

**AN EXPLORATORY STUDY OF THE EMOTIONAL EXPERIENCES  
OF A PARENT OF A TRANSGENDERED CHILD**



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Thesis presented in partial fulfilment of the requirements for the degree of Master of Arts  
(Psychology) at the University of the Western Cape.

Supervisor: Mr C. I. Davids

February 2015

## DECLARATION

I, the undersigned, declare that the work contained in this thesis is my own original work, and I have not previously in its entirety or in part submitted it at any university for a degree.



Mohamed

Signature

25/02/2015

Date

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Thank you to my supervisor, Mr Charl Davids, whose insight, reassurance and ‘calm’ prevented me from giving up. You had the discernment to know whether I needed time or a deadline, space or encouragement.

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WESTERN CAPE

## ABSTRACT

This qualitative, exploratory study comprises a discourse analysis of the emotional experiences of the parent of a transgendered child. The primary aim of the study was to detail the emotional experiences encountered by the parents of a transgendered child within the South African context, with a focus on how discourse is used to make sense of experiences. The research employed a single case-study, and data was collected via three semi-structured interviews. The data was analysed within a social constructionist framework, using discourse analysis (as per ten stages suggested by Potter and Wetherell, 1987). The literature review highlights various issues regarding the plight of transgendered children and their loved ones in trans-phobic societies, most of which are reflected in the findings. The pertinent themes were divided into four sections: “Discourse of Shaping”, “Discourse of Incongruous Loss”, “Discourse of Motherhood” and “The Transformer and Transformation”. In “Discourse of ‘Shaping’”, the focus is on the parent’s ‘compelled’ reconceptualization of issues and previously accepted ‘truths’ that lie at the core of identity, namely, gender and religion. “Discourse of Incongruous Loss” shows the trauma, challenges, complexity and many ambiguities in mourning someone who is simultaneously absent and present, the same yet different. It also explores additional aspects of the loss that distinguishes it from conventional loss, such as stigmatism and discrimination, lack of support, and ensuing losses. Data reveal that the discourse of motherhood, whilst placing immense pressure on the parent, also has an empowering effect. Although the discourse of motherhood gives rise to feelings of intense self-blame and hate regarding the trans-identity of the child, and ‘dictates’ unwavering compassion, selflessness, acceptance and nurturance, it also enables a basis for resisting oppression. The final section documents how a personal, painful, private experience is linked to broader social systems. It shows how an initially harrowing experience can become empowering, as the participant not only embraces previously unaccepted ‘truths’, but is also an advocate of transgenderism and contributes to social change. It is important to note though, that although ‘victorious’, the experience is a complex one and meaning-making is on-going. Throughout, the interplay of dominant discourses and alternate discourses and their role in the personal meaning-making experience of the participant, is documented. Various creative strategies are employed in order to enable acceptance of the trans-identity and the continuous meaning-making, such as, for example, vacillating between seemingly

contradictory discourses. Based on the findings that emphasises the trauma caused by a dual-definition of gender, it is suggested that a more inclusive definition of gender be adopted, such as defining gender as a spectrum or on a continuum. A redefinition of gender should also include de-pathologising gender variance, but before it is removed as diagnosis from the DSM, resources and assistance enabled by its diagnosis should be readily available so as not to create further obstacles for an already marginalised group. Awareness is vital if stigmatising and discrimination are to be reduced. It is important that awareness be generated and resources be made available, with a special focus to include disadvantaged communities. There is an urgent need for literature within a South African context so that interventions can be designed to assist parents (and loved ones) of transgendered children. This is particularly important since support from parents have consistently been found to reduce both depression and suicide rates of transgendered children. Within a diverse South African context, it is also essential to determine how gender discrimination intersects with various other forms of discrimination pertaining aspects of identity such as religion, spirituality, ethnicity, race and culture. There is a need for the South African government to address the lack with regards to implementation of gender policy with some urgency.



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# CHAPTER ONE

## INTRODUCTION

### 1.1 Background and Rationale

Gender refers to that which society defines as ‘masculine’ or ‘feminine’. These categories whereby “human bodies are transformed into ‘men’ and ‘women’”, usually based on sex, are determined by sociocultural discourse (Carroll, Gilroy & Ryan, 2002, p. 138 – 139).

Gender identity, by contrast, refers to the “individual’s self-identification” into an identity category (Carroll et al., 2002, p. 138 – 139). In other words, gender identity is an individual’s experience of gender, regardless of biological sex (Lev, n.d.).

Sex assigned at birth is based on the anatomical features of the body of the child, and sex and gender are often used interchangeably. It is assumed that by ‘knowing’ an individual’s sex, one can determine the gender (West & Zimmerman, 1987), and this binary relationship is regarded as ‘reality’ by society. Many individuals, however, do not identify with the bipolar categories constructed by society, and dis-identify with their assigned birth sex. They may choose to live a life congruent with their gender identity which is in contrast with their assigned sex or natal gender<sup>1</sup>.

Gender incongruence or variance can be expressed as early as at “toddler age”, and individuals may develop psychological problems such as depression, anorexia, social phobias and suicidality when they undergo pubertal physical changes (Gibson & Catlin, 2010). These ‘gender variant’ who feel trapped in the wrong body or sex, individuals, known as “transgenderists” (Carroll et al., 2002, p.139), may seek sex reassignment surgery (SRS) to align their body with their identified gender.

Gibson and Catlin (2010, p. 53) defines “transgender”<sup>2</sup> as an umbrella term indicating the crossing of gender lines, and the term is used as such in this thesis. (Note that words such as ‘variant’ and ‘transgender’ have negative connotations, and presupposes a bipolar definition of sex and gender as a norm, reflecting conventional societal or dominant discourse.

Although these terms reflect dominant discourse, this study uses them to facilitate understanding).

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<sup>1</sup> “Natal gender” is the gender assigned at birth (DSM-5, 2013, p. 453).

<sup>2</sup> The DSM-5 (2013, p. 451) defines “transgender” as a “broad spectrum of individuals who transiently or persistently identify with a gender different from their natal gender. “Transsexual” is defined as an individual who seeks, or has undergone a social transition from male to female or female to male, and may involve hormonal treatment or genital surgery.

In line with dominant discourse of gender, gender ‘variance’ is frequently pathologised. Transgenderism is conventionally viewed as a pathology and listed in the DSM. At the start of this research (including submission of proposal, conducting of interviews and diagnosis of the transgendered individual involved), the DSM-V-TR was the accepted manual, and therefore reference is frequently made (in the thesis as well as literature cited) to the DSM-V-TR diagnosis, that is, Gender Identity Disorder (GID). However, where necessary and relevant, and where a distinction is required, reference is made to the diagnosis of Gender Dysphoria (GD) and/or any revisions as per DSM-5. (Refer to appendices A and B for criteria of GID and GD, respectively).

Transgendered individuals, particularly youth, often experience feelings of depression and are susceptible to suicide (Anonymous, 2012; Biddulph, 2006; Di Ceglie, 2000; Goldberg, 2009). Some of these feelings are brought about by discrimination experienced by transgender individuals, such as social exclusion and trauma in daily living (Reicherzer, Patton & Glowiak, 2011), and violence, harassment and family rejection (RHO, 2013) caused by homophobia<sup>3</sup> and transphobia<sup>4</sup>. The homophobia and transphobia result in ongoing or continuous trauma (Anonymous, 2012). Pillay (2012) ascribes the persecution and stigmatisation of ‘variant’ individuals to the “socially induced psychopathologies that arise from a misguided, unfair social system”, and likens it to the “continuous trauma and anxiety that became endemic among black people during apartheid<sup>5</sup>”.

Negative family reaction is associated with poor health outcomes and suicide risk, whereas positive family responses have been associated with reduced depression and suicide risk (RHO, 2013). Parents of transgendered individuals are frequently uninformed and confused, and react with “shock” and “horror” (Zamboni, 2006, p. 175). Some parents become abusive or abandon their children (Bevel, n.d; Carroll, 2009; Grossmann & D’Augelli, 2007; Shield, 2007). Many parents (and family members) respond with feelings of loss regarding the pre-transitioned child or gender (Emerson & Rosenfeld, 1996, in Rowland & Incrocci, 2008; Grossman, D’Augelli, Salter & Hubbard, 2005; Zamboni, 2006). Support and assistance are vitally important for parents (Grossman et al., 2005) if they are to cope themselves and, additionally, provide support for the transgendered child and the family.

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<sup>3</sup> *Homophobia* is defined as “an extreme and irrational aversion to homosexuality and homosexuals” (COED, 2003, p. 534).

<sup>4</sup> *Transphobia* is defined as the “irrational fear and hatred of all those who transgress, violate, or blur the dominant gender categories in a given society” (ALGBTIC, 2009, p. 1. In Reicherzer, Patton, Glowiak, 2011, p. 2).

<sup>5</sup> *Apartheid* is defined as the “official system of segregation or discrimination on racial grounds formerly in force in South Africa” (COED, 2003, p. 41).

## **1.2 Aim**

The aim of this study is to explore the emotional experiences of a parent of a transgendered child.

## **1.3 Objectives of the Study**

The primary objective of this study is to detail the emotional experiences encountered by the parent of a transgendered child, within the South African context, with a focus on how discourse is used to make sense of experiences.

The secondary objectives are as follows:

- a) to provide an in depth account of the experiences encountered, so as to contribute qualitatively and critically to the scant body of knowledge, especially pertaining to South Africa.
- b) to highlight issues in order to assist mental health practitioners in dealing with parents of transgendered individuals.
- c) to create awareness with the hope of social change.

## **1.4. Significance of the Study**

Literature on transgenderism, and more specifically families of transgendered individuals, is sparse. The literature that is available has been generated in and is based upon experiences abroad, and information regarding the issue within a South African context is practically non-existent. This exploratory study seeks to contribute to the meagre body of knowledge, help create greater understanding through discourse analysis, and thereby reduce transphobia, and highlight areas of research and for intervention. It seeks to identify the need and anxieties of the parents of a transgendered child, so that necessary support structures can be provided for the parents. It is important to note that a parent-child relationship can play an important role in the life of the transgendered child; providing support for the parents will benefit the transgendered individual who is at a very high risk for suicide, as well as the family unit. These ideals will remain unfulfilled without research, and case studies in particular can generate a deeper understanding and help create empathy for the parent, and their transgendered child. Through the trauma revealed, it may also demonstrate the need for social change towards definitions that are more inclusive.

## **1.5 Chapter Organisation**

The introductory chapter provided background information on transgenderism and a rationale for the research. It included the aims, objectives and significance of the study.

Chapter two comprises a literature review, highlighting the most salient research relevant to the current study, and includes a discussion of the theoretical framework.

Chapter three provides a comprehensive overview of the methodology employed in this study. Discourse analysis as a means of analysing data, and the suggested steps as documented by Potter and Wetherell (1987) is discussed, as well as the general research design, the participants, method of data collection and procedure followed. Ethical considerations and reflexivity is also included in this chapter.

Chapter four encompasses the findings and a discourse analysis of the data, within a social constructionist framework.

In conclusion, chapter five summarises and highlights pertinent findings, and also discusses the limitations of the study. In addition, recommendations regarding future research are made.



## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

Literature on Gender Dysphoria (GD)<sup>6</sup> or Gender Identity Disorder (GID)<sup>7</sup> is scant and controversial. Controversy seems interwoven into most aspects, from diagnosis to treatment. Terminologies too are controversial, with terms such as ‘variant’, ‘transgender’ and even pronouns such as ‘his’ and ‘her’ (as opposed to gender-neutral alternatives such as “hir” or “ze” as suggested by Carroll et al. (2002, p. 136)), revealing a type of bias, if not necessarily to a medical, pathologising discourse, then towards a strictly dual definition of gender. It is therefore important to note at the onset that the terminology used is not intended as a reflection of the author’s intentional subscription to a dual-definition of gender, but rather, to facilitate comprehension of complex phenomena. It is also a reflection, to some degree, of the difficulty in creating meaning outside of dominant discourse, and the pervasive nature of dominant discourse. The ‘adherence’ to standard terminologies, despite an awareness of fluid gender identities and more inclusive terminologies also demonstrates another crucial point: knowledge alone, in itself, may be a necessary and vital start of transformation, but is merely that – a start.

The literature review highlights some pertinent controversies, as well as parent responses when discovering that their child is transgendered. Although transgenderism is highly controversial, aspects of literature that is less contentious, or upon which there is agreement, is the undeniable pain experienced, both by the transgendered individual and their loved ones. Literature reveals how parents are often affected by the direct and indirect experiences and of their transgendered child, including the on-going consequences of being transgendered in a transphobic society. General challenges are discussed, and, finally, an attempt is made to look at some issues specific to the South African context.

#### 2.2 Controversies Regarding Diagnosis and Pathology

The diagnosis of GID or GD is in itself regarded as problematic, and is a source of controversy (refer to appendices A and B for diagnostic criteria as per DSM-IV-TR and DSM-5 respectively). There is debate about whether transgenderism is in fact a mental disorder, and various criteria and conceptualisations appear problematic.

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<sup>6</sup> Diagnosis as per DSM-5. (Refer to appendix B.)

<sup>7</sup> Diagnosis as per DSM-IV-TR. (Refer to appendix A.)

Butcher, Mineka and Hooley (2010, p. 3) state that “there is no universal agreement about what is meant by abnormality or disorder”. The authors maintain that there are merely demarcated areas in which an individual may experience difficulties, which makes it “more likely [that] he or she is to have some form of mental disorder” (Butcher et al., 2010, p. 3). These areas are suffering, maladaptiveness, deviancy, violation of standards of society, social discomfort, and irrationality and unpredictability (Butcher et al., 2010). If one took a neutral stance towards gender identity, most of the criteria listed would not be seen as applicable to the ‘disordered’ individual: The individual would not be considered maladapted, would not be violating standards of society, and would not be seen as deviant. Suffering and social discomfort will most likely not be relevant factors as, it is frequently argued, much of the suffering, such as anxiety and depression, is caused by society’s rejection of the individual, based on the notion that the individual is ‘abnormal’. Lev (2004, p. xxiii) confirms that the diagnosis of GID is “part of a long historical process of labelling and pathologising sexual and gender differences”. The diagnosis is criticised for being based on “unscientific clinical assumptions”, which does not enable adequate treatment.

GID is, in part, classified as “a strong and persistent cross-gender identification” (criterion A), with “persistent discomfort with his or her current sex”(criterion B) (DSM-VI-TR, 2000, p. 581). The DSM-5, with its diagnosis of GD, is more inclusive in that it employs the concept of “an alternative gender” rather than “other sex”, thereby shifting towards an acknowledgement of more than two genders. The word “sex” is replaced with “gender”, as the former is deemed inadequate when “referring to individuals with a disorder of sexual development” (DSM-5, 2013, p. 452).

However, the definition of “transsexual” in the DSM-5 (2013, p. 451) is based on a dual definition of sex, when it is argued that sex (and gender) should be defined on a continuum (Blume & Blume, 2003), or be regarded as fluid concepts (Ehrensaft, 2007; Lev, n.d.). The DSM-5 also stresses the element of distress in terms of using the term gender “dysphoria” rather than gender “identity disorder” as is the case in the DSM-IV-TR. It is explained that the term gender dysphoria refers to the distress that accompany the incongruence between the experienced and assigned gender. In this way, the DSM-5 identifies the *dysphoria* and not the *identity* as problematic, which is perhaps less pathologising.



Criterion D of the DSM-IV-TR (2000, p. 581) requires that “the disturbance causes clinically significant distress or impairment” whereas that of the DSM-5 (2013, p. 452 & 453) stipulates that the “condition is associated with clinically significant distress or impairment” (as criterion B). While the word “condition” is less pathologising than “disturbance”, the cause of distress and impairment remains a crucial point of contention. Although there is consensus that distress is evident amongst transgendered individuals, it is not certain whether this distress is due to the ‘disorder’ itself, or due to societal intolerance (Cole, Denny, Eyler & Samons, 2000). In the case of children too, the “child’s distress has to be intrinsic and not due to social condemnation and regression” (Vasey & Bartlett, 2007, as cited in Dragowski, Scharrón-del Río & Sandigorsky, 2011, p.364).

According to Dragowski et al. (2011, p. 364), the “DSM-IV-TR’s definition of mental disorder requires that the “dysfunction . . . be within the individual and not based on conflict between the person and society”. Vasey and Bartlett (2007) confirm that “the distress has to be intrinsic and not related to social condemnation and rejection” (in Dragowski et al., 2011, p. 9). Similarly, the DSM-5 (2013, p. 20) stipulates that “conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual”. In practice, the source of the distress is not easy to establish, and if the distress is indeed due to societal factors, the diagnosis itself becomes questionable (Dragowski et al., 2011). In a judgmental society based on the accepted ‘truth’ of a dual-definition of gender, prejudice could well lead to “significant distress and impairment”, resulting in a diagnosis of the individual; a diagnosis that could have been prevented with a more inclusive definition of gender.

Transgendered children may experience stress due to “negative reactions from peers” (Dragowski et al., 2011, p.364), having their behaviour “thwarted” (Bartlett, Vasey & Bukowski, 2000), and thus, by not distinguishing between inherent and socially-imposed distress, individuals are unethically pathologised (Langer & Martin, 2004). The assertion that behavioural problems or “distress and impairment” could be due to a response to ostracism and not intrinsic, is evidenced by Samoa’s *fa’afafine*. The *fa’afafine* are transgendered individuals who are accepted in society, and who view their identity with “pride rather than distress” (Dragowski et al., 2011, p.364), providing evidence that distress could be socially imposed in societies operating within a dual-definition of gender. (Other examples of ‘third’ genders provided by Lorber (1997, p. 291) include “*berdaches, hijras* or *xanthis*”). A recurring argument put forth is that the criterion regarding distress should be

removed, as the distress seems to be due to social stigmatisation rather than inherent, or it should be “revised to specify that the source of distress is due to living in the present gender . . . as opposed to societal prejudice” (Dragowski et al., 2011, p. 365).

Others, such as Langer and Martin (2004. In Le Roux, 2013) and Shield (2007) argue that transgenderism should not be listed in the DSM at all. Similarly, Cole et al. (2000, p. 170) contend that many transgender individuals as well as professionals believe that transgenderism is not pathological but merely a “nonnormative expression of gender”. According to Cole et al. (2000), opinion is divided as to whether transgenderism should be classified as a mental disorder, and Shield (2007) confirms that many professionals do not view transgenderism as pathological, arguing that it should be removed from DSM.

Smit (2006, p. 271) maintains that the criteria reflect the stringent gender “policing” over children’s behaviour. The author posits that these criteria are an indication of distress (inadvertently) caused children who do not follow with the “mainstream” (p. 271), and that these criteria serve to damage the child’s sense of identity. Smit (2006, p. 287) asks whether “the vision of humanity . . . in [the] manuals . . . serves . . . to alleviate human suffering . . . or help produce it”. The idea of “policing” behaviour also holds true for the diagnosis of *GID* or *GD* in adolescents and adults. Individuals are “policed” into complying with the status quo. The result translates into pain, not only for the transgendered individuals themselves, but also for the parents, and is damaging to the family unit as a whole. It is argued that if society changed its view of gender identity to a more inclusive one, common problems that stem from discrimination encountered by transgendered individuals and their parents, would cease.

Loved ones of transgendered individuals, such as parents, have their own identity formulated on the principle of a binary gender, as perpetuated by society. Psychoanalysis and the social construction of gender has viewed the ‘norm’ of gender as dichotomy, and as mentioned earlier, this definition of gender ‘normality’ contributes to the struggles of transgendered individuals and their loved ones or “SOFFAs” (which, as explained by Zamboni (2006, p.174 ) is an acronym for significant others, friends and family members). Based on this definition of gender, the revelation of a nonconforming gender both feels pathological, and appears ‘logically pathological’, when in fact, it is merely another expression of gender. In other words, because the dual definition of gender is accepted as fact, behaviour to the contrary feels distressing and also seems to defy ‘truth’ or ‘fact’. Blame, guilt, shame,

secrecy, and abandonment of transgendered individuals – in cases where parents cannot reconcile themselves to this ‘chosen pathology’ are all consequences of pathologising unconventional behaviour.

Although depathologisation is necessary, Le Roux (2013) cautions that careful consideration be given to the practical implications of removing GD from the DSM, as this could hinder transgender individuals’ access to ‘treatment’ and much needed support and resources.

### **2.3 Contradictions: Bio-Essentialism/Biology VS. Social Constructionism/Culture**

Dual or binary notions of gender are based on biology, are deemed “natural dichotomies”, and feminist sociologists have critiqued this notion (Blume & Blume, 2003, p. 787). In addition, “sociologists theorising gender have suggested that culture and society are more powerful explanatory mechanisms than nature and biology” (Blume & Blume, 2003, p. 787).

Views of gender can be broadly divided into the bio-essentialist view and the social constructionist view. Essentialism rests on three assumptions. The first is a belief in true forms or essences. There is the assumption that sexual phenomena such as sexual orientation or gender – reside within the individual (Bohan, 1993), in the form of hormones, personality traits, genetics, brain development (De Lemater & Hyde, 1998), chromosomes, genitalia (Hird, 2000) and so on. These elements are seen to embody “the essence of sex” (Hird, 2000, p. 348) or gender. Secondly, it holds that there is a discontinuity in different forms. In other words, within the essentialist view, there are distinct categories (such as homosexuality and heterosexuality for example) rather than a continuum. The third assumption is constancy, or the absence of change over time (De Lemater & Hyde, 1998, p. 13). This means that true essences are consistent across time and cultures (De Lemater & Hyde, 1998).

The social constructionist view by contrast, holds that that there are no true essences and that reality is socially constructed. Within this paradigm, the definition of gender is not restricted to biological factors; rather, categories such as homosexuality or male and female are “the product of a particular culture, its language and institutions” (De Lemater & Hyde, 1998, p. 16). Just as sex and gender have been constructed as binaries, they could also be (re)constructed differently, each on a continuum, as a spectrum or as fluid.

There are various contradictions within the bio-essentialist view of gender, as presented below. Westbrook and Schilt (2013) point out some ambiguities regarding genitalia as primary determiner of gender by arguing that transwomen (presumably having XY chromosomes) are allowed to compete in sport as women, as long as the testes and penis are removed, although (unlike testes as sources of testosterone) the penis does not provide any advantage in sport. This, it is debated, highlights cultural beliefs that a person with a penis is not a woman, and the social constructedness of “biological fact”. In addition, if there are uncertainties with regards to a woman competing as an athlete, hormone levels and genitalia are used to establish ‘answers’, whereas in transgendered or cisgendered<sup>8</sup> men, testosterone can be injected until satisfactory hormone levels are attained. Westbrook and Schilt (2013, p. 44) further dispute that although chromosomes (unlike hormones or genitalia which could be modified) are static, and would therefore be the best criteria for maintaining a dual gender system, chromosomes “do not figure widely in policy decisions” suggesting “that identity based gender ideology have gained . . . cultural legitimacy”.

Chromosomes as biological determiner of gender, is also under contest, though. Hird (2000, p. 353) maintains that one is not born, for example, with ‘female’ chromosomes. The author asserts that “most people do not bother to have their chromosome configuration checked for authenticity . . . there are likely to be many . . . more individuals with ‘ambiguous’ chromosome configurations”.

Another point of contention presented by Elliot (2010, p. 116) is that biology and the social environments interact, that is, “the social environment affect the body in a way that transforms it”. The relationship between biology and environment are therefore reciprocal, where each impacts the other.

Further arguments, based on ‘evidence’ of intersex<sup>9</sup> bodies, are put forth against the bio-essentialist view. Elliot (2010, p. 135) argues that intersex bodies are evidence against the dichotomous distinction between the sexes. They defy the notion of dual sexes as “natural”, and that the conventional biological distinction is “natural”. Elliot asks, “if nature alone dictates identity, then what of the role of the subject in relation to it?” (2010, p. 135). With intersex conditions, the individual’s subjective experience becomes completely ignored; is

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<sup>8</sup> *Cisgendered* or *cissexual* describes people whose gender identity matches their perinatally assigned sex (Klein, 2008).

<sup>9</sup> The DSM-5 refers to “intersex condition” as a condition in which individuals have conflicting or ambiguous biological indicators of sex (DSM-5, 2013, p. 824).

deemed irrelevant. “Medical experts apply judgments about genital appearance to literally impose what they deem the most practical sex” on the intersexed individual (Elliot, 2010, p. 135). Thus, with regards to intersex conditions, there is an extreme discourse of medical and biological conviction that “treats” the intersexed by imposing a gender on subjects based on culture. It is not, ironically, nature that decides, but culture (Elliot, 2010, p. 135). Yet, with regards to transgenderism, ‘culture’ is not allowed a voice, and the subjective experience of the individual is disregarded in favour of ‘nature’. The intersexed body subverts the sex / gender dichotomy that is portrayed and predominantly accepted as a factual truth, but it also exposes contradictions with regard to medical professionals favouring culture above biology in certain instances.

Lev (n.d., p. 1) contends that transgenderism should be de-pathologised, and instead of viewing transgendered individuals “through a lens of disorder and dysfunction, clinicians need to ask what it means to be a healthy functioning gender-variant person in a society with strict gendered spheres”. The author argues that fundamental assumptions about sex and gender and the view of two sexes and genders conceptualised in terms of polar opposites, should be replaced with a conceptualisation of sex and gender as fluid (Lev, n.d.). In addition, biology should not be the only or predominant factor in determining identity; various expressions of sex, gender and sexuality should be considered as “normative human variations” (Lev, n.d., p. 1). A shift away from opposite sexes and dual genders will allow for gender ‘variant’ identities, which not only allows movement from one sex and/or gender to another, but also mixed, dual or bi-gender identities.<sup>10</sup> As opposed to permanent gender identity (albeit based on transitioning from one sex and /or to the other) fluid definitions allows for fluid identity, and individuals can move “backwards and forwards over the gender border, only temporarily resting on one side and then the other [ . . . ] expressing diverse aspects of themselves ” (Lev, n.d., p. 3)

## **2.4 Cause, Blame, Guilt**

Various theories are put forward regarding the cause of transgenderism. Literature often include explanations of a biological cause or perspective (Berefelt, Casanova, Eklund, Whitaker & Östholm, 2011; Dragowski, Scharrón-del Río & Sandigorsky, 2011; Kaplan and Sadock, 1998; Kirk & Belovics, 2008; ; Nevid, Rathus & Greene, 2000; Safer &

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<sup>10</sup> Bigender people reject choices of male/female, man/woman, masculine/feminine. Their gender may encompass ‘both’ genders, they may consider themselves to be androgynous, or without gender. Bigender individuals may also refer to themselves, with pride, as “gender queers”, “gender benders”, “gender blenders”, “third sex”, and “gender perverts” (Lev, n.d., p. 3).

Trangpricha, 2008; Swaab, 2004), and / or a psychosocial explanation (Dragowski, Scharrón-del Río & Sandigorsky, 2011; Kaplan & Sadock, 1998; Nevid, Rathus & Greene, 2006; Zucker, 2008). None of the studies are conclusive, and there seems to be some consensus that the ‘cause’ of transgenderism is most likely multifactorial. It would appear then, that neither biological nor psychosocial causes are sufficient to explain transgenderism, but that multiple factors probably play a role.

Dragowski et al. (2011, p. 363) argue that no conclusive statements can be made with regards to the cause of transgenderism, since “gender is . . . a complex biological and social process which is unique for each person and which involves genetic, hormonal and environmental factors. Nevid et al. (2006, p. 370) explain that “biological factors such as genetic and hormonal influences may create a genetic predisposition that interacts with early life experiences to result in GID”. However, the emphasis in this study is not on the ‘cause’ of transgenderism, as this to some extent perpetuates the notion of transgenderism as a mental disorder. Rather, the focus is on the ‘blame’ assigned to parents due to this pathologisation of gender, as parents are seen to have caused or contributed to the ‘disorder’. In line with the dominant discourse, blame thus occurs from society towards parents, but parents also ascribe blame to themselves.

Culture holds parents accountable for their child’s behaviours (Ehrensaft, 2007), and transgenderism is often seen to be, at least in part, due to “parents’ untoward actions or emotions” (Ehrensaft, 2011, p. 8). “Point-the-finger-at-the-parent” paradigm holds the parent accountable for child behaviour, and the psychological and medical fields have a “blind spot . . . about gender fluidity” (Ehrensaft, 2007, p. 274 – 275). Various fields partake in “parent-bashing”, that is, blaming the parents for the child’s transgendered identity (Ehrensaft, 2007, p. 274). Thus both parent and child are “simultaneously maligned”, the parents for “perverted parenting”; the child for “perverted development” (Ehrensaft, 2007, p. 274).

Once a child is diagnosed, parent interaction with the child may be analysed, seeking how parents may have contributed to the dysphoria (Ehrensaft, 2007). Psychoanalytic theorists surmise that transgenderism is caused by distorted attachments between parents and child bond (Hill, Menvielle, Sica & Johnson, 2010). Some causes of transgenderism have been attributed to parental attitudes: The parents may have desired a child of the opposite gender or may have been “ambivalent about traditional gender roles” (Hill et al., 2010, p. 9).

Masculinity may be seen to be inhibited by their mother (Ehrensaft, 2007). “Parents have been pathologised for manipulating their sons into acting like girls, reinforcing them when they do, and failing to provide proper guidance for how a boy should be a boy” (Ehrensaft, 2007, p. 283). A boy being encouraged to be soft, gentle and sensitive, and not being encouraged to partake in rough and tumble play by his parents, for example, was seen as the cause or contributing to their son’s gender dysphoria (Ehrensaft, 2007, p. 286). Parents are thus seen, in various ways, both consciously and subconsciously, as “obstructing . . . normal gender development” (Ehrensaft, 2007, p. 286). Blame is especially assigned to mothers of transgendered children.

Some parents (once again, especially mothers), also experience self-blame (Jones & Tinker, 1982; Nylund, n.d.). Parents may worry that they may “have done something to cause [the] problem” (Ehrensaft, 2007, p. 289). There are instances in which one parent, often the father, blames the mother of the child for the transgenderism (Ehrensaft, 2011). Once again, it is worthy to note that once the notion of a nonconforming identity as ‘abnormal’ or negative dissolves, so would the need to identify ‘cause’ and assign blame. Ehrensaft (2011) argues that blame arises out of the stigmatism attached to persons who deviate from the norm. However, unless the “culturally imbued transphobia . . . within the family” (Ehrensaft, 2011, p. 8) is overcome, the issues of blame and self-blame remain pertinent and great causes of distress, resulting in conflict within relationships and hindering acceptance of the transgendered child.

## **2.5 Parent and Child: Who Shapes Whom?**

Although blame is often assigned to parents, who are seen as pivotal in the formation of the child’s identity, Ehrensaft (2011) provides various arguments that stresses not only that parent and child shape each other, but that often, in the case of transgenderism, the child may have an impact on the parent that is greatly underestimated.

One of the arguments are based on the age at which a child displays ‘variant’ behaviours, and the lack of evidence that parents may have influenced the child at this early age.

Although, up until age eight, sexual orientation is not known or declared; they know that they do not “fit the mold” long before this (Ehrensaft, 2007, p. 279). Some behaviours that are gender nonconforming is visible before age two (Ehrensaft, 2007). Although parents are often viewed as the cause, the relationships between children at age two and their parents, seemed the same as any other (Ehrensaft, 2007). It has been argued that trauma (such as

death of a parent) may cause gender variant behaviour, but this seems to be the exception rather than the rule (Ehrensaft, 2007). The author contends that even though parents are considered to be “shaping the child”, in fact, parent and child shape each other (Ehrensaft, 2011, p. 8). The relationship is reciprocal; the child shapes the parent, who in turn shapes the child (Ehrensaft, 2007, p. 281). Ehrensaft (2007) argues that in most instances, the child presents their gender to the parents rather than the parents creating the gender. In fact, Ehrensaft (2011, p. 9) further argues that “the gender nonconforming child may be shaping the parent far more than the parent is shaping the child”.

## **2.6 Parent Responses and Ways of Coping with a Transgendered Identity**

### **2.6.1 Lack of knowledge when ‘coming out’.**

It often happens that individuals have no information about gender identity differences when first encountering the ‘coming out’ of the transgendered individual (Polat, Yuksel, Discigil & Meteris, 2005), and are frequently “bewildered” and perplexed (Ehrensaft, 2011, p. 5). Parents require support regarding their “own ambivalence and reservations about gender identity issues” (Rowland & Incrocci, 2008, p. 399), and parents become concerned when their children start attending school and they suspect that the gender “variant” behaviour is not merely a phase (Rowland & Incrocci, 2008, p. 400).

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According to Ehrensaft (2011), parents who are confronted by the transgendered child struggle with inner conflict. The parent is conflicted between nurturing and accepting the child, and having the child fit in and behave acceptably, socially. The parent is thus “caught in painful and self-fragmenting conflict” (Ruddick, in Ehrensaft, 2007, p. 282). Cognitive dissonance takes place, which is a “mental conflict that occurs when beliefs or assumptions are contradicted by new information” (Ehrensaft, 2011, p. 9).

### **2.6.2 Transphobics, transporters and transformers.**

Ehrensaft (2011) identifies three categories of parents based on their reactions to their transgendered child, that is, transphobics, transporters and transformers.

#### **2.6.2.1 *Transphobics.***

Parents often view the gender variance as a phase (Rowland & Incrocci, 2008).

Confronted with the reality that the assumption was erroneous, parents often mourn the child, as well as the future that was anticipated with the child as they experienced him/her



(Ehrensaft, 2011; Johnson, Sikorski, Savage, & Woitaszewski, n.d.). The parent is torn between feelings of transphobia and “baby love” (Ehrensaft, 2011, p. 9). Initially, parents often feel the need to compel the child to deny the preferred or ‘variant’ gender. According to Ehrensaft (2011, p. 15), transphobic parents are “not secure in their own gender authenticity [and] experience the child as an extension of themselves”. They respond with unconscious defences, such as “disdain, disgust or despair” (2011, p. 15). Despite loving their transgendered child, parents may become complicit in transphobic attacks on the child (Ehrensaft, 2011, p. 17), and a transphobic reaction remains a barrier to dialogue, assistance and reflection.

There are many possible consequences to transphobic reactions towards a child, which may include complete rejection and / or abusive behaviour. Parents sometimes respond with financial rejection, emotional and physical abuse (Johnson et al., n.d.) which is detrimental to the child. Research suggests that transphobic parents can become abusive, or abandon their child (Bevel, n.d; Carroll, 2009; Grossmann & D’Augelli, 2007; Shield, 2007). According to Carroll (2009, p. 733), “parental abuse of transgender youth is widespread . . . parents often kick them out of the house”. These youth then saturate the foster care system, a system in itself marked with discrimination against these individuals (Carroll, 2009). Some youth distance themselves from their parents or leave home to avoid feelings of rejection or various forms of abuse (Grossman & D’Augelli, 2006). Consequently, transgender youth become homeless.

Ehrensaft (2011) states that although many minority groups can count on their families for support, this does not apply to the transgendered child. The author explains that, whereas Black parents may, for example, reinforce pride in culture, race and ethnicity, and caution and protect children against racism, “gender nonconforming youth cannot automatically count on . . . support or bonding within their families” (Ehrensaft, 2011, p. 2). Ehrensaft (2011, p. 2) explains that children often encounter “prejudice or aspersion from their own families”, and children are often “harassed, abused or disowned”. It was found that rejection of parents contributed to mental disorders such as depression and substance use, and suicide ideation and attempts (Ehrensaft, 2011, p. 3). Grossman and D’Augelli (2007) found in their study on transgenderism and suicide, that transgendered youth who were physically and verbally abused by their parents were more likely to commit suicide than those who were not. Ehrensaft (2011) argues that since parents play a vital role, more attention should be paid on their influence.

### **2.6.2.2 Transporters.**

Ehrensaft (2011, p. 18) also warns of the opposite extreme to transphobic parents, who the author refers to as “transporters”. “Transporters” lack emotional stamina to deal with the issues in a comprehensive manner, and instead employ defences of denial and delusion, and hop on a “fast moving gender journey” (Ehrensaft, 2011, p. 18). These parents deny any negative feelings, and sometimes resort to expecting their child to adhere to strict gender stereotypes assigned to the child’s preferred or affirmed gender<sup>11</sup>. An example is cited in which a female- affirmed child was suddenly expected to clean her room because “a daughter should be neater than a son” (Ehrensaft, 2011, p. 18). In this way, parents may become involved in external gender issues, rather than dealing with their own feelings and the feelings of their child (Ehrensaft, 2011). “Transporters” do not confront and deal with the trauma, and appear to be providing support whilst in fact, entirely overlooking the transgendered child’s (and perhaps their own) needs. Thus, in trying to embrace the new gender, the parent excludes the child (Ehrensaft, 2011).

### **2.6.2.3 Transformers.**

Although there are instances of abuse, abandonment and denial, as discussed above, parents can also be transformed in a positive way by their experience, and become advocates of transgenderism (Ehrensaft, 2011; Johnson et al., n.d.). These parents, or “transformers”, are able to overcome their transphobia and the loss of the child to embrace the new relationship that the “new” identity brings (Ehrensaft, 2011, p. 12). Instead of parent and child becoming distanced from each other, or shaping each other negatively, transgenderism may also create an opportunity for change, both within the self, and within the relationship.

In a study conducted by Johnson et al. (n.d.), the experience of adjusting to a child’s transgendered identity had brought many families closer. Some families or parents “submit themselves to a psychological soul-searching process” in which they confront their own anxieties and aversions to their gender nonconforming child’s presentation, and are able to experience a “deep personal bond” with their child (Ehrensaft, 2011, p. 11). Parents may also find ways to help their child adapt to a largely transphobic society. Parents may, for example, without adhering to them, educate their child about stereotypical norms as well as cultural expectations to help their child cope (Ehrensaft, 2007). These parents may let the

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<sup>11</sup> The term *assigned gender* refers to the gender placed on an individual’s birth certificate, determined by medical personnel or observers of the infant’s birth, typically based on the appearance of the external genitalia. The term *affirmed gender* refers to the gender an individual asserts as the one he or she identifies as being, which may or may not match that person’s assigned gender (Quoted from Ehrensaft, 2011, p. 2).

child balance individuality with social acceptance by creating categories of behaviour, such as “weekend clothes” that may not be permitted to be worn at school (Ehrensaft, 2007, p. 296).

Other parents choose to challenge norms, “rather than asking their gender variant child to accommodate or succumb to the non-accepting or pejorative stance of the social milieu” (Ehrensaft, 2007, p. 296). Parents who are able to overcome the hurdles, and eventually accept their child’s identity, sometimes move toward advocacy (Ehrensaft, 201; Johnson et al., n.d). Ehrensaft (2007, p. 296) notes that “each set of parents must negotiate and come up with either their own strategies or alternatively, their own ‘compromise formations’”.

Ehrensaft (2007, p. 298) maintains that the child needs the parent to be an “anchor” or “oasis” to help the child understand and explore his/her own unique self; the ‘transformer’ parent is able to provide this stable and safe environment.

### **2.6.3 Loss and stages of “mourning” .**

According to Emerson and Rosenfeld (1996), family members often go through stages of mourning and experience denial, anger, bargaining and depression, and eventually (perhaps) acceptance (cited in Rowland & Incrocci, 2008). Zamboni (2006, p. 177) provides an account of the various stages. Denial often entails refusing to address the issue and hoping that it is a phase that will pass. This frequently involves avoidance of the transgendered individual. During the second stage, marked by feelings of anger and betrayal, the transgendered child becomes the object of blame. The transgendered individual may become a type of scapegoat for family grievances. Bargaining may involve a form of emotional or monetary “blackmail”, threats or various methods at an attempt at control or reverse the situation. Finally, as the transgendered individual’s identity takes hold, parents may suffer depression. The reality of the permanence of the identity, sets in. This could lead to the final stage of acceptance, as family members try to show concern about both the family and the transgendered individual. Some may never reach the stage of acceptance, and those who do, may do so without necessarily agreeing with the transgendered individual’s decision. It is also noted that parents, family and loved ones may oscillate between or skip stages (Zamboni, 2006).

An alternative four-stage model of adjustment (similar to that also proposed by Grossman et al., 2005) has also been proposed by Lev (in Zamboni, 2006, p. 177), explaining how

families and parents adapt to the knowledge of a transgendered relative or child. Lev states that, initially, the family members will feel “shock, betrayal and confusion”. The second stage is marked by stress and turmoil as family members work towards acknowledgment of the transgendered identity. The third stage involves determining what can and cannot be accepted regarding the expression of gender. This negotiation involves dialogue, and is a step closer towards accepting reality. Finally, the transgendered individual is integrated into the family, and the identity is no longer kept secret. Although this stage does to some extent involve acceptance and reduced stress and turmoil, this stage does not imply that issues have been permanent and finally resolved (Zamboni, 2006). Neither of these models mentioned above have been empirically tested, once again indicating the lack of research regarding this area.

Although death of a gender is likened to feelings associated with the death of a loved one, there are differences. With the loss of a gender, secrecy and stigma may result in disenfranchised grief or “silent sorrow” (cited by Lesser, 1999, p. 185). Parents are not allowed to grieve openly due to the shame that is experienced, and the isolation that is coupled with shame translates into a lack of support (Lesser, 1999). Thus the parent’s grief of a ‘lost’ child, remains a private one. In addition, parents are usually expected to communicate the information to other family members (who may be biased), whilst still processing the information themselves (Zamboni, 2006).

