various concepts, I maintained a strong commitment to the religious practice and constantly prayed that my intellectualism would not become a stumbling block to the security of my faith. Following the teachings within my church, I focused on increasing my knowledge within the confines of biblical understanding – attributing my questions and uncertainties to weakness in my faith.

The first year of its life under my care, the Carolina Jasmine vine survived – which I viewed as a success, based on my inexperience and lack of knowledge. It did not thrive, though. The vine's growth rate is moderate, growing rapidly once established, with vines climbing high into the pine forest canopies. Rapid growth was my hope. Twelve inches of growth became the reality. I thought maybe my expectations were too high, or maybe it takes longer. Maybe a foot of growth in its first year is normal. So, I patiently watched and waited for another year.

Year two brought almost zero change to the vine. It was still alive, but definitely not flourishing. My disappointment motivated me to take further action – including consulting with a few experts about its condition. The professional consensus involved taking the plant out of the pot and planting it in the ground. Apparently, the pot limits the vine's ability to grow to its

fullest potential. So I spent an afternoon planting it into the ground. As I worked, I wondered if the plant felt traumatized by this transition – my shovel digging at its thin roots and detaching them from the depths of the pot. Although a few thin roots had pushed their way through a crack at the bottom, most of the roots only knew the rigid curved boundary of the pot.

I carefully lifted the heavy root-lined bottom and dropped it into a large hole I dug in the ground. As I shoveled the red clay to fill the hole and cover the pot-shaped black soil that secured the plant's roots, I envisioned the roots stretching beyond that familiar space to freely traverse into new ground. Compared to the constricting walls of the pot, the roots now had the limitless freedom of growing deep into the earth. With a sense of skepticism, I poured water over the red clay that now covered the original black root-filled soil. Then I pierced the wet ground with the thin metal poles of the trellis that seemed way too tall for the 2-foot vine. I remember thinking that the transition from the pot to the ground was probably too stressful for the plant and assumed it would die after a few months.

My late 20s were characterized by a powerful yearning for knowledge stifled by the rigid boundary of my religious beliefs. I found myself unable to reconcile a deep conflict within my soul – a conflict characterized by the struggle between acknowledging the limitations of this belief system and therefore giving up all the stability I have ever known, versus maintaining the principles of my faith and sacrificing a profound and passionate desire for knowledge that often overwhelmed me. The process of resolving this this conflict became a traumatic journey of transition in my life. A transition that began very similarly to the day I dug that Carolina Jasmine out of its pot and dropped the root-filled heavy black soil into the earth in an effort to give the roots the freedom to move beyond the boundary of the pot and an opportunity for the vine to grow to its fullest potential.

When My Life Experiences Changed My Worldview

I never realized how much of a humanistic existentialist (Frankl, 1959; May, 1961) I was until I became a mother. Definitely contrary to the fundamental southern Baptist view of humans born as carnal sinful creatures doomed for eternity in hell, existentialism as a philosophical approach maintains a focus on humans "being in the world" and the psychological process of making meaning out of life experiences (Binswanger, 1958; Frankl, 1959). Existential philosophers emphasized the importance of an individual's understanding of their authentic self and what it means to be human – including the task of balancing the angst, possibilities, loneliness, freedom and responsibility (Frankl, 1959; May, 1961; Sartre, 1956). Similar to the humanistic pursuit of self-actualization (Maslow, YEAR), existentialism suggests that we all have within us the potential to make decisions and interact with the world around us in an effort towards life satisfaction and personal fulfillment (Ivey, D'Andrea & Ivey, 2012). This also mirrors Carl Rogers' belief that humans are positive, forward-moving and can thrive when living in an environment that promotes their growth (Rogers, 1987). Motherhood prompted an awareness within me that reflects this philosophy and its conflict with my religious beliefs.

I became a mother a few weeks before my 27th birthday, when my son Zachary was born. In addition to the overwhelming exhaustion and physical depletion all new mothers face, I also discovered a plethora of emotions pouring out of me in ways I had never experienced before – in particular, an indescribable sacrificial love for another human and a tremendous desire to protect and nurture him so that he could thrive. During his first two years of life, I realized my goal was to create an environment that allowed him to flourish and grow in the best way possible. Helping him explore, discover and learn about the world and himself became an all-consuming

responsibility as a new mother. Still deeply committed to my faith, I sought the guidance of the Bible and followed the principles of the church in my efforts at raising my son the way God instructed. I remember feeling grateful for a distraction from the internal conflict that had characterized the past several years. Learning and researching how to parent fulfilled my innate desire for knowledge, and for the first two years of parenting – minimal conflict existed between knowledge-seeking and faith-practicing. However, this short respite ended abruptly – right around Zachary's second birthday.

