

Experiences of Ambiguous Loss for Parents of Transgender Male Youth: A Phenomenological Exploration

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Abstract Little research exists on the emotional experiences of family members in general, and in particular, the parents of transgender individuals during their disclosure or transition. The current literature on the family members of transgender individuals provides various models of emotional processing. These models are based on clinical work and experience with transgender individuals and their families, rather than on research. All of these models include many different emotional experiences and experiences of loss for family members. Thus, models describing loss and ambiguous loss are also helpful in understanding these experiences. This study explored parents' experiences of ambiguous loss and manifestations of loss of their transgender male youth after the discovery or disclosure of the youth's gender identity. Participants completed in-depth semi-structured interviews and data were analyzed using interpretive phenomenological analysis. Findings suggest some parents experience ambiguous loss while others do not. Findings also suggest that some parents experience feelings of grief as a manifestation of loss. Parents developed a variety of methods to cope with ambiguous loss; some of these methods were specific to the participant's gender.

Clinical implications are discussed, suggesting strategies for therapists working with parents of transgender youth.

Keywords Transgender youth · Parents · Ambiguous loss · Loss

Introduction

Although the experiences of transgender individuals and their unique challenges and resiliencies are slowly being examined in academic and clinical mental health literature, there is a small amount of empirically based research published specifically on the families of transgender people (Ehrensaft 2011; Ellis and Eriksen 2002; Norwood 2012; Zamboni 2006). With an estimated 700,000 transgender individuals in the U.S. population, the number of family members connected to them constitute a substantial portion of the population (Gates 2011). Family therapy literature, in particular, has neglected to address transgender families. Blumer et al. (2012) content analysis of couple and family therapy journals revealed only 0.0008% of articles focused on transgender issues between 1997 and 2009. Most of the existing literature on families of transgender people are based on direct clinical and experiential accounts of these families in therapy (e.g., Coolhart et al. 2013; Coolhart and Shipman 2017; Ehrensaft 2011; Granucci-Lesser 1999; Zamboni 2006). This leaves a deficit in empirical research produced to aid clinicians, medical professionals, individuals and families with the transgender disclosure and transition process.

The importance of empirical research lies in its evaluative and observational nature (Smith et al. 2009). Therefore, exploring ideas empirically increases knowledge and findings in a systematic way that can then be transferred to

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clinical practice. Family therapists can benefit from evidence found in research to work with increased competence with family systems of transgender individuals. This evidence can also allow educated clinicians to spread knowledge and awareness to other mental health and clinical professionals. Academically, empirical research, and specifically qualitative research, creates an evidence-based platform for researchers and scholars alike to expand their understanding of participants' lived experiences. It also offers a basis for further research to be conducted and explored. Therefore, it is important that models of emotional processing for family members be evaluated and understood in context so that clinical models can be created and/or modified and utilized.

Clinicians are being sought out by families for therapeutic assistance with comprehending issues of gender identity when children are sometimes very young. Therefore, the importance of sensitivity and awareness cannot be minimized (Ehrensaft 2011; Vanderburgh 2008) and neither can the importance of family awareness, understanding, education and support (Ehrensaft 2011; Lev 2004; Norwood 2012; Zamboni 2006). The literature provides numerous examples of individuals and families who have been scrutinized, objectified, mislabeled and mistreated by “helping” professionals. (Ehrensaft 2011; Grannuci-Lesser 1999; Lev 2004; Zamboni 2006). This, in part, is due to clinicians' lack of educational awareness and understanding of what it means to be transgender or the family member of a transgender individual. As transgender identities become increasingly visible in society, more and more young people are coming out as transgender. While transgender youth who are coming out may feel free for the first time to live authentically, families often struggle with their transgender youth's disclosure, identity and transition. They may have minimal places to turn to during a potentially emotionally distressing time. Thus, it is crucial that mental health providers be aware of families' emotional processes and experiences of loss, in order to assist families clinically and provide support.

Literature on families of transgender people has attempted to describe the vast range of emotions, cognitions and behaviors these families experience. Early literature focused on the systemic “crisis” of having a family member who is transgender (Lev 2004). It concentrated largely on the family's decision to accept or reject their loved one's disclosure. Being transgender was, and sometimes still is, considered to be “an either/or option—to transition or to remain part of their families,” (Lev 2004, p. 271). Actual family emotional processing, such as exploring a spectrum of feelings, has been under-documented and even more so, misunderstood (Ehrensaft 2011; Ellis and Eriksen 2002; Emerson and Rosenfeld 1996; Lev 2004; Norwood 2012).

While this literature is scarce, there have been a handful of authors whose models have been used to describe the experiences of families with transgender individuals (e.g.,

Ellis and Eriksen 2002; Emerson and Rosenfeld 1996; Lev 2004; Coolhart and Shipman 2017). Emerson and Rosenfeld (1996) began investigating the process of adjustment for family members of transgender individuals after disclosure or discovery of their loved one's transgender identity. They conducted interviews with family members to understand more about their processes. Their proposed model of emotional stages was likened to Kübler-Ross's (1969) stages of grief and emphasized that these stages are often not linear nor completely uniform. Emerson and Rosenfeld's (1996) stages consisted of denial, anger, bargaining, depression and acceptance.

Although Emerson and Rosenfeld (1996) provided applicable clinical case examples as well as suggestions for future research, the model derived from these interviews was compared to the complex stages of grief. Also the model provided only one outcome, that of acceptance, by family members, with minimal room for deviation (non-acceptance etc.). The grief process as conceptualized by Kubler-Ross (1969) involved complications and emotionality of the impending death of oneself, and was later applied to the loss of loved ones. Not only is it problematic to compare death to a transgender person disclosing gender identity, using this model negates the resilience, hope, authenticity, and positivity that can be involved in such a complex process of gender transition. While Emerson and Rosenfeld (1996) utilized case examples and interviews in the development of their model, the methods used to analyze the data were not empirically informed and did not involve rigorous data analysis.

Ellis and Eriksen (2002) recognized experiences similar to Emerson and Rosenfeld's (1996) by comparing family emotional responses to the death and dying process. However, these authors created greater depth and variation in the investigation and formation of their model. They also incorporated some positive aspects into their model, such as pride. Ellis and Eriksen (2002) conducted informal case analyses of stories written by family members of transgender individuals. From these analyses, the authors produced six stages describing the experiences of family members after discovery or disclosure. Stage one consisted of possible posttraumatic reactions, such as feelings of shock and denial. Some family members attempted to utilize religious bargaining, such as bargaining with God, to change their transgender loved one. The second stage involved various negative feelings, such as anger and loss. Stage three utilized coping mechanisms for the family members, such as reaching out for support, talking to one another and searching for others who are going through similar experiences. The fourth stage encompassed family members' feelings of change within themselves. Stage five included acceptance of their transgender loved one and desiring their child's or spouse's happiness. Stage six

consisted of feelings beyond acceptance, such as resilience and pride (Ellis and Eriksen 2002).