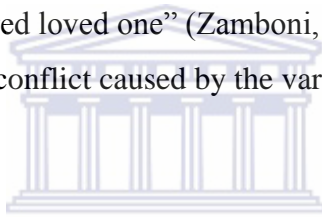
#### **2.6.4 Internal conflict and common difficulties encountered when child “comes out”.**

Parents grapple with various issues when their child “comes out”. A child’s identity is inextricably linked to the parent’s identity, and vice versa. When the child discloses their desired or affirmed gender, the parent’s very identity becomes uncertain. Strong emotional reactions are therefore understandable, especially in the absence of sufficient and accurate knowledge regarding transgender issues. Parents may grapple with how the change in their transgendered child’s identity redefines them (the parents), as well as their relationship with their child (Zamboni, 2006, p. 175). Parents are also in conflict about their own feelings, judging their own responses to their child (Johnson et al., n.d.).

Part of the difficulty, besides the all-pervasive stigma and judgment attached, lies in the fact that the parents’ entire value system and core beliefs may be challenged. Religious and cultural beliefs, for example, can pose a barrier to acceptance and may hinder the relationship (Johnson et al., n.d.). Although not always the case, people’s reactions based on

their perception or interpretation of religion, can play a negative role (Johnson et al., n.d.). Bodily harm in the name of religious conviction, can become a real threat to some gender nonconforming individuals (Johnson et al., n.d.). According to Polat et al. (2005), many monotheistic religions have strict rules regarding sexuality and gender. Additionally, religious rituals are often based on gender. For example, Roman Catholicism decree that priests be male, and Muslim burial rites state that only a female can bathe the body of another female (Polat et al., 2005).

Sometimes the transgendered individual adopts a new name forfeiting a name which may have had special meanings attached to them for the parents (Zamboni, 2006). The change of name translates into, unconsciously, desertion and abandonment by the child, and in some cases, is perceived as an insult (Zamboni, 2006). Parents must deal with the feelings of loss of a loved one, as well as determine what the relationship with the transgendered individual will be. This requires that the parents understand “what is changing and what is not changing about the transgendered loved one” (Zamboni, 2006, p. 176). Parents may also have to deal with the resulting conflict caused by the various feelings and attitudes of siblings.



Gender variance is challenging for parents, but more so when the parents are averse to the idea of gender variance, or have difficulty accepting a nonconforming gender (Hill et al., 2010). Parents of transgendered children may worry that they may “have done something to cause [the] problem” (Ehrensaft, 2007, p. 289). These parents face a dilemma in that they have to deal with their own distress regarding the gender variance whilst simultaneously recognising the importance of supporting the child’s wishes. They are also aware of social ostracism and the effects of stigmatism and discrimination, and that violence, and, generally, a difficult life, become real threats for the child (Hill et al., 2010).

Parents have to deal with their own emotional struggles, whilst simultaneously dealing with their child. Decisions will have to be made, and parents often struggle with deciding whether the identity should remain a secret, fearing rejection of family members and friends (Zamboni, 2006).

#### **2.6.5 Shame, secrecy, isolation.**

Many families harbour the secret of the identity of the transgender individual (Zamboni, 2006) due to the stigma and “shame over having such a thing occur in the family” (Lesser,

1999, p. 183). Secrecy surrounding the nonconforming gendered child keep people isolated (Lesser, 1999), thereby worsening the situation. As mentioned before, parents are usually expected to communicate the information to other family members who may be biased, and manage this process whilst still struggling to process the information themselves (Zamboni, 2006). The stigma, shame and secrecy can lead to further conflict between families and stunt healthy progression through the stages of mourning. As previously mentioned, unlike mourning in a conventional situation, the parents cannot depend and reach out to family and friends for support (Lesser, 1999), as the closer the relationship, the greater the fear of rejection. Further possible complications are that sometimes, only one parent is accepting of the child's gender identity, and extended families may also be a source of rejection (Johnson, et al., n.d.).

The parent may be conflicted between accepting the child, and having the child comply with societal norms and 'fit in'. The parent may find that he/ she vacillates between the inner worlds of the child and the outer world of society, driven by self-fragmentation conflicts and the seemingly irresolvable tension between protection, nurturance, and social demands" (Ehrensaft, 2007, p. 282 – 283).

Additionally, the parent has to cope or balance and integrate the 'new' family discourse with the dominant discourse of society. "Social constructionists assert that every family evolves a set of shared assumptions that serve to organize their family at both a family-level discourse and their experience of the larger discourse" (Blume & Blume, 2003, p. 789). (For the purpose of this study, family and parents will be used interchangeably, as family includes parents.) Although dominant gender norms may not be strictly adhered to or reinforced in homes, parents often insist that these norms are adhered to outside of their homes (Blume & Blume, 2003, p. 79). "Ongoing constructions must occur in a family's pattern of interaction not only to accommodate an adolescent's cognitive development but also to respond to parent-child negotiation of identities as different gender performances are practiced" (Blume & Blume, 2003, p. 790). According to Riegel, dualities give rise to tensions and ambiguities, as it does not account for the "instability of intersection" (In Blume & Blume, 2003, p. 790). Thus, although family discourse may alter to accommodate the 'new' gender, the dominant discourse remains unchanged, and the behaviour of the family, parents and transgendered individual may be inconsistent across the different levels of discourse, adding complexity to an already taxing situation.

## **2.7 Parent Concerns**

### **2.7.1 Discrimination and safety.**

Parents may fear attitudes of friends, teachers and strangers (Ehrensaft, 2007).

The anxiety all parents face with regards to gender variant children is “integrating the intrapsychic phenomenon of their child’s unfolding unique gender self with their relatively unyielding social demands of the world around them” (Ehrensaft, 2007, p. 300). As mentioned previously, there may be dissonance between the inner world of the child, the world of the family, and the outer world of society (Ehrensaft, 2007). Many parents are concerned for their child’s safety in a transphobic world (Ehrensaft, 2011; Brown, 2006) fearing the discrimination their child may encounter (Lesser, 1999). Parents may wrestle with the knowledge that torment, punishment and murder are possible consequences for the child’s gender variance (Ehrensaft, 2007).

Gibson and Catlin (2010, p. 57) highlight that transgender youth are verbally and physically abused, suffer assaults, and do not feel safe at school (Gibson & Catlin, 2010, p. 57).

Attendance is often poor, and transgendered children can become academically demotivated due to their victimisation (Johnson et al., n.d.). Poor school performance and fear of school attendance is also a great cause for concern (Johnson et al., n.d., Biddulph, 2006).

### **2.7.2 Comorbidities, risk behaviour and suicide.**

Transgender children frequently suffer depression, and various forms of anxiety (DSM-IV-TR, 2000; RHO, 2013). They sometimes fear the transition brought on by puberty; parents have to cope with the intense anxieties, fear, horror and revulsion that the child experiences as secondary sex characteristics develop (Ehrensaft, 2009; Ehrensaft, 2011; Giordano, 2008; Johnson et al., n.d.). Some resort to self-treatment with hormones, castration or penectomy (DSM-IV TR, 2000). Adolescents may show impairment such as school refusal, depression, anxiety and substance abuse (DSM-5, 2013). Adults are at risk for anxiety (Anonymous, 2012), suicidal ideation, suicide attempts and suicide (Anonymous, 2012; DSM-5, 2013).

Despite the lack of literature and agreement around central controversial issues regarding transgenderism, an overwhelming amount of studies confer that transgender individuals often suffer from low self-esteem, depression and anxiety, and, consequently, are at high risk for suicide (Anonymous, 2012; Berefelt et al., 2011; Berefelt, Bullough & Bullough, 1993; Biddulph, 2006; Carroll, 2009; Di Ceglie, 2000; DSM-5, 2013; Ehrensaft, 2009;

Goldberg, 2009; Grossman & D'Augelli, 2006; Grossman & D'Augelli, 2007; Hicks, 1999; Johnson et al., n.d.; Jones & Tinker, 1982; Langer & Martin, 2004; Rekers, 2009; RHO, 2013; Rowland & Incrocci, 2008; Wylie, 2004). Risk behaviour is often brought about by feelings of worthlessness and shame that accompany the rejection of the transgendered individual. Males may resort to prostitution, placing them at high risk for human immunodeficiency virus (HIV) (DSM-IV TR, 2000).

Rejection has an immense negative impact (Langer & Martin, 2004). Family rejection increases the risk for depression and suicide. In light of this, and the significance of parental relationships, one can conclude that lack of support of parents could greatly contribute to the suicide levels of transgendered youth. Assisting parents in understanding and coping with transgendered individuals will therefore be a way of helping the transgendered individuals themselves, as parental support can serve as a protective factor (Johnson et al., n.d.; RHO, 2013). A study conducted in the USA confirms this notion: It was found that transgender children who do not have the support of their parents and are pressured into conforming, have a suicide rate that is four times higher than those children who have supportive parents (Anonymous, 2011). This reiterates the vital importance of providing support for parent to enable them to cope and consequently, help the transgendered child.

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## **2.8. Treatment Goals (for Children) and Parent Involvement**

There are two approaches to children who are transgendered, or who desire to be the opposite sex. One approach comprises “reparative therapy”, that is, to teach the child to accept his / her birth sex and assigned gender. This is based on the notion that a stereotypically gendered child is ‘normal’ (Hill et al., 2010, p. 7). Included in the aims of this treatment, is getting parent involved in encouraging ‘appropriate’ behaviour based on gender, the prevention of transsexualism, as well as the prevention of ostracism (Hill et al., 2010). Hill et al. (2010, p.1) criticise this approach, stating that the “medical / psychiatric” approach is based on the premise that “the child is disordered”, when “there is no scientific evidence that interventions to normalize gender expression have long term benefits for the child’s mental health” (2010, p.9). In addition, Hill et al. (2010) further maintain that the pressure to conform could negatively impact on social and peer interaction. The child’s anxiety is also correlated with the expectations of the parents; when parents allow for freer expression of gender variance, the child’s anxiety level decrease (Hill et al., 2010).



The other approach to treatment is accepting the child's desired gender (Gibson & Catlin, 2010, p. 55). This therapy "contradicts the claims of doctors working to treat what [is called] . . . a . . . disorder", opposing "clinical approaches that pathologise gender variance" (Hill et al., 2010, p. 10). The treatment may include real life experience (RLE) (Gibson, 2011, p. 231), hormonal treatment and/or sex reassignment surgery (Hill et al., 2010). The goals of this therapy may include educating the parents and helping the parents understand the child so that the child can have a safe space in which to explore and exercise gender expressions (Hill et al., 2010). Parents may also need to be reassured that they are not the cause of or to blame for the 'disorder' (Hill et al., 2010). Parents are taught how to deal with "loss of an idealised future of the child", and how to deal with "teasing and harassment" (Hill et al., 2010, p. 9). This will help parents affirm and support their gender variant children (Hill et al., 2010).

The negative aspect of this type of therapy is the societal or environmental-based responses (Hill et al., 2010). There are also criticisms levelled at therapy which accepts the child's desired gender, when the 'variance' may not remain. Some children who appear to be transgendered, later have the variance dissipate; others become gay, others become heterosexual, others are unconventionally gendered, and yet others seek sex reassignment surgery (Hill et al., 2010). Similarly, some studies show that 80% - 90% of children will resolve their gender problems by adolescence (Gibson & Catlin, 2010, p. 55). Although not all GID children become transgender adults, it was found that when the condition persists into adolescence, it usually remains (Dreger, 2009). This is confirmed in another study which states that if GID is present in adulthood, the course tends to be chronic (DSM-IV-TR, 2000).

Hill et al. (2010) argue that with regards to treatment of children, the uncertainty lies with matching child to the type of therapy. More longitudinal and multi-cultural studies are needed with regards to treatment of gender variant children and their parents, and the long-term outcomes thereof (Hill et al., 2010, p. 21).

Lev (n.d., p. 7) argues that family members of transgender individuals too require therapy, and that "gender variant experience is not simply an internal psychological process that needs to be navigated by transgender [ . . . ] people, but it is also a relational and systemic dynamic that intimately involves family, friends, loved ones and all social relationships".

## **2.9 Concerns Regarding Social Structures**

### **2.9.1 Educational systems / schools.**

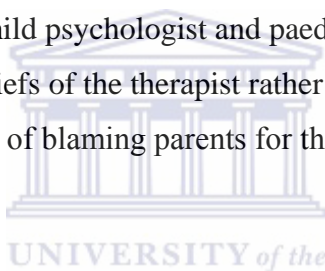
As mentioned previously, transgender youth are verbally and physically abused at schools (Gibson & Catlin, 2010, p. 57). Parents' concerns regarding victimisation at schools are real (Carroll et al., 2002; Grossman et al., 2005) and Carroll (2009, p. 733) confirms that "a high percentage experience verbal harassment, physical harassment, and assault in a school setting." In a survey conducted in 2005 in America, it was found that approximately two-fifths (40.7%) of transgender youth felt unsafe at school due to their gender expression (Gibson & Catlin, 2010, p. 55). In a Gay, Lesbian, Straight, Education Network (GLSEN) school climate survey, 88.9% of student participants reported verbal abuse due to sexual orientation or gender expression, 62.2% reported being harassed due to gender expression, and 12.5% reported being physically assaulted due to their gender expression (Johnson et al., n.d., p. 4). A majority (62.4%) of students who were harassed did not report the incident to school staff, as they felt that it would either make no difference, or worsen the abuse. Those who did report the incident/s (33.8%), purported that no corrective action was taken (Johnson et al., n.d., p. 4-5). Toomey, Ryan, Diaz, Card and Russel (2010) warn that murder by fellow classmates due to gender nonconformity is a reality. The above are all sources of distress for parents of transgendered children. Besides the direct physical consequences for the child at school, school attendance and performance also become a cause of concern for parents.

In addition to discrimination from students, teachers and schools also contribute towards discrimination. Teachers sometimes blame parents for the "abnormal" gender they encounter (Brown, 2006). For example, a parent explained her child's identity to a teacher, who responded by saying that the parents and the child were going to "burn in hell" and that she "was not going to be a part of that" (Johnson et al., n.d., p. 20). In another instance a distressed parent revealed that her son would get beaten up and urinated upon, and subsequently, he avoided using the school bathrooms (Johnson et al., n.d.). The school dismissed it as merely "an incident", ignoring the cause of the appalling behaviour (Johnson et al., n.d., p. 21). Parents lack support from social and educational welfare institutions and therefore lack the leverage required to pressure school administrators to accept their transgendered children for who they are.

## **2.9.2 Healthcare and health professionals**

In the case where the child is relatively young and happens to be displaying nonconforming behaviour, parents may be uncertain as to how to address the problem. They often assume that their child is gay or lesbian, and also are uncertain about whether to raise the child in any particular direction with regards to gender (Vanderburgh, 2009).

Health and social services often do not acknowledge gender expression beyond binary norms (Grossman & D'Augelli, 2006). When seeking help for professionals who lack knowledge and experience regarding transgenderism, the professional may turn to the DSM and thereby pathologise the child. "There are professionals in abundance trained to step in and to 'cure' the gender 'abnormality'" (Ehrensaft, 2007, p. 293). Paediatricians and educators refer to these trained professionals, and this psychological / medical discourse creates a burden for the parent (and child) (Ehrensaft, 2007). Various communiqués are cited by Vanderburgh (2009) which reflect both the ignorance and biases of health professionals which include a psychiatrist, child psychologist and paediatrician. At times, these parents are guided according to the beliefs of the therapist rather than focussing on the needs of the child. Therapists too are guilty of blaming parents for the child's transgendered identity (Vanderburgh, 2009).



Furthermore, Gibson and Catlin (2011, p. 241) argue that although nurses are supposed to act with compassion . . . integrity . . . and remain non-judgemental". Transgender patients often avoid seeking medical assistance since they are met with "ridicule, rejection, and lack of acceptance" (Gibson & Catlin, 2011, p. 241).

## **2.10 The South African Context**

### **2.10.1 Transgenderism and healthcare in South Africa.**

The Alteration of Sex Description and Sex Status Act, No. 49 of 2003, came into effect 2004. Genital surgery was no longer required for alteration of one's sex description, although this is not legal at the Department of Home Affairs where appeals for Sex Description Alteration has to be submitted (Klein, 2009) .

"LGBITTIQ (Lesbian, Gay, Bisexual, Transsexual, Transgender, Intersex and Queer) activists consider the country to be, from a legal point of view, among the most progressive worldwide" (Klein, 2009, p. 15). However, "formal equality" did not result in "practical

equality” (Klein, 2009, p. 15). South African trans and intersexed people are still faced with a “vast array of obstacles, phobias, discrimination, and hate crimes” (Klein, 2009, p. 15). Healthcare is also lacking and often reflect prejudiced attitudes.

In South Africa, out of 381 public hospitals, only sixteen can be considered for SRS, but only two, that is, *Groote Schuur Hospital* and *Pretoria Academic Hospital*, are accessible to transgendered individuals (Klein, 2008). The “state allows only six people a year at the Pretoria Academic Hospital”, despite waiting lists and currently, no SRS is being performed at Groote Schuur (Smit, 2006, p. 279). In order to qualify for hormone or surgical treatment a two year treatment process comprising monthly sessions with a psychiatrist, is required. With regards to private treatment, cost range from R65 000 and R100 000, and medical aid does not cover SRS (Smit, 2006). Klein (2009) argues that biomedical care, hormone treatment and private care require financial resources and remain unaffordable to many (Klein, 2009). In addition, very few South Africans have the ability to perform all the surgeries required (Smit, 2006, p. 279).

Klein (2009) points out various contradictions regarding surgeries by comparing intersex cases with transgender cases. Intersex surgeries serve to restore gender binaries, and specialist centres are more available for non-consensual intersex surgeries than for consensual transgender surgeries (Klein, 2009). A surgeon explains that this is because intersex is seen as a “diseased state” (Anonymous surgeon, in Klein, 2009, p. 21). Klein (2009) also highlights that although, in the case of a transgendered individual, a sixteen year old does not have the capacity to give informed consent, a 14 year old who is intersexed is trusted to be able to give informed consent.

According to Smit (2006, p. 279), “trans people find that they first have to educate therapists about trans issues before the latter can be of any assistance”. Healthcare in South Africa is often based on the assumption of sameness, and there exist a lack awareness and respect with regard to difference and diversity (Nel & Lake, 2009). Although the LGBTTIQ is described as a single group, the socio-economic, religious, and cultural divide “lets them inhabit this single category in very diverse ways” (Klein, 2009, p. 17). It has been put forth that the spirit of “ubuntu”, indicative of the strong community spirit and influence in South Africa, should guide therapists (AFTA, 2005, p. 36).

### **2.10.2 Socioeconomic divide, lack of knowledge, transphobia.**

It appears that South Africans are generally uninformed about transgenderism, and unfortunately, this criticism includes professionals. In addition to lack of research, especially with regards to transgender children, research is faced with challenges, as Keenan (2006, p. 6) found that “the word ‘transgender’ is one that is not used at all in South African communities. Language and terminology may form a barrier, and “better”, “more acceptable”, “less hurtful” terminology may not be familiar or understood by all groups (Theron, in Klein, 2009, p. 20). Many South Africans, especially those without access to Internet, identify as masculine women, but refer to themselves as “lesbians” (Keenan, 2006, p. 6). This implies that true prevalence will be difficult to research, as the language of researchers will prove a barrier and limitation. Furthermore, it seems unlikely that individuals who are unable to name or identify the disorder, would be able to seek help or support with regards to it, be it the transgendered individual, the parent, or any other affected party.

Klein (2009) confirms some of the issues discussed above, and highlights some others that are unique to South Africa. Klein (2009, p. 17) advances an additional argument that, those from disadvantaged economic backgrounds – still linked to racial divide – often have “difficulties getting in touch with NGOs (Non-Governmental Organisations), NPOs (Nonprofit Organisations), and other organisations, in part due to a lack of access to the Internet, which is a valuable “point of entry” (Keenan, 2006, p. 56). Another pertinent factor is that social gatherings often take place at night, and public transport from townships, for example, may not be available at night (Klein, 2009).

The various struggles mentioned above is confirmed by the demographical information regarding members of *GenderDynamix* (GDX). GDX is the “first and only, transgender-focused organization in the African continent” (Keenan, 2006, p. 54). Most of GDX’s members have made contact via the Internet, and the majority of South Africans do not have access to the Internet (Keenan, 2006). As a result of Apartheid and the correlation between socio-economic status, literacy levels and race, the majority of the group is white. According to the organizers from GDX, the few “non-white people” who attend events are generally not from townships (Keenan, 2006, p. 54). According to Nel and Lake (2009, p. 296), the vast majority of LGBTI (Lesbian, Gay, Bisexual, Transgender, Intersex) individuals in South Africa are “black, unemployed, and poor, and have low literacy levels”. White male groups are often most researched but least representative or vulnerable. Thus,

not only is research lacking and limited to an unrepresentative group, treatment, support and dialogue is also denied to the previously disadvantaged communities as a legacy of the Apartheid regime.

### **2.11 Theoretical Framework**

The fundamental assumption of social constructionism is that “reality is socially constructed” (DeLamater & Hyde, 1998). According to Burr (1995), social constructionism holds four main assumptions (in Rapley, 2007). The first is that a critical stance is adopted towards taken-for-granted knowledge. Things that are considered normal or natural are constructed to appear so. Secondly, knowledge is always historically and culturally situated. The third assumption is that knowledge is not external, or created by individuals, but created, sustained and renewed via social processes. Lastly, knowledge and action are linked, and reinforce each other.

DeLamater and Hyde (1998) also list a few key components of social constructionism. One component is that the world appears ordered, and is experienced as an objective reality. In addition, language provides a means to make sense of the world. It allows all that the world entails, to be classified and categorised, and is the means by which the world is interpreted (DeLamater & Hyde, 1998). Another factor is that reality is intersubjective, and language enables the sharing of experiences. Reality is therefore shared, and a product of social interaction. Furthermore, these shared ‘realities’ become institutionalised. Lastly, this institutionalization of language can occur at the level of society, or within subgroups. Although the above pertains to the external reality of the individual, the same is said to apply the internal sensations of the individual, since internal worlds of the individual too are interpreted through language.

To illustrate their points, DeLamater and Hyde (1998) provide an example stating that biological factors such as sexual anatomy are not significant in themselves, but are assigned significance. Sexual organs are “marked by others” to have social significance (DeLamater & Hyde, 1998, p. 14). Similarly, Burdge (2007, p. 245) explains that three fundamental assumptions underlie traditional gender assignment. Firstly, identity is determined by anatomy. Secondly, anatomy, or “reproductive functions” predict behaviour and psychological characteristics, and, finally, only two, that is male and female, genders exist. These assumptions are regarded as ‘truths’. Koyama and Weasel (2002) argue that the

existence of intersexed individuals highlights that gender is socially constructed, and subverts 'truth' about conventional bi-conceptions of gender (Koyama & Weasel, 2002).

Social constructionism enables and brings under scrutiny these "truths" that are taken for granted, and exposes the "absurdity" of "logical classifications" (Burr, 2003, p. 3). Burr (2003, p. 3) illustrates this absurdity by arguing that people, instead of being categorised in terms of biological sex, could have been divided, "equally well . . . into tall and short", and have roles and identities linked to these categories.

DeLamater and Hyde (1998, p. 16) argue that gender has no true essence, but "is defined by interactions between people, by language, and by the discourse of culture". This social construction of reality, and more specifically, gender, in part explains why gender is viewed differently across time and across cultures.

West and Zimmerman (1987) argue that gender is constructed for and by gender interaction (In Burdge, 2006, p. 245). The authors posit that people 'do' gender, and that this "involves a complex of socially guided perceptual, interactional, and micropolitical activities" that appears to be expressions of inherent masculinity and femininity. The authors explain that gender roles have a number of associated "displays" (in Whitley, 2013, p. 600). If we 'do' gender appropriately, the sex/gender system is sustained, reproduced and legitimated (West & Zimmerman, 1987. In Lorber, 1997).

Similarly, Butler (2009) purports that gender is "performed" (through dress, grooming, behaviour), and the ideology of gender is reinforced through repeated performances (In Le Roux, 2012). The repeated performances of one's expected gender role helps create the illusion that the identity is internal or inherent, and that they are the outcome of an internal identity (Butler, 1990. In Nagoshi, Brzuzy & Terrell, 2012).

People (particularly children) are guided through "gendered scripts" to behave according to their gender roles or the gender order (Lorber, 1997, p. 292). Individuals are held accountable for how they 'do' or 'perform gender' through the process of "gender assessment" (Burdge, 2007, p. 246). Based on their performance, they are either 'rewarded' or 'punished', the latter which may involve acts such as being ignored, receiving stares and/or threats, and violence (Burdge, 2007). In this way the gender system is monitored and sustained (Burdge, 2007).

Cerulo (1997, p. 388) points out that, “in highlighting the subjective nature of gender, constructionist do not deemphasize the effects of gender categories [but] argue that [they] severely constrict human behaviour”. Social constructionism allows “alternative means of understanding gender differences or of abandoning such distinctions altogether” (Gergen, 1985, p. 267). As such, gender need not be seen as binary, as two distinct categories, but could be reconceptualised as “points on a continuum” (DeLamater & Hyde, 1998, p. 16). Lev (n.d., p. 5) argues that “all components of identity are actually on a continuum”. Sex, gender identity, gender role expression and sexual orientation all exist on a spectrum and are not mutually exclusive. They need not be fixed or permanent, and are in fact fluid and diverse. Lev (n.d., p. 5) advocates fluid identities, as the accepted “bi-polar system renders those who are intersex, gender variant, androgynous and/or bisexual, invisible”.

Furthermore, a word or “sign has no meaning in itself; it acquires meaning via its relationship with other words or “signs” (Burr, 2003, p. 52). When making sense of the world through language, objects and experiences are defined relative to its opposite (Burr, 2003). ‘Female’ is viewed as opposite to ‘male’, ‘feminine’ as opposite to ‘masculine’. Similarly, being male is associated with being a man and being masculine. A “masculine male man” should be attracted to a “feminine female woman” (Lev, n.d., p. 3). Pronouns such as ‘his’ and ‘her’ are both a reflection and reinforcement of the binary definition of gender, excluding a large proportion of individuals who do not or refuse to identify with either one of the two options. The prefix ‘trans-’<sup>12</sup> in ‘transgender’ implies that the term is defined in relation to (and is therefore secondary to) a dual definition of gender. Gergen (2009) stresses the importance of language in social interaction arguing that it is through language that individuals validate and invalidate each other, by which they affirm, or fail to acknowledge or discount the experience of others.

In the western tradition, binaries are favoured, “with a strong tendency to privilege or value one side over the other” (Gergen, 2009, p.20). Dominant groups “lay claim to the privileged pole, while viewing ‘others’ as the opposite” (Gergen, 2009, p. 20). Gergen (2009, p. 110) argue that

for everything in which we place value, we simultaneously create an alternative world of the less than desirable . . . primarily inhabited by others, those who are not part of us

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<sup>12</sup> ‘Trans’ is defined as “across or beyond”, “on or to the other side of”, or “into another state or place” (Compact Oxford English Dictionary, 2003, p. 1223).



. . . The invited result is mutual antipathy, physical avoidance . . . the mutual creation of the 'evil other', . . . hate talk . . . physical violence" (Gergen, 2009, p. 110).

Thus, interwoven with the construction of realities, is the construction of conflict, as "we come to see those who don't share in our way of life as lacking in some way" (Gergen, 2009, p. 114). Transgendered individuals, for example, are marginalised and discriminated against, they are "not part of us". However, social constructionism can "expose the origins, extent and working of those discourses which demonise and pathologise" (Fopp, n.d.), and allows for transformative dialogue about the "best option for treating conflicting realities" (Gergen, 2009, p.115).

Social constructionism, unlike traditional psychology, places emphasis on factors external to the individual. Personality, cognition, attitudes are, in traditional psychology, seen as causes of action and as intrinsic to the individual. Pathology therefore resides within the individual. By contrast, social constructionism "relocates problems away from the pathologised" (Burr, 2003, p. 9), and pathology and psychological terms are abstract and constructed (Maddux, Gosselin & Winstead, n.d.). For example, to experience a gender identity that is at odds with sex, is viewed as a pathology due to the bipolar definitions of sex and gender. A gender variant person is considered 'variant' because society deems the individual as such, and not due to any "inherent" variance or pathology. Burr (2003, p. 7) argues that all forms of knowledge are "historically and culturally specific", including knowledge of the social sciences. "The theories and explanations of psychology are thus time- and culture- specific" (Burr, 2003, p. 7). This is reinforced by the ever evolving DSM, where, for example, homosexuality was once deemed a disorder, but is no longer considered as such. According to Burr (2003, p. 65) each discourse "claims to be the truth", just as conventional binary classifications of gender is seen to be the truth. Social constructionism allows for "shifts in accepted cultural boundaries" and "stifling cultural practices" (Raskin, 2002). Burr (2003, p. 10) acknowledges that "discourses that are threatening to the status quo . . . will be strongly resisted and marginalised" (Burr, 2003, p. 110). Moreover, since individual and society are "two sides of the same coin" "agency is only possible in relation with others" (Burr, 2003, p. 185, 190).

Gergen (2009, p. 111) suggests that instead of "for or against" dialogues, we should engage in "transformative dialogue, that is, a dialogue aimed at bringing about new and more promising relationships". The author warns that "whenever we are certain about what is

real, we seal ourselves off from other possibilities . . . [and] . . . close off options for dialogue” (Gergen, 2009, p. 161-162).

## **2.12 Conclusion**

This chapter has addressed major controversies and concerns regarding GID/GD, especially highlighting the issues that affect parents of transgendered children. A social constructionist approach has been adopted in this study, as it is believed that it will provide insight into the complexities and consequences of language and culture and its ‘established truths’, and also enables possibilities for dialogue and transformation towards a more inclusive society.

The subsequent chapter will discuss the methodology employed in conducting this study.



## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction**

This chapter focuses on the research methodology, and provides a rationale for the research design. It explains why the use of qualitative research and a single-case study were both appropriate and desirable. A discussion on the selection of participants, data collection procedure, administrative procedures follows. The method of data analysis is outlined, and ethical considerations, as well as pertinent issues regarding validity and reflexivity, are documented.

#### **3.2 Research Design**

The aim of this study is to generate in-depth information on an area that is under-researched, and about which very little is known. The emphasis is on the experience of the participant, and therefore a qualitative study was utilised, as this best enabled “the reality of the participant for their own point of view” (Henning, 2004, p. 19). Qualitative research stresses that reality is socially constructed, takes into account context that shape inquiry, the interaction between researcher and participant, and seeks to address how social experience is created and given meaning (Denzin & Lincoln, 2003, p. 12). Qualitative researchers are able to get “closer” to the participant and subject matter through detailed interviewing, rendering a more accurate and detailed account of the subject’s perspective (Denzin & Lincoln, 2003, p. 16).

“Qualitative researchers tend to be concerned with meaning . . . they are interested in how people make sense of the world and how they experience events. The aim is to understand “‘what it is like’ to experience certain conditions”; the “quality and texture” of experience, and to ask questions about processes (Willig, 2001, p. 9). They are concerned with rich descriptions, rather than generalizations (Denzin & Lincoln, 2003, p. 16).

Qualitative research was especially appropriate for this study as it can contribute to a body of knowledge by allowing the emergence of new data, giving voice to those not heard before, by studying groups that are difficult to access, correcting biases in previous research, by asking questions that have never been asked, as suggested by Ambert, Adler, Adler and Detzner (1995).

Ambert et al. (1995, p. 880) outline various goals of qualitative research, which, the authors assert, primarily emphasises meaning and the multiplicities of reality. The authors contend that qualitative research emphasises “depth rather than breadth”, seeking “intimate” information. Furthermore, the aim is about “how and why people behave, think and make meaning as they do”, and the research usually spans micro and macro level-, structural and processal- issues, and is especially suited to the study of family processes. Qualitative research is concerned with “discovery rather than verification”, and may result in “complete redirection, modifications of, or additions to, existing ideas” as it allows traditional ideas to be challenged (Ambert et al., 1995, p. 880). It allows for the emergence of new or unanticipated phenomena (Ambert et al., 1995).

In this research, the social structures that inform ‘reality’, is relevant. It allows an understanding of the acceptance of societal constructs, demonstrates how these are internalised, and how some try to adapt to societal constructs contrary to their own internal experience. This research also shows constructs for what they are, that is, creations rather than factual truths, and in this very point resides the hope in re-constructing that which can become destructive and contributes to pain; that which no longer serves its purpose of helping us understand the world, but contributes to confusion.

As an “outsider” to the group being studied, the researcher has the advantage of providing “fresh insight”. This serves to deconstruct the researcher-participant hierarchy as knowledge resides within the participant. However, the researcher should be aware of potential bias as an “outsider”. Qualitative research can also be judged on how close researchers get to the data, and the social world and experience of the participant (Ambert et al., 1995, p. 887). Although closeness may create a bias, as argued by some, it should be taken into account, that, in accordance with the social constructionist theory that underpins this study (as well as the discourse analysis employed), it is understood that meaning is co-constructed during the research process.

According to Yin (2009, p. 10), case studies are useful when wanting to understand the “how” and “why” of a phenomena. Perelman and Curran (2006, p. 173) recommend employing case studies when the research “promises to yield fundamental insight” into “rare” or unusual phenomena, explores a case that will “shed light” or help evaluate on established theory, or to contribute to a body of knowledge “when no adequate body of theory exists”.

According to Flyvbjerg (2006, p. 223 - 224), case studies enables a “nuanced view of reality”, “context-dependent knowledge”, and feedback from the participants. It is useful when learning, rather than proving facts is the aim, and one may discover information that falsifies previous propositions. Flyvbjerg (2006, p. 228) employs the analogy of “black swans”, where finding just one black swan will falsify the long-standing theory that all swans are white. Case studies, through its in-depth nature, allows researchers to discover that “what appears to be ‘white’, often turns out on closer examination to be ‘black’” (Flyvbjerg, 2006, p. 228).

Darke, Shanks and Broadbent (1998) maintain that single-case study designs are appropriate for exploratory research. Case studies take a close look at “individual cases so as to understand better their internal dynamics”, and the case is understood within its context, that is, holistically (Willig, 2008, p. 87 - 88). Willig (2008) argues that a single-case study is appropriate when the researcher wishes to explore a single case in as much depth as possible, or the case may be unique and of special interest to the researcher.

Potter and Wetherell (1987) argue that with discourse analysis, “a number of classic studies focus on a single text”, practice may be dictated by what is available and accessible, and since the focus is on language rather than content, a large sample does not necessarily prove to be more worthwhile. Case studies are used to “understand real-life phenomenon in depth”, as within the context in which they occur (Yin, 2009, p. 18). In this research, the “case” or “unit of analysis” will be the experience of the individual. Starks and Brown (2009, p. 1374) assert “one individual can generate hundreds or thousands of concepts”, hence, depending on the purpose of the study, a large number of participants may not be required.

Yin (2009, p. 53-54) argues that although multiple case studies are seen as more “compelling and robust”, there are instances when single case studies are not only justifiable, but desirable. A single – case design is justifiable, and highly probable when, amongst others, the case is revelatory, or a rare or unique circumstance. Given the exploratory nature of the study – especially within a South African context – and the anticipated difficulty with regards to finding participants, a single case-design seems appropriate. Furthermore, the study comprises a mini-thesis, and creating vast data beyond a single-case study may compromise the purpose of the study; depth may be sacrificed for breadth.

### 3.3 Participants

The case study is based on the experiences of a parent of a transgendered child, within the South African context, in order to provide in-depth knowledge. Kelly (2006a, p. 288) explains that when a rare or sensitive phenomenon is studied, finding appropriate cases may be challenging, and it may become “reasonable” to take whatever relevant case can be found. Due to the nature of the study, finding a voluntary participant was challenging, and making contact with potential participants required careful negotiation with gatekeepers. Finding a participant willing to share intensely personal experiences with an “outsider”, that is, someone who had no direct personal experiences regarding transgenderism, and who would trust that the research was not about sensationalism, nor inspired by ‘voyeurism’, was also challenging.

Through contacting *Gender Dynamix* (GDX), the “first and only, transgender-focused organization in the African continent” (Keenan, 2006, p. 54), I was referred to the participant, as she was hosting support groups for parents of transgender children.

The participant is a South African, Caucasian mother of three children, residing in Cape Town. In addition to convening a support group, the participant herself is currently doing research involving parents of transgendered children. In her interest to promote awareness and tolerance regarding gender issues, she readily agreed to participate in the study.

### 3.4 Data Collection

For this study, three semi-structured interviews were conducted. According to Arksey and Knight (1999, p. 33), “qualitative interviews examine the content of thought, feelings and actions and can be a way of exploring relationships between different aspects of a situation”. As such, it is suited to the exploratory nature of the study as well as the case study design. During the interviews, the participant was encouraged to be open and spontaneous, and themes and broad topic areas served as a general guide only, as recommended by Arksey and Knight (1999). Semi-structured interviews allowed for the provision of clarity based on data previously collected; to “follow up ideas, probe responses and ask for clarification or further elaboration” (Arksey & Knight, 1999, p. 6). Clarification was important as the topic is very sensitive and the discourse controversial; and Arksey and Knight (1999, p. 6) warn that it is important that the researcher does not assume “shared” meanings but verify meanings with the interviewee.

Throughout the interviews, it was borne in mind that researchers must remain sensitive to the respondents privacy, and avoid being invasive. “Unanticipated self-exposure”, where the respondents reveal more than what was intended, was guarded against, as advised by Ambert et al., (1995, p. 887).

### **3.5 Procedure**

Permission for the proposed study was obtained from the UWC Higher Degrees Committee, and the research participant. The participant was informed about the aims of the study, the data collection process and the analysis of the study. An interview schedule was drawn up, and the three interview sessions lasted approximately 60 minutes each. Permission was also obtained from the participant to make audio-recordings of the interviews. The data was transcribed and analysed using discourse analysis.

### **3.6 Data Analysis**

The data was analysed using discourse analysis. Discourse analysis disputes assumptions and challenges “truths” (Elliott, 1996, p. 65), and questions the “real” material world. The analogy of a ship in a bottle is used to explain how discourse operates. Like the “real world”, the ship looks as though it has always been in the bottle, and there is ignorance or obscurity regarding the ship’s careful construction. In the same manner, phenomena are formulated and constructed in discourse (Potter & Wetherell, 1987), but phenomena appear “ready completed”, and “there seems no alternative but to accept it as it appears” (Potter & Wetherell, 1987, p. 181).

Discourse analysis does not adhere to, but subverts this “taken-for granted” stance. It seeks to “explicate the constructive activity involved in the creation of a ‘world out there’ . . . [and does not] take any dichotomy for granted” (Potter & Wetherell, 1987, p. 181). The important assumption of discourse analysis is that language can never be neutral or value free; it examines the way in which text has been constructed to serve particular functions (Potter & Wetherell, 1987). Discourse is not the medium through which facts and events are communicated, but topics of research in itself (Potter & Wetherell, 1987). Discourse analysis essentially involves reflecting on text; taking a critical distance from text (Terre Blanche, Kelly & Durrheim, 2006). Participants may have contradictory themes or statements, which forms an important component of the analysis and understanding of text, as it is not about “truth”, but understanding the discourse within its context, and variability draws attention to context and function of the discourse (Willig, 2008, p. 105).

Although there are two traditions in discourse analysis, one which focuses on “discourse practices”, that is, “what people do with their talk and writing” and the other “discursive resources”, that is, “what people draw on when they talk and write”, Potter and Wetherell argue that these two comprise a “twin focus” (in Willig, 2008, p. 110). Wetherell (1998) argues that “the synthesis of the two allows the discourse analyst to . . . pay attention to both the situated and shifting nature of discursive constructions as well as the wider social and institutional frameworks within which they are produced” (in Willig, 2008, p. 110). According to Wetherell, a combination of the two approaches gives rise to insights that could not be accomplished with each on its own. The author argues that the discursive practice focuses on how speakers construct meaning, whereas the discursive resources help us understand why speakers draw on certain repertoires and not others (in Willig, 2008).

Potter and Wetherell (1987) discuss the function, construction and variation in language. The authors state that we do things with language such as “request, persuade and accuse”, although this may be indirectly done so that the discourse analyst has to ‘read’ the context to ascertain the function (Potter & Wetherell, 1987, p. 33). Furthermore, language will vary based on the function or purpose; descriptions of the same phenomenon will vary based on the purpose it wished to serve. This relates to the final point, which is that language is used to “construct versions of the social world” (Potter & Wetherell, 1987, p. 33). As such, variation is inevitable and perpetual, since different versions are used to describe and re-describe events. These various versions will serve different purposes (Potter & Wetherell, 1987).

Cheek (2004, p. 1145) states that “there is no method to discourse analysis”. Potter and Wetherell (1987, p. 175) agree, but propose ten stages of discourse analysis, which should be viewed as a “springboard rather than template”. Although these stages are fluid and not sequential, and may in fact merge together, they are outlined as separate stages for simplicity and to aid clarity (Potter & Wetherell, 1987).

Stages one to five address the research question, sample collection and types of data that can be analysed, of which a brief, relevant outline follows respectively. The research questions can be “many and varied”, and text is evaluated in terms of “its construction in relation to its function” (Potter & Wetherell, 1987, p. 160). Discourse analysis is labour intensive, and too much data could impact negatively on the analysis. Since the focus is on language rather than content, small samples or few interviews are adequate, and in certain instances,



preferable (Potter & Wetherell, 1987). Although documents, conversation and records can be used in discourse analysis, interviews have the advantage of “active intervention” (Potter & Wetherell, 1987, p. 163). The interview is not viewed as a research instrument, and the researcher becomes an active part of the conversation (Potter & Wetherell, 1987). Thus, where necessary, the interviewer’s questions were acknowledged or included in the excerpt.