One morning while he was playing, Zachary came waddling over to me from the playroom, dragging a blue and red cowboy blanket behind him. The edge of the blanket had thin long pieces of fabric cut as fringe and his little chubby hand grasped one piece of the fringe as he lifted the blanket to me. He lifted his hands up over his head and motioned for me to wrap the blanket around his chest – the way you'd wrap a towel around your torso. I twirled his little body around twice, wrapping the blanket around him, and then tucked the edge of the blanket at the middle of his back. He smiled and walked over to climb onto his tricycle. As he tried to maneuver his legs to straddle the middle bar and pedal the bike, the blanket kept getting in the way. He fussed about the blanket getting in the way, so I started to take it off of him so he could ride the trike. He became frustrated at me for taking it off and then lifted his arms for me to redo the wrap-blanket-dress. Once it was wrapped correctly, he smiled and wandered off to play with something else – something that would accommodate the wrap-blanket-dress he proudly wore.

On this particular day, I had no idea that Zachary's enjoyment of the blanket-wrap-dress marked the beginning of a gender nonconforming identity that has persisted through his nine years of life. From age two until about five years old, I assumed his preference for 'acting like a girl' (playing with dolls and dressing up like a princess) was a phase he would outgrow. I had

never heard the words *gender nonconformity* and knew nothing about this as an actual phenomenon. Not knowing the best way to handle his unique self-expression and finding almost zero information regarding this on the internet, I opted to utilize elements of person-centered counseling theory – a theory I learned in graduate school, years before Zachary was born. This counseling theory aims to provide clients with an environment that promotes personal growth utilizing empathy, unconditional positive regard and congruence (Rogers, YEAR). I decided to demonstrate these three conditions with Zachary, whole-heartedly believing this would help him navigate this temporary phase of development in a positive way.

However, those four years were characterized by a tremendous struggle to balance my responsibility as a mother demonstrating authentic unconditional love and attempting to help my child thrive in his genuine self while also trying to alleviate many of my own internal conflicts regarding adhering to my faith while supporting my child. The conflicts included struggles with 1) the principles of the church and religious teachings about masculinity; 2) the social construction of our culture and its view of feminine boys; 3) the numerous conflicting elements of misinformation regarding biological/anatomical sex and "God's view" of gender; 4) the powerful influence parents have on their child's identity development; 5) my own instinctual misgivings about using that power in conjunction with the biblical teachings on shaping your child, 6) my son's struggle in his own frustration as a result of other people responding to his genuine self-expression; and 7) my desperate attempts to find any information or support regarding the best way for me to handle all of this in order for Zachary to thrive.

The stress of the numerous conflicts existing between the principles of this faith and my instincts as a mother brought me to a place where I could no longer maintain the boundary of the religious belief system. Following the advice of the church involved forcing (through physical

discipline) Zachary to sacrifice his genuine preference for feminine imaginative play and self-expression. In the few moments where I attempted to adhere to this method, the dissonance brought me to such discomfort that I felt literal nausea. I saw darkness in my son's affect for the first time and I knew this was not how I wanted to mother my child. His authentic growth could no longer occur inside the parameters of this belief system. *Apparently, the pot limits the vine's ability to grow to its fullest potential*. In my heart, I could not reconcile parenting Zachary during this phase with the principles of the faith I knew so well. I made an unconscious decision to stop trying to reconcile it and then settled into a silent denial about that decision as well as a neutral stance about what I should do with this 'phase' he was in.

When I realized the Carolina Jasmine was not going to really grow in its pot, I remember waiting several seasons before taking any action. Even though I knew I had to eventually plant it in the ground, I was hoping maybe it would just adapt and grow in its pot. I remembering being afraid that transferring it to the ground might actually be more traumatic for the vine than just letting it maintain this barely-alive state.