Ellis and Eriksen (2002) greatly expanded and differentiated from Emerson and Rosenfeld's (1996) model, however still maintained many of the concepts present in Kübler-Ross's (1969) grief model. Although the stages are presented with more complexity, flexibility and potential positivity, they also continue to compare this emotional process to one of death and dying, with subsequent negative emotions and finality. Further, while Ellis and Eriksen's (2002) model considered the lived experiences of the family members of transgender individuals, it was not an empirical study, continuing a gap between scientific data analysis and transferability to therapy.

Lev (2004) presented a more expansive model in her book, *Transgender Emergence: Therapeutic Guidelines for Working with Gender Variant People and Their Families*. Lev (2004) described the responses and reactions of partners, spouses and significant others of transgender individuals. While this work was also not empirically based, the author utilized information from a large number of clinical cases and past research. She also collected experiences from interviews with various families and family members in a mental health setting through her extensive work as a social worker and family therapist. Lev's (2004) model consisted of the following four stages: discovery and disclosure, turmoil, negotiation, and finding balance.

Lev's (2004) model provided more room for variations in experience in comparison to Ellis and Eriksen's (2002) and Emerson and Rosenfeld's (1996) models. It also considered what other authors have not: a less pathologizing stance. Lev's (2004) model allows for people to fluidly move in and out of emotional stages. Her work is both a valuable and helpful contribution to the literature on transgender youth and their families, as it encompasses a great deal of depth and meaning; however, it lacks empirical backing.

Coolhart (2012) described a therapy model specifically for working with transgender youth and their families. This model emphasized the need to normalize and validate parents' emotional processes when a youth comes out, while at the same time, supporting the youth's gender expression/identity. In a later expansion of this model, Coolhart and Shipman (2017) named the emotions of fear and loss as often being at the core of parents' emotional processes when working towards attunement to their child's gender. Again, this model provides useful strategies for clinicians working with transgender youth and families and is based on extensive clinical experience, but could be strengthened by empirical support. Collectively, these models all conceptualize loss as a part of parents' emotional process but do not consider a specific type of loss that remains under-investigated: ambiguous loss.

Ambiguous loss had its formulation in the 1970s when clinician and researcher Pauline Boss began to notice the absenteeism and emotional unavailability of fathers in some families (Boss 1972). She then coined the notion of 'ambiguous loss' as any loss that is "incomplete or uncertain," (Boss 1999, p. 3). She outlined two types of ambiguous loss manifested as: (1) physical absence and psychological presence, such as a loved one deployed as a soldier but still present psychologically in the family system, or (2) physical presence and psychological absence, such as a loved one being physically present but suffering from dementia and not being present in mind.

Boss (2004) also noted that ambiguous loss is "the most stressful loss because it defies resolution and creates confused perceptions about who is in or out of a particular family," (Boss 2004, p. 553). This type of loss can feel indistinct and confusing for individuals and families and the notion extended from the family stress perspective (Boss 1999). Within this theory of stress, family systems may become stuck in patterns of interactions that are not useful or healthy. Therefore, they may become unable to renegotiate their boundaries or restructure themselves, as its members are unsure as to whether their loved one is with them or not (Boss 2004). These feelings of "stuckness", or frozen grief, can manifest themselves in various negative ways (Boss 1999). Ultimately the stuckness prevents families from achieving a new level of homeostasis and moving past feelings of grief or confusion. Family boundaries may become blurred or rigid and hierarchy unstructured, significantly impacting relationships within the system. It is important for clinicians to recognize these signs and instead of attributing symptomology to dysfunction or pathology, searching for and acknowledging experiences of ambiguous loss.

Since Boss's (1999) early work, the notion of ambiguous loss has been applied to numerous areas of study, such as families with infants born prematurely (e.g., Golish and Powell 2003), families experiencing the loss of a loved one in the 9/11 terrorist attacks (e.g., Boss 2004), same-sex couples who experience societal and relational expectations and stressors (e.g., Dziengel 2012), and families with members with chronic illness (e.g., Boss and Couden 2002), to name a few. The concept of ambiguous loss has only begun to be applied to families of transgender people. For example, Wahlig (2015) proposed that parents of transgender children may experience dual ambiguous loss, that is, both types of ambiguous loss described by Boss (1999). In the first type, the child's psychological existence as a certain gender may be perceived as gone (psychological absence), however the parents still physically have a child (physical presence). In the second type, the child's physical presence as a certain gender is gone (physical absence), while much of the child's personality and psychological sense of self are present (psychological presence).

Only one study to date explored ambiguous loss with families during the “coming out” and transition of their transgender loved one. Norwood’s (2013) study utilized relational dialectics theory to analyze family members’ meaning-making discourse during gender transitions of their loved ones and focused specifically on analysis of language. Findings suggested some evidence of ambiguous loss was felt within participants, as well as feeling the ability to move past grief and ambivalence to resilience. Participants reworked their own meanings of their loved one’s gender identity to produce different ways to cope with their intrapersonal processes, such as: replacement, revision, evolution and removal (Norwood 2013). Replacement was utilized to see the person as completely different, therefore their once born gender identity is now completely replaced biologically, into another gender identity. Revision consisted of allowing the family member to see their loved one in regards to a change in their physical appearance and how they are perceived. Evolution consisted of avoiding feelings of loss by seeing their loved one as an “updated version” of themselves. Removal is coping through taking away gender constraints and recognizing a loved one’s “personhood” (Norwood 2013). This study broadened the understanding of ambiguous loss in families of transgender loved ones and how they cope. However this loss was approached from a dialectical standpoint, investigating competing discourses and ideologies.

All of the models discussed propose stages relating to the grief model of death and dying and/or feelings of loss or ambiguous loss. As family therapists who specialize in work with transgender families, we have witnessed loss as a common presenting experience for parents of transgender youth. Important to note is that most of our experience with transgender families is in a clinical context, where families are seeking assistance with adjustment. Thus our conceptualization of loss as a common experience for parents of transgender youth is a potential bias, because there may be many families who do not experience loss and thus do not seek therapy regarding gender transition. Therefore, loss in the families of transgender people should be explored empirically, focusing on reasons for experiences of loss and the coping mechanisms used to grieve and overcome loss (if loss is felt). Additionally, the parents of transgender youth may experience loss in a more complex way, given that they are not dealing with the death of a child, rather a shift in their understanding of their child. Thus, this type of loss may be ambiguous loss.