In accordance with an explanation provided by Potter and Wetherell (1987), the goal of the analysis was not to seek consistency “truth” or evidence, but to look at consistent and inconsistent patterns of language use and discourse. In addition, the analysis looks at how information was constructed, and what the construction allowed or achieved.

Steps five to ten involve direct analysis (and validation) and are therefore detailed below. (It is important to reiterate that some stages are fluid and often cyclical):

### **Stage Five: Transcription**

A good transcription is essential to enable close reading of the text (Potter & Wetherell, 1987, p. 165). The issue of how detailed a transcription should be depends on the research question, what information is required from the transcript, and the level of interpretation that will be employed (Potter & Wetherell, 1987). For many research questions, “fine details of timing and intonations are not crucial [but] . . . can interfere with the readability of the transcript” (Potter & Wetherell, 1987, p. 166). Transcripts should be clear and readable in terms of font, spacing and layout. To facilitate interpretation, necessary details were provided, to allow for nuanced reading without compromising readability. In addition, a transcription notation is included to aid with interpretation (refer to appendix C).

### **Stage 6: Coding**

Coding is not the equivalent of analysis, it serves the pragmatic function of creating manageable chunks out of an unwieldy body of discourse (Potter & Wetherell, 1987). Categories of coding were generated based on the research question. Coding was done as inclusively as possible as even information that seems vaguely relevant could be pertinent to the analysis (Potter & Wetherell, 1987). In the analysis, one piece of text often belonged to various categories, and it was therefore useful to do a number of codings simultaneously, as advised by Potter and Wetherell (1987). The transcripts of data were sorted and stored per code to facilitate the analysis. The process of analysis and coding were cyclical.

### **Stage Seven: Analysis**

There is no clear method of conducting the analysis (Potter & Wetherell, 1987). The analysis will however require careful reading and rereading of text (Potter & Wetherell, 1987). As opposed to reading for gist, and producing a “simple, unitary summary”, discourse analysis is based on “nuance, contradictions and areas of vagueness” (Potter & Wetherell, 1987, p. 168). Details, metaphors and contradictions formed an important part of the analysis, as informed by Potter and Wetherell (1987). Patterns of data in terms of consistency and differences were explored, and hypotheses were formed with regards to the function and effects of the discourse. Linguistic ‘evidence’ was sought where necessary.

### **Stage Eight: Validation**

Potter and Wetherell (1987) suggest four possible analytic techniques that can be used to validate discourse analytic research. These are coherence, participant’s orientation, new problems and fruitfulness (Potter & Wetherell, 1987). The analysis should create coherence, showing how “discourse fits together and how discursive structure produces effects and functions” (Potter & Wetherell, 1987, p. 170). “Participant orientation” refers to looking at what the participant sees as consistent and inconsistent (Potter & Wetherell, 1987, p. 170). The analyst’s interpretation must be based on the participant’s view. “New problems” refer to new issues that arise from the linguistic resources that have been used to solve problems. Fruitfulness, viewed as the most powerful of the four methods of validation, refers to “the scope of an analytic scheme to make sense of new kinds of discourse and to generate novel explanations” (Potter & Wetherell, 1987, p. 171).

### **Stage Nine: The Report**

The final report is not merely a representation of findings but “constitutes part of the confirmation and validation process itself” (Potter & Wetherell, 1987, p. 172). This is because the information should be presented in such a way that the reader should find the information accessible, and so that the reader is able to assess the researcher’s interpretation (Potter & Wetherell, 1987). In light of this, examples and extracts were included so that interpretations are clearly linked to parts of the text, allowing the reader to agree or disagree with the interpretation (Potter & Wetherell, 1987). The extracts are not illustrative examples, but they are examples in themselves, and in this way is more rigorous than traditional methods. Furthermore, the detailed analysis reveals aspects usually taken for granted; it “brings to the fore those aspects which traditional content analytic studies leave

the reader to take on trust” (Potter & Wetherell, 1987, p. 173). The writing process was cyclical and fluid, and Potter and Wetherell (1987) explains that the process of writing becomes part of the analytic process, and often leading the researcher back to coding.

### **Stage Ten: Application**

Potter and Wetherell (1987, p. 174) argue that “researchers should pay considerably more attention to practical use of their work”. Some ways of achieving this is to “give the knowledge away as freely as possible”, to help promote “an informed critical attitude to discourse”, to generate dialogue with the participants, or to involve the educational system” (Potter & Wetherell, 1987, p. 174). Potter and Wetherell (1987) state that although the exact or best methods of application are perhaps yet to be established, application should be viewed as essential and not merely optional.

### **3.7. Ethical Considerations**

Yin (2009, p. 73) states that a case study should be handled with special “care and sensitivity”, which involves informed consent, avoiding deception, protecting privacy and confidentiality (Yin, 2009; Struwig & Stead, 2001). In accordance with this guide of ethical practice, informed consent (including permission to be audio-taped) was obtained from the participant, and the anonymity, privacy and confidentiality of the participant was be ensured. The participant’s involvement was voluntary, and the participant was informed of the right to withdraw from the research at any time during the research process, without negative consequences. An effort was made to avoid “unanticipated self-exposure”, where the participant reveals more than they intended (Ambert et al., 1995, p. 887). Access to professional counselling services was offered in the event of it being required.

### **3.8. Validity**

In addition to the previous methods of validation as suggested by Potter and Wetherell (1987) (refer to step ten of ‘Data Analysis’, p.10), there are other methods of validation. Discourse analysis is not about establishing the truth of content since the analysis is not about “truth” of discourses, but their uses and effects within context, and how knowledge is categorised to form a social reality (Talja, 1999, p.22). Thus conventional methods of attaining trustworthiness are not applicable. However, Potter (1996, p. 14) argues that “the most important feature in the validation of discourse work is the presentation of rich and extended materials in a way that allows readers . . . to evaluate the study”. This has two aspects. Firstly, discourse analysis allows the “raw” data to be analysed, as this data (in the

form of excerpts) is included. Thus, unlike ethnographic studies, for example, the reader does not have to trust the researcher's judgment but can make their own judgments (Potter, 1996).

Secondly, the research is not about generalizability as discourses can be applied to various contexts and addresses variety of themes (Talja, 1999). Discourse analysis also refers to situated reality, that is, reality within context. Although discourse analysis does not allow for generalizability, Cheek (2004, p. 1147) argues that "it may be possible to look at generalizability in a different way. For example . . . the research results are not generalizable as descriptions of how things are, but as how a phenomenon can be seen or interpreted" (Talja, 1999, in Cheek 2004, p. 1147).

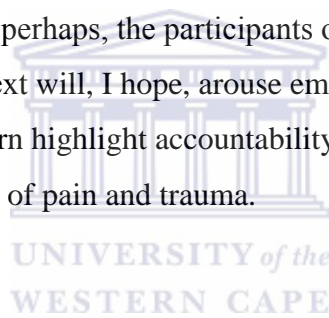
### **3.9. Reflexivity**

Reflexivity acknowledges that the researcher become a part of the event that is being researched. Since knowledge is socially situated, objectivity is not possible and the researcher's social position will affect approach and interpretation of data (Ambert et al., 1995). According to Willig (2001, p. 13), all qualitative methodologies recognise the "involvement" or implication of researcher in the research process, and recognise that complete objectivity is not a possibility. The interview allowed, as explained by Burr (2003, p. 156) "for opportunities for participants to comment upon their own accounts as well as that of the researcher". Language, "categories and labels" too can influence the research process (Willig, 2001, p. 10). Reflexivity requires "an awareness of the researcher's contribution to the construction of meanings throughout the research process . . . and the impossibility of remaining 'outside'" of the subject matter (Willig, 2001, p. 10). It requires that the researcher reflect upon ways in which his/her values, beliefs, identity, and so on, shape the research (Willig, 2001).

The research dealt with issues that are very sensitive in nature. The 'privilege' of having the participant share with someone who had had no direct personal experiences regarding transgenderism, is noted. However, although not transgendered, my experiences of gender and issues related to identity and 'prescribed' roles within culture, family, and society in general, created an interest in gender related issues. Elliot (2010) argues that it is important to write about groups to which one does not belong due to "scholarly integrity, political commitment, and ethical responsibility". It is acknowledged that my emotional experiences (and language) had impacted on the interview process and consequently, the data obtained,

but within a social constructionists framework as well as from a discourse analysis perspective, it is understood that realities, discourse, dialogue, and therefore the interview, is co-constructed (Kelly, 2006b).

It is vital to note here that the research does not aptly reflect the vast information, richness and complexity of the interview content. To illustrate this point it may be worth mentioning that the initial draft of this thesis contained thirteen themes, which, due to page limitations, had been reduced to four. Although one interview was deemed sufficient as the problem of ‘excess’ data that would be rendered by three interviews, given the method of analysis, was anticipated, the overriding concern was that the proposal would not be accepted if interviews were not conducted until saturation was reached. This had resulted in severe constriction in terms of themes presented. However, within the given constraints, I had tried to highlight the most pertinent issues, and at times, included ‘lengthy’ excerpts to convey the palpable emotional content. The inclusion of these excerpts allows the reader a more ‘direct’ engagement with the data, and perhaps, the participants own ‘voice’. This ‘interaction’ or ‘direct engagement’ with the text will, I hope, arouse emotional responsiveness and identification, which may in turn highlight accountability and urge individuals to address social issues that lie at the core of pain and trauma.



### **3.10 Conclusion**

This chapter has provided the motivation regarding various aspects of the research methodology, and an account of the steps of the data analysis. Ethical considerations, validity and reflexivity were addressed.

The following chapter comprises a detailed analysis of the data collected.

## **CHAPTER FOUR**

### **DATA ANALYSIS**

#### **4.1 Introduction**

This analysis focuses on four dominant themes regarding the emotional experiences of the parent of a transgendered child, that is, “shaping”, “incongruous loss”, “the discourse of motherhood” and “the transformer and transformation”. These themes are examined taking into account how discourse and language are used to make sense of the experiences, as well as how dominant discourses and social constructionism inform and impact on experiences.

As mentioned in the methodology, the analysis is based on three interviews with Sharon (pseudonyms are used to protect the identity of all individuals), the mother of three children, including male-affirmed John, who disclosed his trans-identity at age nineteen. (Refer to appendix C for “Transcription Notation” to facilitate reading of excerpts)

#### **4.2 Discourse of ‘Shaping’**

When a transgendered child discloses, loved ones are affected in significant ways. When a child “presents” their gender to their parents (Ehrensaft, 2007, p. 282), they are often bewildered and perplexed, and then have to manage the situation whilst being torn between contradictory feelings (Ehrensaft, 2011). Both parent and child become moulded by the experience. Ehrensaft (2011; 2007) employs the word “shaped” or “shaping” to encapsulate the changes the parent and transgendered child experience when trying to adapt to the ‘new’ gender identity and lifestyle. In this analysis, ‘shaping’ is used more broadly to encapsulate transformations, adjustments and various internal processes that occur as Sharon, the mother, moves (from anger and denial) towards, and later operates within, the process of acceptance.

It is suggested that “transitions happen not only for the trans-identified person, but also for the person’s family” (Beeler & DiProva, 1999, Connolly, 2006, as cited in Norwood, 2010, p. 33). In accepting the trans – identity, various transformations have to occur to enable and sustain the process of acceptance. At times the needs of the family are in conflict or in contrast with the needs of the transgendered individual. Sharon, as mother, negotiates the process through attempting to balance these needs whilst facilitating the process of acceptance. Norwood (2010) refers to the discourse of individualism and the discourse of community, where the former holds that the interest of the transgendered individual should be privileged over the interest of others, such as family members. The discourse of

community stands in opposition to the discourse of individualism, that is, the needs of the group (or the family unit) is privileged above the needs of the individual. When moving towards acceptance, privileging the transgendered person's needs (that is, discourse of individualism or, as referred to in this study, the discourse of the transgendered individual) above others, frequently forms part of the 'shaping' of the various individuals involved. The discourse of transgenderism intersects with and challenges established 'truths', resulting amongst others, in "cognitive dissonance", which is a "mental conflict that occurs when beliefs or assumptions are contradicted by new information" (Ehrensaft, 2011, p. 9). Parents are then "caught in painful self-fragmenting conflict" (Ruddick, in Ehrensaft, 2007, p. 282).

Sharon goes through various stages towards acceptance, the latter which in itself appears to be an on-going process rather than end-result. During the experience (and an essential part of it) Sharon is at times able to recognise and critically evaluate her position in dominant discourse. Sharon includes alternate discourses and conceptualisations, sometimes resulting in navigating or using contradictory discourses to aid in the process of acceptance. Burr (2003, p. 122) explains that "although a person, the subject, is constituted by discourse, the subject is yet capable of critical historical reflection and is able to exercise some choice with respect to the discourses and practices . . .". However, Burr (2003, p. 122) argues that the "first step towards personal change, within this framework of discursive positioning, might be to recognise the discourses and positions that are currently shaping our subjectivity". According to this study, it is this continuous, traumatic, and also rewarding process that 'shapes' Sharon, as she finds her basic previously unquestioned beliefs (such as gender conceptions and religion) put on trial, and imports and employs various discourses, some familiar, some 'new', to enable her to "occupy positions in discourses which are less personally damaging" (Burr, 2003, p. 123) in light of accepting the trans-identity.

Various discourses form part of the 'shaping' process, and the discourses intersect as Sharon moulds and become moulded by the experiences. Although the interviews reveal that 'shaping' occurs throughout her experience, this section of the analysis is limited to two concepts of 'shaping' that lie at the core of identity, that is, gender and religion.

#### **4.2.1 Shaping the parent: gender.**

##### **4.2.1.1 *Conceptualisations and contradictions.***

It is important to demonstrate here, at the start, the intense and very personal pain that can be brought about by a seemingly objective, abstract, theoretical concept. John had attempted

suicide twice, both occurring at the age of eighteen. The second suicide attempt occurred before his nineteenth birthday (when he had become aware of his trans-identity). Sharon's distressing account of what had occurred reveals an 'ultimate shaping': the shaping brought about by the absolute horror that a mother experiences when she may lose her child forever at any moment. Although the excerpt does not speak of gender directly, the incident and emotion are a direct consequence of the dominant definition of gender. It would not do justice to the participant's (or her son's) experience to exclude or condense the following heart-wrenching incident:

**Sharon:** [ . . . ] And then just before her nineteenth birthday, she tried, [lowered voice] she wanted to commit suicide again. Phoned me at=

**Interviewer:** =Twice?

**Sharon:** =Yeah, second time. Phoned me at three o'clock in the morning from, somewhere. I don't know where. Uhm, [tearful] we found out afterwards. And said: "I want to do this. I know how, it upset you and daddy the last time, but I can't live a lie. I can't live the life that you want me to, because there is no light at the end of this tunnel. I can't live like this, I rather wanna die. But I know what it means to you and dad, and I cannot get in my car, because if I get into this car I know I'm gonna drive over a cliff, you have to come and fetch me. I'm too scared to get into my car." So I woke my husband up and I said to him: "Come we have to go and find this child!" And I kept her talking all the time on the phone and I said: "Ok where are you? What do you see, what do you hear, what is there around you?" We went up Signal Hill and down, then we went up Table Mountain and down. Then we drove to uhm (.) Hout Bay, to... Chapman's Peak, and that's where we found him! In his car, well he wasn't in his car, he was on the side of his car. And I will never forget, before we got there, we lost signal on my phone.

**Interviewer:** Mhm...

**Sharon:** [High voice tone] And I went hysterical and I said to my husband: "Now my child's ALONE, because I'm not on the phone so who knows what she's gonna DO. We need to find her NOW!" And then we saw the car (.) I couldn't see my child and I see my child's gone over the cliff.

**Interviewer:** Mhm... [Tearful]

**Sharon:** And I went hysterical! And I'm screaming her name and running, and then we found her at the front wheel of the car, sitting on her haunches, holding herself and SHAKING and CRYING. [Tearful]

**Interviewer:** Mhm . . . [Tearful]

**Sharon:** And I picked her up and put her in her car and drove her home. And put her into bed with me, and just held her, and said: "We need to sort this out. Whatever it is, it's not gonna be bigger than us. We're going to have to sort this out. And I want to know from you what it IS (.) that is driving you like this."

**Interviewer:** So up until this point, two sort of attempted suicides, you still don't know the cause and she hasn't let on.

**Sharon:** No.

**Interviewer:** Wow! [Tearful]



**Sharon:** No. Uhm, and then we got, that morning, early morning I got the uhm (.) psychiatric (.) ward involved, I got hold of a psychiatrist, we got her admitted to a (.) psychiatric ward, and . . . (.) then they evaluated her.

*(Excerpt 1, Interview 1)*

The attempted suicides reveal the trauma commonly experienced by gender variant individuals. Sharon's poignant description of the event depicts the intensity of the pain that stems from, in a large part, society's conventional definition of gender. "Gender is perhaps the most pervasive, fundamental and universally accepted way we separate and categorize human beings" (Meadow, 2010, p. 814). Robson (1988) states that "Gender is a fiction made real" (In Meadow, 2010, p. 817). However, it is argued that "things we perceive as real, are real in their consequences" (Thomas & Thomas, 1928), and . . . "cut into the very real matter of human bodies and identities" (Meadow, 2010, p. 817). Although at this stage, Sharon is unaware of John's trans-identity, the consequences of this identity in a heteronormative society cause unspeakable pain.

Sharon admits to becoming "hysterical", and her tone of voice in relating the incident reflects some of the panic she experienced at the time. Sharon uses the words "my child" [emphasis mine], showing with the word "my" her sense of responsibility and protectiveness towards John at this time, alluding to John's fragility, desperation, vulnerability and anguished dependence on her at this moment. One could imagine how the words "I'm gonna drive over the cliff" would evoke a sense of terror in Sharon. Although, at this point, Sharon is unaware of the cause of her child's pain, she nonetheless is still experiencing the extreme emotional effects of having a transgendered child. Her child is "ALONE" when she loses contact with him; Sharon is literally his life-line, and Sharon feels the complete intensity and terror of this responsibility. Her emphasis on the word "alone" reflects her need to be there for him, and her louder tone of voice and her crying, conveys her extreme emotional distress and panic at the time, as well as the trauma of the recollection. Although mentioned previously, it should be reiterated that the trauma experienced by both mother and child is as a direct consequence of the dominant discourse of gender.

Meadow (2010) explains that the social construction of gender and its associated meanings is how we have come to understand gender. Gender is a "basis for stratification and it is also a social institution that imposes expectations on individuals . . . We become accountable

to others to perform our gender in particular ways” (Meadow, 2010, p. 818). John’s appeal below (from excerpt 1) reveals that he feels accountable to (amongst others) his parents:

“I want to do this. I know how, it upset you and daddy the last time, but I can’t live a lie. I can’t live the life that you want me to, because there is no light at the end of this tunnel. I can’t live like this, I rather wanna die. But I know what it means to you and dad, and I cannot get in my car, because if I get into this car I know I’m gonna drive over a cliff, you have to come and fetch me. I’m too scared to get into my car.”

The excerpts above, portraying extreme pain of both child and parent, confirm Meadow’s assertion that individuals who do not conform to gender norms [and their loved ones] often suffer “grave consequences” (Meadow, 2010, p. 818). After the traumatic incident relayed above, John is admitted to a psychiatric ward:

**Sharon:** No. Uhm, and then we got, that morning, early morning I got the uhm (.) psychiatric (.) ward involved, I got hold of a psychiatrist, we got her admitted to a (.) psychiatric ward, and . . . (.) then they evaluated her.

**Interviewer:** Mhm . . .

**Sharon:** And the second day he came to us and said to us: “Your child has spoken to me and . . . she feels that she’s not a woman, she’s never been a woman. She doesn’t know how to relate to being a woman. She hasn’t got the thought process of a woman and she cannot actually live her LIFE as a woman, she’d rather be dead. She’s a man in a woman’s body and that is what she wants to be, a man.” And I suppose in a way (.) it was like, a two-edge sword, because, in a way I knew what was worrying her, and (.) that was a relief, but at the same time, it was totally devastating! It was like a punch in my solar plexus. [Crying] [ . . . ] That my child, I think, uh, had she said that she was gay or lesbian, I probably would have had a similar feeling, but not quite the same=

*(Excerpt 2, Interview 1)*

Thus, the psychiatrist reveals that John is transgendered. Sharon and her husband send John to a genetics clinic in Los Angeles. The following is revealed:

**Sharon:** [ . . . ] But then, we got the report back from America to say that this was definitely gender dysphoria and they referred us to the Genetics clinic which had also just started up at Groote Schuur, the private hospital, a::nd, we sent her there for genetic tests, and evaluation, and then found that there was an extra male chromosome.

**Interviewer:** Wow

**Sharon:** And uhm, that her ovaries weren’t properly formed and, her breasts hadn’t really grown properly and things like that. Uhm, that for my husband was the turning point...

**Interviewer:** He needed something concrete.

**Sharon:** Yes. And once he had that, then there was no: turning back for him. He was one hundred per cent supportive.

**Interviewer:** How did you feel hearing that information? (.) It sounds like everything just came at you, after that initial sort of confession, if I can put it that way.

**Sharon:** It was a relief to an extent, because it was a relief in that . . . in that I realised that, it wasn't us as parents (.)

**Interviewer:** There's sort of justification for it.

**Sharon:** Ya, ya, that it wasn't uhm, it wasn't us that was uhm . . . doing this to our child. [Person moves, papers rustling] that nature has a play in it as well (.) and uhm, this . . . it was a big thing! That . . . ya it was confirmation, that all was NOT right. Whether we may have had some sort of contribution to it or not, was debatable, but . . . there was medical proof, that something was no::t right.

*(Excerpt 3, Interview 1)*

Hereafter, it is decided to “do a proper investigation” for affirmation that what John was feeling is “correct”. Sharon’s husband:

**Sharon:** [ . . .]But he [Sharon’s husband] said to her: “If what you’re telling me is true::, don’t expect me to do anything about it until I have proof” [ . . . ]. So he [Sharon’s husband] said: “We have to do proper investigation, then mommy and I will speak to people, we’ll investigate on the Internet, we’ll talk to doctors. And then when we come up with a way to handle this, you need to follow the programme, before we accept anything. (.) But we’re not saying we’re not supporting you, but I just want confirmation that what you are feeling (.) is correct”. So::, we got hold of my brother-in-law, who is, who is gay . . . and he works with a whole lot of organizations in Los Angeles. He’s one of the top AIDS specialists in Los Angeles, well in America. And uhm, we knew that he would know doctors and contacts and whatever.

*(Excerpt 4, Interview 2)*

The three excerpts above employ (predominantly) the medical discourse of transgenderism. Sharon and her husband revert to the medical field for knowledge, confirmation, and decision-making. Medical discourse with regards to gender, is in turn based on a bio-essentialist view of gender where “chromosomes, hormones and genitalia have been variously constituted as embodying the essence of sex” (Hird, 2000, p. 348). Burke (2000, p. 348) argues that medicalization and diagnosis form a “barrier to full acceptance of a transgender as a legitimate identity”. In a similar vein, Conrad (2007, p. 2) disputes that “medicalization transforms aspects of everyday life into pathologies narrowing the range of what is considered acceptable” (In Burke, 2011, p. 187). Medicalization implies that the problem is individual rather than political. It contributes to “social control” and creates

anxiety and “unnecessary and potentially detrimental treatment”, and encourages stigmatisation and discrimination (Burke, 2011, p. 187). Medicalization and diagnosis “represents attempts to control individuals who pose a threat to norms (Burke, 2011, p. 188). If gender was defined on a continuum or spectrum rather than binary, the need for verification and labelling or diagnosing may not be required, resulting in less traumatic experiences for ‘gender variant’ individuals and their loved ones.

However, Le Roux (2013, p. 18) argues that although gender identity categories are oppressive, they can also be “personally, politically and socially enabling”. This is evident in Sharon’s experience where she (and her husband) seem to re-acquire some sense of control within the medical discourse which provides both the ‘cause’ and the ‘solution’. Just as discovering that John is transgendered provided Sharon with the relief of having some knowledge which would empower her to help her son, the medical discourse also allowed her to, partially at least, alleviate herself of the blame (especially self-blame) of having caused the transgenderism through her parenting style. Sharon states “. . . It was a relief in that . . . it wasn’t us as parents [ . . . ] it wasn’t us that was uhm . . . doing this to our child” (refer to excerpt 3, p. 49). Although Sharon uses the pronoun “us”, she later expresses that she only ever considered *herself*, as John’s mother, to blame. (This is addressed in depth in the ‘Discourse of Motherhood’ later.) Medical “proof” thus provided information and enabled support, confirming that various institutions such as medicine and psychiatry can provide information and explanations that can assist parents in understanding and accepting their transgendered child (Meadow, 2012).

The idea of verifying whether a “feeling” – which is purely subjective, “is correct”, the latter alluding to objectivity, in itself appears somewhat illogical or even bizarre. It is important to note that this need for investigation, verification and justification is not reflective of negative judgment or disregard of John’s experience, but rather, reflects how pervasive dominant discourses (including medical discourse and bi-definitions of gender) and social constructions are, and how it is almost impossible to operate outside of these constructions. It shows how, when ‘truths’ are subverted, an ‘alternate truth’ is sought, often in the ‘undeniable wisdom’ of science. Scientific evidence or “proof” served as a “turning point” for John’s father who, based on the evidence of a bio-essentialist view, is able to be “one hundred per cent supportive” (excerpt 3, p. 49). This demonstrates that although the construction of “disorders” is a “social process, not a scientific one” (Maddux, Gosselin & Winstead, n.d., p.14), and as argued before, prevents the acceptance of trans-identity as

‘normal’, it can provide a means for both transgendered individuals and their loved ones to understand and cope with variant gender (Meadow, 2012). This, although pathologising, does enable reconciliation with conceptions that may otherwise remain unacceptable, perhaps even reprehensible or “immoral” (Burke, 2011, p. 187) without its ‘valid’ ‘scientific’ cause.

The destabilising of ‘known’ gender discourse may create a sense of losing control. As established gender ‘truths’ become uprooted, Sharon steps outside one norm into another, which perhaps helps to regain a sense of equilibrium. Dominant ideologies are pervasive and become internalised, and it becomes natural to seek for solutions within predominant discourses or ideologies. According to social constructionism, social processes result in take-for-granted truths, which inform and reflect our understanding of phenomena as well as social action (Burr, 2003). Meadow (2012, p. 741) explains that families of gender variant children often make use of “familiar knowledge” and make “routine use of logics imported from medicine, psychology and spirituality to describe, explain and occasionally provide justification for the increasing complexity of contemporary gender formations”. Sharon, who (at the time) lacked knowledge regarding transgenderism, reverts to the only available discourse for an explanation of the unfamiliar - the medical discourse. This discourse primarily operates within the bio-essentialist discourse, which seeks to create ‘coherence’ or a ‘match’ between sex and gender as conventionally defined. Since this, the medical, bio-essentialist view is the only relatively ‘readily’ available information on transgenderism, the dominant, dual –definition of gender is perpetuated, reinforcing the status quo.

In addition to ‘absolving’ parents of blame, this “medical proof” also *compels* in some way, the acceptance of the transgenderism. Norwood (2010, p. 191) explains that if trans-identity is viewed as a disorder or condition, “the family member could not refuse support to the trans-identified person without moral indictment”. It therefore becomes morally incumbent upon the individual (especially as parent) to accept the transgendered individual and in this way, the medical discourse forces the discourse of the transgendered individual.

Furthermore, if viewed as a disorder, the stigma attached to ‘choosing’ a ‘variant’ gender dissipates. Within the dominant discourse transgenderism is viewed as an ‘illness’, thus providing a measure of protection as it can be viewed as “a medical problem, not a moral one” (Denny, 2004, in Norwood, 2010, p. 25). If the source of a problem is “physiological,

neither the trans-identified person nor anyone else is responsible for the condition” (Norwood, 2010, p. 154).

Although biological, physiological as well as psychological disorders are stigmatised, psychological ‘disorders’ are far more negatively viewed, and when it intersects with discourse of sexuality and gender particularly, the stigmatism carries with it an element of immorality, ‘choice’ and perversion. Medical discourse thus alleviates the perception of psychological illness as well as immorality, both which are prone to severe stigmatism and discrimination. Norwood (2010, p. 24-25) argues that pathologising gender variance “makes trans-identities socially valid, acceptable or justifiable in various ways”. This ‘absolves’ both parent and transgendered child of blame whilst alleviating stigma and compelling acceptance.

In addition to having to make sense of the experience for themselves, Sharon, as parent, needed evidence to confirm John’s claims to obtain reassurance that her child’s well-being and future was not being jeopardised. John’s parents felt responsible for John’s future, and felt the immense weight of this responsibility. Reverting to medical discourse allowed Sharon to ‘label’ the situation, and provided a type of anchor, a place-hold, and direction. As mentioned, it provides the ‘cause’ and ‘solution’. Burke (2011, p. 187 – 188) states that medicalization also allows for medical treatment (p. 201), assistance with management, validation, and a collective identity. It provides certainty and ‘facts’ in a situation riddled with the unknown, and one that renders previous knowledge false. As such, it aids in the process of eventual acceptance.

The following excerpts reflect medical discourse, which although pathologises transgenderism in one sense, also aids in the process of acceptance:

**Sharon:** Yes, because you want things . . . I think . . . up why you want to have things normal, because you know that society is fickle. [ . . . ] So all these fears of loss, loneliness, rejection, ostracisation of your child (.) are the things that concern you and that is why you rather want it normal. [ . . . ] I think that’s the toughest part. Is not knowing how to protect your child from the hurt that you know is going to come, by their choice that they make.  
*(Excerpt 5, Interview 2)*

In the excerpt above Sharon implies that John’s experiences are not normal (“why you rather want it normal”) ascribing to the dominant discourse of the transgenderism which

pathologises ‘variance’. Below, Sharon states that it is *not* a choice, that the “BODY” is betraying the person, ascribing to the bio-essentialist view of gender:

**Sharon:** You feel shame, you feel hurt, you feel uhm, empathy for your child. That, that he has to (.) go through this and experience this and it’s not his CHOICE! It’s not something you wake up one morning and you decide, uh, “I wanna be a man”. It’s a driving force within you. That you can’t fight, you fight against for so long and you can’t fight it anymore! Because we all desire to be normal, we all desire to be accepted. And when your own BODY is betraying you, I think (.) for the individual it’s very hard!  
*(Excerpt 6, Interview 2)*

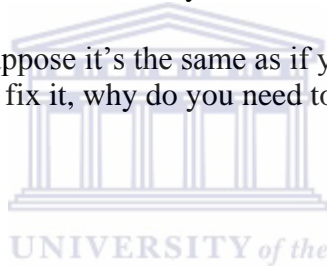
Adherence to medical discourse and a bio-essentialist view of gender is also revealed in Sharon’s analogy of a ‘harelip’ in relation to John’s desire for sex reassignment surgery:

**Interviewer:** What made it necessary for John to undergo the surgery, do you think?

**Sharon:** What made it for him necessary?

**Interviewer:** Yah.

**Sharon:** Well, [sigh] I suppose it’s the same as if you’re born with a harelip. If there is surgery that can fix it, why do you need to walk around with a harelip?  
*(Excerpt 7, Interview 3)*



Based on the analogy above, being in a female body, for John, would be like “walk[ing] around with a harelip”, or a deformity. The analogy of the harelip confirms the body as defective, in accordance with the medical discourse of transgenderism and bio-essentialist view of gender. It is John’s body, the external manifestation of his sex, which must be remedied. It is his female body that is the anomaly, rather than the desire to be male, thus it is expressed as a physical abnormality that must be addressed, not a psychological one. However, the possibility exists that John may not have had the need to remedy this ‘anomaly’, or alter his physical appearance if gender was defined based on a continuum, and the freedom of various expressions of gender was allowed. If gender and sex were not defined as binary concepts, and each sex not strictly associated with a particular gender, then the surgery may not have been necessary, or if preferred, might have been just another accepted expression of gender.

Ironically, transgenderism or transsexualism maintain the essentialist (binary) view through the desire to be the ‘other’ gender, the acceptance of the diagnosis, and the assertion of being trapped in the ‘wrong’ body, and (by some) seeking sex reassignment surgery (Le Roux,

2013, p. 12). In this way, transsexualism can be viewed as “a category to alleviate ambiguity – to avoid the kinds of combinations (e.g. male genitals-female identity) that make people uncomfortable (Kessler & McKenna, 1985. In Le Roux, 2013, p. 19). Sharon’s analogy of the ‘harelip’, and explanation for the need for surgery, reflect how the surgery would “alleviate ambiguity” (Kessler & McKenna, 1985. In Le Roux, 2013, p. 19). In other words, the surgery would eradicate the ‘ambiguous gender’ brought about by the disjunction between conventional sex and gender, by restoring the gender norm. When “trans-identified people transition from one sex category to another”, their gender fits into the “cultural dichotomy of sex”, “with the conception of male and female as the only two options for bodies and identities” (Norwood, 2010, p. 25). This restores the gender dichotomy, alleviating the threat of ambiguous sex and genders. Thus, although ‘variant’, in transitioning (or through the desire to transition) John upholds the “cultural dichotomy of sex” (Norwood, 2010, p. 25), making the situation less threatening by retaining the two distinct categories of male and female. This is reflected in the excerpt below, when Sharon wants John to be (come) a “real MAN”:

**Sharon:** [ . . . ] But when he decided to transition, then I knew (.) that this is a complete, and I’m not gonna be happy (.) until it’s all done. So I check him all the time. I phone him all the time and I check. “Are you taking your testosterone, lemme see, what’s your weight mass, or have you had your test, what are your, what are your testosterone levels? They have to be at a certain level for you to maintain and to be a real MAN, and I want you to be a real man! And you need to increase them and you need to do this.” Then I phone the doctor and then it’s all organized! So I . . . I check him all the time and I’m checking all the time to see the surgeries. Where, where’s, what’s happening! Is there anything new? Is there an improvement? Can he have it yet? How can we afford it? And he’s saying: “Don’t push Ma, it’ll happen, I’m okay the way I am at the moment.” But I know that he wants to be complete, so I’m trying to make sure that it happens.

*(Excerpt 8, Interview 3)*

Sharon is invested in John’s desire to become “complete”, and the above excerpt not only reveals the internalisation of the dominant gender ideology, but also anxiety about variant gender and Sharon’s (and John’s) desire for restoration of the gender dichotomy. Ward (2010) states that “parents give gender to their variant children. They engage in affective, intellectual or bodily projects or assist their children in securing their desired gender identities” (In Meadow, 2012, p. 730).



As illustrated in the various excerpts above, Sharon seems to adhere to mainstream discourse, reflecting medical discourse regarding her understanding of transgenderism. In the above quotations, it is implied that John's experience is not normal ("we all desire to be normal"), that he had no choice in the matter (it's not his choice"), that his body had betrayed him ("your own BODY is betraying you"). However, in excerpt 5 (p. 52) Sharon also alludes to the social construction of gender when she refers to the 'variance' as a "choice" ("by their choice that they make"). In line with this view, Sharon later mentions that gender roles are constructed, and that binary roles are constricting:

**Sharon:** And, I just thought (.) that (.) we have these binary constructs of male and female, and we're put into these pigeonholes (.)  
*(Excerpt 9, Interview 1)*

The analogy of "harelip" (excerpt 7, p. 53) above, as well as the "relief" (excerpt 3, p. 49) of chromosomal proof, is somewhat in contrast with Sharon's understanding of gender as a binary construct, which "pigeon-holes" individuals. The tension between the dominant and alternate discourses results in cognitive dissonance, and an internal, emotional struggle; a tug of war between her previously 'known' experience, and her new reality that was in some sense, thrust upon her. The contradictions reveal Sharon's subjective experience of being torn between discourses, but also that she has included an alternate discourse in meaning-making. She navigates or utilises discourses to aid in the process of acceptance.

Sharon's understanding of the constructed "mould[s]" of gender, and her idiom "toe the line" also reflects her adherence or subscription to the discourse of the social construction of gender:

**Sharon:** =Because, as much as we think society has (.) progressed, and that they've become open-minded, uhm, there's still so much prejudice. And discrimination . . . Against (.) individuals who don't toe the line of male and female.

**Interviewer:** Yah.

**Sharon:** Who don't fit that mould, they are discriminated against. And I didn't know that I wanted this for my child.

*(Excerpt 10, Interview 1)*

Above, Sharon's understanding of gender is based on a society of rules that should be followed ("toe the line"), and reveals the resultant difficulty for those who do not comply.

This however reveals a perception at odds with a strictly dual definition of gender (which incorporates discrimination), and at odds with the discourse of bio-essentialism or a binary definition of gender as portrayed in the previous excerpts. It therefore becomes evident that Sharon's previous perceptions were challenged by the experience of having a transgendered child. Sharon, who had initially accepted only a binary definition of gender (and corresponding genitalia), now attempts to embrace a 'new' definition, accepting an alternate position with regards to the discourse of gender. Although Sharon to some degree maintains a bio-essentialist view of gender, she now includes in her view gender as a social construct which aids as a tool of accepting the trans-identity. Stated differently, the acceptance of John's trans-identity, or the privileging of the discourse of the transgendered individual, forces a re-definition and re-conceptualisation of gender. This is also evident in the excerpt below in which Sharon advises parents of transgendered children to "let go":

**Sharon:** I think for me:: the thing would be . . . (.) to "let go" . . . That's the biggest thing for me, let your child BE.

**Interviewer:** Let go of what?

**Sharon:** Of all these misconceptions, of all these hopes, of all these expectations of, of all the... uhm, society's uh (.) norms, societal norms, expectations of the world, what is expected of us, certain behaviour that is uhm being learned, through these societal norms. Just, [softly] let them go. Don't allow them to bind you (.) and to put the brakes on your child's (.) situation. Just open your mind.

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*(Excerpt 11, Interview 3)*

Sharon states that behaviour is learned, and that it is about societal expectations, thereby refuting the bio-essentialist view of gender and arguing that gender is socially constructed. She also locates herself within the discourse of the transgendered individual when she implores "just open your mind", as this implies the possibility of acceptance of variance. Letting go of "societal norms . . . [that] . . . bind you" signifies her resistance of the dominant ideology of gender.

Sharon's response to her friends who do not accept the transition also reveals that she does view transgenderism as normal (in contradiction to content in excerpts 5 & 6, p. 52 & 53 respectively), and as, possibly, in accordance with God's desires:

**Sharon:** They don't accept the change, they don't believe that it could be a NORMAL thing to happen. To them it's "freaky", and it's not normal and it's not what God chose for us. [ . . . ] And I just feel sorry, that they don't want to be enlightened, that they want to be so narrow-minded.

*(Excerpt 12, Interview 1)*

In accordance with the social constructionist view of gender, Sharon conveys her understanding of the constructed and arbitrary nature of “normal” and “abnormal” :

**Sharon:** [ . . . ] one wants things to be normal, if one can call it that, because who knows what is normal, who knows what is abnormal, but to put it into what society defines as normal [ . . . ]

*(Excerpt 13, Interview 2)*

Although Sharon often ascribes to the medical, bio-essentialist discourse of gender, she subverts that view here. Sharon has come to understand ‘normality’ (and by implication, ‘abnormality’) as constructed, and the conflicting definitions of this concept is displayed in her inconsistency. The inclusion of a social constructionist view of gender and abnormality portrays Sharon’s critical reflection of the discourse in which she was embedded. It portrays a shift towards embracing alternate discourses, reflecting Burr’s (2003, p. 124) explanation that

“ . . . we can work towards change firstly by becoming more aware of the positioning we are being offered and that we offer to others in our interaction with them”.

Sharon displays both compliance with and resistance to mainstream psychology and societal norms. This tension reflects cognitive dissonance and the internal conflict of adhering to what is previously ‘known’ and unquestioned (by most), and the ‘new’ knowledge that ‘truth’ was ‘man-made’ or constructed, and is neither static nor unquestionable. Whitley (2013) explains that loved ones of transgendered individuals often alter their previous conception of sex and gender and related roles. They “navigate the process of undoing and redoing their existing ideas of gender in order to respect their loved one’s internal sense of self”, and to do so they often use both “creative strategies and pragmatic approaches” (Whitley, 2013, p. 601). Sharon’s movement between apparently contradictory discourses can be viewed as a ‘creative strategy’ to embrace her son’s trans-identity. As explained by Potter and Wetherell (1987, p. 54), inconsistency or variability in accounts is “a central prediction of the discourse approach” as it is understood that “different kinds of accounts will be produced to do different things”. In other words, with regards to discourse analysis, differing accounts of concepts serve different purposes. In Sharon’s case, the ‘contradictions’ serve the purpose of navigating towards acceptance of John’s trans-identity, and locating herself within the discourse of the transgendered individual.

#### 4.2.1.2 Ignorance, silence, denial and betrayal.

Sharon's emotional and cognitive experience when John first discloses his trans-identity show how 'silence', ignorance, denial and feelings of betrayal intersect. Sharon, as a mother, strives to be in touch with her children, and she believed that she and John "had a very open relationship". It was therefore a "huge THING" for Sharon that John had not confided in her, that she "didn't pick UP on it" (refer to excerpt 18, p. 60-61). However, Sharon reveals that initially, John himself was not aware of his trans-identity:

**Interviewer:** [ . . . ] I mean looking back [ . . . ] Can you think of anything . . . that maybe how he'd hidden it from you?