When My Life Experience Found My Research

The month Zachary turned six years old, I went back to school to pursue a doctoral degree. He was still 'acting like a girl' and I was still hoping the phase would end soon. I found myself in a very personal transitional stage – Zachary's younger sister Allie was starting school, my employer offered someone else the full-time job I wanted and I was struggling with marital problems. The Carolina Jasmine was starting its third year of barely any growth, even after I transplanted it into the ground and I was tired of pulling into the driveway and seeing the disappointing 2-foot vine next to my red front door.

I needed something to put my energy into – my life goals always included pursuing a PhD and the timing seemed right. When I was accepted into a part-time program close to home, the decision was made. I remember telling a friend that this particular doctorate degree appealed to me primarily because of the convenience, not necessarily the subject matter – although my familiarity with counseling would help. My parents cautioned me about the idea of social justice – it sounded too liberal and a little controversial, but I was just glad to have the opportunity to go back to school and start learning again. While I had not explicitly acknowledged the silent decision I made to break free from the confines of my faith, I knew in my heart that going to school was a step in a new direction. I envisioned the roots stretching beyond that familiar space to freely traverse into new ground. Compared to the constricting walls of the pot, the roots now had the limitless freedom of growing deep into the earth.

The experience of a doctoral program can change a person – the workload, the self-discovery, the feelings of inadequacy, the ability to survive and overcome. I loved the challenges and the amount of new knowledge attained in such a short time. Towards the end of the first year, I took a social justice class where I came across some research regarding gender identity – and for the first time I saw the words *gender nonconformity*. The day I saw those words, I spent many hours reading and researching, learning and discovering. I remember yelling from my desk to Zachary's dad – *It is called gender nonconformity! That's what Zach is! Gender nonconforming*. Having language to describe what we knew of our son gave me hope that we could find what we needed to better support him.

Towards the end of my first year of school, the Caroline Jasmine doubled in size, a few branches climbing up the wall several feet – and for the first time, I saw a few golden yellow blooms. *Apparently, the pot limits the vine's ability to grow to its fullest potential. Compared to*

the constricting walls of the pot, the roots now had the limitless freedom of growing deep into the earth. Growth and change characterized this season. Pulling into the driveway and seeing the vine climbing its way up the front door frame became a regular reminder of my own progress.

The Process of the Research

Once I realized research existed about nontraditional gender expression as a life experience for some people, I found myself so engrossed in learning everything I possibly could – primarily to feel better equipped to support my gender nonconforming son. During my second year of school, I considered doing a class project on the subject of gender nonconformity, but felt uncomfortable with other people knowing this about my son. Feeling isolated and unsure, I sought the advice of my peers and professor – all of whom encouraged me to explore this topic for my class project. Similar to the vine doubling in size once the roots met the earth, the support of my colleagues initiated a substantial amount of motivation in me and I dove into the semester-long research project about the experience of parenting a gender nonconforming child.

By my third year of doctoral studies, my knowledge and familiarity of the research motivated me to move forward with a dissertation that would provide an opportunity for parents to better understand their child's gender expression. My goal included helping parents avoid some of the struggle and mistakes I made while trying to understand my child's gender nonconformity. While trying to decide what type of study I wanted to do for my dissertation, I remember reading an article that included interviews and quotes from lesbian, gay, transgender and queer (LGBTQ) adults, describing their childhood and adolescence. As I read, I wept because most of their stories included emptiness, fear, isolation, and rejection. I remember numerous descriptions of the loneliness they felt because their parents did not accept their authentic identity and they no longer had any semblance of a relationship with them anymore.

I realized that could have easily been Zachary's story had I chosen to follow the directives of my church in response to his gender nonconformity. I felt overwhelmed with emotion at the idea of my child feeling that way as a result of my response to him. So I decided I wanted to explore how parents impact their child's development by how they respond to the child's nontraditional self-expression.

Method

Once I knew what I wanted to study, I discussed various methodologies with colleagues and peers. When my methodologist mentioned collective memory work, I spent a whole evening researching this methodology and the process of doing research in this way. When I saw the clear-cut step-by-step process and the relational dynamic that occurs within the focus group setting, I knew I wanted to utilize this methodology.

During the research process, I experienced about some of the challenges specific to this methodology – including the logistics of recruiting participants who are willing and able to complete all the parts of the research. Collective memory work requires a lot of work on the part of the participants and scheduling focus groups with random unrelated people presented many challenges. I felt very frustrated many times while trying to line up dates and writing assignments and getting the right number of people to come to the focus group.