The goal of this study is to strengthen and add to Norwood’s research, as well as to utilize interpretative phenomenological analysis (IPA) (Smith et al. 2009) to create a separate and more purposeful look at the meaning-making of parents in context. Research questions elicit insight into how parents make meaning and experience the ambiguous

loss of their transgender child. This study also focuses on reasons for ambiguous loss and potential coping mechanisms participants’ utilize. Lastly, this study highlights differences found compared to previous non-empirically and empirically validated models. It differs from Norwood’s (2013) research by exploring the in-depth meaning-making process that takes place within the context of the participant (intrapersonally), as well as during the re-telling of the participant’s narrative (interpersonally), rather than focusing on competing discourse and ideologies.

The present study addresses several gaps in the academic literature. This study is the first of its kind to empirically explore ambiguous loss solely concentrating on the parents of transgender youth. Secondly, this study specifically explores the experiences of parents with transgender male children, that is, children who were assigned a female identity at birth, identify internally as male, and have socially and medically transitioned to male. Finally, this study is unique in its utilization of IPA (Smith et al. 2009) to analyze in-depth, meaning-making narratives, to understand the processes of loss and ambiguous loss and how parents may cope and overcome these feelings.

This study elaborates on further unanswered questions from the research, such as: do parents experience ambiguous loss during the “coming out” and transition of their transgender male child? If so, how do they cope with this ambiguous loss? How do they conceptualize their loss if loss is felt? If ambiguous loss is not experienced, how is the gender transition conceptualized? Based broadly in a family systems perspective, findings from the present study provide clinical implications for supporting parents experiencing the disclosure or gender transition process of their transgender child.

Method

The Use of IPA

Smith et al.’s (2009) IPA was used in this study, which places great emphasis on context and instead of disregarding it, utilizes context to add richness and depth to understanding participants’ narratives. IPA is unique in its approach and is suited for this particular study because it intends to capture the participant’s lived experience, keeping in mind there is not one “true” experience. Other qualitative methods were considered such as grounded theory and field research. These methods were not chosen because they concentrated more on gaining access to “one” objective experience or relied on strictly observation to study a phenomenon. IPA focuses on a meaning-making process, which occurs at different points in data analysis (Smith et al. 2009). It first occurs as a participant is telling their story, making meaning for themselves intrapersonally. They may generate different

meanings for themselves every time they tell their own story. The second place where meaning-making occurs is in the interaction between the researcher and participant, interpersonally, as experienced through the relationship. As the participant tells their own story, the researcher makes meaning of the story at the same time the participant does, consisting of different but parallel meaning-making processes. The third time meaning is made is during data analysis, as the researcher attempts to understand the participant's meaning when interacting with the data. It is the importance of each of these contexts that gives and makes meaning of the participants' narrative, keeping in mind there is not one "true" experience. Therefore, IPA attempts to capture experience through understanding its meaning (Smith et al. 2009). While meaning is made in the various points of data analysis, IPA recommends that the researcher simply be aware of these meanings and consider that not one "right" experience exists. Capturing various themes of meaning allows us to understand multiple aspects of the lived experience, which affords us insight and information to expand upon.

In summary, IPA was a good fit for the present study and aforementioned research questions because it aims to understand the participants meaning-making in context as well as their lived experiences. Parents of transgender males can utilize competing dialect and quantifiable emotions supported by various ideologies to express their feelings, however, it was in how they made sense of their personal experience that the researchers aimed to understand. Thus, the goal was to comprehend the participant's experience through process rather than content. Also, the sample size of this study was small and purposive so that the in-depth insight sought out by the researchers could be gained. Most importantly, IPA also involves acknowledgement of the researchers' biases and insight into their own meaning-making processes, seen as both a critique and a strength of IPA.

Trustworthiness and Credibility

Both trustworthiness and credibility can be compromised by three general concepts: reactivity, researcher bias and respondent bias (Padgett 2008). To address these concepts, there are six main strategies used in qualitative research that can enhance the trustworthiness of a qualitative study: prolonged engagement, triangulation, peer debriefings and support, member checking, negative case analysis and an audit trail (Padgett 2008). The researchers utilized five of the six concepts for enhancing trustworthiness and minimizing threats to credibility. Prolonged engagement and member checking were employed simultaneously over 7 months by email, although the option of phone contact was also given. Member checking was achieved by re-contacting each participant through email once their transcript was transcribed and data analysis had begun. Participants were given the

option to edit or provide feedback on the interview transcripts. Through email, some participants were also asked to respond to additional questions that came up in the process of data analysis. An audit trail (Padgett 2008) was created through a research diary and an interview journal, and through keeping records of all data collection and data analysis procedures. Lastly, triangulation and peer debriefing and support were both utilized. The second author, as the interviewer and primary data analyst, consulted with the first author, who also read and analyzed transcripts. Any discrepancies in findings were discussed and resolved by examining in-depth the process of analysis and meaning-making. The third author functioned as transcriptionist and peer debriefer to the second author.

Sample

Before beginning recruitment for this study, the researcher obtained approval from the University's Institutional Review Board for all methods to be utilized. Participants were recruited from the local lesbian, gay, bisexual, and transgender youth center, local private practitioners working with transgender clients, and a university-based couple and family therapy center which serves a large number of transgender clients. Additionally, snowball sampling was utilized.

Inclusion criteria consisted of being a family member of a transgender youth or young adult, with disclosure or discovery of the gender identity occurring before age 21, and the youth having experienced gender transition. The sole recruitment of parents for this study was not intentional, however the volunteer sample population consisted only of parents. It was also not intentional to recruit only family members of transgender *male* youth, however the volunteer sample consisted of only parents of transgender male children. Transition was sometimes defined in this study as the process of physically altering the body through the use of hormone therapy or genital reconstructive surgery (Lev 2004). Transition also included non-medical procedures or steps such as presenting as male through clothing, expression, haircut and overall appearance, as well as using a chosen name, pronouns and other new defining characteristics that the transgender youth considered part of their transition process (Lev 2004).

Six parents of transgender male youth participated in this study, three women and three men. Due to the detailed accounts of participants' experiences, sample sizes of 3–10 are considered appropriate for IPA in order to be able to exert a concentrated focus on a small number of cases (Smith et al. 2009). All female participants were mothers who birthed female-assigned children and two of the men were fathers to their female-assigned child. One male participant was a stepfather who was involved in the child's life from an early age and one set of participants was a married couple, who were

interviewed separately. Ages of participants ranged from 49 to 55 years old. Children's ages at which parents found out about their child's identity ranged from 14 to 19 years old. The amount of time that had elapsed since the participant found out about their child's gender identity ranged from 1 to 5 years. All but two participants were living with their child during their transition; one child was in college and conducted his transition outside of the home. All participants identified as Caucasian, however one parent identified as both Caucasian and Native American. The majority of participants (5 out of 6) reported that their own sexual identity/orientation was heterosexual, with one participant not responding to that question on the demographic form. When asked about religious/spiritual affiliation participants noted the following range of responses: roman catholic, catholic, "I believe," and one blank. All participants had at least some college education.