**Sharon:** Well he didn't, he didn't initially. I don't think, he himself understood it until he'd had a discussion with someone.

**Interviewer:** Okay. At what age do you think that happened?

**Sharon:** That was at eighteen. [ . . . ]

**Sharon:** He knew he didn't feel right up until that stage and then someone said to him: "Did you know this? Did you read this? Did you know about that?" And he then went to . . . looked it up on the Internet and then: "Oh my God, this is what I've been feeling! This is what my issue is!"

*(Excerpt 14, Interview 1)*

Nevertheless, when John does acquire the information as to what his "issue is", he refrains from confiding in Sharon:

**Sharon:** [ . . . ] So I said to her: "Why couldn't you tell me?" and she said: "Because I was afraid of rejection".

*(Excerpt 15, Interview 1)*

Hence, even when John discovers that he is transgendered he does not share this information with Sharon for fear of rejection, reflecting his awareness of the stigma attached to a trans-identity. In this way, those that are oppressed through silence and secrecy, also maintain the silence and secrecy. Silence, secrecy, and shame are simultaneously a result of and reinforcing factors of the dominant discourse.

John's feelings of relief in excerpt fourteen above ("Oh my God, this is what I've been feeling! This is what my issue is!") when he acquires information about his trans-identity is unmistakable, and the importance of this 'revelation' is explained by Le Roux (2013, p. 72) who found that gender variant adolescents often have a sense of not fitting in or of being "socially awkward", "lacked the language" and "had no meaningful way by which to make

sense of their difference”, which contributed to their distress and resulted in silence. Once the individuals were able to understand their transgenderism, they experienced validation and normalisation of their experiences, and “a sense of social belonging” (Le Roux, 2013, p. 74).

John’s initial lack of knowledge is echoed by Sharon, who conveys her ignorance regarding John’s transgenderism in her reaction to his disclosure:

**Sharon:** [ . . . ] Uhm, so it was a HUGE thing for me. And uhm, [tearful] we had to go through some counseling together as a family, but he never ever told me at that stage what it was about.

**Interviewer:** You had no idea?

**Sharon:** No, NO. I knew there were relationship issues, I knew he had difficulty finding his place in . . . in society, but it was never ever, uhm, a thin:g (.) about gender. I knew he was more of a tomboy.

*(Excerpt 16, Interview 1)*

Gender is constructed as a binary reality, and this is generally accepted without question. It becomes an assumption that ‘male’ and ‘female’ as they conventionally exist, represent “truth”. A parent may experience challenges to this ‘obvious reality’ as communicated by the transgendered child. As with this instance, even though John displayed issues with regards to gender, neither the parent nor the child in question considered a subversion of gender since it did not form part of reality in their frame of reference (as is the case in most people’s experience of gender). Norwood (2010, p. 2) states that sex (which is determined by biological/genetic factors) and gender (concerned with behaviours and social expectations) are associated with each other and “become the categories by which we identify ourselves and others”. These categories are seen as “stable and enduring, neither sex nor gender has been shown to be easily separated from each other or from the ways we operate socially, as they are woven tightly into the fabric of our social world” (Norwood, 2010, p. 2). Gender roles are unquestioned; considered static. This could in part explain the situation with Sharon and John, where neither suspected transgenderism despite John’s depression since the age of four, allusions to gender issues, and attempted suicides.

Potter and Wetherell (1987, p. 181) explain that ideology, much like the “ship in the bottle”, “looks like it has always been there, it is impossible to think how it could be done otherwise, the finished product is all that is visible”. However, the ship has been carefully constructed, involving an “elaborate and detailed process”; a process which is left obscure. The process

remains obscure and this is partly the reason that constructed definitions are accepted as ‘truth’ or ‘fact’. “There seems to be no alternative but to accept it as it appears” (Potter & Wetherell, 1987, p. 181). However, related to the ‘visibility’ of ‘obvious reality’ whilst the process of constructing it remains obscure, is that all other or ‘alternate’ realities are rendered completely invisible or silent. Ideologies are produced through “events, actions and images”, and “we consume [these] packaged meanings. It promote[s] a particular construction of reality” (Swanson, 2006, p. 509), but promoting a particular discourse also involves silencing others. This is evident below:

**Sharon:** Uhm and at that stage I hadn’t heard anything anywhere. Seen, read (.) uhm, advertised on the TV. Articles . . .

**Interviewer:** [Of course.

**Sharon:** [NOTHING about transgenderism or being in the wrong body :: or (.) anyone maybe (.) having:: (.) the identity of another sex, I never heard.

*(Excerpt 17, Interview 1)*

Although the excerpt above shows Sharon’s lack of knowledge regarding transgenderism it also reflects how alternate discourses are excluded from the media and literature. This reiterates Burr’s (2003) assertion that, whilst some descriptions or constructions of the world are sustained, others are excluded. Sharon’s understanding here also reflects the medical discourse and thereby the bio-essentialist view of transgenderism, reflecting the information received from (amongst others) the psychiatrist. In other words, the excerpt reveals not only that ‘alternate’ discourses are silenced, but also that the information available usually reflects the dominant discourse thereby sustaining and reinforcing the status quo.

Sharon provides an additional reason for her ignorance regarding John’s trans-identity. She alludes to the threat that the ‘alternate reality’ represents when she states that she had “blindsided” herself:

**Interviewer:** Must’ve been a surprise when he, John had not confided in you.

**Sharon:** That is why it was such a huge, THING for me, because I thought we had a very open relationship where we discuss EVERYTHING. Uhm, so it was a HUGE surprise, it was a HUGE shock! That I couldn’t even see it, that I, that probably killed me that I didn’t pick UP on it. It was nineteen that I knew what was going on but I don’t know why I just did NOT want to see it for what it was. And I suppose, having worked with couples who’d got divorced, and hearing their stories that they never EVER suspected, an affair. Even though the signs were there, they never EVER expected it! Made me

feel a bit better, because it made me realise that you believe or you WANT to believe that things are okay. And therefore you just (.) blindsided yourself, (.) towards what's, actually going on.

**Interviewer:** Ya, and that's . . .

**Sharon:** And that's the only explanation. Is that you will it to be what you want to be and that you see what you want to see. So you always FIND an excuse and an explanation, for something that doesn't make sense.

*(Excerpt 18, Interview 1)*

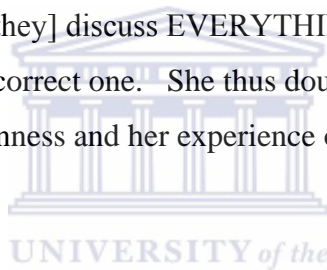
Sharon notes that she did not want to see and that she had blindsided herself, which is akin to denial. Sharon's failure to "pick up on it" could therefore be due to not only the lack of knowledge regarding 'alternate' genders or gender discourses, but also the threat that deviating from the dominant discourse holds. Questioning 'established truths' renders the self vulnerable, as the boundaries of the self are jeopardised by that which disturbs "identity, system, order" (Elliot, 2010, p. 68).

This 'blindsidedness' or denial, reflective of anxiety and fear, is also evident in the analogy of infidelity that Sharon employs. Potter and Wetherell (1987, p. 107) stresses the importance of studying metaphor and analogy in understanding the self in discourse. In her analogy, Sharon compares her not wanting to see what was really happening, to that of a wife not wanting to acknowledge to herself that her husband is having an extra-marital affair. Just like the wife of a cheating husband, Sharon blindsided herself to protect herself from the pain of reality. The necessary defence is an indication of the extremity of the pain, the threat imminent in facing an 'unendurable' truth. Extra-marital affairs often involve extreme secrecy. Similarly, Sharon's lack of knowledge could possibly be ascribed, in part, to the fact that transgenderism is shrouded in secrecy and shame. As with infidelity, with transgenderism too the 'truth' would involve hurting a loved one, and this shame and secrecy leave many stories of the transgendered experience untold.

Besides secrecy, there is another theme that seems to run through Sharon's experience as reflected in her analogy. Although the focus of Sharon's analogy is that of denying reality, it is worthy to note that her analogy also draws on the discourse of betrayal, and perhaps alludes to Sharon's (albeit subconscious) sense of betrayal from her child. This betrayal involves many interpretive levels. Firstly, in some way, John was not who she thought he was, (John felt or was male when Sharon experienced him as female). Sharon's experience of pre-transitioned John as female differs significantly from her experience of him as male since she adheres predominantly to the discourse of the social self (refer to page 70 for

explanation). Sharon no longer relates to her child as she did when she considered her child a daughter. (This is illustrated in the next section, 'Incongruous Loss'.) Similarly, when experiencing betrayal, one's perception and nature of the relationship with the 'transgressor' alters. A shadow of doubt is cast on the past as it comes under scrutiny. To the betrayed individual, the nature of the relationship, and the feelings and experiences that were shared prior to the infidelity, become questioned and questionable. In the same way, although Sharon had related to John as her daughter, he had been her son all along, rendering the past questionable.

Additionally, John was unable to confide in Sharon for fear of rejection despite her assurance of her love. He had 'betrayed' her (as is often the case with someone having an extra-marital affair) in withholding information as well as his feelings from her. Sharon states that it was a "HUGE shock", a "huge thing" for her, because they had a "very open relationship where [they] discuss EVERYTHING". Sharon's perception that they "had a very open relationship where [they] discuss EVERYTHING!" (excerpt 18, p. 60) was thus, at that time, proven to be an incorrect one. She thus doubts the nature of their relationship, and her perception of their openness and her experience of their closeness heretofore, are put into question.



It is important to portray the link between Sharon's analogy and the dominant discourse of gender, and how dominant ideology contributes to secrecy, denial and feelings of betrayal. Feelings of betrayal can be experienced when certain expectations have been transgressed, even if the transgression was unintended. Sharon had expected her child to be (and remain) female. Her expectation, however, is based on the internalisation of the dominant discourse of gender, and in this way, it is the 'adherence' to dominant discourse that gives rise to feelings of betrayal. Sharon's blind-sidedness or denial, as explained earlier, is reflective of the threat that the 'alternate' discourse represents. Extra-marital affairs are, as a form of betrayal, considered immoral and 'wrong'. This analogy thus also reveals the negative connotation (generally) attached to transgenderism. John feared Sharon's rejection due to her 'acceptance' of the dominant, binary, bio-essentialist view of gender, and he expresses feelings of shame. In this way, the dominant discourse also fostered (John's) secrecy which contributed to Sharon's sense of betrayal. Sharon's illuminating analogy aptly reveals, through its various connotations, the pervasiveness of gender ideology and (through its internalisation) the various intricate emotional consequences of this ideology.



## 4.2.2 Shaping the parent: religion.

### 4.2.2.1 Gendered practices and rituals.

In the two excerpts below, discourse of religion and gender intersect with discourse of the transgendered individual. Sharon recalls an incident in which she had wanted Mary (John before he transitioned) to wear a dress to the *Rosh Hashanah*, the Jewish new year celebration:

**Interviewer:** Uhm, you mentioned that you wanted Mary to wear a dress to the *Rosh Hashanah*. I hope I'm pronouncing that correctly. Can you tell me maybe a little bit about the significance of wearing the dress on that occasion?

**Sharon:** Well, women are supposed to wear (.) dresses. Uhm, a::nd it's

**Interviewer:** What is the celebration, maybe I should ask first?

**Sharon:** It's a New Year.

**Interviewer:** New Year, right.

**Sharon:** New Year celebration. And you go to synagogue and women's not allowed to wear anything but a dress to synagogue. And uhm, I just wanted (.) her to look pretty. All the family was coming, all the friends were coming. I had about forty people for dinner. And everybody was gonna be there and I wanted my children to look good and appropriate. And...

**Interviewer:** Suitable [ for that

**Sharon:** [ For that occasion.

**Interviewer:** Right.

**Sharon:** A dress was the right thing to wear!

(Excerpt 19, Interview 3)

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Cerulo (1997, p. 387-388) explains that from a constructionist perspective, gender is performed through interaction, through “symbols and norms” and “social performance”.

“... Social rituals, symbols and practices ... transform ... [gender] differences into social facts”. Lorber (1997) argues that various institutions, such as religion and society's values, legitimate gender categorisation. In the excerpt above Sharon reveals that Jewish religious practices are gendered, and that these practices are being challenged (from Sharon's perspective) due to John's trans-identity. A tension exists between religion and her transgendered child's needs as Sharon wants John to “look good and appropriate” despite his feelings. Sharon wants John to ‘display’ the correct gender (by wearing a dress) in terms of the religious context. Having a transgendered child, and privileging the discourse of the transgendered individual, pose the challenge of reconciling personal beliefs with experiences that subvert them. Religion forms an important part of identity, and as a parent, religion is often conveyed to children. Meadow (2012) states that gender is regulated through various institutions including religious contexts, and identities are then conceptualised and understood within these contexts in families. These structures (biomedicine, psychiatry,

religion) “function to secure formerly social phenomena as the exclusive province of established knowledge systems . . . [and] produce increasingly restrictive gender regimes” (Meadow, 2012, p727). Although at the time John was not identified as transgendered (by himself or anyone else), his trans-identity nevertheless had an impact. Even though the incident had occurred before John was ‘diagnosed’, the ramifications in terms of religion are evident. Furthermore, the ramifications may be on-going as the gendered religious roles and rituals still remain. This is evident in the content as well as Sharon’s use of present tense in the excerpt below:

**Sharon:** Well a man, when you have a . . . when you go to pray, you need to be men. And the *Torah* can only come out with men. They can’t take the *Torah*, which is the Bible, out with women, it has to be men, there has to be ten men, to make this up. So they can bring it out, they can read, they can say their certain prayers, there have to be ten men. A woman cannot form part of that (.) minion, of that group. (.) Women’s roles are different. The woman’s role is in (.) running the family, running the ho::me, uhm, keeping the dynamics within the family (.) good. And a man’s role is to go and pra::y and to (.) provide for his family and, the head of the hou::se, and so on  
(Excerpt 20, Interview 3)

Thus, Sharon’s understanding not only of what it means to be a man or woman, but what it means to be a man or woman in terms of her Jewish faith, was brought into question. Sharon had to “undo” and “redo” gender (Whitley, 2013, p. 605) not only generally, but also specifically within the religious context.

Although, as West and Zimmerman (1987, p. 136) point out, activities are assessed in general, and people are “held accountable for the appropriate performance of the activity as man or woman” this ‘assessment’ and ‘accountability’ become particularly pertinent within the context of religion. The authors argue that “some occasions are organized to routinely display and celebrate behaviours that are conventionally linked to one another or the sex category. On such occasions, everyone knows his or her place in the interactional scheme of things” (West & Zimmerman, 1987, p. 139).

In addition to significances attached to rituals and attire in terms of gender, names too are assigned value. Names generally have significances attached to them and therefore, when trans-identified individuals change their names, it frequently has a traumatic impact on their loved ones. In Sharon’s case, John’s pre-transition name had religious and sentimental significance:

**Sharon:** Yah, it, look it was hard! Because you know, especially in the Jewish religion you are named after someone who has passed away::y.

**Interviewer:** Okay.

**Sharon:** And, uh (.) he was named after my mother... who passed away (.) and my mother-in-law's father that had passed away. So::.. he had (.) names of very specific and uhm, it was difficult ... to change the name, it was traumatic . . . it was traumatic for everyone. But uhm, and as I say, you know we've been talking about him, we made mistakes.

*(Excerpt 21, Interview 3)*

The emphasis on the words 'traumatic' and 'difficult' highlights the distress the name - change caused, as it seemed to contravene religious practice of the family. Cerulo (1997, p. 387) maintains that gender is an "interactional accomplishment, an identity continually renegotiated via linguistic exchange and social performance". Gendered names form part of the "linguistic exchange" that reinforces gender categories. By changing his name to one that represents a 'male' gender, John is not only refuting his female identity (and ironically, reinforcing gender categorisation through language), but he also reveals the power that resides in language. Burr (2003, p. 48) argues that "... things become available to us, through language, as ways of structuring our experience". From the constructionist view, language enables "the possibilities of alternative constructions of the self". John uses the name change, that is, language, to reconstruct himself as a female. Burr (2003) reiterates that language is a powerful tool to bring about change in thinking, and thereby, social change. "A person may feel trapped, restricted or oppressed by their identity", and language can become a "major site where these identities could be challenged or changed" (Burr, 2003, p. 56). Although John has demonstrated this through the name-change, this name change has also succeeded in eradicating the 'female' name bestowed upon him by his parents. Thus, although it signifies empowerment for John, it signifies a type of disempowerment for his parents (initially).

The 'power' of language apparent in John's name (change) is reflected not only in terms of gender, but on various levels. Although the ('female') name was linked to Sharon's (female) child's identity, it was also linked to a previous generation. John was named after his grandmother who had passed away, adding to the name a greater significance; a type of extension and continued valuing and honouring of Sharon's deceased mother. Thus, the name has significance on four important levels at least: It is linked to Sharon's girl-child (with its associated gender and dreams, to be discussed later in 'Incongruous Loss'), to a

past generation, and it also revered and immortalised in some way a loved one who has passed. Additionally, being named after someone who had passed away has not only sentimental but religious significance as well (“especially in the Jewish religion you are named after someone who has passed away”). The trauma related to the name change, thus spans all these varied, profound, fundamental discourses and elements (such as empowerment and disempowerment, religion, immortality, sentiment, love).

#### **4.2.2.2 Uncertainty, betrayal and “God of Love”.**

Sharon’s past ‘truths’ were being confronted, and her faith too has been ‘shaped’ by this experience, as her own religious beliefs are challenged and put under scrutiny. If she accepts John’s transgenderism and gives dominance to this discourse, all else must be re-conceptualised within the context of this discourse. This results in various uncertainties, and Sharon’s vulnerability and confusion with regards to God is revealed in the excerpts below:

**Sharon:** Ya, write, I paint, uhm and I just worked through them in my head. I don’t really talk about it. Uhm, (.) so I went through quite a bit (.) of internalizing and reflecting within myself. My feelings and how, what was happening, and so on and uhm... cried a lot. But always, after I dropped the kids at school, after my husband’s gone to work, after I’ve done what I need to do, I would then go into my room and have a real good cry. And then ask God about it, and question myself about it and

**Interviewer:** What would you ask?

**Sharon:** God?

**Interviewer:** Yourself, God...

**Sharon:** God, why, why does this happen? What is it, that this is? God of Love, why would my child have this (.) situation?

*(Excerpt 22, Interview 1)*

**Interviewer:** And you gave birth and it was a girl. Do you remember what you felt at that time?

**Sharon:** Tremendous excitement, like “AH! I’ve done it!” (Laughs) I got my daughter! And that that that, I question God with that. I said why did you give me a daughter? If you knew that wasn’t the plan, why did you then not just make it simple and give me a BOY? Why do I have to now, go through the process of (.) experiencing the one and then the other?

*(Excerpt 23, Interview 1)*

In the above excerpt (23), Sharon seems to claim the victory as her own when she has a daughter, hinting at a measure of perceived control over the sex (and the conventional corresponding gender) of her child. Then, immediately after, she questions God. Her appeal

to God, especially in contrast with her initial sense of joy and victory, possibly conveys her experience of a loss of control and confusion. It conveys a struggle to gain a sense of meaning, spiritual and other, out of the ‘betrayal’. This appeal to God may allude to the chromosomal or “medical proof” (“there was medical proof, that something was no:t right.” (excerpt 3, p. 48-49) of John’s masculinity. In other words, the medical proof or “extra male chromosome” (excerpt 3, p. 48-49) has been caused by God; God had her child appear as biologically female when in fact ‘proof’ was provided that he was biologically male. Hence her question: “God, why, why does this happen? What is it, that this is? God of Love, why would my child have this (.) situation?” (excerpt 22, p. 66).

Sharon’s appeal conveys her inner turmoil: Sharon refers to God as the “God of Love”, which appears in direct contrast with her sense of betrayal and confusion brought about by (this) God. These tumultuous feelings are reflected in her many questions, the repetition of the words “why”, and “what”. Her lack of nouns (“this”, “it”, “this situation”) can be likened to being speechless; it reiterates her shock and bewilderedness, and her sense of dealing with something completely unexpected and unfamiliar. Her avoidance of explicitly labelling the “situation” could also be reflective of her fear, her sense of disempowerment and lack of control at this stage.

In addition to the two preceding excerpts, the excerpt below also indicates that the experience of her child’s transition has left Sharon with a sense of having to live with the uncertainty of not knowing or not having answers:

- Interviewer:** And questions like why John wasn’t just born John, if you know what I mean. [ . . . ] What do you do with those questions that you, you can’t answer?
- Sharon:** Shelve them? . . .  
[Laughing]
- Sharon:** Because I’m not gonna get the answers.
- Interviewer:** You must have many shelves.
- Sharon:** I do.  
[Laughing]
- Sharon:** I have a library. [Laughs]

*(Excerpt 24, Interview 3)*

With regards to religion, Sharon has had to “shelve” the questions that “God of Love” had left unanswered. When asked what she does about the unanswered questions she poses to God, Sharon suggests “Shelve them?”. Sharon’s “shelve them?” is posed as a question. Later she herself provides the answer as to why she has no option but to do this: “Because

I'm not gonna get the answers." She has a "library" of shelves. Her humour and laughter possibly mark her discomfort as well as resignation to the uncertainty that will remain. She does not receive answers, but is unable to or chooses not to relinquish her faith in God.

Sharon's privileging of the discourse of the transgendered individual whilst trying to retain her belief in a "God of Love" (excerpt 22, p. 66), even if it seems to her contradictory, results in uncertainty but also her acceptance of these uncertainties. This enables her to balance the two discourses despite their contradictory elements. Sharon's question "If you knew that wasn't the plan, why did you then not just make it simple and give me a BOY?" (excerpt 23, p. 66) also reveals her relinquishing (here) of a simplistic binary definition of gender insofar as she accepts that, despite her daughter appearing as female at birth, John is male or a "boy".

Although religion poses various challenges regarding Sharon and John's trans-identity, she is also able to use it in her acceptance of his trans-identity:

**Interviewer:** Uhm . . . you seek knowledge to answer questions and you share that and you believe in that and then you have your religion which is a faith, uhm, which seems to be a bit at odds with what's happening, and you've asked questions about it and there were some left unanswered. Are there many unanswered questions, and how do you make peace with that?

**Sharon:** It's the frustration I think, at times. Uhm, like, at the moment I'm putting together a whole questionnaire, (.) I'm going to speak to religious leaders, I'm going to challenge them (.) on what (.) the Bible says and their interpretation thereof and what other interpretations there may be. And of . . . challenge their values, about what they say. If God is loving and that we need to model ourselves in God's image and so on and then if that is true, if God is accepting, why are you not accepting, why is the church not accepting, why is the synagogue not accepting of these individuals.

*(Excerpt 25, Interview 3)*

The above excerpt confirms Meadow's (2012, p. 727 – 728) assertion that 'familiar' knowledge and institutions such as religion, can also have a positive impact. The author argues that "through their own interpretive discretion", "meanings are reimagined." "Families revise institutionalised tropes [ . . . ] and, in that way, make social change" (Meadow, 2012, p. 742). These families [ . . . ] rearticulate the rules by which they "live [their] minds, bodies and souls" (Meadow, 2012, p.742). Meadow (2012, p. 742) argues that the same structures such as biomedicine, psychiatry and religion, that "offer tools for constructing a normative view of gender" can also be used to expand gender ideologies since they "give us concepts we can use to make sense of who and what we are". Whitley (2013,

p. 612) confirms that while some are unable to reconcile religious beliefs and uncertainties with a transgender identity, others refer to God's love to help them accept the trans-identity.

In privileging the discourse of the transgendered individual, Sharon has to grapple with issues that form the core of her identity, because she is forced to deal with a reality that redefines or shatters existing concepts related to her own identity. Thus, Sharon is shaped by her devotion to her son, her love and her trauma, all the conflicting concepts and emotion she experienced and is experiencing, as well as her courage and willingness to redefine her 'truths' and "shelve" unanswered questions.

### **4.3 Discourse of Incongruous Loss**

Families of transgendered persons often experience feelings of loss (Emerson & Rosenfeld, 1996 in Rowland & Incrocci; Norwood, 2010; Zamboni, 2006). The feelings of loss are interlinked with the meaning that the parents had attached to the gender of the child (Zamboni, 2006. In Norwood, 2010). Norwood (2010, p. 39) refers to the loss as "ambiguous loss" and identifies various contradictory experiences involving the discourse of transition and loss. Included in the contradictory experiences of this type of loss are "Presence-Absence", "Same-Different" and "Self-Other". The author describes loss and its related contradictory experiences as "a salient site of struggle for family members of transgender people". Norwood (2010, p. 34) notes that the term "ambiguous loss" aims to "capture the dynamics of both psychological and physical presence-absence paradoxes", and comes from "not knowing when a loved one is absent or present, dead or alive". Boss (2007) describes the physical absence as someone transitions, as "leaving without goodbye", and the psychological absence as "goodbye without leaving" (In Norwood, 2010, p. 35).

Although the discourse of "ambiguous loss" is explored, this thesis employs the broader term "incongruous loss" to include various aspects of loss regarding not only the ambiguity of present/absent and same/different, but also other 'incongruous' experiences regarding the loss. In other words, the discourse of 'incongruous loss' is not limited to the actual feelings of (ambiguous) loss and grieving by the loved one, but includes challenges that do not necessarily occur with conventional loss. These include the context of the loss, the on-going nature of the loss regarding anticipated futures based on the 'previous gender', and also, the 'additional losses' of becoming somewhat divorced from mainstream society and losing friends due to stigmatism. In addition, the 'knowledge' or expectation of the loss (and, in Sharon's case, the permission granted to transition), appears to be in stark contrast with the

shock, distress and trauma experienced when the loss actually occurs. The word ‘incongruous’ is therefore an umbrella term used in this research to capture all these ambiguities.

#### 4.3.1 Ambiguities in loss: absent and present, here but gone.

Coping with having a transgendered child is wrought with various contradictory discourses and experiences for the family members. One seemingly incongruous experience is relating to someone who is the same, yet different. Norwood (2010, p. 90) refers to the discourse of the sovereign self and the discourse of the social self, where the former refers to an inborn, internal identity which will remain intact “through a transition of sex and gender”. The latter, the social self, is “connected to the identity of others and in fact is formed through social interaction and relation with others” (Norwood, 2010, p. 91). This flexible social self is partially constituted by the body, therefore a change to the body implies a “change to the self”, which in turn indicates a type of loss. Sharon very distinctly felt a sense of loss, and giving voice to the discourse of the social self, experiences bereavement:

**Sharon:** [ . . . ] It’s the same as a . . . a mourning process, when you’ve lost someone. You have the anger and then you have the bargaining and then you have the (.) first the denial, then the anger, then the bargaining and then the eventual acceptance. [ . . . ]

*(Excerpt 26, Interview 2)*

**Sharon:** =It’s a whole bereavement process, you, you do. You get, . . . initially you, you don’t want to believe it and you try and look for alternatives [ . . . ]

*(Excerpt 27, Interview 2)*

Sharon’s distinct loss is an on-going one, as she frequently operates within the discourse of the social self. Ironically, she had given ‘permission’ (albeit to avoid the loss of her child altogether, as will be discussed later) for the transition and therefore indirectly, the loss.

Sharon describes when John was given permission to transition:

**Sharon:** [ . . . ] Uhm, but we sort of just went straight into the transition once we knew what it was. And I think that is when I (.) felt my loss. Uhm, my son, my husband then said to my son, okay fine, no::w you can go and cut your hair, ’cause he had long hair down to his waist. Now you can go and wear your boy’s clothes and cut your hair and start your life as (.) a man.

*(Excerpt 28, Interview 1)*



Below Sharon mentions when she first felt her loss:

**Sharon:** No, that was that was the start of it, that's when I started grieving the loss of my child, because that was, that was final. Up until then (.) it still could've changed (.) Uhm, I could still see the glimmers of my girl, but once he was in boy's clothing and he had this boy's haircut, there was absolutely no, not even a hint... (02'42") [Tearful] . . . of my daughter.

*(Excerpt 29, Interview 2)*

In the excerpt above, the words "my child" (in the first sentence) shows that, at this point, Sharon identifies with her daughter. This is reiterated when Sharon thereafter refers to John as "he", but refers to her daughter as "my child", showing possession and affinity with her 'female' child or daughter. The female child and the male child are seen as opposing entities, and Sharon engages emotionally or identifies with the daughter she has lost as represented by John's masculine appearance. Sharon privileges the social self here, where she experiences her daughter as different to her son, leading to intense feelings of shock and sorrow.

Her words "*see* [emphasis mine] glimmers of my girl", "boy's clothing", "boy's haircut", shows that John is now 'displaying' behaviour (see explanation by West & Zimmerman (1987) on page 29) of the male gender, which is reflective of John's desired 'male' identity. In the excerpt, the 'display' of the female gender is replaced by the 'display' of the male gender; her daughter's 'disappearance' is in proportion to her son's appearance. Thus, rather incongruously, out of the death or disappearance of one, is borne the other. "Not even a hint" reveals her search for the slightest indication or remnants of her daughter, and reinforces the significance of 'displays' of gender. The constant repetition, of the words "my" "daughter" and "girl" emphasis the deep-rooted nature of the experience of a gender, and the relationship attached to that experience. This 'display' has a powerful and traumatic impact on Sharon, revealing the deeply embedded meanings attached to gender roles and associated displays.

As mentioned, the (display of) one gender indicates the absence of (the display of) the 'other' gender. In seeing a son, she is simultaneously seeing the absence of her daughter, a seemingly incongruous situation with accompanying conflicting emotion. Sharon mourns her daughter, but is unable to reveal this emotion to the same child who is alive, and whose

life is perceived by Sharon as dependent on her acceptance. John's very existence indicates her daughter's absence, and in this way, unlike "conventional loss", complete closure is unlikely to be attained. This shift in John's outward appearance signifies to Sharon his internal gender, and in so doing, signifies the loss of her daughter. Despite the fact that the person is both physically and mentally present (as opposed to someone who becomes mentally impaired), a real sense of loss is experienced (Norwood, 2010), which reflects the significance attached to the sex/gender construction.

As John becomes more masculine, her daughter diminishes until there is "not even a hint" and the loss becomes "more permanent":

**Sharon:** Well when he initially started wearing proper men's clothing, that would be before he even cut his hair. The clothing slowly became mo::re and mo::re (.) masculine. I think (.) with ALL of us, each stage, had its effect.

**Interviewer:** Really?

**Sharon:** Yah. Every stage (.) drove it home a little bit mo::re (.) made it a little bit more rea::l, and (.) made the loss (.) mo::re permanent.

*(Excerpt 30, Interview 3)*

The words "drove it home" and "more permanent" suggest that loss happened in stages, and implies that any hope (of retaining her daughter) that was harboured, was similarly lost in stages. One could surmise that the loss was not final to Sharon up until this point. It seems that although Sharon had understood the permanent consequences of the decision to transition, there was a disconnection between the cognitive and emotional experience. This discrepancy between her knowledge and feelings is reflected in the paradoxical expression "more permanent". Similarly, the words "more real" indicates that despite her intellectual grasp of the situation, and her permission and support for John's transition, the emotional reality was not experienced as "real" or "permanent" until this point.

It seems the loss occurs slowly, over a series of stages. Although one could, hypothetically, lose someone to an illness in stages, there is a crucial difference despite this similarity. Sharon's daughter is being lost to her son. Physically, her son is replacing her daughter, as the "clothing slowly became mo::re and mo::re (.) masculine". In other words, the presence of her son becomes a reminder and is a reflection of the loss of her daughter. As Sharon intimates, John's masculine presence, or his presence as a male, is a "gain" ("A LOSS (.) of one and a gain of another", excerpt 56, p. 92 -93), but his very presence also signifies a real and painful loss. Thus he 'replaces' but also represents the loss. In addition, there may be

some measure of guilt attached to missing or longing for her lost daughter, as this may be seen as disloyalty to John and his new-found happiness.

Sharon describes when the finality of the transition “HIT” her:

**Sharon:** [ . . . ] So, he always used to wear it in a pony-tail. And uhm, then we decided okay, we got clothing and then we went and had the haircut and as I came down the escalator, (I was) suddenly HIT me. “My daughter is gone”. “I’ve lost my daughter”. All the dreams of a white wedding, of having grand::children, of having my daughter and I PLANNED it that way. I wanted a daughter to look after the two younger siblings. So all these things I’ve planned would now be GONE. They were taken away from me. And I just got to the bottom of it, I turned around, I couldn’t even face them, I RAN up, the up one, I just RAN, sobbing all the way. Ran to my car, climbed into my car. Drove home, came home, ran into my room, threw myself on my bed, closed my door and mourned the loss of my daughter! (12.4)  
[Silence, crying]

*(Excerpt 31, Interview 1)*

It is the ‘display’ of the male gender (and the absence of the ‘display’ of the female gender) that has Sharon run and mourn the loss of her daughter. The display of gender brings into focus the roles that Sharon had expected her daughter to fulfil. The female child and expected roles become inextricably linked or merged, such that these roles seem to come to represent the individual itself. Sharon’s emphasis on the word “GONE” and “HIT” reflects her distress, her loss, the incongruity of having lost someone who had never really existed (as according to the bio-essentialist view, John was always male), and mourning someone who still is. The outburst is followed by silence and crying. Despite having accepted her son’s adopted gender, being an advocate of transgenderism, running a support group for parents, as well as conducting research, “five years down the line” (excerpt 37, p. 79) the memory is still vivid and distressing, (as evidenced in the short phrases, the silence and the crying). Sharon relay the loss of her daughter and the loss of hope of having her daughter ‘return’ as portrayed in the words “there’s no more maybe”. The words “they” in “they were taken away from me”, relate to what she had planned (in terms of her grandchildren, and her daughter’s anticipated role), as well as her lack of control over the situation. Within the discourse of the transgendered individual, she at this point becomes the recipient or victim of loss.

A further complication of John (as transitioned individual) being 'here but gone' is that Sharon is forced to mourn in secret. Although there are various reasons for her need for privacy it is clear that she has to remain available and be "the stronger one" (excerpt 90, p. 118) to protect her family. However, she also has to protect John from her true feelings of loss, and the pressure she experiences is reflected in her panic-stricken words: "I've lost my daughter but now I'm gonna lose my son TOO if I don't get this thing RIGHT!" (excerpt 44, p. 85). During this time of loss, extreme distress and mourning, Sharon feels compelled to monitor what she reveals to her loved ones. The irony and complexity is that she has to shield the very child that she is mourning, from her grief.

In the excerpt, Sharon makes reference to a "white wedding". Although a white wedding is simply described as a "traditional wedding at which the bride wears a formal white dress" (COED, 2003, p. 1318), it holds great significance socially: A traditional wedding and white dress carries many cultural significances, attached especially to a female gender. The 'white dress' (as implicit in the phrase "white wedding") is not only a 'display' of a female gender, but signifies a marriage and family, and the female's role in both these systems. In giving voice to the social self, it becomes apparent that the consequences of the transition extend far beyond the current generation, as Sharon will no longer have the biological grandchildren that she expected to have. These 'losses' are as a result of the social construction of gender "where gendered behaviour are cultural performances" (Norwood, 2010, p. 17). Norwood (2010) argues that the body does not naturally dictate behaviours, rather, behaviours are assigned and prescribed to bodies that are sex-categorised. Thus, roles are assigned to the sex with its associated gender, not necessarily the individual. Norwood's (2010) research revealed that grieving often involves not only grieving for the gendered individual, but the gender role as well as the gendered life they were expected to live in the future, which may include issues such as having grandchildren (2010, p. 189). In this way, for Sharon, privileging of the social self results in a loss of mother-daughter interaction, which in turn translates into a current as well as future (and perhaps on-going) loss. The loss is not only that of her daughter, but a future, everything she has planned, including, in her view, grandchildren. Crossley (2002) maintains that "we conduct our lives by living in the present and planning a future in a way that links us meaningfully with our understanding of our past" (In Burr, 2003, 146). In Sharon's case, her future was based on her past understanding of what it means to be a (female and) daughter, and her experience with her 'past daughter'. She becomes compelled to revisit the past as well as 'restructure' the future.

Later, the impact of the finality of the loss, is revealed:

**Sharon:** [. . .] And uhm, I was lying there sobbing and thinking well now, now there's no more maybe. No more maybe that, things will be different. [Crying]

**Interviewer:** Sort of final, this is it. [Crying]

**Sharon:** That was the finality of it, that was when it hit me.

*(Excerpt 32, Interview 1)*

The repeated use of the words “hit me” (in excerpts 31 & 32, p. 73 & p.75), and the raised voice, reflect the full, violent impact and force of the transition on her. The word “suddenly” shows that despite her prior knowledge (and support of) of the transition, her emotional experience was not always consistent with her cognitive experience, as mentioned earlier. Sharon's knowledge of transgenderism and her reconceptualisations of gender may aid in her coping, but it does not necessarily diminish her loss or pain. As mother, she experiences the ‘death’ of a child; she grieves her child despite being ‘forewarned’ or partaking in the decision of this loss.

This ‘loss of future’ as represented by gender role expectations, is also evident below. Sharon had lost all present as well as future significances and hopes attached to having a daughter, as relayed by her repetition of the word “dreams”:

**Sharon:** You had your dreams.

**Interviewer:** There was a gender but....

**Sharon:** Ya, you had your dreams of, of what the future would bring.

*(Excerpt 33, Interview 1)*

Sharon had longed to have a daughter (before having a son) based on the roles that this female child would fulfil, and felt a sense of victory when her child was a “girl”:

**Sharon:** [. . .] Initially I wanted a boy, first. And then I decided, no no no no, I actually want a girl because= [. . .] Boys don't take care of their siblings really. Once they marry, the wife and their family become who they take care of.

**Interviewer:** Yah.

**Sharon:** That's a fact. If you look at the statistics that's the way it is. Mhm... The girl is the one, who keeps the family together. Who is always worried about mom and dad. Who (.) always worries about the siblings, who always tries to hold the family together. It's always the girl, always the daughter.

**Interviewer:** Type of glue, almost.

- Sharon:** Yes, so that's why I thought, I want that. Then she can take care of us and the other children and everything else.
- Interviewer:** And you gave birth and it was a girl. Do you remember what you felt at that time?
- Sharon:** Tremendous excitement, like "AH! I've done it!" [Laughs] I got my daughter!

*(Excerpt 34, Interview 1)*

Women are seen as nurturers, and should manage the private sphere, hence pre-transitioned, 'female' John should have taken care of the family. These gender roles appear as natural since they appear from birth (Butler, 1988, in Norwood, 2010). Research has revealed that family members of trans-identified persons report "feeling loss and grief over imagined, gendered futures or gender roles" (Norwood, 2010, p. 179). Sharon had accepted and lived by these 'natural' gender roles and also expected her daughter to do so, as evidenced in her description of role expectations.

Sandnabba and Ahlberg (1999, 249 - 250) state that role socialisation begins at the infant's birth, and that parents are "extremely interested" in the sex of the child. The knowledge of the sex/gender of the child then "elicits in them a set of expectations consistent with beliefs about gender-role-appropriate traits". The extract above highlight the interest associated with the expectations attached to and the emotion invested in the sex of a child. In fact, the previous excerpt demonstrates that interest and expectation based on gender had occurred *prior* to birth, in-utero, or in anticipation of having a child.

Sharon mourns her child, and the future of her child, whilst her child remains. The loss is experienced in reference to the pre trans-identity, and the roles and dreams associated with these, (which represent a further ambiguity, since it could be argued in this case, that John was always male even if he was not experienced as such). Norwood (2010, p. 190) questions whether the loss is less about the trans-identified person losing an identity, than the family member's loss of the experience of the trans-identified person identity. Mourning the child who still remains gives voice to the discourse of the social self. The notion of 'here but gone', or mourning someone who still exists, is evident in Sharon's narrative about photographs of John prior to his transition:

- Interviewer:** Uhm, do you still look at photographs of Mary, are there any, do you permit yourself?
- Sharon:** I've got them, I've got a number of pictures, but we've filed them away. And if I come across them I look at them and they still hurt, but uhm, (.) it's only fleeting.
- Interviewer:** Mhm . . .
- Sharon:** But I wouldn't, I don't go and look for them. But if I'm packing or repacking or I'm looking for something else and I come across it, then I'll look but, it's now more with uh . . . (.) fondness (.) and good memories (.) than (.) the loss.
- Interviewer:** Is John okay with you looking at those photographs.
- Sharon:** Not really [softly]. He doesn't wanna see or hear about them [softly].
- (Excerpt 35, Interview 3)*

Sharon states that she “wouldn’t”, and then “don’t” look for the photographs. The word “wouldn’t” represents the words ‘would not’, and the word “would” in turn, indicates intent. This implies that Sharon has some intention (perhaps both conscious and unconscious) to protect herself from these pictures, which are in fact, symbolic of her past with her daughter. The stronger “don’t” demonstrates the successful implementation of her desire to guard herself from the photographs, the past, and the subsequent pain of revisiting the past. According to research conducted by Norwood (2010, p. 199), “integration of the past with the present and future” made coping with transitioning easier. The author explains that this “integration” involves, for example, continuing to look at and display pre-transition photographs, and “being able to refer to the person and to the things that happened pre-transition” (Norwood, 2010, p. 199). Sharon, through avoiding the photographs of pre-transitioned John (and John himself who “doesn’t wanna see or hear about them”) engages the discourse of the social self, where there is a distinct experience of loss of the ‘past’ self, and it is ascribing to the social self that prevents “integration” (for both Sharon and John).