Conducting the focus groups provided such a relief in my initial frustration about the methodology. Having facilitated many therapy groups as a counselor, I enjoyed the process of the focus group discussion. During my first focus group, I also realized how thankful I am for the participants willing to complete the study. Listening to their stories and realizing the sacrifices they made to participate made me very aware of the importance of their stories and how much I cherish their willingness to include their life experience in my study.

Collective memory work provides a unique opportunity for participants to engage in the research process more deeply and with more power than traditional research (Haug, 1987). I saw the effects of this during the focus groups when my participants discussed their stories and subsequent meanings. Once they understood the collective nature of the analysis and the importance of their discussion, they eagerly began to suggest certain phrases or themes they thought I should include. Their excitement about the freedom to make these suggestions showed me the empowering nature of this particular methodology – as well as the importance of this study.

Theory

The process of collective memory work pairs with the theoretical framework of my research very well. Social constructionism helps us understand how gender nonconformity presents challenges for children and families – primarily because of the cultural expectations about gender and gender expression. Choosing social construction for my study was an easy and obvious choice for me – for many reasons. First, my personal life experience reflects the powerful nature of socially-constructed realities within our culture. My childhood and adolescence was characterized by a powerful social construction within a religious subculture – my worldview heavily influenced by the rules, expectations and norms within the confines of my church and the community of people within that faith. This social construction instilled a deep sense of commitment to the principles of the Bible and a specific lifestyle that kept me from exploring knowledge beyond this worldview.

My identity development was so heavily impacted by the social construction of my subculture through my adulthood that even in the early stages of parenting when I felt compelled to question my own inclinations because they did not align with what I was taught, I feared doing so – even to the extent of feeling physically ill. Recognizing the powerful nature of cultural norms and socially-constructed realities, I also realize this theory secondarily reflects the experience of my son's gender nonconformity and my response to it.

As I grappled with the challenges of supporting him while protecting him from other people's responses, I realized all of this parental energy is because of socially-constructed expectations about appropriate or acceptable gender expression within our culture. Zachary and I had numerous conversations about this and he would question the common sense ideas that characterize our culture's view of gender expression. When he saw a man with a ponytail, he questioned if the man was a woman. When he wanted his nails polished, he chose the color blue and explained that 'blue is a boy color, so maybe people won't make fun of me.' In my honest conversations with him, I realized we were discussing the social construction of gender expression within the U.S. Zachary and I both had moments of frustration about this construction – because it seemed arbitrary to assign certain colors to people born with opposite anatomy, yet Zachary felt compelled to make sure the polish he chose fit the social construction of what it means to be a boy. His efforts to balance his own preferences with the negative reactions of others all exist because of the social construction of gender.

The third way this theory connects so well with my research involves the process of the focus groups. The participants engaged in collective discussion about their written stories. They collectively identified themes and meanings throughout their stories and engaged in discussion about the meaning of the various elements. They collectively constructed the meaning of their experiences in a similar way that the culture constructs meaning based on interactions and language. The cohesive nature of this theory, its connection to the methodology, my personal experience as well as the participants' experiences made it a great match for my research.

Throughout the research process, social constructionism served as a reminder that all of my participants' stories contained elements of their life experience impacted by cultural expectations – in particular how we are all influenced by the social construction of our parents' lives, which are also socially-constructed within the culture in which they were raised. Even in our discussion, the participants reflected on how their parents' socially-constructed view of gender maintained a heavy influence on how they responded to their nontraditional gender expression. The participants also discussed how the generational social construction of gender impacts their own parenting style as well. For example, Evy admitted that she takes a completely different approach with her child as a result of the negative impact her parents' lack of support had on her own life.

My expectations at the beginning of the data analysis reflected a binary – where the stories of negative parental response would produce negative life experiences and the stories where parents responded positively would include positive life experiences. Once I recognized my own bias with this assumption, I spent time looking for areas of overlap between the stories – attempting to develop a better understanding of the meaning and see a clearer picture of the participants' experiences. Once I separated myself from my own assumptions, I saw the data more accurately and then spent some time utilizing creative synthesis (Hays & Singh, 2012) to describe the themes within the stories and discussion.