Data Collection and Analysis

Semi-structured in-depth interviews were utilized to collect the bulk of the data. Participants were asked questions regarding their experiences of their child's disclosure or potential discovery of their child's gender identity and their child's transition from female to male. The semi-structured interview schedule included the following initial questions: How did you first find out that your family member was transgender? What feelings did you have when you first found out that your family member was transgender? How have your feelings changed between first finding out and now? Sometimes people describe an emotion that feels like losing their child. What are your thoughts about this? Did you experience any feelings similar to loss? If so, what was that like? What did you feel like you were losing? How have these feelings of loss changed between the time you found out and now? If not, why do you think you did not experience feelings similar to loss? How has your relationship with your transgender child changed since first finding out he was transgender?

Data analysis began after the first interview, allowing an interaction between data collection and data analysis (Smith et al. 2009). Data analysis involved first listening to each interview without the use of a transcript, then reading each transcript twice, making initial noting during the second reading. At this point, the researchers attempted to keep the participant's context in mind, that is to say, how each was speaking (i.e., tone, inflection) and what each was conveying about their experience. Each individual transcript was then analyzed for themes; themes were considered prominent and pertinent in the participant's text that had repeated meaning or value to the participant; for example, if someone mentioned feelings of loss more than 3–4 times, this became a theme and the researcher was to pay attention to how this

theme continued to manifest itself throughout the transcript. Abstraction was then utilized as "a basic form of identifying patterns between themes and developing a sense of what can be called a 'super-ordinate' theme," (Smith et al. 2009, p. 96).

For each participant, the themes that were alike were compiled together to form super-ordinate themes, or overarching themes that encompassed a higher conceptual meaning or premise gained from the context of the transcript. As an example, feelings of loss were discussed throughout a transcript but manifested in different ways. Once these ideas were compiled and counted, their overarching theme was loss, such that loss was a super-ordinate theme. This context, in which the researchers gathered super-ordinate themes, was viewed through the interaction between the state of the researchers (mood, feelings, understanding), the ways the participant conveyed their meaning-making and how this meaning-making was received. These super-ordinate themes were used to form a table with the themes themselves, any sub super-ordinate themes, which were prominent themes that fit into a larger conceptual category, along with appropriate quotes that represented the theme and the transcript to which they belonged.

After each individual transcript was subjected to the aforementioned data analysis, numeration occurred, looking for patterns and number of occurrences of themes across cases (Smith et al. 2009). As themes were identified, subsequent interviews asked questions specific to emerging themes and prior interviewees were emailed questions to clarify emerging themes as part of the member checking process. All super-ordinate and sub super-ordinate themes were compiled into a list to identify the prominence of each recurrent theme. In order to substantiate a theme, the content was present in at least two interviews.

During the simultaneous processes of data collection and analysis, it is important to acknowledge how the researchers and participants impacted the meaning-making process and its context. During interviews, participants used their intrapersonal context to make sense of their story and relay this experience through language (tone, mood, inflection, etc.). The telling of their story was also impacted by the current interactional loop, or the relationship between the interviewer (second author) and the participant. The second author was known by participants as a graduate student therapist and the ways in which she verbally and nonverbally responded to participants may have encouraged them to elaborate upon the concepts of loss and ambiguous loss. These factors also impacted the context of the relationship and how the participant's story was told, received and understood. The second author's prior experiences of loss and ambiguous loss also impacted her meaning-making in the data analysis process. First, she is a therapist who has witnessed feelings of loss in families of transgender youth in

therapy and second, has experienced loss and ambiguous loss in her own personal experience of a transgender family member's coming out and gender transition. The triangulation of the first author also impacted meaning-making, as she is a therapist and researcher with extensive experience working with transgender families and has witnessed emotional processes that often include loss through gender transition.

Findings

Five super-ordinate themes were identified, along with eight sub super-ordinate themes. The super-ordinate themes consisted of: experiences of loss and ambiguous loss, no experience of loss, coping, acknowledging parental needs and experiencing transformation of child. Participants and their children have been given pseudonyms to maintain confidentiality.

Experience of Loss and Ambiguous Loss

Feelings of grief were present for two mothers. While grief is not necessarily central to the experience of ambiguous loss as conceptualized by Boss (1999), grief and ambiguous loss may sometimes occur simultaneously. That is to say, parents feeling indistinctness and uncertainty around their child's gender transition may also express grief to both mourn and make sense of their loss. All of the mothers and one father in this study described feelings the researchers conceptualized as ambiguous loss as they described their experiences and made meaning during the re-telling of their story. These experiences of loss and ambiguous loss are organized in five sub super-ordinate themes: expression of grief, loss of dreams, loss of rights of passage, a living death and physical presence/psychological absence.

Expression of Grief

Grief, a profound feeling of sadness and the loss of a bond that was formed with another (Kübler-Ross 1969), was reported by several parents. Arlene talked about her grief and conceptualized it as part of Kübler-Ross's (1969) stages of loss. She said, "I mean, just like, the grief...it is the whole grief thing. It was the shock and denial, and I don't know the order that they go in, but the last one is acceptance and I eventually got there. That's exactly what I felt was loss and it was grief." The researchers made meaning of Arlene's reported experience as phases of the bereavement model (Kübler-Ross 1969), highlighting that she needed to experience the bereavement spectrum, specifically grief, to come to her end goal, acceptance. Similarly, Annie reported, "Oh yeah. I totally grieved and I would say I feel like I had to grieve the death of Leslie; that's how I felt." Annie also

reported other feelings in the bereavement model and noted that she "had" to grieve in order to make sense of her loss and to move on.

Loss of Dreams

Parents' descriptions of loss of dreams were characterized by ambivalence and included feelings of losing their child's envisioned future and potential relational experiences they could have with their child. Arlene struggled with describing the desire for these potential experiences and recalled, "When you give birth to a child and you hold them in your arms for the first time, your ideas as a parent all flush through your head of what a wonderful life your child's going to have and how you're a part of their life." As the researchers interacted with and made meaning of Arlene's narrative, we interpreted Arlene's desires not only as rites of passage, but also as missing quality time and making memories with her female-assigned child. It appeared that Arlene felt her loss of dreams was cause for her feelings of ambiguity, defined throughout the interview. For it was not that Arlene's child could not still have a wonderful life which she is a part of (as would be the case with loss/death), but that this picture of her child's life would now be different.