The words “good memories (.) [rather] than (.) the loss” indicate that a loss has occurred, that is, the words confirm the loss. The word “more” (“it’s now more with uh . . . (.) fondness”) illustrated that the pain has not ceased but is on-going- if perhaps slightly less poignant. Sharon sums up the feelings in her words “they still hurt”. When she acknowledges the “hurt”, she immediately minimises this pain and protects herself by stating that “it’s only fleeting”. Sharon’s language here reveals her guardedness against the emotional significance of the past. (If the past was emotionally insignificant or meaningless, she would have no need to guard against it.) This internal dynamic of defending against the significant past, is reiterated when Sharon mentions that she has filed away the photographs. Her daughter in some way belongs to the past, and memories of her are filed away.

However, the photographs are not *thrown* away, that is, they are merely filed away as opposed to being discarded. The management of the photographs can thus be seen as suggestive of Sharon's past memories of her daughter and the lack of integration of past and present as explained by Norwood (2010).

The photographs embody 'displays' of a female gender; of John as a daughter. John himself prefers that they not look at the photographs. This shows the 'power' of 'gender displays' in two ways at least: Firstly, it represents a real loss to Sharon. Secondly, it represents the pain of a 'compelled gender' to John. Both these experiences are in accordance with the discourse of the social self, as they avoid to some degree revisiting John's past as a 'female'. Based on the emotional responses of both Sharon and John, it becomes clear that outward appearances or physical gender displays (as embodied by the photographs) are not merely superficial, but have far-reaching consequences.

In her guardedness, Sharon protects herself from her own emotion, but she also perhaps displays loyalty towards John. To fully embrace and support John, she has to protect him from the hurt she experiences of the loss of her daughter. Although she limits her access to the photographs and her memories as she "does not want to be reminded of the past", peculiarly, and perhaps unavoidably and painfully, the past remains present always in the form of John. Sharon has to deny herself certain memories not only to defend against the pain of loss, but also to avoid feelings of guilt as John does not "wanna see or hear about them!" Later Sharon reiterates the pain, stating that "you don't want to be reminded of the past":

**Interviewer:** Why do you, it sounds as though you choose not to really look at those pictures, why is that?

**Sharon:** (.) I don't know! Just the, the you know you don't want to be reminded of the past. Uhm, he's moved forward, I moved forward (.) uhm, those were painful periods for him and uhm (.) painful periods for us.

**Interviewer:** Painful for you to look back as well?

**Sharon:** Not anymore so much, no, the pain's not there anymore.

*(Excerpt 36, Interview 3)*

Sharon uses the word "you" to distance herself from the experience ("you don't want to be reminded of the past") In the last line, she first acknowledges pain, then nullifies the emotion by stating that "it's not there anymore" In this way, she again protects herself from



the emotional trauma. The excerpt, and particularly the phrases “you know you don’t want to be reminded of the past” and “those were painful periods [ . . . ] for us” reflect the discourse of the social self and the loss of the past female individual.

Sharon’s language in the extract below also reveals her emotional deflection as she gives voice to the discourse of the social self, reflecting her struggles with the loss of someone who is ‘here but gone’:

**Sharon:** Probably two years. Started emerging in two years. And now we are six years down, five, six years, five years down the line. I don’t (.) even (.) think (.), when somebody mentions your eldest daughter, then no you’ve got it wrong! I don’t have an eldest daughter, I’ve got two sons, and a young daughter. I can’t go back there. I don’t go back there. And it’s not because I’m (.) I don’t want to or I’m burying it or whatever. Uhm, there’s no negative connotations attached to it, I’ve made the switch. That’s basically it.

*(Excerpt 37, Interview 1)*

Sharon speaks in the present tense. She has accepted that currently, she does not have a daughter, giving dominance to the discourse of the social self. However, she does state “I can’t go back there”, alluding to a distance from something painful or unsettling. Although Sharon immediately repeats the statement replacing the word “can’t” with “don’t”, perhaps each of these words signify different things. She does not go there, because she chooses not to go there, but she also can’t go there, perhaps, if not due to denial, partly due to the challenge in holding on to a ‘past’ daughter and her ‘current’ son simultaneously. Through her use of “don’t” she reveals her attempt at distancing herself from her experience of her child as daughter. She has “made the switch”; to vacillate between whilst trying to reconcile past (daughter) and present (son), may pose an intolerable emotional strain.

John’s engagement with the social self and its possible impact on Sharon, is evident below:

**Sharon:** Sometimes calling him, especially if I was really mad at him, [giggle] then I’d call him by his FULL female name! The name and the surname.

**Interviewer:** Yes.

**Sharon:** And . . . then suddenly, it would hit me and, and he would get such a fright! Because then you knew, really knew, like ooh, now my mom’s REALLY mad at me. But at the same time he was really mad because felt that I disrespected (.) . . . his wishes.

**Interviewer:** And yet that is . . .

**Sharon:** And he’d felt hurt by it.

**Interviewer:** What you normally do, I mean?

**Sharon:** Yes and he felt hurt by it. Yes.

**Interviewer:** Mhm . . .

**Sharon:** So it took a little, I would say at least a year to get used to and, and to make the adjustment, without making mistakes every day. [Smiles]

*(Excerpt 38, Interview 3)*

John's location within the discourse of the social self could serve to reinforce Sharon's positioning within the same discourse, since he seems to require, as described by Norwood (2010, p. 199) an "erasure of the past". This is evidenced by him not wanting Sharon to look at the photographs (excerpts 35 & 36, p. 77 & 78) or to be referred to by his pre-transition name. Although Sharon seems to predominantly locate herself within the discourse of the social self, when she was "really mad" at John, she called him by his "FULL female name". Using John's "full female name" is possibly a reflection of anger and hurt, and indicates the 'power' of language as Sharon appears to be 'resisting' John and the discourse of the transgendered individual. Her giggle after her statement could be indicative of guilt feelings at her indiscretion since it hurt John's feelings. This indication of guilt reinforces the notion that John's location within the discourse of the social self in some way maintains Sharon's location within this discourse.

Another interpretation is that Sharon calls out to the child she nurtured as a newborn, an infant, a child and a teenager; the child she 'knew'. Just as someone who speaks a second language may find it easier and reverts to their vernacular when expressing intense emotion, Sharon reverts to addressing the child she knew first.

During the interview, Sharon is asked whether she misses her daughter:

**Interviewer:** Do you still miss your daughter?

**Sharon:** There are times, and uhm [ . . . ] You had your dreams. [ . . . ] Ya, you had your dreams of, of what the future would bring, and . . .

*(Excerpt 39, Interview 1)*

Sharon answers in the second person ("there are times, and uhm [ . . . ] you had your dreams of, of what the future would bring"), thereby distancing herself from her longings for her daughter. Furthermore, she states "there are times", reinforcing again, with the word "are" (that is, the present tense), that the process is both current and on-going. Sharon not only reverts to second person, but she also speaks about the dreams and future rather than her past

experiences with her daughter. In other words, she seems to avoid speaking about her daughter directly. Her longing for her daughter is evident throughout the interviews through her tone of voice, the pauses, the sighs, and the tears. Sharon's longing for her daughter, her awareness of this, and her guardedness regarding feelings of loss is also evident below:

**Interviewer:** Uhm, okay. And what has been, I'm not sure what word to use, but the most positive aspect of all this?

**Sharon:** Is seeing the change in my child! Seeing how my child has grown, and developed, and come into his own, and accepting, who he is and LOVING who he is. For the first time.

**Interviewer:** Ya. And that's quite late, I mean, if you think about it, it must have been really difficult.

**Sharon:** Look there's still times when something happen I think uh . . . I really miss my . . . having a daughter. And I mean even my, my daughter now, who was really really supportive, who just ACCEPTED it. Okay well, this (this changes bodies) and . . .

*(Excerpt 40, Interview 1)*

In the above excerpt, Sharon speaks about the positive changes that had occurred in John since the transition. She states that John is "loving who he is" "for the first time". The interviewer responds in sympathy to John, indicating that this had occurred quite late in his life. Sharon then responds with "Look there's still times when something happen I think uh . . . I really miss my . . . having a daughter". The word "look" (a linguistic strategy drawing, in this instance, the attention to another direction), the content of her statement as well as stating it in response to the positive outcome in John, implies that the current situation, although positive, 'victorious' even in some ways, does not eradicate the 'past' 'existence of or Sharon's attachment to her daughter.

Sharon's change from "my" to "having a" reflect the ambiguity of 'here but gone', the tension between past and present, and perhaps, her loyalty to her son. Further support that the shift from "my" to "having a" is a creative linguistic strategy defending against her longing for her daughter (thus engaging the discourse of the social self), is that she does have a daughter, and therefore could not literally mean that she misses having "a" daughter. This reveals that her statement "my daughter" is accurate, yet the words "having a" creates the distance needed to cope with her reality. It is of significance that Sharon again uses the present tense, indicating that the longing is on-going, as is the process of accepting the transition.

In the excerpt above, when Sharon's speaks of her own longings for her daughter, she almost immediately refers to her daughter's longing for her sister. The words "and I mean" denotes that she is explaining her preceding statement. Sharon hereafter immediately describes how supportive her daughter had been of the transition and how she had helped Sharon with regards to the pronoun change, and expresses her surprise that her daughter longed for her sister. In other words, Sharon creates a link between her feelings of loss and her daughter's feelings of loss. Sharon continues to express her daughter's sense of loss:

**Sharon:** And I thought she'd accepted it. In fact . . . (.) was it . . . (.) towards the end of last year, I came to her room and she was lying on the bed sobbing and crying and she had just come from a friend.

**Interviewer:** Last year?

**Sharon:** Ya, she'd come from a friend and she was sobbing on the bed. And I said to her what's going on? She said: "No. No. No. Nothing." So I said: "Tell me what's going on." And then she said: "I miss my sister."

**Interviewer:** Five years later?

**Sharon:** I was sort of taken completely aback!

*(Excerpt 41, Interview 1)*

Thus Sharon extends, continues or merges her own experience with or through her daughter's. In this way, she is able to create some distance between herself and her own longing for her daughter, whilst indirectly expressing her own experience of loss (echoing the action of filing away but not discarding photographs). Sharon is able to reveal her own feelings of loss in a non-threatening manner through talking about her daughter's feelings instead. She thus employs various strategies to protect herself against the feelings of loss as she engages with both the discourses of the transgendered individual and the social self.

#### **4.3.2 Lack of support, stigma and additional losses.**

Sharon's acceptance of John, that is, giving dominance to the discourse of the transgendered individual, becomes the discourse within which the entire family operates. The discourse of community now operates from within the discourse of the transgendered individual. This sets the family apart from society, and also results in altered relations, or a cease of relations with friends who do not embrace the 'new' discourse of community. Unlike conventional loss, Sharon does not receive support but instead bears the burden of stigmatism:

**Sharon:** I think, losing someone is inevitable, and it's natural. It's what's supposed to happen. Maybe not happen at THAT TIME, but it comes to us all. This is something that is not expected. It's not normal. It's not something that

happens to EVERYBODY. And it carries a lot of stigma with it (.) and resentment, and prejudice, and all these sort of things.

**Interviewer:** Resentment from whom?

**Sharon:** Well people resent... (.) have resentment . . . (.) Resentment for US and for, for what this child is putting us through. Whereas if someone is really ill, you sympathise, you're there, you wanna help. Uhm, they're not forcing it upon you. It's nature taking its course. Whereas when your child transitions it's something that you feel that is being forced on you. You weren't given the option to say, is it okay with you, is it ... is it just ... (.) you've got no control over it.

*(Excerpt 42, Interview 3)*

Sharon loses her daughter in a manner that is “not normal”, and expresses various ways in which the ‘loss’ of her daughter brought about by the transition differs from conventional loss. The fact that it is not “supposed to happen”, it is “not expected”, it does not occur in all families, it is not destined for everyone (unlike natural death), hint at some voluntary action; a decision or a choice on the part of the transgendered individual. Unlike “natural” loss, loss through transition is not “inevitable”, and in this case, it is a result of a ‘choice’ made by John and permitted and supported by the family who therefore also becomes stigmatised. This confirms that gender is an ideology to which one is held accountable (West & Zimmerman, 1987. In Burdge, 2007, p. 246). Burdge (2007, p. 246) argues that the ideology of gender is assessed, with non-compliance being met with prejudice and discrimination, and in this way, the dominant ideology is maintained. Based on ‘gender assessment’, stigmatism frequently occurs on various levels. The one form of stigmatism is due to the perceived ‘abnormality’. Stated differently, transgenderism is stigmatised just as any ‘abnormality’, especially psychological, is stigmatised. The second aspect is that the transgendered person has *chosen* this abnormality. He or she chooses to be ‘perverse’, and when the transgendered child is accepted by the family, the family is further stigmatised as they are seen to have caused the ‘perversion’ and/or are ‘allowing’ it to continue. Norwood (2010, p. 32) confirms that “family members [ . . . ] are not immune to stigma and oppressive attitudes surrounding trans-identities and that these social conditions may not only constrain the trans-identified person but also the person’s family in profound ways”.

Sharon mentions that an ill person receives assistance and sympathy. This notion is contrasted with John’s transition. Sharon is struggling with her child’s “situation” as much as a mother would struggle with someone who is “really ill”, yet instead of being supported, she fears (and experiences) ridicule for herself and her child. Sharon compares “natural”

death or “illness” to transitioning and reveals her experience of having no choice and a lack of control. This confirms research that posit that the transgendered child or experience shapes the parent rather than vice versa. Sharon feels that the transition was “forced” upon her, she is not given an option, she had “no control over it”. These words and phrases clearly reveal her submission to a situation that was thrust upon her, and her sense of being controlled by the situation rather than her controlling it. She is moulded by this experience; she must adapt and is forced to do so without being allowed any input as indicated by the words “You weren’t given the option to say is it okay with you . . .”. Sharon’s experience of not having a choice and accepting the transgenderism, gives voice to the discourse of transgendered individual.

In the previous excerpt, it is clear that transgenderism is stigmatised partly due to it being regarded a choice and therefore preventable. Yet, Sharon did not feel that she had a choice. One reason is that, as mentioned earlier, there was ‘chromosomal proof’ thus making it a medical problem that obligates attention (Norwood, 2010). Another pertinent factor though, is that of the impending loss of her child. This threat of loss is used by John’s brother, Mark, to facilitate Sharon’s acceptance of the transition. Mark very directly places John’s well-being and life in Sharon’s hands, thereby negating the notion of choice (and the previous discourse of community). He implores:

**Sharon:** Ya. He said: “Mom, the same thing goes for you. You can have your daughter, by all means have your daughter, but you’re gonna sit at her grave. You are gonna sit at your daughter’s grave. Q::r, like me, it’s hard, but you can accept it, and you can celebrate the son, the life of your son. So you must choose mom. Because, John is gonna be whatever you want. If it’s the daughter you want, that’s what she will be. BUT, you gonna bury her, because she won’t live.”

*(Excerpt 43, Interview 1)*

Ironically, Sharon is asked to choose but either choice could result in the loss of a loved one. Mark’s words “by all means have your daughter, but you’re gonna sit at her grave. You are gonna sit at your daughter’s grave” gives voice to the discourse of the transgendered individual, and with the threat implicit in the word “but”, he compels Sharon to partake in this discourse. In other words, by holding on to the dominant discourse of gender and thereby her daughter, Sharon would lose her child altogether. The impending threat of loss (of John to suicide) compels Sharon to accept the trans-identity and engage the discourse of the transgendered individual, giving it precedence over the discourse of community. Sharon

thus gives John ‘permission’ to transition. Ironically, the threat of impending loss (of her son/child) results in the ‘loss’ of her daughter.

The two excerpts below reveal Sharon subjective experience of not having a choice:

**Sharon:** All those feelings of . . . of disappointment, of uhm fear, of my child not getting what he needs to and not having the life that he needs. Of losing my child either way! I’ve lost my daughter but now I’m gonna lose my son TOO if I don’t get this thing RIGHT!

*(Excerpt 44, Interview 2)*

**Interviewer:** [ . . . ] (.) so that fear of your child committing suicide was pervasive, it’s sort of always there?

**Sharon:** I was on the edge all the time!

**Interviewer:** How did you cope with that?

**Sharon:** Well I had to babysit him. And, and talk to him positively all the time, and (.) uhm, . . . Surround him with lots of love. And . . . and

**Interviewer:** But what about you?

**Sharon:** I put my feelings aside. I shelved them.

*(Excerpt 45, Interview 3)*

Sharon is compelled to locate herself within the discourse of the transgendered individual because she will “lose [her] son TOO if” if she doesn’t “get this thing RIGHT!”. The raised voice reflect the extreme emotional pressure she experiences to position herself within the discourse of the transgendered individual. Resisting the discourse of the transgendered individual is not an option for Sharon as the threat of losing her child to suicide looms at all times. Sharon’s assertion that she had to “talk to him positively all the time” conveys her attempt to “get this thing RIGHT!”. She, in this way, starts to engage with the discourse of transgenderism. “Talking positively” portrays Sharon’s shift (albeit to protect John) towards accepting the transgenderism, and the shelving of her own feelings portray her silencing of the opposing, dominant discourse of gender.

#### **4.3.3 Discourse of society VS. Discourse of family**

In a previous excerpt, Sharon’s explains that the entire family experiences resentment (“Resentment for US”, excerpt 42, p. 82 - 83) and has to cope with the ensuing stigma. Similarly, the word “we” used below incorporates the family, signifying that the entire family operates within the discourse of the transgendered individual:

**Sharon:** [ . . . ] I was adamant that (.) we had no choice and the others have to understand it and that they have to accept it and... he felt I was (.) not being fair to the others and . . .

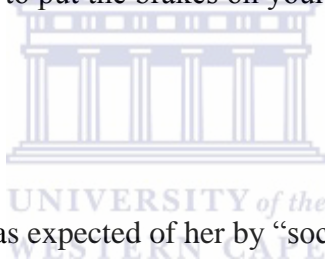
*(Excerpt 46, Interview 2)*

The phrases “I was adamant” and “not being fair to others” allude to the fact that Sharon had to ensure that the family operated within this discourse. Stated differently, the discourse of the transgendered individual had taken precedence over the discourse of community (as facilitated by Sharon in light of, not only the ‘chromosomal proof’, but also the imminent loss of her child to suicide as described previously). This ‘loss’ or distance from society is evident when Sharon advises parents of transgendered children to “let go”:

**Interviewer:** Let go of what?

**Sharon:** Of all these misconceptions, of all these hopes, of all these expectations of, of all the... uhm, society’s uh (.) norms, societal norms, expectations of the world, what is expected of us, certain behaviour that is uhm being learned, through these societal norms. Just, [softly] let them go. Don’t allow them to bind you (.) and to put the brakes on your child’s (.) situation. Just open your mind.

*(Excerpt 47, Interview 3)*



Sharon had to let go of what was expected of her by “society” and “the world”. She had to let go of “societal norms”, which could no longer be her own (complete) frame of reference. In this way Sharon’s identity is shaped by the experience that to some extent, divorces her (and her family) from society. Sharon refers to society and societal norms as an ‘outsider’, as one who does not ascribe to these norms. By using the words “them”, “*these* societal norms” [emphasis mine], she clearly extricates herself of “these norms”, and locates herself outside the dominant ideology (of gender). In so doing, Sharon becomes divorced from mainstream society. This notion is reiterated below:

**Sharon:** Yes, because you want things . . . I think . . . up why you want to have things normal, because you know that society is fickle. Society is judgmental. And, your child is choosing such a rough road, such a hard life.

*(Excerpt 48, Interview 2)*

She is no longer part of “fickle” society in the way she was before, In fact, this society that she used to unquestioningly ascribe to, is the very one that would cause her child to have



“such a hard life”. The society which Sharon was part of, has now become one which threatens her son’s well-being and contributes to continual trauma (addressed in ‘Discourse of Motherhood’) for her son and consequently, herself. Sharon can no longer identify with the dominant discourse entirely; her experience had brought into question previously taken-for-granted ‘truths’. In engaging the discourse of the transgendered individual, the dominant discourse of a binary gender with its associated prejudices and discrimination, is (in some ways at least) resisted.

The excerpt below illustrates Sharon’s shift away from mainstream society as she adopts the discourse of transgendered individual. John revealed that he had not confided in Sharon due to fear of being rejected, and, upon being asked, Sharon expresses how she felt about this:

**Sharon:** I felt BAD. I felt guilty that I had (.) imposed on my child what society is imposing on us all the time. And me:: having been a counselor and seeing other issues, where I’ve stood up for individuals who were discriminated against, here I was discriminating against my own child, without even realising it.

*(Excerpt 49, Interview 1)*

Whereas Sharon ‘didn’t realise’ before that she was located within the dominant discourse of gender, she now, by repositioning herself within the discourse of the transgendered individual, realises that she had unwittingly discriminated against her child. This was due to (in part) the internalisation of dominant gender ideology. Lorber (1997, p. 288) explains that “gender is so much the routine ground of everyday activities that questioning is taken-for-granted assumptions and presuppositions is like thinking about whether the sun will come up”. We produce and consume ideology (Althusser, 1984. In Johnston & Swanson, 2006). “Ideologies are both ‘in us’ and ‘to us’”, and due to this, we remain largely unaware of the degree to which these ideologies are internalised (Johnston & Swanson, 2006, p. 509).

In repositioning herself within the discourse of the transgendered individual, Sharon not only becomes somewhat removed from mainstream society/discourse, but she also becomes part of the minority who are victimised by dominant gender ideology, as clearly illustrated in her words “what society is imposing on *us*”[emphasis mine]. Sharon’s heightened awareness of discrimination as she operates within the discourse of the transgendered individual, is revealed below:

**Sharon:** =Because, as much as we think society has (.) progressed, and that they’ve become open-minded, uhm, there’s still so much prejudice. And

discrimination . . . Against (.) individuals who don't toe the line of male and female.

*(Excerpt 50, Interview 1)*

Not only John, but Sharon and the entire family by association, have become individuals “who don't toe the line of male and female” (excerpt 10, p. 55). This signifies an extrication of Sharon and her family from mainstream society, as they become positioned as victims of “so much prejudice” and “discrimination” when they resist the dominant discourse of gender. Engagement with the discourse of the transgendered individual also results in some friendships becoming compromised or completely sacrificed. Sharon, at first, shared concerns about fitting in with society, and the opinion of others:

**Sharon:** [ . . . ] And you know we (.) we like being um accepted. We like bei::ng able to fit the mould, of normal. Uhm, we like to fulfill what society requires of us. And when we're in a position where we ca:n't, then we ourselves feel threatened. And that's what I felt. I felt extremely threatened. What are my friends going to say? What are people gonna think of this? How do I explain this to people? How's this gonna affect my position in society?

*(Excerpt 51, Interview 1)*

The above extract represents Sharon's struggles with locating herself within the discourse of the transgendered individual. The shift to this discourse, however, is mirrored in the shift in her concerns as can be seen in the excerpt below. More precisely, her focus has altered from prioritising society's and her friends' demands (see excerpts above), to that of John and her family (see excerpt below). In other words, Sharon no longer seeks acceptance from society and friends, but commands acceptance instead:

**Sharon:** Well, there were friends who accepted it and friends who weren't. The friends that didn't accept I just cut out of my life. In that I just wouldn't uhm spend a lot of time with them. Even now some of them still, and when we do, we don't talk about my child.

**Interviewer:** Okay.

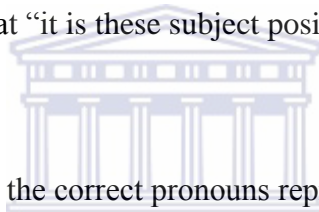
**Sharon:** We talk about everything else, but . . . I never bring up the discussion because they refuse to refer to him by his, the correct pronouns.

**Interviewer:** Which is about accepting, okay what does that mean to you, that they refuse to change pronouns?

**Sharon:** They don't accept the change, they don't believe that it could be a NORMAL thing to happen. To them it's “freaky”, and it's not normal and it's not what God chose for us.

*(Excerpt 52, Interview 3)*

Sharon's friends' refusal to accept her son's transition is expressed in terms of their refusal to use the "correct pronouns". This illustrates that "language is a crucial site of identity negotiation and power relations" (Burr, 2003, p. 116). Burr (2003, p. 113) explains that people "endeavour to locate themselves within specific discourses during social interaction". Individuals are able to offer, accept or reject positions, which demonstrate the power of available discourses to frame experiences and the active engagement of the individual. Individuals may position themselves in discourses that are "'behind the scenes' of all social interactions" (Burr, 2003, p. 118). "Opportunities for identity negotiation and for grasping power occur as we position ourselves [ . . . ] within discourses" (Burr, 2003, p. 118). Positioning within discourse may be intentional or unintentional, and subject positions may be implicit or explicit (Burr, 2003, p. 115). Individuals can however, become aware of the implications of adopted discourses, and in so doing, position themselves and others in discourse the way intended (rather than in ways that are not intended). This can become a useful strategy "in [ . . . ] struggles with personal identity and change" (Burr, 2003, p. 115). Burr (2003, p. 114) purports that "it is these subject positions, offered, claimed, or accepted that defines us as persons".



Sharon's friends' refusal to use the correct pronouns represents not only their disapproval of John's transition, but also a disavowal of his adopted gender. They are operating within the discourse of dominant gender ideology, and not only renounce John's identity as male, but also try to draw Sharon into this discourse by conversing about him using 'feminine' pronouns. However, Sharon refuses to become enmeshed in this subject position (of victim). Her refusal to engage in a discussion about John enables Sharon a measure of power over their disavowal of John's adopted gender. With this strategy, she is able to resist their claim, and operate within the discourse of the transgendered individual, even during the 'silent dialogue' regarding John. If they do not refer to John in terms of his adopted gender, then, to her at least, they will not refer to him at all. In this way, and in the silencing (but not absence) of dialogue about John, they are all operating within the discourse of the transgendered individual. Thus Sharon regains a sense of control and gives voice (through silence) to the discourse of the transgendered individual. This illustrates Burr's (2003, p. 115) assertion that language positioning in discourse can become a useful strategy "in [ . . . ] struggles with personal identity and change".

The previous excerpt (52) demonstrates at least three factors. Firstly, it shows Sharon's revised concept of gender and how it removes her from the mainstream as represented by

her friends. Secondly, it shows her privileging of the discourse of the transgendered individual, which brings with it various sacrifices, prejudice and stigmatism (“to them it’s ‘freaky’”). Lastly, it shows the significance of language and how we position ourselves within social interaction through language.

The distance between the family and mainstream society is apparent when Mark’s friends who do not accept John’s transition, were not permitted to visit:

**Sharon:** Or uhm, he wasn’t allowed to have certain friends around, because they didn’t uh (.) didn’t accept my son.

*(Excerpt 53, Interview 1)*

Sharon ensures that Mark (and the family) operates from within the discourse of the transgendered individual. Her agency and authority in the matter is reflected in the word “allowed”. Sharon ‘monitors’ the discourse of the family, and in this way, the family forges a ‘new’ identity. The discourse of community merges with the discourse of the transgendered individual, and the family comes to operate within the discourse of the transgendered individual, hence they exclude those individuals who are unable or unwilling to engage in this discourse. Sharon (and the family) intentionally situate themselves within a particular discourse (that is, discourse of the transgendered individual), and offer positioning in this discourse to others. If others resist this position, Sharon (and the family) retain the voice of this discourse (of combined transgendered individual and community) by modifying their interaction with them, such as refusing to converse about John, or not allowing them to visit. Thus the acceptance of John’s trans-identity resulted (for Sharon) in the loss of a daughter, but also additional losses such as being removed from mainstream society, shifts in certain relationships and the loss of certain friendships.

#### **4.3.4 Ambiguous experiences: same but different.**

The discourse of the sovereign self and the discourse of the social self compete with each other in Sharon’s description and experience of John. Below, Sharon adopts the discourse of the social self, indicating that John no longer did “girly things with her” and “he no longer had that with her”:

**Sharon:** I think at that stage because of what I was going through with him, (.) I relied more on the affection of (.) my daughter. So I would hug her and cuddle her and (.) do girly things with her and, I think in a way he resented that. Because

he just, he no longer had that with me, because we now had to find a new place in our relationship, where we communicated, where we felt comfortable with each other.

**Interviewer:** As a male now?

**Sharon:** Yes.

**Interviewer:** So, you almost had to find a new way of relating to this same child who's a different gender.

**Sharon:** Yah.

**Interviewer:** What are some of the differences?

**Sharon:** You had to get to KNOW him all over!

*(Excerpt 54, Interview 3)*

Sharon compares how she had related to (him as) her daughter with how she now relates to John. Her words “he no longer had that with me reveals that, firstly, she had related to her (‘female’) child this way before, and secondly, a change had occurred in the way she relates to her child (or how they relate to each other) now. It also reveals a comparison between her past relationship (with John as her daughter) and her current relationship (with John as her son). Sharon refers to certain behaviours such as hugging, cuddling and “girly things” that John no longer had with her. The change in relationship signifies the dominance of the discourse of the social self. It also stresses that ‘performances’ must be in accordance with gender. Since John is male, “girly” ‘displays’ of affection is no longer suitable. Thus, “gender assessment” (Burdge, 2007, p. 246) has occurred, and behaviour modified accordingly, revealing an internalisation of gender ideology and “gender scripts” (Lorber, 1997, p. 292 – 293). The excerpt above reiterates that family structures are gendered, and that culturally, family roles and gender are inextricably linked to relationship patterns and behaviours. Norwood (2010, p. 29) states that although gender is a social role, it is “steadfastly tied to sex categories”. Gender socialization and gender role performance is particularly prevalent in family systems, and roles within the family (such as mother, father, daughter, son, sister, brother) carry cultural meanings that prescribe certain behaviour (Norwood, 2010, p. 29). Norwood (2010, p. 29) explains that, for example, a daughter’s relationship with her mother is based on attachment, whereas a son’s relationship with his mother requires separation in accordance with the notion of masculinity. Gendered roles, and particularly gendered roles in family, have profound implications for commonplace interaction.

In the previous excerpt, when asked what the differences were between pre- and post-transitioned John, Sharon succinctly states: “You had to get to KNOW him all over!”

signifying the vast change to which she and John had had to adapt. This implies that, for Sharon, the change went beyond mere roles. The word “KNOW” (and the emphasis on it), as well as “all over” shows that her past knowledge of her child no longer sufficed, or was no longer valid for her current relationship. She thus strongly negates the sovereign self in the excerpt. Buber and Thou (2009) argue that meaning resides not in the mind, but in relating. “Words and action come into meaning as they function in [a] relationship”. The authors argue that “it’s not that we have emotions, a thought, or a memory so much as we *do* them”, and “these doings are born within a history of a relationship” (In Gergen , 2009, p. 99-100). Sharon yearns for a specific way of relating with John, as manifested in certain behaviours.

The two excerpts below demonstrate the all-encompassing effects of transitioning when experienced from a binary conceptualisation of gender:

**Sharon:** When you’re gay or you’re lesbian it’s your sexuality. It’s not your gender.  
**Interviewer:** Mhm . . .  
**Sharon:** So you sti::ll identify (.) with your (.) birth gender even though you may engage in (.) intercourse with the opposite, the same sex, your name doesn’t change, your hair doesn’t change, your dress style doesn’t really cha::nge. Uhm, people still regard you . . . as a man or a woman, they don’t see you as the opposite sex. Whereas with transsexuals, the transition is a COMPLE::TE (.) turnaround!

*(Excerpt 55, Interview 3)*

The explanation above reveals the changes to which Sharon had to adjust. These changes were not experienced as superficial or trivial. The word “COMPLE::TE” with its emphasis, highlights that the change was experienced as absolute; that everything was affected. The word “turnaround” indicates a reversal, or the opposite of what was. Thus, in effect, Sharon had to adjust and relate to an individual in a way that was the total opposite of her previous way of relating; one to which she was accustomed, but also one that had come to her naturally, and unquestioned. Sharon expresses the emotional challenges in adapting to transition:

**Sharon:** And that is so much HARDER! So it’s a change of, it’s replacing ONE person for ANOTHER. Whereas, gay and lesbian is just an adaptation (.) of that person.  
**Interviewer:** Mhm . . .  
**Sharon:** It’s not a change, this is a complete change. A LOSS (.) of one and a gain of another. Whereas the other one there is no loss [softly]. O:::ther than maybe

the fact that if you're lesbian or gay that you may not father ... a child, or you may not become a mother ... or that, that sort of thing.

**Interviewer:** Mhm ...

**Sharon:** But uhm, those, those can be overcome, whereas you can't overcome transition, there's nothing to substitute it. You're not getting a-nother daughter; you're not getting A- nother son, so it's a loss and a gain.

*(Excerpt 56, Interview 3)*

Sharon emphasises the word "another" (twice) by breaking it into "a" and "nother". This emphasises the adaptation to a new individual, and the disappearance or loss of a daughter. Again, there is the tension between polar opposites: A loss and a gain. There is a loss of the known, and the gain of another. The loss is emphasised when she states that "there's nothing to substitute it", "you're not getting a-nother daughter". The complete finality of the loss is driven home quite strongly. It is a loss, a complete change, a new way of relating, replacing one person with another. The excerpts below reiterate Sharon's engagement with the discourse of the social self and associated loss, as well as the impact of 'gender appropriate' displays of behaviour:

**Sharon:** You had to get to KNOW him all over! Uhm, you, because ... (.) whether we (.) are aware of it or not, we treat our boys and our girls differently. [...] I mean even though, Mark was the younger uhm brother to (.) John, I would always say: "Don't hit your sister!", (.) when they had an issue. "Don't hit your sister. Be fair. You're a BOY. BEHAVE!" And uhm, so when they were (.) sort of having their issues, when John was now a boy I no longer could say that! Even though I was maybe a little scared, that (.) Mark would maybe tackle, or pull him down or hurt him or whatever. And I knew what that would do for his ego! So it was a different way of now handling their (.) uhm differences and their interaction with one another.

**Interviewer:** [ Do you

**Sharon:** [ Uhm, certain things at home that I couldn't ask him to do anymore.

**Interviewer:** [ Uhm

**Interviewer:** [ Would he

**Sharon:** I couldn't discuss female issues with him anymore (.) You know things like, period pains and uhm ovulation and ... You know when you're breastfeeding and all this sort of thing you ... suddenly feel that you can't talk about these things anymore.

*(Excerpt 57, Interview 3)*

Sharon's adherence to the social self and her revision of how she relates to John as male, reflects West and Zimmerman's (1987) notion that behaviour or 'performances' must be constructed to suit gender. Speaking about "period pains ... ovulation ... breastfeeding", is appropriate to the female gender, and although John is the same child, Sharon experiences

and relates to him differently. She has to “do” gender differently. According to Whitley (2013, p. 600), acknowledging the transgender status may involve changing the “familiar social scripts”, and negotiating and managing “a new possibly unfamiliar role and set of displays”. As the individual transitions, familiar gender interactions change and a new relational identity develops (Whitley, 2013). “The relational identity is a form of ‘doing gender’, with the expectation of producing and replicating normative interactions, where [ . . . ] relations [ . . . ] dictate and reinforce the social differences between the perceived sexes” (West & Zimmerman, 1987. In Whitley, 2013, p. 609). A mother may relate, interact and parent a female child differently to a male child due to social expectations (Whitley, 2013), the transitioned child’s expectations, and perhaps the mother’s own expectation or internalised gender ideology (Sandnabba & Ahlberg, 1999).

Not only does John’s relationship with his mother change, but her relationship with him changes as well. Connolly (2006) explains that “relational dynamics typically shift and new patterns are established” (In Norwood, 2010, p. 32). In Norwood’s research it was found that loved ones of transsexual persons experienced losses in various ways, “each connected to gender in some way” (2010, p. 189). The author argues that it is not only the gendered identity of the trans person that is lost, but also the identity of the person relating to the gendered individual. In other words, the family member loses the experience of the gendered identity as it used to be, and as such, the family member’s own identity becomes affected. Not only is John no longer Sharon’s daughter, but Sharon is no longer the mother of two daughters and one son. As mother, she can no longer relate to her eldest child as her eldest *daughter*.

Language employed in the excerpt is also revealing. Sharon’s use of the word “can’t” (“you feel you can’t”) implies that she is unable to speak to John about these topics, and this, together with the word “feel” signifies an internal policing, reflecting an internalisation of the dominant gender ideology. It perhaps also indicates her (affirming) response to John’s desire for interaction based on conventional gendered ‘scripts’.

In Sharon’s responses above (as in many others), she often creates distance from the painful experience of having to adapt to the transition by generalising. Sharon relays very personal experiences by using the word “you” or “we” instead of “I” (“you had to get to know him all over, we treat our boys and girls differently”, “you suddenly feel you can’t talk about these things anymore”, “you can’t be there to . . . to always protect them”, “Is not knowing how



to protect your child from the hurt that you know is going to come”). Sharon creates a distance between herself and her emotion by depersonalising the experience in the telling of it, exposing her positioning in the discourse of the social self. When the discourse of the social self is privileged, feelings of loss and grief are inevitable and intensified, as the identity and relationship with the pre-transitioned individual is not experienced as continuous (Norwood, 2010). From the excerpts above, it is clear that Sharon no longer relates to John in the way she had John before, and that this represents a form of loss or relational loss to her.

Sharon’s husband seems to ascribe to the sovereign self. According to Sharon, her husband “felt that he never really, if he looks back, had a daughter (.) He always had a son” (excerpt 59, p.96) and the only struggle for her husband was in relation to religion:

- Interviewer:** [ . . . ] And obviously your husband must have had some struggles?  
**Sharon:** He didn’t ! Isn’t it weird? His struggles were religious. [ . . . ] That was his issue. That was his only issue.  
**Interviewer:** Right.  
**Sharon:** But he has never once, EVER made a mistake (.) with pronouns. From the day we got the results, medical results, from that second, he never EVER referred to my child (.) as ‘she’ again. Ever!  
**Interviewer:** It just clinched it for him.  
**Sharon:** He just, made up his mind that this is what it was, this is what it’s gonna be. And he has NEVER ever  
**Interviewer:** How has he mourned her?  
**Sharon:** Uhm, I think initially, the first, short while he didn’t really want to talk about it.  
**Interviewer:** Okay.  
**Sharon:** And then uhm, he said: “How can you mourn something that was never there? Because obviously it was never there.” So::

*(Excerpt 58, Interview 1)*

Sharon’s husband does not confuse pronouns once he has accepted John as his son. His experience is that he has always had a son, showing his privileging of the sovereign self. In other words, he experiences a continuation of the pre-transitioned individual. Since he experiences a continuation of John as male, he also experiences a ‘diminished’ sense of loss. Norwood (2010, p. 95) found that endorsing the “meaning of the self as sovereign” enables the person to “avoid feelings of grief and loss, because the person they know is not different, not gone, but still the same”. However, Sharon’s very different experience, her experience of her son as a different person that she had to get to “KNOW [ . . . ] all over”, is evident when she entreats God: Why do I have to now, go through the process of (.)

experiencing the one and then the other? (excerpt 104, p.126). Sharon contests the discourse of the sovereign self, or her husband's experience of the sovereign self. In the excerpt below, when her husband states that "He never ever saw her do (.) girly things", Sharon reiterates that she feels the loss of the daughter, strongly giving voice to the discourse of the social self with her rebuttal: "Because there were! There were daughterly things that, very basic, that , that she did". However, the excerpt below also shows a distinct shift towards the discourse of the sovereign self:

**Sharon:** So he felt that he never really, if he looks back, had a daughter (.) He always had a son. Because if (it wasn't) a tomboy to start off with, and then it became his son! They played soccer together, they:: wrestled together. They did all sorts of things together. He never ever saw her do (.) girly things.

**Interviewer:** And yet you felt a loss of a daughter and sometimes it creeps in now and again.

**Sharon:** Because there were! There were daughterly things that, very basic, that , that she did.

**Interviewer:** Like what and what did that mean to you?

**Sharon:** Uhm, like very affectionate, cuddly, which boys are not.

**Interviewer:** So she was quite an affectionate person?

**Sharon:** Mmm. Very affectionate.

**Interviewer:** Like, what would she do?

**Sharon:** Come and hug me, kiss me and give me a back massage or, if I was busy studying go and make me a cup of tea. Uhm, always take care of her brother::r, always read to the youngsters when they came over, made sure that they were all happy and doing their own thing, so . . .

**Interviewer:** How did she take care of her brother?

**Sharon:** Like she'd brush his teeth, and got him dressed and saw that he did his homework and (.) that sort of thing.

**Interviewer:** So sort of nurturing?

**Sharon:** [Mhm . . .

**Interviewer:** [Things from the sound of it?

**Sharon:** Yes.

**Interviewer:** Did that fall away?

**Sharon:** So there were girly . . . no no! And I think this is what makes him so desirable by all the girlfriends he's had. Is that he's had, he's so in touch with the feminine side, which they love. He's very sense, lucky. No he'll come, he'll, cooks dinner and so does my husband. Uhm, he'll cook dinner, he'll take Rebecca on a shopping spree, uh.