Findings

My initial view of the findings reflected my opinion that positive parental responses would only produce positive life experiences and negative parental responses would only produce negative life experiences. As I continually read through my participants' stories and their discussion, I realized that some positive elements came from negative parental responses –

including resilience and motivation to seek outside sources of relational support. So my findings ended up looking less binary as they relate to the two types of stories written by the participants, yet categorical as they reflect the elements that characterized their life experiences.

Reflecting on my findings as I write this final chapter, I also now realize the authenticity/inauthenticity and connection/disconnection mirror my own experience as a mother with a gender nonconforming child. Prior to acknowledging the limitations of my belief system, I lived in daily conflict – my authentic self constantly questioning my commitment to a religion that required me to force an inauthentic identity on my child. This inauthenticity in both our lives also contributed to a substantial disconnect in our relationship – he withdrew from me because of my conflicted response to him. Once I finally acknowledged this conflict, both Zachary and I were free to relate authentically, which deepened our connection – allowing us to engage in relational exchanges that promote growth in both our lives.

Privilege

Many areas of privilege influenced the process of this research. Privilege refers to the numerous systemic and unmerited benefits within the culture for members of the dominant group (Crethar, 2008). As a white family, we do not encounter the numerous challenges and barriers experienced by families of color. In addition to being part of the dominant ethnic group in the U.S., I recognize various elements of class privilege that contribute to my experience as the parent of a gender nonconforming child. First, the opportunity to pursue a doctoral degree reflects a privilege that comes with the ability to afford the expense of school. As a student, I have access to the most current resources for researching almost any topic – which really impacted my experience as a mother. Once I found the body of research about gender nonconformity, I felt much more equipped to better support my child. This came as a result of

privilege. Another area of class privilege that impacted my experience as a parent reflects my ability to provide Zachary with clothing that makes him feel comfortable, as well as a private education in a small setting where the teacher and students demonstrate supportive attitudes regarding his nontraditional expression. Class privilege provides our family with the ability to increase our child's comfort level and individuality – thus making his life experience easier than a child whose family may not have access to those resources.

Parenting a Gender Nonconforming Child while Researching and Writing about it

The beginning of this doctoral program coincides with the end of my worldview existing within the boundary of the fundamental Baptist faith. The slow unraveling began prior to starting school, but the conscious choice of providing my son with love and support instead of judgment and punishment empowered me to no longer fear knowledge that contradicts the Bible. Watching that Carolina Jasmine grow and flourish after I took it out of its pot served as a powerful reminder that real growth happens in conjunction with freedom. My personal growth could not occur without feeling free to live authentically and explore knowledge. Zachary's personal growth could not occur without feeling free to express himself genuinely.

Once I gave myself permission to reach beyond the familiarity of my religious upbringing, I felt a sense of relief, some comfort and even hope. I also realized how constricted I felt as a mother and actually became fearful about whether my early lack of knowledge might negatively impact Zachary as reflected in his childhood memories. Continuing to utilize empathy and congruence, I share with Zachary about my fears and my lack of knowledge during his early childhood and how inept I was to help him navigate his development as a gender nonconforming child. I relate with him much better now and we engage in active discussion

about his own experience, the unfolding process of his identity development, as well as my work on this dissertation.

Throughout the process of this research, he and I discussed elements of the study — including the theory, the methodology and the findings. When I came home from the focus groups, he waited for me and wanted to know what the participants discussed. His eyes lit up when he realized how many other people have stories of childhood gender nonconformity. He eagerly listened as I discussed the findings and what that means for my future work. I am a better parent as a result of this study and Zachary continues to thrive as a nine-year old gender nonconforming boy. He knows the terminology and proudly describes himself in that way. I am thankful for his bravery and resilience in the midst of my own fear and slow growth during his early childhood. I hope we can both use this experience in a way that promotes improved life experiences for both gender nonconforming children and their parents.

Conclusion

I pulled into my driveway this afternoon and the Carolina Jasmine vine's thick evergreen foliage reminds me of how far I have come in the journey towards self-discovery. The vine flourishes so well that every two weeks I spend about an hour tending to its climbing branches. Some of the individual branches grew at such a rapid rate, they dart far from the base of the thick cascading shrubbery on the right side of my red front door and I pull them back and thread them among the rest of the branches so they all grow in a similar direction. Over the past year, the vine reached the top of the door and I decided to direct it over the door – hoping to create an arch all the way around the door with the greenery. Spring brought golden yellow blooms and even a few butterflies. While the first few years of its life brought me such disappointment and frustration, the vine's last two years brought comfort and reassurance that growth requires

freedom and oftentimes change. The vine has grown half-way around my red door and now continues to stretch around the top of the door – heading towards the other side.