Annie also reflected on her feelings of ambiguous loss, "I was mourning the thoughts that were my plans for her, not really his plans, but what my plans, as a mother, you know, and I had visions of what he was going to look like when he got older. It was me that was mourning my expectations." As Annie mourned these expectations she felt that she had lost potential experiences, visions and plans she could have had with her female-assigned child. The possibility of these experiences was taken away from Annie and expressed through feelings of ambiguity. While conducting analysis of this theme, the researchers interpreted Arlene and Annie's feelings of ambiguous loss as caused by the impact of losing these dreams. Each uniquely described the loss of dreams as a mother, suggesting a gendered connection to their female-assigned child, also possibly informing the ambiguity of their loss.

Loss of Rites of Passage

Rites of passage describe societal rituals that are often gender-related and occur in family systems and/or with individuals. Conceptualization of male and female rites of passage can differ greatly and be a source of stress and loss when they are unable to occur or are taken away. Many parents discussed the loss of rites of passages such as having children, getting married and graduating school as their child's birth-assigned gender.

Tom reflected on his loss of rites of passage in relation to his roles as a grandfather and the father of the

bride. “There wasn’t going to be any grandchildren, there wasn’t going to be, you know, a wedding with Josh.” Tom attempted to make meaning of his expectant roles through the loss of future rites of passage. Tom feeling that he lost these rites, even in his mind, created a sense of ambiguity for him. Similarly, Arlene talked about loss of rites of passages she felt related to being a mother. “I’m never going to be mother of the bride now, and I’m never going to be in the delivery room when my daughter has a baby, and all of the things that a mother would be there for, for her daughter.” Arlene, like Tom, has created these potential roles for herself and losing those roles causes feelings of ambiguous loss. The researcher’s context for these roles includes societal expectations as well as a continued pattern of gender-related themes.

A Living Death

Some parents expressed experiencing the loss of their child as similar to a living death, noting that it felt like the child they once had was now deceased. Although their child may be physically present, ambiguous loss creates loss that is uncertain and can engender feelings similar to the experience of the physical death of a child (Boss 1999). There appeared to be a struggle of meaning making around still having a living child, but no longer the same child parents had before. Annie discussed her feelings of ambiguous loss through the living death of her child. “It was like Leslie died, and that was a very hard time for me. I was mourning the female part of Leslie. I was mourning that little girl.” The researcher’s meaning making around Annie’s statements was that Annie struggled to understand exactly what she was grieving because her child was still physically present, causing feelings of dissonance. The researcher also understood Annie’s feelings with the implications that her loss may not be recognized by others due to its ambiguous nature.

Similarly, Susan reported feeling ambiguous loss of her female daughter Alice, who has now transitioned to her son Ethan. She said:

It wasn’t until quite a bit later that I felt the loss of Alice. I got out the old pictures, which I had buried because Ethan couldn’t bear to see anything. I got out all of the old photo albums and I had saved all of my favorite school papers, and report cards, and projects and everything, in two huge boxes that I had sealed up for years. It felt like the death of my child.

Susan feels that she has buried the physical reminders/mementos of her female-assigned child and makes meaning through experiencing her “death.” This creates feelings of ambiguity for Susan as her child did not technically die, but the feelings of loss are still present.

Physical Presence and Psychological Absence

Another aspect of ambiguous loss that parents reported was feeling the physical presence of their child, but the psychological absence. Annie stated, “I mean, now that I’m saying it out loud, how could I be mourning my child? My child is still with me, I’m fortunate; I still have him.” The researcher’s understanding and analysis of Annie’s remarks emphasizes Annie’s ambiguity, as it sounds like she is convincing herself that she could not possibly experience feelings of loss because Leslie is still present and Annie still remains a mother. Annie has reassured herself that her child is still with her, but implies intrapersonal conflict through opposing views; “he is physically present but in my mind *she* is not here.” The researchers also utilized the context that Annie had strongly presented a pattern of feelings of ambiguous loss throughout the interview and when interacting with the data, attempted to remain cognizant that there was not one “right” experience for Annie.

Susan reflected:

It’s not because there were pictures of him when he addressed himself as ‘Alice’, you know, it’s because he made them and he’s my baby and I have fond memories, you know? I did take the ornaments down off the tree this year and put them in a separate bag and put them in the back of the closet. I won’t put them on the tree anymore.

Susan attempted to maintain the psychological presence of Alice through ornaments she had made, but knew she should hide the ornaments to move on with her feelings of grief and into the future. Perhaps keeping the ornaments preserves her female assigned child’s psychological presence. Susan’s child may still be present physically, but Alice’s ornaments, “her baby’s ornaments,” are still kept but put away. The researchers made meaning of Susan’s decision as a cause for her feelings of ambiguity, in that she must experience the absence of Alice (hiding the ornaments) and maintain being in a mother-son relationship with Ethan.

The aforementioned interviews provided evidence that while ambiguous loss is felt and expressed in this context, it is caused by a number of factors. The experiences also demonstrate that how the participants, especially mothers, make meaning of their ambiguous loss depends on how they view their loss and what they felt like they lost. The researcher’s meaning making also contributes to how these experiences were analyzed, as to remember that IPA’s largest feature suggests that are many views of reality and not one true objective experience (Smith et al. 2009).

No Experience of Loss

Two male participants reported no general feelings of loss and expressed directly that they have never, and will never, experience any loss surrounding their transgender child. Nick, a stepfather to his teenage son, stated simply: “Loss? No, I didn’t lose anybody.” He then concretized loss as a physical death, the cessation of a human being. In this way his daughter, now son, did not die and therefore he did not lose a child. Similarly, Mark said, “I don’t feel that way. So, I think that I never felt like I lost anything.” For these parents, the process was never about loss, it was about the transformation of the child, which will be discussed in a later section.

Coping

All participants utilized coping mechanisms, regardless of whether they experienced feelings of loss. For those parents who did not experience loss, different coping mechanisms were used to allow for support, positivity and resilience in regards to their child’s transition. Female and male participants employed different coping mechanisms in a multitude of ways. Coping is organized as three sub super-ordinate themes: challenging the gender binary, putting the child first, and husband prioritizing wife’s needs.