**Interviewer:** Will he still give you a back rub?

**Sharon:** Ya, ya he still hugs me and lies in bed with me and uhm. [ . . . ] Yah, I'm still getting the same things.

*(Excerpt 59, Interview 2)*

Although Sharon had mentioned that "You had to get to KNOW him all over!" (excerpt 54, p. 90 - 91), she contests her husband's assertion that "he always had a son", by listing the various experiences and interactions that have changed. Yet Sharon also negates the social

self in favour of the sovereign self, stating that she is “still getting the same things”. The conversion of social self to sovereign self occurs rather abruptly. Sharon describes actions that have fallen away, that is, she ascribes to the social self. Sharon is in the process of describing this social self with regards to the various alterations (“So there were girly”) , when she reverts mid-sentence to the sovereign self. Sharon negates the social self quite literally with “no no!”, and then immediately proceeds to explain how John is “so in touch with the feminine side”, implying that he has retained his “feminine side”. Sharon thus literally negates the social self just as she is describing her loss of “girly” behaviours as associated with the social self. Negating the social self would therefore be, in a sense, minimising or negating the loss.

The negating of the social self also reflects Sharon’s contradictory or variable experience of John as the same (“still that of my child”, excerpt 60, p. 97) and yet different (had to “KNOW him all over!”), excerpt 54, p. 90-91) reflect the (unconscious) strategy Sharon employs to cope with her experience of loss. Just as institutions that oppress can be used to assist individuals, through their familiarity, with transition (Meadow, 2012), Sharon at times holds on to the ‘familiar’ characteristics of her child to cope with the transition. As mentioned previously, Potter and Wetherell (1987) explain that cognitive dissonance or inconsistencies in narrative serve a function. In Sharon’s case, it would seem that the variability in her experience and account of her child serve the vital purpose of coming to terms with both the loss of her daughter and her new relational identity with the son she has ‘gained’. The inconsistencies and contradictory experiences highlight the complexity of the situation.

Later, Sharon merges the social and sovereign self. Sharon states that John’s personality had remained largely the same (sovereign self), whilst highlighting the positive aspects of the ‘change’ (social self):

**Sharon:** No::, I think in many ways the personality was still that of my child, it was just with a little bit more ‘OOMP’, a little bit more CONFIDENCE, uhm a LOT more responsibility, being very responsible for his actions, uhm, (.) being a lot more compassionate (.) and yah.

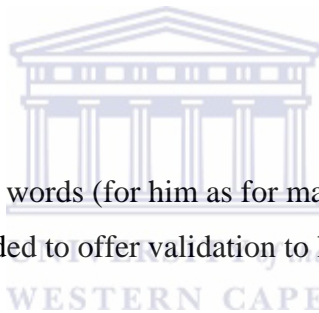
*(Excerpt 60, Interview 3)*

The extract above conveys the experience of John as simultaneously the same yet different. The words “that of my child” refer to her ‘past child’, that is her daughter, showing that Sharon privileges the social self here. However, the word “still” reflects the discourse of the

sovereign self, that is, the continuation of the pre-transitioned individual. Despite Sharon's comment that she had to find a "new place" (excerpt 54, p. 90-91), here Sharon states that John's personality had remained largely unchanged, and that the changes were mostly positive. Again, the contradictions are merely a reflection of the intricacy of the situation and the relationship, and the inner tensions experienced in managing the process. Below, Sharon's words "best of both worlds" allude to her amalgamation of the discourses of the social self and sovereign self:

**Interviewer:** And did that take time as well or [did it happen gradually?  
**Sharon:** [Yah, it all took ti:::me  
**Sharon:** I think it all took time. It is... it's all gradual. And uhm, yet the most AMA::ZING thing is that he's probably got the best of both worlds. Because he is a man, he is so in TOUCH (.) with women, because (.) of where he was. And his female friends are MAD about him! ABSOLUTELY mad about him! Because he is so sensitive to what they are and to what they do! And he can RELATE to them, like no other man does. And they are, . . . they just love that.

*(Excerpt 61, Interview 3)*



Although John has best of both words (for him as for many others), certain things from his previous world has to be excluded to offer validation to his experience of being male.

Sharon mentions that John is "so in touch with women, because of (.) where he was". "Because he is a man" relates to the sovereign self with the essentialist view of a direct correlation between sex and natal gender. Yet "because of where he was" also alludes to a different, female (or social) self. In this way, Sharon vacillates between the discourses of the two selves (that is, social and sovereign), and she also merges them.

#### **4.4 Discourse of Motherhood**

##### **4.4.1 Blame, self-blame and guilt.**

In addition to stigmatism, and related to this, the dominant discourse of gender gives rise to blame. A need exists to identify the cause the 'deviance'. Since it is seen, to some extent, as a choice, a reason for this choice is sought: Parents, particularly mothers, are blamed for the transgenderism of their child. In other words, the parent/s' child-rearing style is often seen to have caused the 'confusion' and need for 'perversion' of gender roles.

Sharon experiences intense self-blame and guilt feeling for various reasons. When John attempts suicide (excerpt 1, p.46 - 47), she clearly ascribes this to her lack in mothering and, interlinked with this, insofar as it can be viewed as a consequence of bad mothering, a lack in the mother-child relationship:

**Sharon:** Just before her eighteenth birthday.

**Interviewer:** Mhm...

**Sharon:** The night before. Tried to commit suicide. And, I couldn't understand why and I questioned myself as a mother (.) because here was my child. Why? Here I am I've been studying psychology? And, when we lost our business I then started a support group for people who had suffered loss, because there was nobody that understood me. And you could see me through the situation; they didn't know how to handle it. So I started a support group for parents uhm (.) and people, who'd suffer loss, whether it was divorce, loss of a child, loss of income, loss of a job uhm, all kinds of loss. So I used to have these group sessions at home, these support group session at home. Where people came and we talk about our issues and (.) try and help each other to solve them, find ways to cope with them and so on. And uhm that's . . . this is what I really realised that this is what I want to do. But it made me question myself when my son tried to commit suicide. He was my daughter at that stage. Because I thought, "here I am and I'm supporting all these families (.) and I don't see what's happening under my own ROOF. How could this happen? Am I, you know, am I such a bad MOTHER? Why would my child want to leave this world and not tell me about it?" Uhm, so it was a HUGE thing for me. And uhm, [tearful] we had to go through some counseling together as a family, but he never ever told me at that stage what it was about.

*(Excerpt 62, Interview 1)*

In the above extract, the discourse of motherhood and associated expectations of motherhood are revealed. When discussing her lack of awareness regarding the cause of her son's suicide attempt, Sharon states simply: "I questioned myself as a mother because he is my child". In her view, her awareness is predicated on her relationship with her son. Very simply, she should have been aware because she is John's mother, and he is her son. If this is not the case and she remains ignorant of the issue, then she, as mother, must be at fault: "How could this happen? You know, am I such a bad MOTHER!?" Sharon raises her voice when she states the word "MOTHER", indicating the significance she attaches to her role in this particular context, and the severity of her perceived failure as mother. The words "my child" (in "why would my child want to leave this world and not tell me about it"), follows soon after her questioning of herself as "MOTHER", reiterating her questioning of the "MOTHER"-child relationship. This implies that the nature of the relationship should be such that John should have been able to share his feelings or anxieties with her, his mother,

and directly speaks to her sense of self-blame. His not being able to confide in her is a shocking ‘breach’ of the mother-child bond, but this is attributed to her ‘failure’ in her role as mother.

According to Walker (1995), the dominant discourse of motherhood (especially for white middle-class women) defines ‘the Good Mother’ as someone who cares for her children both physically and emotionally. Mothering involves providing for the “physical, emotional and socialisation needs of children” (Frizelle & Kell, 2010, p. 26). Sharon had clearly felt responsible for John’s emotional suffering and his wanting to “leave this world”. Furthermore, she questions herself for her lack of awareness regarding it all.

However, the excerpt also reveals that the attempted suicide has contributed to a loss of confidence in herself as student of psychology, convenor of support group, counsellor, and her entire “self” (“it made me question myself”). She has ‘failed’ as ‘Good Mother’, who is responsible for the well-being of her child (Walker, 1995). Sharon’s ‘failure’ as mother thus brings into question various other roles, echoing Tardy’s (2000, p. 467) assertion that taking care of children is linked to a mother’s sense of self-worth. If the “goodness and success . . . [and] . . . health [are] the results of maternal instincts, her worth as a human being” (Tardy, 2000, p. 441), then the opposite also holds true. Sharon’s maternal instincts have failed; her child experiences pain and “want[s] to leave this world”. Furthermore, her initial ‘failure’, resulting in attempted suicide, is reinforced by the fact that firstly, John had not confided in her and secondly, she remained oblivious of “what’s happening under [her] own ROOF”.

In addition to guilt feelings described above, Sharon explicitly expresses her guilt about John’s trans-identity:

- Sharon:** This . . . this self-blame, that you didn’t raise your children correctly.  
**Interviewer:** Did you ever blame someone else. Did you think, well my husband must have an equal share or maybe it’s . . .  
No, no  
**Sharon:**  
**Interviewer:** or . . . Always towards the self. But why do you think that?  
**Sharon:** Because I think you’re the mother, your children spent 90% of their time with you, maybe 10 % to 20 % with their father. Uhm, my husband travelled a lot on business, so uhm, I was mainly responsible for raising my children and therefore the responsibility how they turned out was mainly, mostly mine. That’s what I felt.

*(Excerpt 63, Interview 2)*

In the excerpt above, when Sharon answers “you’re the mother”, describes the amount of time she spent with her children, and what she views as her responsibility in terms of raising the children, she places the blame for John’s transgenderism squarely upon her own shoulders. Her answer to the question as to whether she had ever blamed anyone else is provided before the question is completed, reinforcing her conviction in the belief that she (and she alone) is to blame. Walker (1995) describes the discourse of motherhood as “embracing the norms, values and ideas about ‘the Good Mother’ that operate in any one society or sub-group”. Part of the discourse of motherhood (at this point for Sharon) is embracing the dominant discourse of gender. The perception exists that mothering “has a profound effect on the gender identities of children, informing not only their conscious choices but also their deep psychological drives” (Chodorow, in Walker, 1995). Various institutions and parents are expected to guide children according to “gendered scripts” (Lorber, 1997, p. 292). In light of this, mothers, as mentioned earlier, are often blamed for their child’s transgenderism, and mothers also engage in “self-scrutiny” and “self-evaluation” (Rose, 1988, p77. In Frizelle & Kell, 2010, p. 37). In the above excerpt, Sharon reveals an internalisation of the ideologies of motherhood and gender, and blames herself (and exclusively herself) for her child’s ‘variance’, doubting how she has raised her children. Sharon’s guilt is further revealed in the excerpts below which illustrate the intense self-blame based on her perceived failure to hold her child to prescribed gender-appropriate displays:

**Sharon:** Uhm, and then, within myself I’d question, did I do something wrong? What did I do as a mother? Uhm, could I’ve done it (.) another way? Had I maybe been too lenient on my child to allow her to self-express who she was. Uhm, should I maybe have set a better example as a woman, as a mother to her. So all these sort of things I question myself.

*(Excerpt 64, Interview 1)*

**Sharon:** I’ve never said to my children: “Don’t cry, boys don’t cry.” I’d say: “If you wanna cry, then cry! It’s good to cry. You get it out of you!” So I’ve, I’ve allowed them... (.) to be. [. . . ] And that was the biggest thing that gave me my guilt was because I raised my children like that. That I thought was, I had done wrong.

*(Excerpt 65, Interview 3)*

**Sharon:** All those self-doubts, the self-questioning, the self-hate, ‘cause I hated myself at one stage thinking that it was my fault.

*(Excerpt 66, Interview 2)*

Sharon blames herself in her role as mother and as having failed to instil appropriate gender roles. Ideologies reward or sanction particular roles or behaviour (Johnston & Swanson, 2006), but also ‘punish’ certain behaviour. Tardy (2000) explains that blame and guilt is expressed by mothers for “failure”, “as evidenced by an ill child or ‘bad’ [or ‘immoral’] child”. John, within the dominant discourse of gender which pathologises as well as stigmatises transgenderism, could be viewed as both “ill” and “bad” respectively. Sharon, positioned within the discourse of motherhood and the dominant discourse of gender, has ‘failed’ as mother by not instilling in her child the prescribed and ‘natural’ gender norms. Sharon as the mother is also the educator and role model. Similar to the ideology of gender that holds one accountable to ‘doing’ gender appropriately (West & Zimmerman, 1987. In Burdge, 2007), mothers too are held accountable to the ideology of motherhood. They must ‘do’ the ‘Good Mother’, and will be held answerable should they ‘fail’. Arendell (1999, p. 2) confirms that mothering involves “notions of mothers being responsible for the fostering of good child development”. Mothers have internalised ideas of what is expected of them if their children are to develop ‘normally’. “These ideas are strongly rooted in the discipline of developmental psychology. These internalised ideas have become the basis for self-regulation on the part of mothers” (Frizelle and Kell, 2010, p. 36). Internalised ideas are linked to the question of how one should behave, how one should regulate one’s own behaviour, and how one, and everyone else’s behaviour should be judged (Rose, 1997. In Frizelle & Kell, 2010).

According to Walker (1995) mothering often involves socialization with regards to gender (and kinship) relations, and the idea of ‘the Good Mother’ is also “bound up with ideas of about womanhood and female gender identity”. Children are expected to be guided by parents according to “gendered scripts” (Lorber, 1997, p. 292), and Sharon had ‘failed’ in having her child sustain and reproduce appropriate gender behaviour (as explained by West & Zimmerman, 1987). Based on dominant discourses of gender and motherhood John’s trans-identity indicates an anomaly in his development, and hence a lack in Sharon’s mothering – a perception held by others and Sharon herself (initially) as illustrated above. Sharon questions *herself* for her child’s trans-identity, demonstrating simultaneously the internalisation of the ideologies of both motherhood and gender. According to Johnston and Swanson (2006, p. 510), “unrealistic expectations and blame keep mothers entrenched in intensive mothering expectations”. At this juncture, Sharon is torn between societal norms and her duty as mother to reinforce these traditional gender norms, and the discourse of the



transgendered individual which subvert these norms (even though it also upholds gender norms through reinforcing the dichotomy). Thus, for her at this point, discourse of motherhood and the dominant discourse of gender are in conflict with the discourse of the transgendered individual.

The excerpt below reveals Sharon's attempt to have John 'display' appropriate gender behaviour:

**Sharon:** That that, just he wanted to do boy things and wear boys' clothes, and a couple of times I think it, I remember thinking back at one stage, I asked her (.) we were getting ready for a *Rosh Hashanah* celebration dinner, and (.) she wanted to wear pants and I said to her NO! It's *Rosh Hashanah*, we're going to *Shul* and whatever, you need to wear a dress, you have to wear a dress! And we had this HU::GE fight, and afterwards I thought, you know what, it's just not worth it. Just wear whatever you feel like. And then I remember actually saying to her one morning: "Do you want to change your sex? Do you want to be a boy?" And then she cri::ed and said: "No, YUCK! That sounds terrible."

**Interviewer:** How old was she?

**Sharon:** About, eight [ . . . ] And, I just thought (.) that (.) we have these binary constructs of male and female, and we're put into these pigeonholes (.) and even he at that stage, a very bright child, and had said to me, "Why do you keep wanting to put me into (.) a hole? Why do you have to?"

**Interviewer:** =At eight?

**Sharon:** Yah, "Why do you have to make me a boy or a girl? What is so important about this? What can I, why can I not just be me?"

(Excerpt 67, Interview 1)

From the above it is apparent that although Sharon had allowed her children to "self-express" (excerpt 64, p. 101) there were attempts made to have John adhere to prescribed gender roles. However, when her son is 'diagnosed' as transgendered Sharon, in assigning blame to herself, does not acknowledge these attempts. The ideologies of motherhood and gender prevail in that Sharon assigns blame to her liberal attitude towards gender roles almost to the complete exclusion of her attempts to reinforce these roles. She ascribes to the discourse of 'the Bad Mother' associated with her failure to raise her children according to "gendered scripts" (Lorber, 1997, p. 292). Thus, Sharon views John's transgenderism as evidence that she was unable to fulfil her duties as 'the Good Mother', despite mentioning incidents in the interview in which she had, in accordance with this ideology, attempted to

reinforce mainstream gender roles. Here the pervasiveness of sustaining and reinforcing, as well as complications arising out of dominant gender ideology, comes to the fore.

As previously mentioned, people are held accountable to the ideology of gender and are ‘assessed’ accordingly to (West and Zimmerman (1987). The “outcome” of the assessment determines whether we have succeeded or failed (in Burdge, 2007, p. 246). Although Sharon assesses herself (within the dominant ideologies of ‘the Good Mother’ and gender) based on the ‘negative outcome’ of having a transgendered child, others also assess her:

**Sharon:** And I just thought you know what? I need to let my child be who he needs, she needs to be. And (.) that was it, that was that, from then onwards. And when it initially came out, a lot of people turned around and blamed me. And said to me yes, it’s because you just allowed her to play with boys, you allowed her to play with guns, you allowed her to, to wear boys’ clothes, so what do you EXPECT? And that, when it did come up, I did question myself, maybe I didn’t, allow her or I didn’t uhm, direct her correctly. Maybe I should’ve forced her to play with girls more, I should’ve uhm (.) ENTRENCHED the female (.) structures a bit more and I didn’t. I just allowed her to be A child, irrespective of what it was that she wanted to do.

*(Excerpt 68, Interview 1)*

Excerpts 67 and 68 (p. 103 & 104 respectively) demonstrate that John had not engaged in ‘proper gender display’ in terms of religion for Sharon, and in terms of general behaviour (attire, toys) for others. Sharon has thus not reinforced strongly enough appropriate ‘gender display’ or enactment of gender roles (as explained by West and Zimmerman, 1987). In the excerpt above, tension is evident between the dominant discourse of gender involving prescribed gender roles, and the discourse of the transgendered individual (although John was not aware at this stage that he was transgendered). In other words, when Sharon and others operate within the dominant discourse of gender, Sharon is blamed for her leniency and ‘failure’ to instil appropriate gender behaviour, whereas John, located within the alternate gender ideology, blames Sharon for her attempt to instil ‘appropriate gender behaviour’. Sharon is thus caught between the two opposing gender discourses, which intersect with the discourse of motherhood. (As mother, Sharon is held accountable and ‘blamed’ by both these opposing ideologies.)

The accusation (“you just allowed her to play with boys, you allowed her to play with guns, you allowed her to, to wear boys’ clothes, so what do you EXPECT?”) implies that John had

been incorrectly socialised in terms of gender display or gender scripts. The irony here is that the very act of blaming John's transgenderism on Sharon's child-rearing style (whether by herself or other individuals), is an admission that gender is socially constructed and not inherent. It speaks *against* the discourse of bio-essentialism and gives voice to the social construction (and therefore possible alternate ideologies) of gender.

The repetition of the word "self", coupled with negative words such as "hate", "doubt", "question" (excerpt 66, p. 101), conveys the immense weight of the responsibility and severe internal conflict, uncertainty and pressure that Sharon experienced due to her (perceived) failures encompassing ideologies of gender and motherhood. Sharon 'redeems' herself only because her second child, raised in the same manner, was not transgendered:

**Sharon:** And I think the only thing that balanced it for me, was that my second child I did exactly the same with. And he was fine. So, that made me realise it wasn't anything that (.) I had done.

*(Excerpt 69, Interview 1)*

**Sharon:** Well, I think you, you question whether you, you've done the right thing, to start off with. Uh, uhm, but at the same token, having had the other children and realised that they were okay, and I hadn't raised them any differently, that there must be something more there.

*(Excerpt 70, Interview 1)*

In the above extracts, it is clear that Sharon required 'evidence' that she was not to blame for John's situation. Blame and guilt feelings in themselves reiterate the binary discourse of gender as blame is assigned to a perceived transgression or having caused a negative outcome. The self-blame is intense ("self-doubts, the self-questioning, the self-hate, cause I hated myself at one stage thinking that it was my fault", excerpt 66, p. 101), and Sharon is unable to rid herself of blame without some 'evidence'.

Sharon's words that her second son was "fine", and that her other children were "okay", implies that John is – or was – "not fine", or "not okay" in terms of being transgendered. However, Sharon's frame of reference, or the context here is with regards to the dominant discourse of gender, and in that regard, John is most certainly not acceptable or 'appropriate'. Sharon required "proof" that she was not the cause, thus emphasising the word "more", that is, it was about "more" than or extended beyond the way she had raised

John as a mother (excerpt 70 above). This reflects Sharon internal difficulty with the contradiction between the dominant discourse, that is, her accepted ‘truth’ of a dual-gender, and her ‘new’ reality brought about by John’s trans-identity. She reverts to the medicalization and despite current knowledge and acceptance that gender is constructed (refer to excerpts 9, 10, 11, p. 55 & 56).

Medical (chromosomal) “proof” (as discussed in ‘Shaping’) also helps absolve Sharon of blame:

**Sharon:** [ . . . ] But then, we got the report back from America to say that this was definitely gender dysphoria and they referred us to the Genetics clinic [ . . . ] a::nd, we sent her there for genetic tests, and evaluation, and then found that there was an extra male chromosome. And uhm, that her ovaries weren’t properly formed and, her breasts hadn’t really grown properly and things like that. Uhm, that for my husband was the turning point...  
*(Excerpt 71, Interview 1)*

**Sharon:** It was a relief to an extent, because it was a relief in that . . . in that I realised that, it wasn’t us as parents (.)

**Interviewer:** There’s sort of justification for it.

**Sharon:** Ya, ya, that it wasn’t uhm, it wasn’t us that was uhm . . . doing this to our child. [Person moves, papers rustling] that nature has a play in it as well (.) and uhm, this . . . it was a big thing! That . . . ya it was confirmation, that all was NOT right. Whether we may have had some sort of contribution to it or not, was debatable, but ... there was medical proof, that something was no::t right.

*(Excerpt 72, Interview 1)*

In the preceding excerpt, Sharon does not completely absolve herself of guilt, as demonstrated with the words “whether we may have had some sort of contribution to it or not, was debatable”. However, the fact that this statement is contrasted immediately with the word “but”, signifies that the medical proof allowed her some (albeit perhaps not complete) reprieve from her feelings of self-reproach. Sharon is thus somewhat (if not completely) absolved of the guilt by, ironically, ascribing to an essentialist view of gender which identifies “a person’s sex through elements of the physical body” (Norwood, 2010, p. 121). John had “an extra male chromosome”, “ovaries [that] weren’t properly formed”, and “breasts [that] hadn’t really grown properly”, all evidence leading to acceptance that he is male, and this provides “relief”. Thus, the very discourse (of gender) which contributes to her guilt feelings enables Sharon to free herself of these feelings, confirming that disciplines such as medicine and psychiatry can “function as affirming explanatory frameworks and

means through which parents can assimilate their children's atypical identities into familiar knowledge [ . . . ] systems" (Meadow, 2012, p. 727 – 728) (as explored in 'Shaping'). "Medical proof", that is, evidence positioned within the dominant discourse of gender also assists in the reconciliation of Sharon's 'past truth' with a 'new truth'. It bridges the two mutually exclusive realities, that is, John's 'physical maleness' and 'internal femaleness', thus making the ambiguity tolerable. Thus there are two aspects that enable Sharon to more easily accept the transgenderism. One is that she had raised her other children in exactly the same way, yet they are not transgendered. The other is "medical proof" (excerpt 3, p. 48 - 49). By situating herself within this dominant discourse of gender which pathologises transgenderism, Sharon is provided with the 'justification' that allows her to overcome her guilt and accept John's trans-identity.

From the excerpts above in this section, it is evident that Sharon, as a mother, experiences guilt from various different causes: John's suicide attempt, his failure to confide in her, her lack of awareness, and also, her 'contribution' to his trans-identity. Later, when John states that he had not confided in her because he had feared she would reject him, she additionally feels guilty for having 'discriminated' against her child:

**Sharon:** I felt BAD. I felt guilty that I had (.) imposed on my child what society is imposing on us all the time. *(Excerpt 73, Interview 1, p. 12)*

Sharon also experiences guilt due to her feelings of resentment towards John subsequent to his disclosure:

**Interviewer:** [ . . . ] what do you get out of running the support group?

**Sharon:** I think it just validates (.) my feelings. Uhm, that what I'm feeling is quite natural and normal. I'll never forget when going through the process, at one stage resenting my child and hating him, and thinking to myself, I'm not I'm not a good mother. How can any mother hate her child? How can any mother be so resentful towards her child. I'm obviously not a normal mother. Uhm, and I had guilt feelings [ . . . ]

*(Excerpt 74, Interview 2)*

Sharon requires validation ("I think it just validates (.) my feelings") that her negative feelings were "natural", implying that she had experienced them as unnatural. As a mother,

Sharon is not supposed to feel resentment towards her son. When she does experience resentment, the “obvious” conclusion is that she is “not a normal mother”.

Forna (1999) explains that the motherhood myth is the myth of the ‘Perfect Mother’. She must be completely devoted not just to her children, but to her role. “She must be the one who understands her children, who is all-loving and even more importantly, all-giving. [ . . . ] She must embody all the qualities traditionally associated with femininity such as nurturing, intimacy and softness” (Forna, 1999, in Jeannes & Shefer, 2004, p. 1). Jeannes and Shefer (2004, p. 1) explain that the notion that a particular style of mothering is “natural” leads women to compare their own experiences with unrealistic, “impossible and rigid” standards, frequently resulting in, amongst other things, excessive guilt feelings. This is reflected in Sharon’s assertion that she is not a normal mother, the word “obviously” reflecting her complete and unwavering acceptance of what does in fact constitute a ‘good’ or “normal” mother.

According to Marshall (1991, p. 72), “‘natural’ motherhood” is constructed in “positive, rewarding terms characterized by love between mother and baby”. In other words, it reveals the deeply imbedded ideology that no mother, no ‘Good Mother’, or ‘normal’ mother would be capable of resenting or hating her child. Choi, Henshaw, Baker and Tree (2005) argue that the myth of motherhood leads to feelings of inadequacy. (Although the authors’ study focus on ‘new motherhood’, the guilt and negative feelings around failing the idealised standard of motherhood, remains pertinent here.) Choi et al. (2005, p. 168) explain that the standard of a ‘good mother’ and ‘bad mother’ becomes “a standard for women to measure themselves against”.

In the preceding excerpt, Sharon’s use of descriptions of mothering such as “not normal”, “natural”, “normal” reflects a discourse of motherhood where certain qualities of a mother, and characterisation of a mother-child relationship, is seen as indisputable. More specifically, it reveals an internalisation of the dominant ideology of motherhood. The repetition of the word “mother” is emphasised in juxtaposition to other words such as resenting”, “hating”, “hate”, “resentful”, “not normal”. Her questions and such as “how can any mother hate her child?”, “how can any mother be so resentful towards her child?” are answered simply: “I’m not a good mother”, I’m obviously not a normal mother”. The contrasts and questions not only reflect her difficulty in adjusting to the situation, but also her harsh self-judgment based on the internalisation of the dominant ideologies of

motherhood and gender. Similarly, Sharon's words "any" and "a" gives voice directly to the discourse of motherhood with its ideology of 'the Good Mother'. It highlights Sharon's perception of her failure in her role as mother, and her emotional turmoil with being a loving mother on the one hand, and having to experience feelings towards her child which makes her question herself as mother. This reflects Friday's (1977, p. 16) warning that, with regards to idealisation of motherhood, "a dangerous gap is set up. Mother feels the mixture of love and resentment, affection and anger she has for her child, but she cannot afford to know it" (In Tardy, 2000, p. 442).

#### 4.4.2 Mother as mediator.

It is as John's mother that Sharon is prepared to "accept anything", because it is as his mother that she has to ensure his happiness:

**Sharon:** I think even though we were brought up very conservatively, my mom. . . was always one to accept others (.) for who they are. And, in a way that resonated in me, to a degree, where I as a lot more tolerant, more understanding, more accepting. And uhm (.) I think when it's your child's happiness, you're prepared to accept anything. (4.45) For most parents I would imagine. A lot I know don't.

*(Excerpt 75, Interview 1)*

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Sharon's love for her son, and her modelling herself on her own mother, leads to her acceptance. In stating the words "I think when it's your child's happiness, you're prepared to accept anything", she gives voice to the discourse of motherhood in which her child's happiness is paramount and negates all other discourses. Although she acknowledges that there are those parents who do not accept their transgendered children, for Sharon, her role as parent renders this impossible.

Burdge (2007) confirms Sharon's notion that some parents reject their children, explaining that families of transgendered youth may not only "fail to empower them, but may also perpetuate social oppression". In Sharon's case, the discourse of motherhood overrides feelings of denial, anger and fear, leading to her acceptance. It is as John's mother, or being his mother that enables Sharon to give voice to the discourse of the transgendered individual. It is also as his mother that Sharon attempts to have the family accept and support John, and that she adopts the role of mediator. The role that being a mother plays in her acceptance and the family's acceptance of John's trans-identity confirms Johnston and

Swanson's (2006, p. 10) assertion that the ideology of motherhood (or intensive mothering) can also have a positive effect.

Initially, Sharon was torn between the discourse of the community and the discourse of the transgendered individual (explained in 'Shaping'). It is clear that she is aware of the suffering of her entire family and she very specifically mentions the significant affected persons:

**Sharon:** [. . .] Uhm I would have outbursts with him and say to him: "You're really selfish and you only thinking of yourself. And, uhm do you know what you're doing to the family? Do you know what you're doing to your brother, look what it's doing to your sister, look what you're doing to your father and your grandfather!" And uhm, so: (.) the effect on the family dynamics is so huge that that it makes you angry! Why, why do you need to bring this into the family? Why does everyone have to suffer, of this because you're suffering?  
[Silence]



*(Excerpt 76, Interview 3)*

In the excerpt above, Sharon's concern for her family is evident, as she engages with the discourse of community. Her mentioning of specific members - in emphasised tones - highlights her concerns, and the conflict between the discourse of the community and the discourse of the transgendered individual. The last line, "Why does everyone have to suffer, of this because you're suffering?", clearly demonstrates the divide between the two opposing discourses as illustrated by John's needs (discourse of transgendered individual) on the one hand, and the family's needs (discourse of community) on the other. As mother and nurturer of the family, she very clearly through her rhetorical question, ascribes to the discourse of community, placing greater emphasis on the consequences of John's transgenderism on the family than his 'desire' to transition. In other words, in concern for her family, Sharon operates from the discourse of motherhood and the discourse of community to resist the discourse of the transgendered individual. According to Norwood (2010, p. 169), with family members, there is a struggle between "trans-identified person and the family. There is a struggle over whose interests should be privileged, the trans-identified person's or the family's, and the tension between the transgendered individual and the family forms a "discursive struggle guided by discourses of individualism [or the transgendered individual] and community". Sharon, as mother and nurturer, tries to manage the family. The ideology of motherhood, with its designation of women to the private sphere



(the home), demands that the mothers are homemakers (Arendell, 2000) and manage the family effectively. Maternal practice involves “nurturing, protecting and training of their children” (Arendell, 2000, p. 7). Mothering is viewed as “synonymous with caring”, which involves “thoughtfulness, deliberation, and good judgement [ . . . ] it requires that immediate needs be balanced with long-term needs [ . . . ] and resolv[ing] conflicting demands” (Tronto, in Arendell, 2000, p. 7). In accordance with this discourse of motherhood, Sharon’s concern for her family and her attempt to balance their needs is also evident below, after her ‘acceptance’ (although this is an on-going process) of John’s trans-identity:

**Sharon:** Mhm... So uhm, it was a... a tough time and how do I explain this to my other children?  
*(Excerpt 77, Interview 1)*

**Sharon:** Well, we were all at that stage talking about it. We never ever . . . excluded our other children.

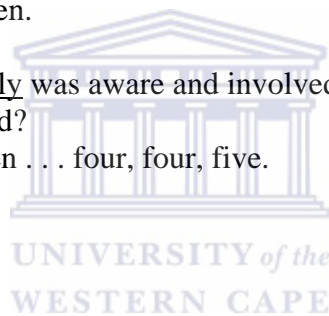
**Interviewer:** Okay.

**Sharon:** The whole family was aware and involved including my little (.) girl.

**Interviewer:** She was how old?

**Sharon:** She was eighteen . . . four, four, five.

**Interviewer:** Yah.



*(Excerpt 78, Interview 1)*

**Sharon:** Occasionally it put strain on because of . . . my child needing something and us not being able to afford it, and, uhm my husband feeling that, it’s putting pressure on us, wasn’t fair on the other children and I was adamant that (.) we had no choice and the others have to understand it and that they have to accept it and... he felt I was (.) not being fair to the others and... But uhm, we got through it. I backed off sometimes and uh, other times he backed off [ . . . ]

*(Excerpt 79, Interview 2)*

Sharon speaks from within the discourse of motherhood and the discourse of the transgendered individual. It is clear that the family was compelled to accept the situation (“they have to accept it”). Words and phrases such as “strain”, “pressure”, “no choice”, “not being fair” and “back off”, reveal the tone of the household at the time (despite the eventual ‘positive’ outcome). This confirms the notion that disclosure of a trans-identity is a family stressor (Brown, 1998, Connolly, 2006, Green & Mitchell, 2002 cited in Norwood, 2010). The tension between the discourse of transgenderism or the needs of the transgendered individual, and that of the family as a unit as well as its individual members, is evident when

Sharon states: “he felt I was (.) not being fair to the others”. John’s needs (even though he is part of the family) seem to be in contrast with, or seems to compromise the needs of the family or ‘others’. There is an attempt to find balance (“I backed off sometimes and uh, other times he backed off”) and negotiate between the needs of the transgendered child, the marriage as well as the family. The words “and I was adamant that (.) we had no choice and the others have to understand it and that they have to accept it” prioritises the discourse of transgenderism, and reveals Sharon’s agency in trying to position the family within this discourse of the transgendered individual.

The discourse of motherhood thus intersects with the discourse of community, but it also intersects with the discourse of the transgendered individual as Sharon, as mother, has to balance the needs of the family whilst ensuring John’s complete acceptance:

- Sharon:** Yes. He knew everything and he wanted to start this whole process IMMEDIATELY. And we said NO!
- Interviewer:** Right.
- Sharon:** We’re not ready for it! If we are going to support you, if you want our support, then you have to (.) take EVERYBODY into consideration.
- Interviewer:** Right.
- Sharon:** Your mother, your father, your brother, your sister. And if anyone is not comfortable coping with the process, you have to wait.
- Interviewer:** Right.
- Sharon:** Before we take the next step. But if we’re gonna do this together, then we all have to be on the same page.
- Interviewer:** Right.
- Sharon:** We can’t have one with and, for and one against. We all have to be for. And for all of us to be for, we need certain re-assurances, along the way.

*(Excerpt 80, Interview 1)*

Further evidence of the shift of the family to the discourse of the transgendered individual is also apparent below:

- Sharon:** Ya, ya. It was quite a hectic time. We had to make a lot of sacrifices, but, and I think in a way that there also affected the other children a lot, because they had to do without a lot more.
- Interviewer:** Oh really....
- Sharon:** Because they had to help cover for John’s operation

*(Excerpt 81, Interview 1)*

In the extract (80) above, Sharon makes clear that John has to take “EVERYBODY into consideration”, whilst simultaneously conveying that she would not waver in her support of

John. Sharon steers the family (discourse of community) towards the discourse of the transgendered individual. The dominant discourse here, that of the transgendered individual, is apparent when Sharon tells John to wait until everyone is comfortable (“ And if anyone is not comfortable coping with the process, you have to wait”). Waiting is a requirement to facilitate the process of acceptance of John’s trans-identity by all parties, prioritising the discourse of the transgendered individual. Sharon as mother tries to balance John’s needs (discourse of the transgendered individual) with the needs of her family (discourse of community), reflecting the discourse of motherhood. Thus three discourses are at interplay here. Sharon’s mediation of the process is not limited to the nuclear family, but includes the extended family:

**Sharon:** [ . . . ] his da::d and older family members, took a while (.) to accept it and to come to terms with it. We really had to (.) WORK at it. But I think in the end, people realise, if I want a relationship with this individual, with this family, then I need to adjust my thought process. And I, . . . with a lot of people who weren’t accepting, with my father-in-law and so on, I tried to educate them, gave them books to read, gave them articles to read. Uhm, encouraged them to talk to my child, to ask him the questions that were bugging them, and work it out with him.

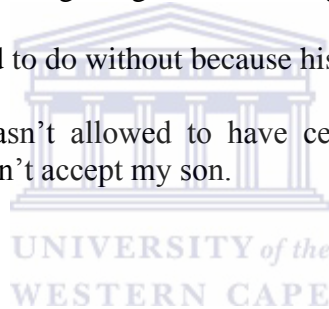
*(Excerpt 82, Interview 1)*

The phrase “We really had to (.) WORK at it” [emphasis mine] indicates a collective effort by the family to operate within the discourse of the transgendered individual. It suggests that the process was a challenging one for those involved. Connolly (2006) states that family reactions to transgender identity are “rarely neutral and typically have a wide range: positive and negative, static and erratic, with overt and covert communication” (In Norwood, 2010, p. 32). In the above extract, it becomes clear that Sharon adopts a protective role as mother indicated by her words “my child”, and she tries desperately to help her child maintain positive relations with family members. She does not address questions herself (on behalf of John), but asks her father-in-law to talk to John directly, as indicated by the emphasis on the word “him” (referring to John). By creating dialogue between her son and family members, she hopes to preserve their relationship. Sharon attempts to mediate between John and her extended family as well, which includes creating dialogue and awareness, and providing education and relevant literature. This confirms Ward’s (2010) statement that parents “‘give’ gender to their variant children” (In Meadow, 2012, p. 730) and engage in various endeavours to assist their children in securing their desired genders.

Sharon's words "people realise, if I want a relationship with this individual, with this family" reinforces that the family's identity has become merged with that of John's. It shows how the discourse of community now operates within or is subject to the dominant discourse of the transgendered individual. One must have a relationship (of acceptance) with "this individual" (John) in order to have a relationship with the family. The word "if" ("if I want a relationship") implies that a relationship with the family would not be permitted unless John is accepted, and this too portrays Sharon's facilitation of the process. Sharon's support of John, and her management of her family towards and within this discourse of the transgendered individual, is also evident below, when John's brothers' friends are prevented from visiting due to their refusal to accept John's trans-identity.

**Sharon:** [ . . . ] with my oldest son [ . . . ] There was a lot of resentment at times. [ . . . ]  
**Interviewer:** Towards...?  
**Sharon:** Because my brother got, ugh, his brother got all the attention.  
**Interviewer:** Okay.  
**Sharon:** O::r, that he had to do without because his brother had to have an operation.  
**Interviewer:** Okay.  
**Sharon:** Or uhm, he wasn't allowed to have certain friends around, because they didn't uh (.) didn't accept my son.

*(Excerpt 83, Interview 1)*



Sharon had attempted, throughout the process, to provide an open channel of communication. Despite this attempt, she is aware that their feelings remained shrouded in secrecy:

**Sharon:** Mhm ...and he just accepted it. And the same with my oldest son, he also just said you know that's what it is, then that's what it is! He never ever verbalized to me (.) a loss, or uhm. There was a lot of resentment at times. Had resented, my son

*(Excerpt 84, Interview 1)*

**Sharon:** Well, yah. When I say we spoke, we spoke about it very, sort of superficially. It wasn't really going into the depth of what each one was feeling. Uhm, I spoke to the depth that they wanted to speak. I never probed or pushed o::r, forced them into any sort of discussion that they didn't wanna talk about.

*(Excerpt 85, Interview 3)*

Sharon's attempt at creating a channel of communication reflects the discourse of motherhood, as well as the discourse of community operating within the discourse of the transgendered individual (or the acceptance of John). Sharon remains cognisant of the change in the family dynamics and the impact of the trans-identity on various individuals, despite the fact that the family members did not always communicate their feelings to her. The feelings of loss and resentment discussed in the excerpt confirm Connolly's (2006) view that varied and various emotional reactions from family members are almost inevitable (In Norwood, 2000, p. 32). The author states that reactions may be, amongst others, "overt or covert", alluding to the secrecy surrounding transgenderism, not only for the individual themselves, but also their loved ones. Concealment of feelings is also evident with Sharon. Inextricably linked to her mediation of the process, is Sharon's ability and need to conceal her feelings from her family, as discussed below.

#### **4.4.2.1 *Internal world VS. External world.***

Similar to and associated with cognitive dissonance where contradictory beliefs 'collide', there are also conflicting emotions experienced by parents. The attempt to facilitate the process of acceptance of John's trans-identity has resulted in a type of dissonance between Sharon's internal, emotional world and what she displays outwardly, or her external world. This discrepancy between what Sharon feels and what she displays forms part of the discourse of motherhood, the discourse of the transgendered individual as well as the discourse of community: It is as mother that she denies herself a true display of her feelings (thus being 'the Good Mother'). The aim of this sacrifice is in the interest of both John (discourse of the transgendered individual), and the family (discourse of community).

Sharon has to mobilise the family towards an alternative discourse of gender, or more specifically, towards the discourse of the transgendered individual. In so doing, she cannot allow herself to display her own internal struggles regarding the acceptance of this ideology or discourse, or the implications of her son's transition. Meadow (2012) states that families "undertake[e] a deeply personal, cognitive and emotional project both to understand and consolidate their ideas of their child's gender". Although Sharon had worked through the process towards acceptance hinging largely on her love for her son, "medical proof" and accepting an alternate definition of gender (see 'Shaping'), she still at times seems to experience conflicting feelings. Sharon, however, had to remain silent about her own feelings so as to mediate the family and process towards a 'new' discourse. Her 'silence'

very likely also served to protect John for fear of attempted suicide and to avoid feelings of betrayal and guilt regarding her struggles with his trans-identity.