As my doctoral journey comes to an end, I am thankful for the numerous growing experiences that occurred as a result of my role as a student. However, growth will certainly continue in my personal and professional life – specifically with authenticity and connection. As a mother, I look forward to more personal growth alongside my children as they grow. As a professional, I look forward to opportunities to use my skills and training in an authentic way that promotes the well-being of others in my field of work. As a woman, I look forward to deepening my self-understanding – including the journey towards an authentic spiritual practice that enhances my growth, improved real connections with friends and family, as well as finding genuine peace and contentment.

References

- Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, *15*(2), 219-234. doi: 10.1177/1468794112468475
- Binswanger, L. (1958). The existential analysis school of thought. In R. May, E. Angel, & H. Ellenberger (Eds.), *Existence* (pp. 191-213). New York: Basic
- Crethar, H. C., Torres-Rivera, E. & Nash, S (2008). In search of common threads: Linking multicultural, feminist, and social justice counseling paradigms. *Journal of Counseling and Development*, 86, 269-278.
- Fawcett B and Hearn J (2004). Researching others: epistemology, experience, standpoints and participation. *International Journal of Social Research Methodology* 7: 201–218. doi: 10.1080/13645570210163989
- Frankl, V. E. (1959). Man's search for meaning. New York: Pocket Books.
- Hays, D. G. & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational settings*. New York, NY: Guilford Press, 2012.
- Johnson, B. & Christensen, L. (2012). *Educational research*. Thousand Oaks, CA: Sage.
- May, R. (1958). The origins and significance of the existential movement in psychology. In R. May, E. Angel, & H. Ellenberger (Eds.), Existence (pp. 3-36). New York: Basic.
- May, R. (1961) Existential psychology. New York: Random House.
- Pillow W.S. (2003) Confession, catharsis, or cure? Rethinking the uses of reflexivity as methodological power in qualitative research. *International Journal of Qualitative Studies in Education*, *16*: 175–196. doi: 10.1080/0951839032000060635

Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships. In S. Koch (Ed.), *Psychology: A study of a science*, Vol 3. New York: McGraw-Hill, 1959, 184-256.

Sartre, J. (1956). Being and nothingness. London: Methuen.

Trinh, Minh-Ha (1991). When the moon waxes red: Representation, gender and cultural politics.

New York: Routledge.

APPENDIX B

CONSENT FORM

The University of Georgia Consent Form

The Influence of Parental Response to Childhood Gender Nonconformity:

Reflecting on Childhood Memories Through the Use of Collective Memory Work with

Adults – IRB STUDY00001758

Researcher's Statement

I am asking you to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. This form is designed to give you information about the study so you can decide whether to participate in the study or not. Please take time to read the following information carefully. Please ask the researcher for clarification or if you need more information. When all your questions have been answered, you can decide if you want to be in the study or not. This process is called "informed consent." A copy of this form will be given to you.

Principle Investigator

Dr. Anneliese A. Singh, Associate Professor Counseling and Human Development Services The University of Georgia 706-542-5341 asingh@uga.edu

Purpose of the Study

The purpose of this study is to explore the impact of parental response to gender nonconformity during childhood as reflected in the experiences and memories of adults. The researcher, Rebecca Eaker, hopes to learn about the effects of the various types of parental responses in an effort to raise awareness about the importance of affirming parent-child relationships and their impact on identity development for children demonstrating gender nonconformity.

Study Procedures

Should you agree to participate in this study, you will be asked to:

Complete a demographic questionnaire that confirms your age, race/ethnicity, gender identity, age of gender nonconformity and parent/guardian with whom you spent your childhood.

Write 1 to 2 pages about 2 particular memories from your childhood of interactions (1 positive and 1 negative) you had with your parents/guardians as a result of your demonstration of gender nonconformity.