Challenging the Gender Binary

Two male participants reflected on how they understood and resisted subscribing to the gender binary system that is ingrained in Western culture. They utilized their unique situation and adaptation to their child’s transition as a way to display resilience in light of the binary, choosing not to accept society’s concrete ideas around gender. By conceptualizing their own ideas around gender identity and sexuality, as well as utilizing the strength of their family and themselves, these participants were able to set their family apart from others who abide strictly by this gender binary. Tom said:

I was the stay-at-home mom, Mr. Mom? I get a kick out of guys that won’t call themselves Mr. Mom because they’re just like, you know, tremendously, I look at it as homophobic. I don’t think that diminishes my ‘maleness’ at all. I’m coming around to have issues with gender and gender categories anyhow, because it’s like, look there’s things that need to be done and it doesn’t matter, what your body type is, somebody’s got to do them, and so that’s one thing I’ve come to understand.

Tom does not conform to strict gender roles and rules, he instead continues to make his own meaning around

gender categories. He processes his values, “look there’s things that need to be done and it doesn’t matter, what your body type is” while he expands on his nonconforming view. When analyzing this data the researchers made meaning of his narrative as resilience, specifically in context of a rigid categorization of gender. This resilience came across as a way for Tom to cope with his feelings and to take a deeper look at and process issues he felt were relevant to himself and his child.

Another participant, Mark, spoke about his embodiment of masculine norms, while also having dual roles as both mother and father in relation to chores and cooking. He noted that his son Adam may have seen Mark take on both roles and characteristics of both genders, therefore conceptualizing and constructing gender models in a different, more positive way. The researchers made meaning of Mark’s expression of norms and roles as him beginning to evaluate and alter his idea of the gender binary, perhaps wanting to promote a more gender neutral model to his son.

Putting the Child First

Participants’ concern for their child’s happiness and safety was prominent in many of their narratives. In order to cope with any feelings of dissonance or confusion, some parents consistently returned to putting their child first. These parents demonstrated concern, not for themselves, but for the other, placing their child as the highest priority. They utilized focusing on their child as a mechanism to help buffer as well as potentially suppress their feelings of ambiguous loss. Participants did this so that they could support their child through the coming out process and transition, thereby promoting aspects of resiliency in the process. Parents’ desires, above all else, were to focus on helping their child live a quality life as their true gender and to protect them from harm. Susan spoke of her concern for her child:

I was so wrapped up in being so scared for Ethan. That was my biggest emotion that always was overwhelming everything, every other emotion. I mean, prior to that, there were no health concerns, so I guess I lost the security of that, because I do worry about Ethan’s future a lot. I lost the security of not having to worry any more than regular life worries. I guess I lost a sense of security, as far as it went for the well-being of my child because I don’t have that anymore. I have a big fear of hate crime, I have nightmares about it, so I guess I lost security that way, too. I guess I just worry about Ethan in a way that I’ve never had to worry about my other children before.

Susan prioritized her son’s safety and well-being first and reported using it as a primary motive to unfreeze her grief and accept the transition of her child. The researchers made

meaning of Susan's response in the context of resiliency as she has demonstrated the ability to focus on the care and concern of her child, rather than the negative feelings she experiences.

Arlene described her feelings about her child's well-being, "I mean, a big part of the acceptance was being comfortable with the fact that Eddie was happy. As more time went on, I could accept it because I could see my child happy." Arlene was able to reach a place of acceptance and comfort using the happiness of her child as a coping mechanism through which she was able to get through her frustration and grief. Arlene notes that time played a factor in her ability to accept Eddie's gender transition, but that his happiness meant more to her than dwelling on her own negative emotions, specifically feelings of ambiguous loss.

Husband Prioritizing Wife's Needs

Lastly, two male participants expressed concern for their wives and their emotional needs during and after the transition. They worried about their wives feeling like their child was rejecting the mother's female gender and that mothers were losing the sense of connection that came from the shared female identification. Nick said, "My feelings? I was more concerned about my wife's feelings." Nick attempted to refocus any feelings he had had into second place as his wife's needs came first. The researcher made sense of this during data analysis in the context that Nick may cope by being his wife's support and intentionally caring for and attending to her emotions. Tom bolstered Nick's sentiments:

But, I wasn't Mom, so there was that special "Mom" kind of connection that kids have. This is all speculation but my wife may be feeling a rejection of her gender. We had just assumed that Josh would be just like her, you know? Just like Mom. So, to have this, kind of thrown up at her, I think it really hurt her. It was tough for her to process. I think she really felt like she'd lost uh she lost a daughter, you know?

Tom demonstrates great empathy for his wife, as he places her needs above his own. The researcher made meaning of Tom's feelings as a way to deal with or suppress his negative emotions, in order to be emotionally available for his wife. The participants' thoughts support a pattern throughout the findings, that loss may be directly connected to the mother's female gender and the loss of her female-assigned child.

Acknowledging Parental Needs

An overarching super-ordinate theme present throughout the data involves parents recognizing insight into their own needs. Parents also expressed thoughts about the needs of other parents with transgender children. These

needs were discussed separately from coping skills and focused on intrapersonal processes within parents. This acknowledgment of parental needs raises awareness for family therapists engaging in treatment with parents of transgender males, as it may act as a tool to utilize when assessing systemic ambiguous loss and a family's stuckness. Although participants demonstrated concern and care for their children, some also readily acknowledged their own needs, feeling both guilty and selfish for thinking of themselves. Their experiences of grief/ambiguous loss, or use of other coping mechanisms that did not readily focus on their child, were perceived as negative ways of coping. Therefore, participants worried about others' views of themselves as selfish. It appeared that parents felt a stigma around self-focused thoughts and feelings, specifically in regards to their perception of ambiguous loss and grief. Tom stated, "I got a little choked up about it, you know? But, this isn't about me, it's about him..." During the interview Tom fought off emotions for making it about him; Tom became teary during this statement, wondering if his own needs were relevant. The researchers made meaning in the context of the interview that Tom may have felt emotionally unsafe sharing his feelings and that he felt guilty for making it about himself.

Arlene reflected on her thoughts about her own needs:

At the same time, you're a person too as a parent, you have your own set of feelings and emotions to deal with. I'm not sure, maybe this would be dealt with in support groups. I think they [other parents] felt selfish about it because having to admit it; it's like that you're only thinking about how you feel. It's like, okay fine, you're transgender, and I'm okay with that, but now, I need to go off and figure out how I feel. Parents are not supposed to be like that; they're always supposed to put their kids first and I think that a lot of parents would feel the loss and they just don't want to come out in the open about it because it makes you feel like you're a bad parent to come out in the open about it.