Various excerpts that show this ‘disconnect’ between Sharon’s internal and external worlds, follow. The masking of her inner feelings had occurred from the very onset, when Sharon first discovered that John was transgendered:

**Sharon:** And the second day he came to us and said to us: “Your child has spoken to me and . . . she feels that she’s not a woman, she’s never been a woman. She doesn’t know how to relate to being a woman. She hasn’t got the thought process of a woman and she cannot actually live her LIFE as a woman, she’d rather be dead. She’s a man in a woman’s body and that is what she wants to be, a man.” And I suppose in a way (.) it was like, a two-edge sword, because, in a way I knew what was worrying her, and (.) that was a relief, but at the same time, it was totally devastating! It was like a punch in my solar plexus. [Crying] That my child, I think, uh, had she said that she was gay or lesbian, I probably would have had a similar feeling, but not quite the same=

**Interviewer:** =As intense.

**Sharon:** =Because, as much as we think society has (.) progressed, and that they’ve become open-minded, uhm, there’s still so much prejudice. And discrimination [ . . . ] And I didn’t know that I wanted this for my child. So it was a huge THING! By when we went IN, my husband and I decided that (.) we are going to be (.) supportive. We’re not going to let on our personal feelings, because at that stage we felt she needed us more than (.) we needed to (.)=

**Interviewer:** =Yah=.

**Sharon:** =look after ourselves. And, I just walked in and I said to her: [in an assertive tone] “Now we found the problem! What’s such a big deal? Why could you not discuss this with me? If we’d known this two years ago we would’ve been two years further down the line! We know what the problem is, and now we need to sort it out”.

*(Excerpt 86, Interview 1)*

When John’s trans-identity is communicated to Sharon for the first time, she puts aside her true feelings and makes light of the situation: “Now we found the problem! What’s such a big deal?”. Of course, it was a “big deal”, as Sharon found it “totally devastating”. Words and phrases such as “totally devastating”, “two-edge sword”, “punch in my solar plexus”, “it was such a huge THING!”, indicate the shock and trauma she had experienced. Sharon makes reference to violent physical descriptions (“two-edge sword”, “punch in my solar plexus”) which convey astutely the forceful nature of the impact on her; the intense horror and astonishment. Sharon (and her husband) had however decided that she (and her husband) was “not going to let on [their] personal feelings”. She explains that this was so

because “at that stage [. . .] she needed us more than (.) we needed to (.) [. . .] look after ourselves”.

The excerpt below reveals other instances in which Sharon as ‘the Good Mother’ had to mask her true feelings whilst remaining positive and supportive:

**Interviewer:** [. . .] Also there were times when you had to hold the family together and “shelve your feelings”, I think is the phrase you used. Were there many occasions where you felt uhm one way and, but felt also you should be feeling another way? Or felt one way and acted in another way?

**Sharon:** Yah, I think there were many times, where I had to (.) show my support and (.) make that I was excited and whatever in actual fact, I WASN’T! Uhm . . . (.) maybe it, it at some, going some whe::re and, uhm, people wanting to discuss it (.) And then (.) making as though it’s not such a big deal and it’s not hurting as much as it is, because you don’t want to show yourself raw (.) and vulnerable to people who don’t really KNOW! So you show the brave, upfront, it’s okay, but (.) you’re crumbling inside. That, that sort of situation!

*(Excerpt 87, Interview 3)*

Above, Sharon describes herself as “raw”, “vulnerable and “crumbling inside”. She had to conceal these feelings not only to protect the family, but also to protect John from reproach:

**Interviewer:** [. . .] who did you talk to?

**Sharon:** I didn’t want I’d, the reason why I didn’t is because I didn’t want (.) other people to dislike him or hold it against him, and said to him; “Look what you’re doing to your mother! Look how you’re upsetting your . . . your family”. I didn’t want him to have that burden as well. It wasn’t fair. He had a HU::GE burden (.) to carry, he didn’t need that as well.

*(Excerpt 88, Interview 3)*

Another reason (mentioned earlier) Sharon might have kept her feelings to herself, is to avoid John from feeling rejected, which could lead to a relapse of depression or suicidal feelings. Sharon is under constant pressure to “get this thing RIGHT!”:

**Sharon:** Well I had to babysit him. And, and talk to him positively all the time, and (.) uhm, . . . Surround him with lots of love. And . . . and

**Interviewer:** But what about you?

**Sharon:** I put my feelings aside. I shelved them.

**Interviewer:** What were those feelings that you shelved?

**Sharon:** All those feelings of . . . of disappointment, of uhm fear, of my child not getting what he needs to and not having the life that he needs. Of losing my child either way! I’ve lost my daughter but now I’m gonna lose my son TOO if I don’t get this thing RIGHT!

*(Excerpt 89, Interview 2)*

All of the instances above confirm Sharon's perception of herself as mediator and protector. It shows that she had to consider carefully the emotion that she displayed, and the information she communicated, to ensure that not only John but her entire family could depend on her, thus engaging the discourses of motherhood, the transgendered individual and community simultaneously also evident below:

**Sharon:** I think it, there was SO MUCH emotion, that it's operating on automatic. I didn't stop to think, I didn't WANT to stop to think, because if I did stop to think, that there was a possibility that I would fall apart, and that I might break down. And uhm, I suppose uhm, when my husband lost everything I had to be, I had to take on that role as well. Because the children were looking to me to see how I was coping and how I was gonna handle it. And my husband couldn't cope, if I wasn't coping. So if it's just another (.) round, if one could put it that way, of being (.) the stronger one.  
*(Excerpt 90, Interview 2)*

Sharon explains that she had to cope for the sake of her husband, family and children. She refers to it being “just another (.) round, if one could put it that way, of being (.) the stronger one” likening the situation to that of a boxing match. Sharon has to, in line with her analogy, ‘take all the punches’ for the family. This is in accordance with the dominant mothering culture, or ideology of mothering (which stems largely from Hays’ (1990) work on ‘intensive mothering’). ‘Intensive mothering’ is described as “child-centred, expert-guided, emotionally absorbing [and] labor intensive” . Mothers are primarily responsible for the child, and the needs of the child takes precedence over the individual needs of mothers” (Johnston & Swanson, 2006, p. 510). This ‘intensive mothering’ ideology becomes internalised (Johnston & Swanson, 2006, p. 510). The discourse of motherhood is in operation here, where Sharon has to be “devoted to the care of others” and “self-sacrificing” (Arendell, 2000, p. 5). ‘The Good Mother’ is “not a subject with her own needs. . .” (Bassin, Honey & Kaplan, 1994, p. 2. In Arendell, 2000, p. 5). Hays (1996, p. 150) argues that “. . . in the world of mothering, it is socially unacceptable for them [ . . . ] to place their own need above the needs of their children” (In Tardy, 2000, p. 144). Sharon has to keep her feelings aside, she is not allowed a breakdown, she has no choice but to cope for the sake of not only John, but her entire family unit, and each member (individually listed) that comprise this unit. Sharon *had* to cope as her husband and the family’s well-being depended on this. Words and phrases such as “coping”, “handle it”, “take on that”, “stronger one”, form a remarkable contrast to “fall apart”, “break down” (excerpt 90, p.118),



“crumbling inside”, “raw” and “vulnerable” (excerpt 87, p. 117). This emphasises the ambiguity between her inner world, that is, her emotional experience, and her outward appearance, that is, her ‘performance’ for the sake of others.

Even though Sharon fears breaking down due to the consequences for her family, perhaps the words “there was a possibility I would fall apart, and that I might break down” also reveal her fears about herself, and for herself. Sharon protects herself from her own emotion for fear of becoming overwhelmed and falling apart, and thereby jeopardising the well-being of her children and husband. Sharon’s unwavering expectation of herself to hold the family together was such that she did not permit herself to show any vulnerability:

**Sharon:** Ya, write, I paint, uhm and I just worked through them in my head. I don’t really talk about it. Uhm, (.) so I went through quite a bit (.) of internalizing and reflecting within myself. My feelings and how, what was happening, and so on and uhm.... crie::d a lot. But always, after I dropped the kids at schoo::l, after my husband’s gone to wo::rk, after I’ve done what I need to do, I would then go into my room and have a real good cry:::. And then ask God abou::t it, and question myself abou::t it and . . .

*(Excerpt 91, Interview 1)*

Again, as interlinked with the discourse of the ‘the Good Mother’, Sharon sets aside her own needs for the sake of her children and family. She cries only “after” everyone else was away, and the one entity she permitted herself to talk to, was God. Sharon ensures that she fulfils her ‘duties’ as mother, such as drop the children at school, and, she ensures that neither her children nor her husband is aware of her true emotions. The concealment of Sharon’s feelings is evident below as well:

**Sharon:** Uhm, and she... was part of the whole process. Obviously, even my middle son, I never ever showed my emotions (.) in front of him. Or my daughter, I never crie::d in front of them, I never showed them how unhappy I was about it, or how scared or concerned I was, uhm. I never ever made them feel that they were to blame or or they were pa:rt of it or that I was giving John more attention than I was giving them. Uh, I never, I tried . . . to sort of . . . have a NORMAL life, with them, when they were around.

*(Excerpt 92, Interview 1)*

The fact that Sharon tries to have a “NORMAL life” when her children are around, exposes that she really experienced the opposite. She was “unhappy”, “scared” and “concerned” whilst trying to remain attuned to her family so as not to have them experience blame,

neglect, or concern for her. As ‘the Good Mother’ Sharon conceals her feelings as they could hinder the process of acceptance and give rise to conflict between the discourse of the transgendered in individual and the discourse of the community. In this way, the discourse of motherhood intersects with both the discourse of individualism as well as the discourse of community.

#### 4.4.3 Continuous trauma.

Continuous trauma is explained as the on-going trauma experienced by trans-identified individuals due to homophobia (Anonymous, 2012) and transphobia. Sharon refers to “continual trauma” (continual trauma and continuous trauma are used interchangeably) as any form of rejection towards John:

**Interviewer:** And any rejection that John experiences currently, how does that affect you?

**Sharon:** It’s upsetting. I think that’s that that’s, still, we refer to as the continual trauma. It’s that.

*(Excerpt 93, Interview 1)*

In the subsequent interview (interview 2), Sharon refers to the “loneliness, rejection, ostracisation of your child” (excerpt 5, p. 52) and elaborates on the prejudice and discrimination that John may encounter. Sharon continues to describe the prejudice John had experienced at the department of Home Affairs. When asked at the Home Affairs’ office why John was not present, Sharon retaliates:

**Sharon:** Mhm mhm. So it was a, it was a lot. And they also said to me, every place I went to, they want to know: “Why is your son not here?” So I said [raised voice tone] because you don’t know how to treat him. Every time he comes here, he comes home wanting to commit suicide, because you have no respect. And you look down upon my child. There’s no ways I’ll let my child suffer that. You want fingerprints, I’ll bring him in for fingerprints! But what (.) you wanna be horrible about it, you wanna sneer you wanna laugh, do it to my face. You won’t do it to my child’s face. So, I’m here to do this for my child!

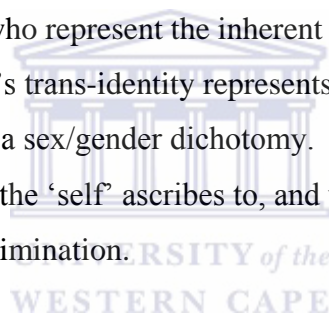
[Silence for a while. Interviewer and Sharon crying.]

*(Excerpt 94, Interview 2)*

Gergen (2009) explains that the western tradition is based in binaries, where the one is privileged over the other. Dominant groups in society “lay claim to the privileged pole”, and “others” become marginalised (Gergen, 2009, p. 20). “You have no respect”, you look down upon my child”, “you wanna be horrible about it, you wanna sneer you wanna laugh”,

reflect societal prejudice and marginalisation of minority groups. Kristeva (1987) explains that rejecting whatever disturbs boundaries of the 'self' is a reflection of feeling threatened by the 'other' (In Elliot, 2010).

Elliot (2010, p. 75) explains that discrimination stems from a threat to the definition of the self. The taken-for-granted 'truths' about gender include the assumption that "there are only two genders, that one's gender is invariant and that membership in one or the other category is normal" (Elliot, 2010, p. 75). 'Variant' identities challenge these 'truths' and these individuals are then seen as "unnatural or less than human" (Elliot, 2010, p. 75). Elliot (2010, p. 75) reasons that "in order to maintain its hegemony, the normative gender order must be shored up continually through the repudiation of whatever threatens its claim to represent the human". The variant individual becomes the Other, and it is through this "othering" that the (hetero-normative, 'normal', 'natural' ) Self is maintained. Elliot (2010, p. 77-78) further explains that boundaries between 'self' and 'other' are "sustained through the violent abjection of those who represent the inherent instability, dependency and vulnerability of the self". John's trans-identity represents a threat to what is considered 'natural'; it defies the 'truth' of a sex/gender dichotomy. It disturbs the boundaries of the 'natural' gender system which the 'self' ascribes to, and within which the 'self' operates, resulting in prejudice and discrimination.



The consequence of this prejudice based on the dominant discourse of gender, is severe. John, as the marginalised 'other', experiences suicidal feelings ("Every time he comes here, he comes home wanting to commit suicide, because you have no respect".), which reflects the effect of 'othering' based on transphobia. This 'othering' or discrimination results in continual trauma for John, but also for Sharon. The discourse of 'othering' or oppression as related to the dominant ideology of gender, intersects with the discourse of motherhood, and Sharon as protector of her child, is rendered somewhat powerless. Although Sharon tries to protect her son, and attempts to prevent him from experiencing certain encounters (by going to the Home Affairs' office on John's behalf for example) by bearing the brunt of discrimination herself (But what (.) you wanna be horrible about it, you wanna sneer you wanna laugh, do it to my face. You won't do it to my child's face. So, I'm here to do this for my child!), she will not always be able to control discrimination towards her son, nor her son's response to it. In this way, the threat of suicide always looms. As mother, and as in accordance with 'the Good Mother', she is responsible for her child's well-being, which is

now under constant threat as he operates within a society based on the dominant discourse of gender.

Sharon later relates “continual trauma” (excerpt 93, p. 120 ) to the difficulties John encountered due to the ‘gender discrepancy’ evident on his driver’s licence, which still showed him as female:

**Sharon:** Yes, yes. I mean, uhm, for instance before my child got his driver’s license, okay. He couldn’t get his driver’s license until he’s got his identity document changed. And, even though he had his identity document changed, then he needed a letter from Home Affairs to say, that it had been changed, and that he was now legally a man, a male and he could then have his ID, his uh driver’s license changed. So, all the time, he couldn’t open a bank account, or anything of these things. So all the time, although his name had been changed legally, he’d applied for his identity document, it was in a process of being done, I had a letter to say that it was being done. They still wouldn’t change his driver’s license. So his driver’s license still said ‘female’. So every time he got caught up in a road block, I’d get, get a call at three o’clock in the morning, they’re gonna lock him up, because his got a stolen driver’s license. Because the driver’s license, says ‘female’ and looking at him, he’s definitely not female. So, it’s either his sister’s or cousin’s or someone’s ID, driver’s license that he has, and they want to lock him up for fraud. Then I have to take all the letters from the Department of Home Affairs, go to wherever they’ve taken him, sort the whole thing out and everybody’s talking behind their . . . their hands and laughing and sneering. And your child is . . . sees this! And those are the things, where it keeps coming up.

*(Excerpt 95, Interview 2)*

The above reveals more than mere prejudice (“everybody’s talking behind their . . . their hands and laughing and sneering.”). It also exposes South Africa’s failure at implementation of policy. Although theoretically, South Africa is advanced with regards to gender equality policy, the status quo is maintained through failure at implementation. In upholding the status quo in this manner, the continuous trauma of transgendered (or any ‘variant’) individuals is also maintained. In this manner, politics, or seemingly ‘removed’ policies have a very direct and traumatic impact on individuals.

Burdge (2007, p. 244) states that “by stepping outside gender norms, transgendered people become vulnerable to discrimination and oppression . . . [and] . . . face the complicated [ . . . ] task of building identities in social environment that invalidates their reality and may punish them for violating traditional gender roles”. The reinforcement of gender roles occur at an institutional and interactional level (West & Zimmerman, 1987, p. 147). When roles

are ‘transgressed’, it is the individual and not the institutional structure that is held accountable (West & Zimmerman, 1987. In Lorber, 1997). In Sharon and John’s case, rather than being addressed to be in line with policy, the lack of implementation becomes another hurdle to overcome. It can be seen from the excerpt above that failure at implementation have serious consequences for transgender individuals and their loved ones. Sharon’s fears of prejudice and discrimination are portrayed in the excerpts below:

**Sharon:** Who don’t fit that mould, they are discriminated against. And I didn’t know that I wanted this for my child.  
*(Excerpt 96, Interview 1)*

**Sharon:** Yes, because you want things . . . I think . . . up why you want to have things normal, because you know that society is fickle. Society is judgmental. And, your child is choosing such a rough road, such a hard life. [ . . . ] When can you ever really just be open and who you are, (.) and when people find out, are they gonna reject you? So all these fears of loss, loneliness, rejection, ostracisation of your child (.) are the things that concern you and that is why you rather want it normal.  
*(Excerpt 97, Interview 2)*

Transphobic prejudices are a real threat to John. A negative reaction to John (as with the incident at the Home Affairs’ office (in excerpt 94, p. 120) may result in feelings of depression and an attempt at suicide. The dread of losing her child, (whilst, ironically, going through the process of mourning this child in the form of her past daughter), becomes evident when Sharon describes that she “was on edge all the time”:

**Interviewer:** So, uhm . . . [Crying] (.) so that fear of your child committing suicide was pervasive, it’s sort of always there?

**Sharon:** I was on the edge all the time!

**Interviewer:** How did you cope with that?

**Sharon:** Well I had to babysit him. And, and talk to him positively all the time, and (.) uhm, . . . Surround him with lots of love. And . . . and  
*(Excerpt 98, Interview 2)*

Sharon’s fear of John committing suicide is palpable when she describes that she had to “shelve” her feelings:

**Sharon:** I put my feelings aside. I shelved them.

**Interviewer:** What were those feelings that you shelved?

**Sharon:** All those feelings of . . . of disappointment, of uhm fear, of my child not getting what he needs to and not having the life that he needs. Of losing my

child either way! I've lost my daughter but now I'm gonna lose my son TOO if I don't get this thing RIGHT!

*(Excerpt 99, Interview 2)*

John (and his family) operates within an alternate discourse of gender, which poses a threat to the status quo. John's struggle within a society that is non-accepting renders him vulnerable and Sharon reveals her fears concerning John's reactions to prejudice and discrimination. Although Sharon could "babysit" John subsequent to his initial suicide attempts, she will not be able to do so at all times. Sharon is (aware that she is) unable to (at all times) protect John from others' prejudiced reactions to him, and she is also unable to control her son's response to them. The fear of him succumbing to suicide looms large at all times and is at odds with the discourse of motherhood as the ideology of 'the Good Mother' dictates that a mother protect her child at all times. This is highlighted when Sharon anticipates future obstacles:

**Sharon:** [ . . . ] Because you know it's gonna be a HARD path for them to walk. And that you can't be there to . . . to always protect them, and shield, them and guide them, and support them and it's, I think that's the toughest part. Is not knowing how to protect your child from the hurt that you know is going to come, by their choice that they make.

*(Excerpt 100, Interview 2)*

Sharon's desperate need to protect her child is reiterated, as Sharon again makes direct reference to the threat of John's suicide:

**Sharon:** [ . . . ] I went to the Minister of Home Affairs [ . . . ] and I said to her that if anything happens to my child and if my child commits suicide because of the inefficiency of your department, I'm not only just going to discuss with our local newspapers, I'm going to go to CNN, SKY, I'm gonna take it across the WORLD, so that they all can laugh at the poor service, and the inadequacies, of this country.

*(Excerpt 101, Interview 2)*

Research indicates that Sharon's fears are well-founded as transgender people are frequently "shunned" (Pierce, 2001. In Burdge, 2007, p. 245). This forms part of John's and Sharon's "continual trauma" (excerpt 93, p. 120). As argued by Burdge (2007), people are held accountable to gender ideology and their 'inappropriate' gender behaviours. The experiences of prejudice and discrimination documented above are ways in which John (and by association, his mother) are being held accountable. The excerpts above demonstrate

various ways in which John had been held accountable for his ‘otherness’ (“sneer”, “laughing”, “being horrible”). Sharon also lists ways in which she anticipates John will always be held accountable: John may not be able to be “open” about his identity, and he may suffer “ostracisation”, “loneliness” and “rejection” (excerpt 97, p. 123). This prejudice or continual trauma may have fatal consequences for John, and consequently, his family.

Sharon’s fears concerning John and a transphobic society is made apparent when she relays an incident of severe discrimination (that occurred in America) towards a transgendered individual:

**Sharon:** [ . . . ] But I mean, even though I said that America are far more open-minded uhm and have . . . are far more progressive; in a lot of ways they’re not. I mean there was an incident of a guy who, with his partner, went, he had this high fever and he went into the uhm casualty, the trauma unit, to get medical help, medical assistance. And uh, they took his (.) temperature and realised that he had this huge temperature, and they started wanting to do tests and all sorts of things and they pulled his clothes down and then saw that he was a guy, and not a woman. And they said, made him get dressed and said he’s got to leave their . . . the (.) the hospital. With that high fever that they were concerned about it that he could go into a coma, they just gave him medication and said: “Get outta here, you’re a freak.”

**Interviewer:** Were there people who labeled your son that?

**Sharon:** Sure! Even his friends, some of them!

*(Excerpt 102, Interview 2)*

The above shows severe prejudice against those who do not abide by sex-gender categories. Lorber (1997, p. 292) states that “clothing, paradoxically, often hides the sex but displays the gender”. In the scenario, when they discover that the individual’s ‘display’ of gender does not correspond with the sex, the medical professionals put the individual’s health at risk. In the incident above, based on the ‘display’ there was an expectation of ‘the’ corresponding sex, and when this expectation was not met, the individual became the victim of prejudice (“freak”) and discrimination (he was dismissed). This reiterates Burdge’s (2007, p. 244) argument that those who do not ascribe to traditional gender roles are “punished”, possibly because of anxiety, anger or feeling threatened by the ‘variant’ gender (Westbrook & Schilt, 2013).

Although Sharon is relating an event of an unknown individual, her frame of reference is that of a mother of a transgendered child. In relating this incident, Sharon therefore reveals her own anxieties about her son and the consequences of this “path he is on”. John now

forms part of a group of members that are ‘othered’ and as such, remains vulnerable to ridicule and discrimination, resulting in continuous trauma for both John and his mother (and probably his family). The incident echoes and reinforces Sharon’s concern for John, evident when she asks: “When can you ever really just be open and who you are, (.) and when people find out, are they gonna reject you?” (excerpt 97, p.123).

For Sharon, the threat of losing her son can be viewed as part of her continuous trauma. Sharon has witnessed how John becomes traumatised and is almost driven to suicide. This in turn translates into direct trauma for Sharon (and the rest of John’s family), not only because she is unable to “shield” or “protect” John, but also because the threat of suicide remains imminent. However, in addition to the trauma of *threat* of loss, there is also the *actual* loss that Sharon experiences. This research suggests that the permanent loss of her daughter also forms part of Sharon’s continual trauma. As noted earlier, Sharon predominantly ascribed to the discourse of the social self which gives rise to feelings of loss, as depicted in the excerpts below (via verbal and nonverbal content):

**Interviewer:** Do you still miss your daughter?

**Sharon:** There are times, and uhm [ . . . ] You had your dreams. [ . . . ] Ya, you had your dreams of, of what the future would bring, and . . .

(Excerpt 103, Interview 1)

**Interviewer:** And you gave birth and it was a girl. Do you remember what you felt at that time?

**Sharon:** Tremendous excitement, like “AH! I’ve done it!” [Laughs] I got my daughter! And that that that, I question God with that. I said why did you give me a daughter? If you knew that wasn’t the plan, why did you then not just make it simple and give me a BOY? Why do I have to now, go through the process of (.) experiencing the one and then the other? [ . . . ] I don’t understand this.

(Excerpt 104, Interview 1)

**Sharon:** No, that was that was the start of it, that’s when I started grieving the loss of my child, because that was, that was final. Up until then (.) it still could’ve changed (.) Uhm, I could still see the glimmers of my girl, but once he was in boy’s clothing and he had this boy’s haircut, there was absolutely no, not even a hint... (02’42”) [Tearful] . . . of my daughter.

(Excerpt 105, Interview 2)

**Sharon:** Look there’s still times when something happen I think uh . . . I really miss my . . . having a daughter.

(Excerpt 106, Interview1, p. 40)



Below, Sharon compares dealing with homosexuality as compared with transgenderism:

**Sharon:** But uhm, those, those can be overcome, whereas you can't overcome transition, there's nothing to substitute it. You're not getting a-nother daughter; you're not getting A- nother son, so it's a loss and a gain.

*(Excerpt 107, Interview 3, p. 19)*

Although Sharon does at times ascribe to the discourse of the sovereign self, or merge the discourses of the sovereign and social self (refer to 'Incongruous Loss'), her feelings of loss does resurface as she predominantly ascribes to the discourse of the social self. Thus, Sharon experiences continuous trauma not only in response to her son's experience of continuous trauma based on transphobic attitudes, but also the threat of loss to suicide and, finally, the permanent (and on-going) loss of her daughter.

#### **4.5 The 'Transformer' and Transformation**

According to Ehrensaft (2011) and Johnson et al. (n.d.), parents, despite various challenges, can also be transformed in a positive way by the experience of having a transgendered child, and become advocates of transgenderism. Ehrensaft (2012, p. 12) refers to these parents as "transformers", and explains that they are able to overcome their transphobia and the loss of the child to embrace the 'new' relationship that the 'new' identity brings. Sharon has moved beyond acceptance to embracing that which has evolved out of her experience. She has also become an advocate of transgenderism and, additionally, offers much needed support for parents of transgendered children. However, acceptance for Sharon had meant accepting (in addition to the loss) the unknown and unanswered. Although an advocate of transgenderism, this does not mean that the process of acceptance is complete. The process remains wrought with complexities and uncertainty, as will be demonstrated below.

##### **4.5.1 Acceptance amidst uncertainty, gain amidst loss.**

###### **4.5.1.1 Accepting uncertainty.**

Sharon is able to accept her son in part because she is situated within the discourse of motherhood:

**Sharon:** I think even though we were brought up very conservatively, my mom. . . was always one to accept others (.) for who they are. And, in a way that resonated in me, to a degree, where I as a lot more tolerant, more

understanding, more accepting. And uhm (.) I think when it's your child's happiness, you're prepared to accept anything. [ . . . ]  
(Excerpt 108, Interview 1)

In the excerpt above it is clear that the discourse of motherhood negates all other discourses (refer to 'Discourse of Motherhood' for discussion). Sharon operates within the discourse of motherhood and is able to accept an 'alternate' discourse or view of gender since she loves her son and feels compelled by her feelings to accept him within this discourse. According to Frizelle and Kell (2010, p. 34), "women are involved in a process of challenging discourses and practices around motherhood, but in complex ways that are both regulatory and resistant". Whereas before, being 'the Good Mother' meant operating within the dominant discourse of gender (resulting in self-blame), Sharon now, in her role as mother, resists the dominant discourse of gender and embraces an alternate discourse as 'compelled' by her love for John. The discourses of the transgendered individual and motherhood thus intersect. Frizelle and Kell (2010) found in their research that with respect to child-rearing, mothers wanted to be valued, guided and supported by their own mothers or maternal figures. Although deceased, Sharon finds guidance in the attitude of tolerance modelled to her by her mother.



However, operating within the 'merged' discourse of motherhood and discourse of the transgendered individual means having to accept (in addition to her loss) unanswered questions and 'unresolved' issues. Sharon is prepared to accept that "God of Love" will not answer all her questions and that she may never understand why her child had to go through the "situation":

**Sharon:** God, why, why does this happen? What is it, that this is? God of Love, why would my child have this (.) situation?

(Excerpt 109, Interview 1)

**Sharon:** Tremendous excitement, like "AH! I've done it!" [Laughs] I got my daughter! And that that that, I question God with that. I said why did you give me a daughter? If you knew that wasn't the plan, why did you then not just make it simple and give me a BOY? Why do I have to now, go through the process of (.) experiencing the one and then the other?

(Excerpt 110, Interview 1)

- Interviewer:** And questions like why John wasn't just born John, if you know what I mean. [ . . . ] What do you do with those questions that you, you can't answer?
- Sharon:** Shelve them?  
[Laughing]
- Sharon:** Because I'm not gonna get the answers.
- Interviewer:** You must have many shelves.
- Sharon:** I do. [Laughing]
- Sharon:** I have a library. [Laughs]

*(Excerpt 111, Interview 3)*

In this way, despite not receiving answers from God and accepting that she will never receive them ("Because I'm not gonna get the answers"), she is able to employ her faith in the very same "God of Love" to aid in her acceptance:

- Sharon:** If God is loving and that we need to model ourselves in God's image and so on and then if that is true, if God is accepting, why are you not accepting, why is the church not accepting, why is the synagogue not accepting of these individuals.

*(Excerpt 112, Interview 3)*

As mentioned previously, seemingly contradictory discourses or conceptualisations are tools which assist Sharon in positioning herself in ways that facilitate the process towards and also of acceptance. Again, as noted previously, although secular and religious spirituality (amongst other institutions) may reinforce dominant social constructions, they may also serve, through their familiarity, as resources to aid in dealing with variant identities (Meadow, 2012). Meadow (2012, p. 730) explains that parents are able to use both available discourses as well as their own "interpretive discretion" in order to restructure meaning systems. Instead of focusing on the unanswered questions, when Sharon operates within the discourse of the transgendered individual and the discourse of motherhood, she uses religion to assist her to accept John's trans-identity. (She also uses this view of religion to challenge those who are not accepting of transgenderism, as will be discussed later).

#### **4.5.1.2 Gain amidst loss.**

As illustrated in 'Continuous Trauma' (refer to excerpts 103 – 107, p. 126– 127), Sharon suffers tremendous loss, evident in both her verbal and nonverbal communication when speaking about the loss of her daughter (giving voice to the discourse of the social self). However, as Sharon states, in addition to the loss there has been a gain. This "gain" enables

Sharon to accept the loss of her daughter and continue to operate within the discourse of the transgendered individual, but also to reaffirm herself as mother, or ‘the Good Mother’.

**Sharon:** [ . . . ] So it was it was, it was a hard, but it was worth it! And I look back at him now and I just see this AMAZING, OUT-THERE-IN-YOUR-FACE kinda guy. And, I look back on the hurt and that, and I just think, you know, it was worth it. All those nights I’ve cried myself to sleep, when everyone was asleep so that my husband didn’t see, my other children didn’t see. All those self-doubts, the self-questioning, the self-hate, ‘cause I hated myself at one stage thinking that it was my fault. All those things were so worth it! Because look where he is today. He has a life, he has hope, he has a future.

*(Excerpt 113, Interview 2)*

The above excerpt indicates that the only factor that could justify the pain she (and her family) had experienced, was the transformation in her son. Embracing the discourse of the transgendered individual and an alternate ideology of gender have allowed her son to flourish. Her son has hope since he no longer has to, as he described it, “live a lie” (excerpt 1, p. 46 - 47). By embracing an alternate discourse, John has “life, he has hope, he has a future”. Once Sharon operates within the discourse of the transgendered individual (which is based on an alternate ideology of gender) the need for blame (somewhat) dissipates as ‘variant’ identities are not viewed as a negative outcome (of poor ‘mothering’). Sharon becomes ‘Good Mother’, as is evidenced by her child who is confident, well-adapted, and an “AMAZING, OUT-THERE-IN-YOUR-FACE kinda guy”. The excerpt below also demonstrates what the shift from the dominant discourse of gender to an alternate discourse has allowed:

**Sharon:** [ . . . ] I question God with that. I said why did you give me a daughter? If you knew that wasn’t the plan, why did you then not just make it simple and give me a BOY? Why do I have to now, go through the process of (.) experiencing the one and then the other?

**Interviewer:** Yah.

**Sharon:** I don’t understand this.

**Interviewer:** Did you find any answers to that? For yourself?

**Sharon:** No, I . . . I think it was a continual battle for a couple of years. And then, when I really saw my child happy, and, living a life, so completely different, to, to what, (.) we (.) had seen before, where there was a lot of depression and uhm aggression, and self-hate and all that sort of thing. Not able to form friendships or relationships properly with other people. Uhm, always being angry and resentful, to now suddenly have a happy, so:: confident!! Such an INCREDIBLE self-image, that you realised!

*(Excerpt 114, Interview 1)*

The above extract starts with Sharon questioning God. Sharon indicates that she had not received any answers and explains that “it was a continual battle for a couple of years”. Her words “the one and then the other” indicate a difference between the ‘two’ individuals, and a loss located within the discourse of the social self. However, she minimizes the impact of uncertainty and unanswered questions by contrasting it with John’s positive transformation. He has shifted from being depressed, aggressive and self-hating to being “happy” and “confident”, and having “an INCREDIBLE self-image”. Sharon’s own transformation and acceptance is not due to her having received answers to all her questions. Rather, she has accepted the uncertainty which form part of the process of acceptance of her son’s trans-identity and focuses on the resulting “gain”.

#### 4.5.2 Education and resources.

Sharon emphasises the role of awareness in the process of acceptance:

**Interviewer:** And family members, you spoke about your friends. Any rejection with regards to family members?

**Sharon:** I think our, our parents, well at that stage my mom and dad weren’t around but, and his mom had passed away already. But, his da::d and older family members, took a while (.) to accept it and to come to terms with it. We really had to (.) WORK at it. But I think in the end, people realise, if I want a relationship with this individual, with this family, then I need to adjust my thought process. And I, . . . with a lot of people who weren’t accepting, with my father-in-law and so on, I tried to educate them, gave them books to read, gave them articles to read. Uhm, encouraged them to talk to my child, to ask him the questions that were bugging them, and work it out with him.

*(Excerpt 115, Interview 1)*

Sharon reiterates the importance of being educated, and having knowledge with regards to her own process of acceptance:

**Sharon:** But, for most to be accepting and non- judgmental. And I think my counseling and my studying, played a big role, in my acceptance. Because, I’ve been educated. And I think that’s the problem with a lot of people being unaccepting, is the lack of understanding and education, and lack of knowledge. Causes a lot of uhm, trauma. Whereas if you’re educated and you know what is coming and you know what the consequences are, you know what the pitfalls are, that it’s easier, to come to terms with and accept.

*(Excerpt 116, Interview 1)*

**Interviewer:** Would you, did you know of transgenderism before your child

**Sharon:** [Raised voice tone] NO! Had I known before, had I known before, I probably would've looked at my child differently. I probably would've investigated it and that's what I said!

**Interviewer:** Right.

**Sharon:** That's why I'm saying education is so important! Ignorance is . . . (.) is so dangerous.

*(Excerpt 117, Interview 2)*

Sharon's knowledge helped her understand the situation, and therefore made it less threatening as she could (to some extent) prepare and understand the "consequences" and "pitfalls". Although it is her role (and feelings) as mother which compels her to "accept anything", her role as student and counsellor helps her understand and cope, perhaps by creating a distance from her emotion and enabling some objectivity when overwhelmed. Knowledge helped empower Sharon throughout the process, and enabled her to include in her conceptualisation, the social construction (and therefore the fluidity) of gender. Pierce (2001) maintains that parents are often "ill-equipped to understand their transgendered child" (in Burdge, 2007), highlighting the importance of education as a necessary tool to facilitate understanding. The dominant discourse of gender, and the various institutions and structures that reinforce it, makes alternatives appear "virtually unthinkable" (Lorber, 1997, p. 293), and education becomes an important step towards navigating the 'unthinkable'. It is with knowledge that 'truths' (such as a dual, static definition of gender) can (start to) be questioned and viewed as culturally constructed, opening up previously 'unthinkable' possibilities. The importance of awareness and knowledge is also apparent in Sharon's analogy below:

**Sharon:** You know it's the same, I think it's the same with anything. I mean, just an example, if you were going in for surgery. You'd never been to a hospital. You've never ever been under anesthetic. You've never ever had an operation in your life. And you're told that they're going to put you to sleep for seven or, five or six hours, and they're gonna cut you open and you you don't know nothing about this. There's huge fear! But, if they sit you down and they tell you about theatre and they tell you how anesthetic works, what exactly they're gonna do, what the benefits are gonna be::, what pain you gonna fee::l, then you... you're not so fearful for about it. Because you know what to expect! And, and that's the same with with (.) individuals who are gender diverse! If you understand what it is, and you know why it is and you know what the process is, then it's easier to:: . . . accept!

**Interviewer:** Did you find this information primarily through the Internet, initially?

**Sharon:** Yes! I, I found some information then I went onto uhm... Amazon, and I ordered some books and I started reading them. [ . . . ] I saw and spoke uhm, youngsters and things like that, sort of just questioned them. And uh, one

young girl I was talking to said there was this guy, in her, one of her modules, that was transitioning from female to male and that, he had a website. So, maybe I should go onto the website and chat to him. So I went onto the website, chatted to him, then we met, we spoke about it, he met my child. Uhm,

**Interviewer:** Is this like a Facebook or Internet interaction?

**Sharon:** Yes. And then, when we met personally, and uhm, then he told me about his parents and that they were coming to Cape Town and maybe I should meet his parents. So, my husband and I went and met his parents and we chatted about what they felt and we felt. And, then he told me that about *Gender Dynamix* that were starting up. And they hadn't had any website or offices or anything.

(Excerpt 118, Interview 2)

As apparent in the extract above, Sharon (and John) was not only able to acquire the relevant literature through the Internet, but this resource provided a vital connection with someone who was undergoing transition, who in turn referred Sharon to an organisation (*Gender Dynamix*) in Cape Town.

Sharon states that “ignorance is . . . (.) so dangerous” (excerpt 117, p.132). Her use of the word “dangerous” is a sobering reminder that she might have lost John to suicide, partly due to lack of knowledge. In the previous extract, Sharon’s mention of fear (“There’s huge fear!”) in her analogy (giving voice to medical discourse) alludes to the fear of the unknown, or more precisely, speaks of the anxiety and threat embedded in acknowledging alternate discourses. A lack of awareness, education and knowledge creates disempowerment; a disempowerment fostered by dominant discourse of marginalising the ‘variant’ minority.

Knowledge plays a key role in the process of acceptance; however, closely linked with knowledge or the acquisition thereof, is access to resources. Sharon and John’s access to certain resources such as the Internet, had facilitated acquiring information and thereby the process that they had undergone. John himself was able to find information and validation for his feelings through the Internet, and is ultimately empowered by this knowledge to make decisions and take action accordingly:

**Sharon:** [. . .] I don’t think, he himself understood it until he’d had a discussion with someone.

**Interviewer:** Okay. At what age do you think that happened?

**Sharon:** That was at eighteen.

**Interviewer:** Oh really?

**Sharon:** Yah.

**Interviewer:** So he could make sense of it quite late? It must have been quite difficult, without the knowledge, up until that age.

**Sharon:** He knew he didn't feel right up until that stage and then someone said to him: "Did you know this? Did you read this? Did you know about that?" And he then went to . . . looked it up on the Internet and then: "Oh my God, this is what I've been feeling! This is what my issue is!"

*(Excerpt 119, Interview 1)*

The importance of education, knowledge and resources is reiterated when Sharon states that without these (and the support of her family), the situation would have been "a lot harder", and may have felt "insurmountable . . . like there was no solution". She qualifies this by mentioning that individuals who do experience this lack suffer a "feeling of total hopelessness":

**Interviewer:** [ . . . ] what would it have been like had you not had that, that sort of support from your husband for example, and a close-knit family, resources, uhm a computer.

**Sharon:** I think it would've been a lot harder and maybe felt uhm . . . insurmountable.

**Interviewer:** Yah.

**Sharon:** Like there was no solution.

**Interviewer:** Yah.

**Sharon:** And I see it with some, that I work with. That, that is the feeling of total hopelessness. And I find that very hard to deal with.

*(Excerpt 120, Interview 2)*

The word "hopelessness" reflects aptly the disempowerment often created and perpetuated by mainstream discourse. Through this sense of despair in itself those who are side-lined remain side-lined, unable to move beyond the hopelessness, whether through a lack of knowledge or resources or, as is frequently the case, both.

As illustrated, Sharon had "never heard" about transgenderism before. John had also not ('labelled' or) understood his trans-identity until he was able to conduct research on the Internet. Since information (of marginalised or 'variant' discourses) is not readily available, comprehension and meaning-making often have to start with active engagement in research or information-seeking. Brinkmann (2009) argues that when something is established as fact, there is no room for alternatives, and "by quieting alternative discourses we limit possibilities of action" (in Gergen, 2009, p.161 – 162). It is the silencing of alternate discourse that limits awareness and thereby perpetuate the cycle of silence, and often, as in this case, limit (or even prevent) dialogue, understanding and action that could alleviate uncertainty, confusion, guilt and pain. Whilst a dual-definition of gender is 'evidenced' in everyday activities, ideologies of alternate genders are obscured or silenced.



Sharon educates herself, but also helps to educate her family to enable or encourage their shift them from the discourse of community to the discourse of transgenderism. As mother and mediator, she has used (amongst others) knowledge and communication (“I tried to educate them, gave them books to read, gave them articles to read. Uhm, encouraged them to talk to my child, to ask him the questions that were bugging them, and work it out with him”, excerpt 115, p.131) to empower those involved, but also to some degree, to overpower the dominant discourse of gender. Sharon’s exploits do not end with her family though, as her goal becomes one of resisting the ideology of gender socially and politically, as discussed below.