Participate in a 1-2 hour focus group session with 3-4 other participants where we will collectively read the writing assignments as a group and discuss the elements of each story, looking for meaning in the language as well as the context. The group members work together in

discussion regarding the individual writings – taking turns sharing ideas and opinions, looking for similarities and differences, common elements between stories, identifying both contradictions and generalizations.

Review the transcripts for accuracy or clarification as well as review a draft of the research findings and provide feedback; however you may waive your opportunity to do so.

Risks and discomforts

This study is not expected to cause any physical discomfort or harm. Any emotional or psychological risk may include experiencing negative emotions associated with recollected memories from some of your childhood experiences. Any social risk may include experiencing negative emotions regarding your participation in the study or a potential confidentiality breach. Even though the investigator will emphasize to all participants that comments made during the focus group session should be kept confidential, it is possible that participants may repeat comments outside of the group at some time in the future.

If you experience any discomfort, you may elect to withdraw from the discussion and quit at any point in time during the research process. If you would like to seek further counseling, the researcher will refer you to other licensed counseling professionals through the University of Georgia's Counseling and Psychiatric Services, 706-542-2273.

Benefits

There are no known benefits of this study for the participants. However, you will have an opportunity to reflect on your experiences of gender nonconformity during childhood with other participants sharing similar experiences in a safe, inclusive and supportive environment. The findings of this study may lead to an increased awareness and deeper understanding of the experiences of individuals demonstrating gender nonconformity during childhood and adolescence as well as the influence of parent response.

Audio and Video Recording

Both audio and video recording devices will be used during the focus group sessions. The recordings will be used to ensure accuracy of data collection. The researcher will use the recordings to transcribe the discussion during the focus group sessions. All recordings and transcriptions will be stored on a password-protected computer and will only be accessible by the researcher.

Please provide initials below if you agree to participate in the focus group recording or not.
I DO give permission to the researcher to record my participation in the focus group
session.
I DO NOT give permission to the researcher to record my participation in the focus group
session.

Privacy/Confidentiality

No individually identifiable information about you, or provided by you during the research, will be shared with others without your permission, unless required by law. You will be given the opportunity to create a pseudonym for the purposes of data collection and corresponding research reports. The pseudonym code will be maintained in a password-protected electronic

document in the researcher's computer and will be destroyed after the final report has been written. The recordings of the focus groups, the pseudonym code and the writing assignments that are not included in presentations/publications will be destroyed after the completion or data collection, or no later than May 20, 2015.

Because of the nature of internet communication, confidentiality cannot be ensured when email or other modes of internet communication are used. For this reason, you have the option of communicating in this study completely through phone or face-to-face, and to provide the writing assignments in hard copy.

Even though the investigator will emphasize to all participants that comments made during the focus group session should be kept confidential, it is possible that participants may repeat comments outside of the group at some time in the future.

Voluntary Participation

Your involvement in this study is completely voluntary, and you may choose not to participate. You may also choose to stop at any time without penalty or loss of benefits to which you are otherwise entitled. If you decide to withdraw from the study, the information that can be identified as yours will be kept as part of the study and may continue to be analyzed, unless you make a written request to remove, return or destroy the information.

Questions

The main researcher conducting this study is Rebecca Eaker, a doctoral student at The University of Georgia. Please ask any questions you have at this time. If you have questions later in the process, you may contact Dr. Anneliese Singh at asingh@uga.edu or 706-542-5341. If you have any questions or concerns regarding your rights as a research participant in this study, you may contact the Institutional Review Board (IRB) Chairperson at 706-542-3199 or irb@uga.edu.

Research Subject's Consent to Participate in Research

To voluntarily agree to participate in this study you must sign on the line below. Your signature indicates that you have read this entire consent form and have had all of your questions answered.

Name of Researcher	Signature	Date
Name of Participant	Signature	Date

Please sign both copies, keep one, and return one to the researcher.

APPENDIX C

PARTICIPANT DEMOGRAPHIC QUESTIONNAIRE

Age:
Race/Ethnicity:
Gender Identity:
At what age do you recall demonstrating gender nonconformity during childhood or adolescence?
Who were your primary care-givers (parents, guardians, etc) throughout your childhood and/or adolescence?
How would you describe your parent(s)/guardian(s) overall attitude toward your gender nonconformity during childhood or adolescence?

FIGURE 1 CONCEPTUALIZATION OF FINDINGS