Arlene's comments lend support to Tom's reluctance to discuss his own emotional needs. Arlene seems to experience a sense of guilt and shame in admitting she wants to care for her own needs, specifically attending to her feelings of loss. The researchers made meaning of Arlene figuring out how she feels as a way to engage in self-care and exploration. Arlene insinuates wanting to feel supported by others instead of judged. Again, while not categorized as a coping mechanism, attending to a parents' emotional needs as a mental health professional seems to be an integral part in understanding systemic feelings of loss and ambiguous loss. It also appears to be important in helping parents and possibly other family members, work through their feelings.

Experiencing Transformation of Child

Although experiencing transformation may not be every parents end goal, it parallels feelings of acceptance in stages of grief (Kübler-Ross 1969) and may help families become “unstuck” when the system is impacted by ambiguous loss (Boss 2004). The term transformation is used here to describe the transgender youth as looking physically different (a new masculine gender) but being the same person internally, or being able to become the person he always has been. Transformation also describes parents’ ability to finally *see* the child they had all along, or the child they have now. Transformation, in the context of this study, is utilized by parents to perceive that their child can finally be happy and live the life they were meant to live. Norwood (2013) described a similar concept in her study, which she called evolution, describing “an updated version of the same self” (Norwood 2013, p. 35). She also used the discourse “sovereign self” to describe an individual’s identity that lies separate from their physical being, that which is inborn and innate in their character (Norwood 2013). Transformation refers to, in this study, an unwavering and unalterable part of an individual’s being that through time may be seen or acknowledged by others. This study differs from Norwood’s (2013) study in various ways (i.e., sample, focus on discourse) but mainly in that some participants in this study did not need the passage of time or insight to experience transformation of their child; they had already understood or felt the concept of transformation. Also, one parent felt that through transformation he had instead “discovered” someone new, whereas in Norwood’s (2013) study, those who had engaged in a process similar to transformation, continued to feel different levels of grief and some mourned “gendered left-overs” (p. 40).

Nick described his experience of transformation, “Eventually, I think we both just accepted things. I mean, Matt’s always going to be my son, used to be my daughter, but you know, will always be my son. Lost a daughter, gained a son. Matt’s still the same person. I can’t look at Matt any differently.” Nick refers to the unalterable being inside the physical body of Matt, as he is still the “same person.” Even though Nick did not feel feelings of ambiguous loss (as reported in a previous section), he appeared to engage in the transformative process, by later reporting that he had indeed lost someone, possibly “a daughter,” but gained insight into the fact that he has always been the “same person,” his son.

Mark described another aspect of transformation through email, being able to find the child he had all along:

I think that I never felt like I lost anything, it was always there. So, it’s like it was actually finding somebody, you know, that I didn’t know that I had. That was kind of emotional for me... My moment there when

we sat there on the floor and looked at the pictures and just seeing that he was already there, and I didn’t see him, you know, and that’s hard. I am glad I had a daughter and now a son but in truth I always had Adam.

For years, Mark was unable to *see* Adam for who he truly was. His reflection of always having Adam clearly describes his ability to see his child transform without ever changing. Mark did not experience loss but rather began the process of disclosure and transition with a lens of transformation. Similarly, Susan said, “Because it’s still the same, he’s still the same person. Because I don’t view Ethan and Alice as two different people.” Susan’s case demonstrates that she may have utilized transformation as both a coping mechanism with her feelings of ambiguous loss and a way of arriving at acceptance. Although Nick reports that he did not experience feelings of loss, that loss is distinct such as through death, he later on reported that he eventually accepted his child’s transition, implying that he may have felt feelings of ambiguous loss all along. Mark did not experience loss and therefore did not utilize transformation as a coping mechanism, but rather a lens that he viewed his child from.

Discussion

Ellis and Eriksen (2002), Emerson and Rosenfeld (1996), Lev (2004) and Coolhart (2012) began conceptualizing emotional processes of family members of transgender individuals through their work with clients and case analyses. Many of these conceptualizations produced non-empirically validated models that paralleled Kübler-Ross’s (1969) stages of death and dying, specifically highlighting the experience of loss. The present study provides evidence that some parents feel loss, however this loss is specifically ambiguous and for some it is manifested through the expression of grief. That is to say, participants did not feel or express the spectrum of bereavement but rather concentrated on their loss through feeling grief. Therefore, models based on Kübler-Ross’s (1969) stages may be applicable for some parents; however, this study suggests there is considerable variability of experiences with regard to loss, so that future models should allow for this flexibility and a potential focus on grief.

Ambiguous loss was expressed by most participants and all mothers in the study experienced this type of loss. These parents compared their feelings to a living death and noted that they felt the physical presence, but psychological absence of their child (Boss 1999) as well as the loss of their biological child. Those who felt ambiguous loss expressed several causes for their experiences, such as loss of dreams and rites of passage. These participants appeared to remain “stuck” around loss in relation to expectations and visions

of the future, or were holding on to memories and visions of the past. Some also made meaning around a “living death” of the child they once had which caused them to feel unsure of what exactly they were losing (Boss 1999). These participants described their processes of “stuckness” and discussed the emotional turmoil they felt. All of the participants that felt this way were women, who specifically yearned to keep the memory of their old child (feminine presentation) alive. Again, gender implications may support that for the mothers who participated in the study, there was some connection to their female-assigned child they felt either died or that they had to learn to let go.

Two male participants specifically did not experience feelings of loss. They rationalized not feeling loss as not going through the physical death of losing a loved one. Experiences of fathers may have been different if the child was transitioning from male-to-female, as they may have experienced a loss of a same-gender identification with their child, expectations of their child growing into being a man, and masculine rites of passage. Another factor to take into consideration is how men sometimes process emotions differently than women, due to both brain chemistry and socialization. Men may tend to minimize emotionally laden coping mechanisms and maximize intellectual coping mechanisms (Montagne et al. 2005).

The exploration and identification of coping mechanisms helped parents make meaning around their child’s transition. Women in this study who utilized coping mechanisms to help them deal with their ambiguous loss engaged primarily in putting their child first. Some mothers reported that their dissonance was placed second to their concern for their child’s safety and their want to afford their child happiness. Female-related ways of expressing love are often related to nurturing and bonding, therefore women who engaged in this coping skill may have utilized their internal and instinctual protective mechanisms (Wren 2002). Males in the study engaged in two forms of coping mechanisms: understanding and non-conforming to the gender binary and husband placing wife’s needs first. The intellectualized coping mechanism and supportive stance for their wives may continue to play a role in whether men feel ambiguous loss and/or how they deal with the transition if they do experience this type of loss (Montagne et al. 2005).

A distinct super-ordinate theme arose around acknowledgement of parental needs. Although this theme is not considered a coping mechanism, as it was not utilized to process feelings of ambiguous loss, it is largely important to mental health professionals and researchers in the field to understand the possibility of parents’ needs. It may help to address their own experiences and feelings without shame or guilt and to take care of themselves to possibly then make way to care for others. It can also be used as an assessment tool in treatment to understand relational and systemic “stuckness.”