#### 4.5.3 Advocacy

Sharon moves from acceptance to advocacy. She seeks to challenge gender ideology as reinforced by religion, symbolised by the “church” and the “synagogue” in the excerpt below:

**Sharon:** It’s the frustration I think, at times. Uhm, like, at the moment I’m putting together a whole questionnaire, (.) I’m going to speak to religious leaders, I’m going to challenge them (.) on what (.) the Bible says and their interpretation thereof and what other interpretations there may be. And of . . . challenge their values, about what they say. If God is loving and that we need to model ourselves in God’s image and so on and then if that is true, if God is accepting, why are you not accepting, why is the church not accepting, why is the synagogue not accepting of these individuals. So I tend to challenge that, quite a bit [giggle], and uhm it’s just frustration for me is the narrow-mindedness and the sanctimonious [55:52] behaviour of certain individuals that drives me crazy. [ . . . ]

*(Excerpt 121, Interview 3)*

Although “God of Love” leaves her with “a library” (excerpt 24, p. 67) of unanswered questions, Sharon retains faith, and it is her faith that helps her get through the situation. Religion, which had previously (from a dominant perspective of gender) been a type of barrier for Sharon (and her husband) now not only serves to help her accept John’s transgenderism, but also becomes the platform on which she resists the dominant discourse of gender. This is in line with Meadow’s (2012, p. 741 - 742) assertion that families often use “restrictive knowledge systems in the service of expanding gendered ideologies . . .”, and become “part of a larger push to rearticulate the rules by which we live . . .”. Sharon employs the “accepting” and “loving” nature of God to challenge religion’s positioning within the dominant discourse of gender. She thus sets (the nature and image of) God (as

representative of love and acceptance of variant individuals) against religion (which represents and incorporates the dominant discourse of gender).

Sharon also empowers herself and others through creating dialogue and providing support for parents of transgender children. Her own struggle with finding support is cited as the reason that she had started a support group for parents of transgender children. Sharon intends to contribute to the (scant) body of literature on transgenderism (“I’ll be turning my master’s thesis into a book”). Furthermore, she wants to challenge policies:

**Interviewer:** What made you think of (.) starting a support group?

**Sharon:** Because there was no-one for me to talk to. I had no help and the Internet wasn’t much help either. Uhm, there’re no real books to tell you as a parent how to cope (.) So, . . . and this is why I’ll be turning my master’s thesis into a book, to help parents. So this will be (.) a chapter of (.) the book, . . . to help parents overcome their issues, and deal with their problems.

*(Excerpt 122, Interview 2)*

**Interviewer:** Okay. Uhm, you were in a support group, Uhm, can you tell me a little bit about the support group?

**Sharon:** Well, it’s a support group for parents (.) who have transgender children. And uhm, we get together once a month. And it’s to discuss any issues that the parents are having. Whether it be with the identity documents, with the passports, with the (.) uhm . . . hormones, with uhm, the schools, is the child playing up, is there a personality change, how’re you coping with it as a parent, what is concerning you::.. Uhm, what’s your fee::lings, are you a::ngry, are you uhm, frustrated. Discuss, some parents discuss their loss, feelings of loss. Uhm, so it’s generally, just to talk about anything that’s concerning you. Is there pressure on your relationship? How are the other siblings coping? What are their (.) issues?

**Interviewer:** Did you . . . are you heading this support group?

**Sharon:** Yes.

*(Excerpt 123, Interview 1)*

In the extract above, loss, feelings of frustration and anger, and pressure are emphasised. Although Sharon speaks about providing a space for parents to address these issues, it also reflects the issues that she was unable to (or unable to allow herself to) talk about openly in her role as wife, mother, nurturer and protector. Where Sharon had experienced lack in terms of assistance, resources and information, as well as empathy and support, she now provides recourse for others. In doing so, not only does Sharon shift from a position of disempowerment to empowerment, from victim to advocate, but she also enables others to make this shift. Below, Sharon refers to John’s lack of knowledge regarding his situation,

and cites this as another reason as to why education is important, providing specific areas that she targets for reform:

**Sharon:** He knew he didn't feel right up until that stage and then someone said to him: "Did you know this? Did you read this? Did you know about that?" And he then went to . . . looked it up on the Internet and then: "Oh my God, this is what I've been feeling! This is what my issue is!" [ . . . ] Uhm, And I think that was the . . . for all of us! And this is why I'm so adamant about education and, that's why I'm busy, so busy dealing with uhm, the schools and everything else. To change policy. To be more aware and more inclusive of gender variant children. [ . . . ] the clothing, uhm in a lot of the schools the girls do Home Economics and the boys do Woodwork (.) Technology. So now that y'know the girl wanna do Technology they can, and if they wanna go to Woodwork they can. And if the boys wanna do Home Economics they can, if they wanna play netball, the girls wanna play soccer. They've, all those issues, they'd start making more inclusive or non-gender specific.

**Interviewer:** Yah.

**Sharon:** So that's what it is, to make things non-gender specific, school uniforms, uhm certain extra murals. Being able to be called, the name you want to be called in class. Uhm, not necessarily (.) defining (.) individual's gender.

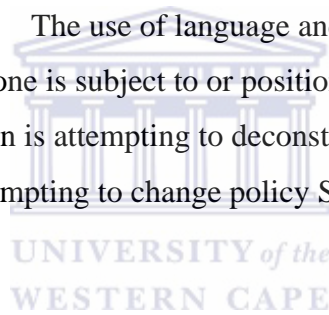
*(Excerpt 124, Interview1)*

Sharon's research, her intention of contributing to a body of literature, and convening a support group show not only that she is located within the discourse of the transgendered individual and an alternate ideology of gender, but also, through these engagements, that she is resisting the dominant ideology of gender. Burr (2003) explains that although we are constituted by discourse, this does not mean that we need remain uncritical consumers. Even though we are the product of discourse, we are also able to manipulate it and exercise a measure of choice. Agency is therefore possible, but necessitates recognition of the discourses in which we are positioned, and by which we are shaped. By doing so, we are then able to resist discourses, or take up alternate positions, thereby creating the possibilities for both personal and social change (Burr, 2003).

Sharon challenges dominant discourse not only by contributing to the scant literature of the alternate discourse and informing and supporting parents of transgendered children, but also by challenging various manifestations of the dominant discourse. West and Zimmerman (1987, p. 137) argue that "natural, normal sexedness" is enacted in many ways, and that the segregation of the sexes are purely cultural. The authors argue that "the situations that separate the genders "do not allow for the expression of natural differences as for the production of difference itself". In the previous excerpt, it is clear that Sharon is attempting

to expose these ‘natural’ differences as culturally constructed and thereby aims for self-expression (rather than constricted ‘gendered’ expressions) at schools.

Lorber (1997, p. 289) maintains that sex categories become legitimated through enactments such as dress, and various “gender markers”. Sharon’s intentions are about resisting an ideology, and making visible accepted and unquestioned practices that maintain the hegemony. Sharon is attempting to make the “virtually unthinkable” (Lorber, 1997, p. 293) alternatives to mainstream gender ideology tangible possibilities, as she now operates from within the discourse of an alternate gender which is intertwined with the discourse of the transgendered individual. Sharon addresses language (“names”) and various other constructed symbolic systems and categories that reinforce binary gender differences. She seeks to alter gendered –subjects, –sport, –extra-mural activities and –uniforms, thereby altering gender displays and gender scripts. Burr (2003, p. 149) argues that, within a social constructionist paradigm, language and other symbolic systems are of central importance in terms of their usage and effect. The use of language and symbolic systems are associated with power relations and how one is subject to or positioned via and within these systems. By targeting these areas, Sharon is attempting to deconstruct the existing power relations. By creating awareness and attempting to change policy Sharon resists the dominant discourse of gender.



Alexander (2005, p. 3) contends that “in many ways, trans-theorists, activists and writers are equally invested in engendering in others a ‘critical awareness’ about gender and in opening up a ‘sense of agency, a sense of possibility’ about what gender means –and could mean– as a social construct that is simultaneously deeply personal and profoundly political”. It is important to note that although Sharon’s address of issues is at policy or political level, it may have ‘deeply personal’ effect on individuals. Lorber (1997) argues that gender categorisation have on-going implications. It affects “personality characteristics, feelings, motivations and ambitions . . .” (Lorber, 1997, p. 290). In addressing policy, Sharon is challenging one of the very foundations of a culture of intolerance and discrimination. Sharon was forced to ‘undo gender’ (see ‘Shaping’) personally; now she attempts to ‘undo’ it at an institutional, political and public level.

For Sharon, as transformer, the discourse of motherhood also comes strongly into play. Women, and particularly mothers, were historically designated to the private sphere of the household, and males to the public sphere (Foster, 2005; Arendell, 2000). As mother,

Sharon not only enters the public domain, but also enters the political sphere by attempting to change policy. It is due to her experience as *mother* of a transgendered child, that she forms a support structure for parents. It is as *mother* that she is able to accept John's transition ("I think when it's your child's happiness, you're prepared to accept anything", excerpt 75, p.109). It is as *mother* that she challenges the staff at the department of Home Affairs when they "sneer" (excerpt 94, p. 120) at her child. Finally, it is as *mother* that Sharon calls the minister of Home Affairs, demands action from a judge, attempts to compel better implementation of policy, and threatens to inform the world of South Africa's inefficiencies:

**Sharon:** Where it's here, it's not the case, you can have all the correct documentation, you can have everything that you need, and you still . . . can't get things done. I mean with MY child's ID, I had to go to the uhm, with Home Affairs, they wouldn't accept the information. So then I asked for the (.) Head of the Department, still no luck. Then I got hold of Pretoria, the head of Pretoria, still no luck. Then I got hold of uhm, the Minister of Home Affairs. I went to the Minister of Home Affairs, I actually got hold of her, and I said to her that if anything happens to my child and if my child commits suicide because of the inefficiency of your department, I'm not only just going to discuss with our local newspapers, I'm going to go to CNN, SKY, I'm gonna take it across the WORLD, so that they all can laugh at the poor service, and the inadequacies, of this country. I went to (.) the constitutional court. I got a hold of the chief justice of the constitutional court. I mean I used to . . . his secretary wouldn't put me through, and I said I'm going to phone every day, on the hour, every hour, every day every week, every month, UNTIL I get to speak (.) to Judge Carlton. And it took me three days. And I use to stop my meetings, when it was on the hour. I could be driving, I stop my CAR. [ . . . ] But every hour I called her, every HOUR. I said it's me and I want to talk to Judge Carlton. And after the third day she put me through. And he said to me: "What a persistent mother!" And he said: "What is it you want from me, I can't do anything". So I said, yes, you signed the constitution, you're part of the constitutional court and that Act is in place. You need to put me in . . . in touch with the individual who (.) actually (.) instituted that Act, because they then have the authority to enforce it at Home Affairs. If I go to Home Affairs and I tell them that I'd spoken to you, I'd spoken to the Minister of Home Affairs, they're not gonna take my word for it. If YOU phone... I forget the gentleman's name, if you phone him and tell him, look you wrote that, uh uh, . . . I don't know what that department is called but uh, they institute the policies. You phone Home Affairs, you send an order to him, he phones Home Affairs, it will be far more effective. (.) So he did. Wrote them a letter, contacted them, they contacted me immediately. Uhm, then I said: "No no don't contact me, you contact the staff that work for you, because you are the

boss, they're gonna listen to you, they're not gonna listen to me, the mother." Yes, give me the letters, give me the confirmations, let me know that you've spoken to them, that I wanna know so, that I can go to them and say to them, but you were called, you were instructed, it needs to be done.

*(Excerpt 125, Interview 2)*

Sharon states that "they're gonna listen to you, they're not gonna listen to me, the mother", contextualising the conversation and placing it within the discourse of motherhood. This is reiterated in the judge's reaction, "What a persistent mother!" (as opposed to, for example, what a persistent "woman") which emphasises the significance of her role as mother in her action. From the above examples, it is evident that the discourse of transformation intersects with the discourse of motherhood. Walker (1995) argues that "motherhood as a social identity has [ . . . ] provided particular sections of women with a strong enough sense of self-worth from which to challenge various forms of oppression [ . . . ]". Although Walker (1995) does not refer here to issues of trans-identities, it is clear that Sharon, in her sense of urgency to help her child, is empowered as mother. Of course various identities operate simultaneously (Sharon is also a researcher, and a student, for example), but it is clear that it is as John's *mother* that she asserts herself. When ascribing to the dominant discourses of motherhood and gender, Sharon experienced blame and feelings of guilt. Now, ironically, it is when operating within this same discourse of motherhood that she is able to embrace her child and an alternate discourse, and become a transformer and an advocate. Sharon takes a personal experience, and targets government policy for change; she extends her empowerment from a private sphere into the political sphere.

In the previous excerpt, Sharon threatens the Home Affairs' office with a public statement regarding their "inefficiencies". As mother of transgendered child, she *commands* Judge Carlton as evidenced in the repeated emphasis on "you" throughout the extract. The repeated use of "you" and the tone of the excerpt illustrates not only that she holds the judge accountable, but also conveys Sharon's anger. Sharon's emotion therefore also plays a role in transformation. Initially, Sharon's anger was directed mostly towards herself, John and God:

**Sharon:** [ . . . ] Uhm I would have outbursts with him and say to him: "You're really selfish and you only thinking of yourself. And, uhm do you know what you're doing to the family? Do you know what you're doing to your brother, look what it's doing to your sister, look what you're doing to your father and your grandfather!" And uhm, so:: (.) the effect on the family dynamics is so

huge that that it makes you angry! Why, why do you need to bring this into the family? Why does everyone have to suffer, of this because you're suffering?

[Silence]

*(Excerpt 126, Interview 3)*

**Sharon:** [. . .] you want to try and fix it. And then when you realise you can't fix it, then you get angry. And then you're angry at the world, you're angry at God, you're angry at your child, you're angry at your partner, you're just ANGRY . . . about it! And uh, then you start, (.) trying to bargain, and hope that it will fix it.

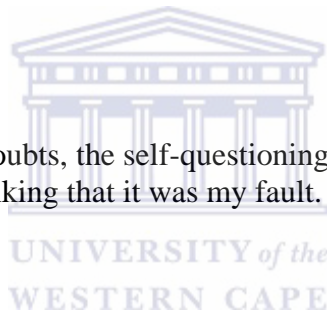
*(Excerpt 127, Interview 2)*

**Sharon:** [. . .] I'll never forget when going through the process, at one stage resenting my child and hating him, and thinking to myself, I'm not I'm not a good mother. How can any mother hate her child? How can any mother be so resentful towards her child.

*(Excerpt 128, Interview 2)*

**Sharon:** All those self-doubts, the self-questioning, the self-hate, 'cause I hated myself at one stage thinking that it was my fault. [. . .]

*(Excerpt 129, Interview 2)*



Harré and Gillett (1994) argue that anger can be a display of moral judgement and as such, can also be an act of protest directed towards the offending person (In Burr, 2003).

However, this does not imply that the emotion is a cognitive process, or is preceded by a cognitive process. Rather, the emotion is a judgement; it is the *form* that the judgment takes (Burr, 2003). Although not contrived or not “preceded by cognitive process”, it nevertheless is able to effect action or change (Burr, 2003, p. 129). As is evident (in excerpts 126 – 129), initially, Sharon was angry at John (for being transgendered and ‘betraying’ her). She hated herself for having ‘caused’ the transgenderism and for resenting her child. She is angry at the “world” and at “God” when John discloses. She operated here from a dominant discourse of gender, and the anger is a reflection of not only her judgment regarding ‘variance’, but also having it ‘imposed’ on her. Her anger, however, does not effect any change concerning John’s ‘variance’. Later, when she repositions herself within a more enabling, alternate discourse of gender (through the discourse of the transgendered individual), this anger becomes redirected towards those who impose the dominant discourse of gender (in various ways) on John. Burr (2003, p. 128) explains that emotion

display or express judgment and accomplish social acts. Emotions are “resources we have for justifying actions, blaming others, getting our own way, and so on; they are tactical moves which have real consequences for us”. Through being located within the discourse of the transgendered individual, the alternate discourse of gender, and the discourse of motherhood, Sharon ‘employs’ her anger to ‘accomplish social action’. Through her emotion, she compels Judge Carlton, for example, to make direct contact with the Home Affairs’ office (excerpt 125, p.139 - 140).

#### 4.5.4 On-going acceptance and transformation

Although Sharon not only accepts her child’s transition but also goes beyond this in trying to effect social change, it is clear that acceptance in itself is an on-going process:

**Interviewer:** I get a sense that, I mean obviously with the support group, they are sharing with you. What feeds you, what, what do you get out of running the support group?

**Sharon:** I think it just validates (.) my feelings. Uhm, that what I’m feeling is quite natural and normal. I’ll never forget when going through the process, at one stage resenting my child and hating him, and thinking to myself, I’m not I’m not a good mother. How can any mother hate her child? How can any mother be so resentful towards her child. I’m obviously not a normal mother. Uhm, and I had guilt feelings, but then when you talk to the other mothers and you realise you know what, it’s a natural process, (.) that you go through. It’s the same as a . . . a mourning process, when you’ve lost someone. You have the anger and then you have the bargaining and then you have the (.) first the denial, then the anger, then the bargaining and then the eventual acceptance.

*(Excerpt 130, Interview 2)*

The above shows that, although the support group provides assistance to others, it also fulfils a need within Sharon, and that she still requires validation. Above, Sharon’s reply (“I think it just validates (.) my feelings. Uhm, that what I’m feeling is quite natural and normal.”) is in the present tense which alludes to the process of acceptance as an on-going one. This is confirmed below:

**Interviewer:** [ . . . ] you mentioned that you want to convert your thesis into a book to help educate people about transgenderism and your thesis is about transgenderism and looking at parents. So that would be helping others. How does the research or research process help you?

**Sharon:** It helps me all the ti::me. Even this interview now, helps me.

**Interviewer:** How does it help you?



**Sharon:** Because it makes me think about things and re-evaluate (.) and be actually be open and honest with myself about it (.) I think it, by re-visiting it, you can actually:: come to terms with certain thing::s that you maybe didn't . . . or . . . or re-think things and re-evaluate (.) things.

*(Excerpt 131, Interview 3)*

Sharon very explicitly mentions that she “re-think things and re-evaluates things”. This serves as a reminder that although the end is victorious, the experience remains a complex one: Meaning-making, reflection, and validation and consolidation of feelings remain ongoing. Perhaps, rather than being ‘an addition to’, the complexity forms part of the discourse of acceptance and empowerment. Norwood’s (2010, p. 199) research confirms that

“people have the capacity to create and recreate meanings [ . . . ] over time, many of [the] family members were able to construct meanings that allowed them to experience trans-identity and transitions differently than they did before, and more positively. In effect, family members might do well to attend to the connections between communication, meaning and emotion.”

Sharon’s personal experience results in advocacy, which in turn, contributes to personal change by eliciting self-reflection and contributing to meaning-making. She goes on to acknowledge the general challenges with which she is faced in her attempt to effect social change:

**Sharon:** [ . . . ]But I also know that I live in a real world and not EVERYBODY is understanding, not EVERYBODY is forgiving, not EVERYBODY (.) is (.) prepared to . . . consider . . . and I’m never gonna be able to change that, EVER. I can maybe SHIFT it slightly, but I’m never EVER gonna be able to change it. And that’s just something that when you DO this, you need to be aware of and you need to come to terms with people otherwise you’ll destroy yourself.

*(Excerpt 132, Interview 3)*

**Sharon:** Yah. Address it with as much as I can but (.) then what I can’t do, I need to be okay with that.

**Interviewer:** Yes, and is that difficult?

**Sharon:** Sometimes, but most times I think I’ve learned that (.) you may MOVE the world, you may SHIFT the world slightly, but you’re NEVER gonna change it.

*(Excerpt 133, Interview 3)*

Above, Sharon again shows awareness of the difficulties that reside in the embedded nature of dominant discourse, and therefore seeks to “shift” perceptions rather than “move” them. Through her admission of limitation (“I’m never gonna be able to change that”), Sharon shows an awareness of the pervasiveness of the dual definition of gender, and the stigmatism that surrounds anyone who operates outside this definition. Sharon is aware of the ubiquitous nature of dominant discourses, and her expectations are realistic without negatively impacting or limiting her aspirations. Although relentless in her efforts, she appears to balance what she aspires towards against what she regards as viably accomplishable, and reveals her realistic perception of challenging the mainstream. This could in itself be viewed as a form of empowerment. Indeed, any idealised expectation would be contrary to her own experience (evident in John’s continuous trauma) and could possibly lead to disempowerment in the form of disappointment and perhaps, despair.

#### **4.5.5 Coming full circle.**

Sharon appears to have come ‘full circle’ with regards to her role as mother. Initially Sharon blamed herself regarding John’s suicide attempt:

**Sharon:** [ . . . ] How could this happen? Am I, you know, am I such a bad MOTHER? Why would my child want to leave this world and not tell me about it?” [ . . . ]

*(Excerpt 134, Interview 1)*

Additionally, John withholds his trans-identity from Sharon for fear of rejection. John explains to Sharon:

**Sharon:** [Reverts to normal tone] So I said to her: “Why couldn’t you tell me?” and she said: “Because I was afraid of rejection”.

*(Excerpt 135, Interview 1)*

However, in direct contrast with this, Sharon mentions that she and John currently are “extremely, extremely close”. Whereas Sharon had felt remorse and distress initially that she “didn’t pick UP on it” (excerpt 18, p. 60 - 61), she now is able to ‘sense’ when John has had a negative experience, even when they are in separate countries:

- Sharon:** Ya, we are extremely, extremely close.
- Interviewer:** Can you feel the difference, or is there a difference now to before?
- Sharon:** I think from that . . . from that . . . when he disclosed and I hugged him at that hospital bed, there was a bond.
- Interviewer:** Okay.
- Sharon:** Because suddenly he felt he could now, AT LAST be open and be himself and discuss ANYTHING with his parents.
- Interviewer:** Okay. Sort of, it's been tested and it's, the test has been passed...?
- Sharon:** Ya, and as its quite amazing 'cause when he was in Los Angeles but I can at, at some stage just say to my husband, there's something going on in Los Angeles, I need to get hold of John, I need to get hold of him. And uhm, then I'd send him a Bbm or something, then there's something would've happened. One time his wallet was stolen and I felt it at that moment. And he'd . . .

*(Excerpt 136, Interview 1)*

Thus, the “HARD path” (excerpt 100, p. 124) that Sharon and John had to walk had led to an almost ‘supernatural’ connection between Sharon and John. John had kept his feelings from her before, he had feared her rejection, and Sharon remained oblivious or ‘blindsided’ (excerpt 18, p. 60 - 61), before. Now she is able to sense things, literally from afar. In recounting the incident of John’s wallet being stolen, Sharon serves to re-establish her confidence in herself as ‘the Good Mother’, which as mentioned earlier (see ‘Discourse of Motherhood’) is intertwined with her self-worth. By embracing the discourse of the transgendered individual, the stigmatism and shame (within the family) as associated with the dominant discourse of gender, had become (largely if not completely) silenced. Sharon has moved beyond the previous closeness with her child to a ‘new’, deeper level. This confirms Ehrensaft’s (2011, p. 11) assertion that confronting and ‘conquering’ anxieties regarding variant gender identity can enable a parent to develop a “deep personal bond” with their child. The bond between Sharon and John was brought about by her shift from the discourse of community (which was initially steeped in the dominant discourse of gender), to the discourse of the transgendered individual (which encompasses an alternate discourse of gender). In this way, her doubts about herself as mother, and the associated self-blame can (partly) be put to rest. Sharon has re-established faith in herself as mother, and her relationship with her child. As stated in the excerpt, John can “AT LAST be open and be himself and discuss ANYTHING with his parents”.

Similarly, during the very first interview, Sharon reveals that she had blamed herself for having been too lenient a mother. Sharon experienced guilt feelings regarding her lenient and liberal attitude with regards to gender, when raising her children:

**Sharon:** And I just thought you know what? I need to let my child be who he needs, she needs to be. And (.) that was it, that was that, from then onwards. And when it initially came out, a lot of people turned around and blamed me. [ . . . ] And that, when it did come up, I did question myself, maybe I didn't, allow her or I didn't uhm, direct her correctly. [ . . . ] I just allowed her to be A child, irrespective of what it was that she wanted to do.

*(Excerpt 137, Interview 1)*

**Sharon:** [ . . . ] I've never said to my children: "Don't cry, boys don't cry." I'd say: "If you wanna cry, then cry! It's good to cry. You get it out of you!" So I've, I've allowed them... (.) to be.

*(Excerpt 138, Interview 3)*

However, in the quotation below, when Sharon advises parents of transgender children, it appears that Sharon has come full circle:

**Interviewer:** What advice would you give to the parents of a transgender child.

**Sharon:** At what stage?

**Interviewer:** At any stage, you choose a stage. Tell me about any stage, all the stages.

**Sharon:** I think for me:: the thing would be . . . (.) to "let go".... That's the biggest thing for me, let your child BE. [ . . . ] Just open your mind.

*(Excerpt 139, Interview 3)*

Sharon had "let [her] child be who he needs, she needs to be" (excerpt 137, p. 146), and this was seen by others and herself (in accordance with dominant discourse which pathologises transgenderism and assigns blame), as the possible cause of the transgenderism. However, currently (located within the discourse of transgenderism and an alternate discourse of gender), Sharon advises parents, in almost exactly the same words, to do what she had initially condemned herself for: "let your child BE". Sharon had condemned herself as mother; she can now reclaim her confidence in her role as mother. In relinquishing (at times) the dominant discourse of gender which is interlinked with the medical discourse (and the associated elements of cause and blame) Sharon is able to see the merit in her past liberal attitude towards her children rather than condemning it. Hence, her repositioning within an alternate discourse of gender eventually enabled Sharon to redeem herself (personally, at least) as 'the Good Mother'.

#### **4.6 Conclusion: Summary of Analysis**

Sharon is 'shaped' through her experience with having a transgendered child. She grapples with various issues and conceptualisations that form the core of her identity as she moves towards acceptance and the discourse of the transgendered individual. Operating within this discourse (which encompasses an 'alternate' discourse of gender) translates into continuous trauma for John in the form of prejudice and discrimination, and as John's mother, also for Sharon. She employs various discourses (seemingly contradictory) in creative ways to navigate her way through the process.

In addition to her management of her own feelings and cognitive dissonance (and perhaps contributing to it), she also 'manages' the family as mother and (therefore) 'mediator'. She balances the needs of the family (that is, the discourse of community), with the needs of her transgendered son (that is, the discourse of the transgendered individual), whilst steering the family towards the latter discourse. For Sharon, who ascribes predominantly to the discourse of the social self, the loss of her daughter appears on-going, and she employs various defence mechanisms (sometimes ascribing to discourse of sovereign self, or merging the social and sovereign self) and linguistic strategies to enable her to deal with the trauma of loss. Sharon's movement (from the discourse of community and a dominant definition of gender) to the discourse of the transgendered individual (and an alternate definition of gender) results in stigmatism and additional losses as friendships become relinquished or altered.

Related to the loss and trauma in general are Sharon's unanswered questions, but Sharon refuses to focus on these (as this would be in conflict with the discourse of the transgendered individual). Rather, she chooses to "shelve" (excerpt 111, p. 129) them realising that she may never find the answers, and then directs her attention towards what she is able to accomplish through her experiences, drawing on the very systems that were constricting (such as religion and bio-essentialism) in ways to assist with her overall positioning within the discourse of the transgendered individual.

Sharon 'overcomes' feelings of loss and guilt by seeing the positive transformation in her son who now has "a life", "hope", and "a future" (excerpt 113, p. 130). A large part of Sharon's (and John's) journey was the role of knowledge creating elucidation regarding silenced and marginalised gender ideologies, thereby reducing anxieties and enabling movement between discourses and the possibilities of alternate 'realities'.

Sharon comes ‘full circle’, redeeming herself as mother (with the merging of the discourse of the transgendered individual and the discourse of motherhood). Initially, it is as mother that she blames herself, and within the discourse of motherhood that she has ‘failed’. Yet it is also as mother that she accepts John’s trans-identity and challenges individuals, actions and discourses. For Sharon, the process of acceptance is just that, a process. Sharon engages in continual self-reflection which, whilst it may act as a catalyst for advocacy, is also informed by it. Thus, Sharon moves from a discourse of disempowerment to one of empowerment, from victim to advocacy, and now provides for others (in various ways) what she had needed but was denied. Sharon advises parents of transgendered children to “let your child BE” (excerpt 139, p. 146). Her engagement in social action (against the dominant discourse of gender) shows her attempt to help create a society which enables this for all children.



## CHAPTER FIVE

### CONCLUSION AND RECOMMENDATIONS

#### 5.1 Introduction

This chapter entails a summary of the central issues. Various limitations of this research are discussed, and recommendations are made regarding future research and the way forward.

#### 5.2 Central Issues

The transition for the participant within the context of parent (and particularly as mother), resulted in restructuring previous conceptualisations and questioning systems and structures that form the core of identity.

The ensuing sense of loss (of the pre-transitioned child) remains a continuous trauma, as does the threat of loss (by suicide) due to the possible, and in fact, anticipated discrimination, rejection and ostracisation of her transgendered child (refer to excerpt 97, p.123). The ‘shaping’ of identity and concepts, the loss, the continued secrecy surrounding the loss, are expressed by many SOFFAs (an acronym for significant others, friends and family members as cited by Zamboni (2006, p. 174). The participant’s (and SOFFAs’ in general) painful an on-going ‘shaping’ brings to light each individual’s own responsibility to “accept [their] own ignorance about the other, and [ . . . ] question and expand [their] conception of humanness” (Butler, 2004. In Elliot, 2010, p. 15).

As mother, the participant experienced blame from others but also blames herself for her child’s trans-identity. As mother, she felt responsible for mediating the process of nuclear family members, members of the extended family, as well as creating and maintaining coherence within the family unit. In order to navigate this complex journey towards acceptance (which is in itself another ‘journey’), the participant draws on various discourses, seemingly contradictory at times, which facilitates her internal process. This creative strategy, in addition to other defensive mechanisms such as linguistic devices, were employed to ‘guard’ against trauma and to create meaning out of the ‘chaotic’.

‘Contradictory’ conceptualisations and discourses, conflicting emotion and cognitive dissonance are evident, revealing the intricacy of her internal process as she makes meaning of her internalised societal ideologies or ‘truths, and reconcile these with ‘alternate’ ideologies and ‘new’ realities. The painful process highlights the support needed by

SOFFAs, especially since, as evident in this case study and various literature, the support of family members is pivotal to the well-being of the transgendered individual.

The analysis identified various discourses, especially focusing on those of gender and motherhood, which both contributed to extreme trauma but also assisted in meaning-making. It has been noted that (although it can be used creatively) the dominant discourse of gender contribute to pain by marginalising the 'other'. Butler (1993) states "gender reality is created through sustained social performances and repeated cultural discourse" (in Blume & Blume, 2003, p. 788). It has been put forth that "both male and female, feminine and masculine are best conceptualised along a continuum" (Blume & Blume, 2003, p. 788). A paradigm shift is required which allows for fluid identities; an acceptance and celebration of permanent, temporary, and mixed-, dual- or bi- genders (Lev, n.d.). This would alleviate and perhaps eventually eradicate much of the pain and suffering experienced by transgendered individuals, their parents, family, and loved ones.

Despite past and anticipated obstacles and the on-going process of reflection and meaning-making, and inspired by the positive transformation in her son, the participant attempts to "SHIFT the world slightly" (even if she's "never gonna change it", excerpt 133 p.143) by challenging dominant gender ideologies in various forms, within different contexts (such as religion and education). As mother of a transgendered child, she had become an advocate for all those (transgendered individuals and their SOFFAs) who are 'othered' through transphobia under the guise of enforcing the 'natural' and the 'normal'. The participant's process reveals the possibility of Elliot's (2010) desire that every individual firstly, ethically recognise alternate gendered identities, and, secondly, undo normative assumptions or dominant ideologies of gender. Elliot (2010) also points out the double negative consequence of 'othering'. The self is reinforced through denouncing and condemning the 'other'. However, 'othering' also impacts the self in that it represents all that is denied within ourselves, and therefore, "part of our humanity is sacrificed" (Elliot, 2010, p. 70). What is required, is "an alteration of norms" (Butler, 2004. In Elliot, 2010, p. 72).

### **5.3 Limitations**

Given the page limitations, a balance was sought between the interview data and immense detail elicited by the method of analysis (discourse analysis). The result is a focus on very few and only the most prominent emotional experiences. In no way does (or could) this



analysis completely and absolutely capture the array and complex internal world of the parent interviewed, and many themes were ‘removed’ (from the initial draft) or left unexplored.

The research focuses only on how one parent, a mother, is affected whereas transitioning affects loved ones in various relationships, differently. A father, for example, may experience the loss of a daughter differently to a mother.

In addition to the participant/parent being shaped, the family members and the family unit too were shaped, which in turn, affected the participant/parent. Loss was also experienced differently by each member, which in turn affected the participant (as mother and a member of the family). In sum, the research did not fully address how the process of each individual family member affected the participant, and as such, the sections that are presented are in themselves limited in scope.

An effort was made to highlight the South African context, and a section was dedicated to this in the literature review. However, due to the paucity of South African literature regarding transgenderism (especially SOFFAs) the study is predominantly informed by international research.



#### **5.4 Recommendations**

As noted by the participant, and part reason for her participation in this study, research regarding transgenderism is scant. Consciousness-raising and education are essential if trauma (experienced by transgendered individuals and SOFFAs) is to be reduced.

This research was limited to the parent (more specifically, a mother) only. Further research is recommended regarding the various roles embodied by SOFFAs or loved ones (such as father, brother, sister, partner, friend, grandparents, and so on) which in turn should inform supportive interventions for these individuals. This is of vital importance since a correlation is found between support of loved ones and the well-being (such as alleviation of depression and suicidal ideation) of the transgendered individual.

Establishing support groups and forums (amongst other forms of support) are essential, as shared experiences would allow for “normalisation” and “honest and open dialogue” (Gibson & Catlin, 2011, p. 237). This would not only aid SOFFAs through their process,

but also assuage the isolation and aloneness often experienced, thereby alleviating some of the secrecy which maintains and perpetuates the shame (Vanderburgh, 2009, p. 150).

Discourse analysis provides an essential tool to evaluate taken-for-granted truths, allowing a 'resistance' to these 'truths' and social change. Further discourse analytic research is therefore highly recommended. However, the greater the variety of methods used, the more varied the outcomes and body of knowledge generated would be, which would increase understanding and possibilities for change.

As revealed through the participant's (and her transgendered child's) experience, education, resources (such as literature, the Internet, support groups) and communication play an important role in understanding and coping with transitioning. Within a South African context, where race, socio-economic conditions and access to resources still coincide, a concerted effort should be made to target more disadvantaged communities in terms of both awareness and access to facilities.

Currently, discrimination against transgendered individuals and their families are an undisputed fact. However, in a country as racially, ethnically, culturally and spiritually (religious and otherwise) diverse as South Africa, gender discrimination is bound to intersect with other forms of discrimination. Research should therefore be aimed at examining and comparing how different 'groups' are affected, with the aim of identifying and alleviating the problems encountered through relevant interventions.

It is recommended that gender dysphoria be removed from the DSM as this serves to pathologise transgenerism. However, this should only be done once the resources enabled by diagnosis in the DSM, are readily available. Removing the diagnosis before this has been accomplished would serve to close one of few, and often the only, avenue (albeit skewed) of 'assistance'.

The participant (and her son's) experiences (excerpts 94, 95, 124, on pages 120, 122, 137 respectively) confirm Klein's (2009) argument that although South Africa is considered to be "among the most progressive worldwide" at policy level, "formal equality" did not result in "practical equality" (Klein, 2009, p. 15). Government should urgently address this lack with regards to implementation of policy.

Awareness (and tolerance) should be encouraged in various forms (such as brochures, community (and other) newspapers, online discussions, websites, conferences), targeting various communities at various establishments (such as educational, religious, community and health-care institutions).

## **5.5 Conclusion**

The participant states succinctly and poignantly: “you can’t overcome transition”. Though it can’t be “overcome” and remains an on-going process in various ways (such as the continuous trauma in terms of discrimination and loss) the participant has not only coped, but managed to support her own family and other families in need through her support group. She has also stepped beyond her personal experience to contribute to (much-needed) literature, and target institutions and policy.

The aim of this research was not only to contribute to a scant body of knowledge, reveal the suffering caused by dominant ideologies and to expose ‘truths’ as constructed, but also, through the participant’s (and her son’s) pain, to urge individuals to take responsibility for what is and what can – or should – be. The responsibility to effect change does not reside with only those who are directly affected by transgenderism. It is everyone’s responsibility to try to alleviate pain caused by both the individual and the collective. “[ . . . ] discourses are not simply a product of either social structure or individuals, but both (Burr, 2003, p. 187 – 188). Burr (2003, p. 187 – 188) explains that “the individual, the social practices in which they engage, the social structure within which they live and the discourse which frame their thought and experience become aspects of a single phenomenon” (Burr, 2003, p. 187– 188).

The individual forms part of the collective and both the individual and collective maintain ideologies which marginalise ‘others’ and cause tremendous trauma. It is up to each individual that form part of this collective, to exercise their agency in an effort at social reform. This responsibility is perhaps more compellingly conveyed through the poignant beckoning of Nordmarken (2014, p. 49), a transgendered individual:

Cisgender normativity creates separation. Separation from myself. Separation from you. Your own separation from the gendered complexity within you. We are not separate beings. We are a living, breathing collectively, we are a body. The idea of difference is a trauma both on our gendered selves and on our collective body. My gendered body is a

wound; it is also a suture healing itself. I am trying to put myself back together. I am trying to sew us back together. The betweenness between us. Our betweenness, what separates us and what joins us. Our common wound of separation. And you? Are you also trying?



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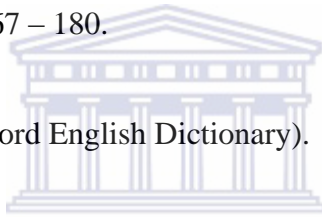
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## APPENDIX A: DSM-IV-TR

### Diagnostic criteria for Gender Identity Disorder

- A. A strong, and persistent cross-gender identification (not restricted to a desire for any perceived cultural advantages of being the other sex).

In children, the disturbance is manifested by four (or more) of the following:

- (1) Repeatedly expressed desire to be, or insistence that he or she is, the other sex
- (2) In boys, preference for cross-dressing or simulating female masculine clothing
- (3) Strong and enduring preferences for cross-sex roles in make-believe play or persistent fantasies of being the other sex.
- (4) Intense desire to participate in the stereotypical games and pastimes of the other sex
- (5) Strong preference for playmates of the other sex

In adolescents and adults, the disturbance is manifested in symptoms such as stated desire to be the other sex, frequent passing as the other sex, desire to live and be treated as the other sex, or the conviction that they have the typical feelings and reactions of the other sex.

- B. Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.
- C. The disturbance is not concurrent with a physical intersex condition.
- D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Adapted: American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (Revised 4<sup>th</sup> edn). Washington DC: American Psychiatric Association.

## APPENDIX B: DSM-5

### Diagnostic criteria for Gender Dysphoria in Children

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least six of the following (one of which must be Criterion A1):
1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).
  2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
  3. A strong preference for cross-gender roles in make-believe play or fantasy play.
  4. A strong preference for the toys, games or activities stereotypically used or engaged in by the other gender.
  5. A strong preference for playmates of the other gender.
  6. In boys (assigned gender), a strong rejection of typically masculine toys, games and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games and activities.
  7. A strong dislike of one's sexual anatomy.
  8. A strong desire for the primary and/or secondary sex characteristic that match one's experienced gender.
- B. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.

### Diagnostic criteria for Gender Dysphoria in Adolescents and Adults

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:
1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
  2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
  3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
  4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).

5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
  6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).
- B. The condition is associated with clinically significant or impairment in social, occupational or other important areas of functioning.

Adapted: American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th edn). Washington DC: American Psychiatric Association.



## APPENDIX C: TRANSCRIPTION NOTATION

Extended square brackets mark overlap between utterances, e.g.:

A: Right [ so you  
B: [ I'm not sure

An equal sign at the end of a speaker's utterance and at the start of the next utterance indicates the absence of a discernable gap. e.g.:

A: Anyway Brian=  
B: =Okay,okay

Numbers in brackets indicate pauses timed to the nearest tenth of a second. A full stop in brackets indicates a pause which is noticeable but too short to measure, e.g.:

A: I went (3,6) a lot further (.) than I intended

One or more colons indicate an extension of the preceding vowel sound e.g.:

A: Yea::h, I see::

Underlining indicates that words are uttered with added emphasis; words in capitals are uttered louder than the surrounding talk, e.g.:

A: It's not right, not right AT ALL.

A full stop before a word or sound indicates an audible intake of breath e.g.:

A: I think .hh I need more

Round brackets indicate that material in the brackets is either inaudible or there is doubt about its accuracy, e.g.:

A: I (couldn't tell you) that

Square brackets indicate that some transcript has been deliberately omitted. Material in square brackets is clarification information, e.g.:

A: Brian [the speaker's brother] said [ ] it's okay

Adapted: Potter, J. & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. London: Sage publications.