Parents’ fears around engaging in this experience should be further discussed and their want to experience and process their own feelings should be normalized. This attention to validating and normalizing parents’ emotional processes is congruent with Coolhart and Shipman’s (2017) model for working with parents of transgender youth in therapy.

Lastly, transformation, a concept similar to Norwood’s (2013) notion of evolution, was important in parents’ experiences of their child’s transition. Norwood (2013) does not define transformation as the present study conceptualizes it. Rather, she identifies four different ways that participants in her study understand the transition of their loved one, “replacement, revision, evolution, or removal” (Norwood 2013, p. 32). The present study defines transformation as an unchangeable internal self that is either discovered or acknowledged. Only one participant who felt ambiguous loss also felt the experience of transformation in relation to accepting their child. The research was not analyzed in a way that determines how transformation impacted feelings of ambiguous loss. However, the data suggests that those participants who already experienced transformation or have seen the transition from a lens of transformation, did not experience loss and also utilized coping mechanisms that put others’ feelings first (i.e., mothers’ feelings came first). Perhaps these participants once experienced loss and utilized transformation as a coping mechanism or it aided parents in avoiding feelings of loss. Gender-related themes are also prevalent in the experience of transformation. Males, specifically, engaged in using transformation as a way to either potentially overcome feelings of loss or to avoid/deny feelings of loss.

This study contains beneficial and useful findings for transgender and family-related research and has a number of unique strengths and challenges. One general strength of this study is that it challenges cisgenderism (Ansara 2010), specifically exploring the experiences of parents of transgender youth from a non-pathologizing stance. Cisgenderist erasure is perhaps the more pervasive form of cisgenderism in the family therapy field (Blumer et al. 2013). According to the Blumer et al.’s (2012) content analysis of 13 years of articles in couple and family therapy journals, 99.92% of articles failed to acknowledge the existence of transgender and non-binary identities. Thus, this study adds to the family therapy literature which acknowledges transgender family experiences and values them as important.

More specifically, one strength of this study, which is also a challenge, is the lack of diversity of the sample regarding race, socioeconomic status, and geographic location. Utilizing the IPA approach makes necessary the use of a homogenous group of participants that all experience the same event, which in this study, provides a strength for the majority Caucasian, middle to upper socioeconomic demographic sample population. Even so, a lack of diversity fails

to represent differences in individuals who may experience the same event in a different way (e.g., a parent who is a person of color). Parents were recruited from a small urban city located in a geographically liberal region, which both strengthens the sample homogeneity and excludes diversity in location.

Another strength and challenge of this study is that all parents came forward to volunteer for the study and supported their child's coming out and transition. Most parents belonged to a local support group in the community that consisted of other parents experiencing or having already experienced their child's transition. Therefore, they were connected to other parents and in some instances, had others they could turn to for support. The parents wanted to be heard and share their stories and were therefore willing to speak about their experiences and meaning-making process. This adds to the homogeneity of the sample but leaves out those parents who are unable to or unwilling to support their child. Further research should attempt to reach those individuals and families who are not supportive of their child's transition. Lastly, all participants were parents. Although the research study did not aim to exclusively recruit parents, no siblings, grandparents or other immediate family members volunteered to take part in the study; therefore other aspects of the family system have not yet had their voices or experiences heard.

Clinical Implications

This study provides insight into the meaning-making experiences of parents of transgender male youth and suggests a number of clinical implications for therapists working with this population. In regards to the experiences of ambiguous loss for parents of transgender male youth, they are unique and vast. Therapists need to take into account that some parents may feel loss and/or ambiguous loss, some may not and others may feel both at different times. Therapists should be sensitive to this potential array of emotions and assist parents in acknowledging and verbalizing their feelings of loss or ambiguous. Therapists can also validate and normalize these feelings, assuring parents that their emotions and experiences are authentic and shared.

Parents struggling with ambiguous loss may need assistance in moving through "stuck" emotions or frozen grief, which is why identifying positive, useful and relevant coping mechanisms is beneficial. Boss (2004) suggests a number of clinical interventions for working with ambiguous loss in 9/11 survivors which may also be helpful in working with the families and parents of transgender youth. First, Boss (2004) suggested that understanding the theory of ambiguous loss can lead to greater understanding and that naming ambiguity as an external force can reduce self-blame and

shame. This concept seems applicable to our sample because parents sometimes struggled with attending to their own emotional needs, such that they may have felt guilt, shame and fear that they are not being a "good enough" parent. It remains important that therapists remain inquisitive about self-care and sensitive to the individual's and family's needs. In this way, parents will be more equipped to gain insight into their emotions and thoughts and to discover ways to overcome obstacles in relation to their child's transition.

Boss (2004) also suggested that hearing and telling stories of the missing person can help the healing process, and that hearing others' stories can form connections. These strategies may be useful in working with the parents of transgender youth who are experiencing ambiguous loss. Parents can use therapy as a space to tell stories of the child they feel they are losing and listen to other family members' stories and experiences. Additionally, it may be helpful for parents to connect with other parents of transgender youth in order to share common experiences and facilitate a sense of connection. This may help parents move through feelings of stuck grief and towards the experience of transformation.

Therapists working with parents of transgender youth should also explore dynamics related to parents' gender. Their gender may be impacting how they experience their child's transition as well as how they utilize coping mechanisms. For parents of transgender male youth, mothers may be more likely to experience ambiguous loss, whereas fathers may be more likely to use more intellectual processes and supportive stances to cope. Mothers of transgender male youth may also be more likely to experience the loss of a shared gender experience with their child and fathers may be more concerned about their wives' emotional experiences than their own. Fathers may also be more apt to demonstrate resilience in seeing their child's transition through transformation, and thus possibly not experiencing loss. Therapists sensitive to these potential implications of gender may be best equipped to help families, specifically parents, as they move through the emotional experience of their child's transition.

Conclusion

The gender transition of a young person undoubtedly has implications for parents and other family members. Thus as family therapists we are in a unique position to assist and support families in moving through this complex process. By normalizing the difficult emotions and identifying and strengthening coping mechanisms, we can highlight the resilience embodied in these families. Through therapy, families can begin to see their growth that occurs through transformation of their child's gender transition, moving through feelings of grief and ambiguous loss into acceptance and

celebration. When families can reach this level of attunement with their child's gender identity, all members can live authentically, and in turn relationships can be more honest and genuine.

Compliance with Ethical Standards

Conflict of interest All authors declare that they have no conflict of interest.

Informed consent Informed consent was obtained from participants in this study.

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