

OPIICS 2019**International Conference of Psychology, Sociology, Education, and Social Sciences****REASONS OF THE FAMILIES SUPPORTING THEIR GENDER
VARIANT CHILDREN AND TRANSGENDER ADOLESCENTS**

J. F. Mendiguren Abrisqueta (a)*

*Corresponding author

(a) University of Málaga, Málaga, Spain, mendicua2009@gmail.com

Abstract

The objective of this article is to expose the process of recognition and acceptance by parents and their families of the variant gender and transgender identity of their children and adolescents. For that reason, this qualitative research carried out in the Andalusian territorial community is presented and is part of a larger study of the topic of the trans issue in children and adolescents. By conducting semi-structured interviews with 37 parents, a collection and subsequent analysis of the data obtained has been carried out. The results achieved are those that will be presented for discussion. This current research aims to contribute to knowing a growing reality about which scientific and academic publications are scarce. And also to discuss the meaning of an affirmative approach to the identification of this child and adolescent population with a gender different from that assigned. Approach that contrasts with others focused on repairing what is considered a pathology, a disorder regarding the binary order of sex and gender of this article is to expose the process of parents and their families who support their gender variant children and transgender adolescents. This qualitative research carried in Andalusia (Spain) and is part of a larger study of the topic of the trans issues in children and adolescents. By conducting semi-structured interviews with 34 parents, a collection and subsequent analysis of the data obtained has been carried out. The results achieved are those that will be presented for discussion. The current article wishes to contribute to the knowledge of a scarcely attended reality from academic and scientific journals.

2357-1330 © 2020 Published by European Publisher.

Keywords: Gender, sex, happiness, transsexuality, identity, biology.

1. Introduction

According to the data provided by some of the associations of support families for this child population (Chrysallis, Daniela Foundation, AMPGYL, Areslas, Naizen), there are more than 3,000 families recognizing their gender variant children. Several Spanish authors (Coll-Planas & Missé, 2010; Garaizábal, 2006; Gavilán, 2016; Missé, 2019; Platero, 2014) have published about this issue. This article aims to be a contribution to the few existing studies in the Spanish territorial field about parental and family responses on this topic.

1.1. Theoretical approaches

The neurobiological paradigm starts from the existence of two biological sexes (male and female) to which a social identity (male and female) corresponds. Swaab and García-Falgueras (2009) explain transsexuality as the opposite sexual differentiation that occurs between the sexual organs and the brain. Opposed to this approach is the so-called sociocultural paradigm. This exposes that before being born, from knowing the genital sex of the baby, the parents are forming an environment according to the assigned gender (Kane, 2006). The consideration of sex as something culturally determined has been analyzed from different angles (Butler, 2007; Foucault, 1985). As a compendium of the previous ones, the biosocial paradigm tries to take into account both biological and sociocultural influences regarding the development of the gender of children. Ehrensaft (2011) expresses that gender is born, but it is also made. From the neurology, Fine (2017) and Rippon (2019) postulate that compound vision against biological and social determinism.

1.2. Terminological Clarifications

The use of a terminology when dealing with this topic requires its definition. The table 1 below sets out the definitions of the most used.

Table 01. Terminological Definitions

Denomination	Definition
Sex	It indicates what is understood by biological sex defined by the body and genital anatomy and is assigned at birth. Although the established are two sexes (male and female), there is a range of possible variations in human anatomy and chromosomal formation
Gender	Indicator of belonging to a social and cultural identity that is defined by the sex called biological. Identification with one gender or another, or with none, is an internal feeling of each person, it is their gender identity.
Gender variance/ Gender nonconformity	Synonyms terms that indicate the non-recognition of the assigned gender and identification with a different gender
Transgender/Cross gender	Interchangeable terms referring to an individual whose gender identity does not match the one assigned at birth. In addition, transgender is used as an umbrella term (“transgender”) in the Anglo-Saxon cultural field to refer to all those people opposed to the binary and heteronormative order of sex and gender. In the Spanish case, a transgender person identifies with a gender different from that assigned by the so-called biological sex, rejecting the binary norm. You can perform body transformations, but not genital reassignment surgery.

Transsexual	Referred to a person who points out the non-correspondence between biological sex at birth and sexual identity. It entails rejection of the body and the desire for sexual reassignment through surgery.
Trans	Spanish synonym for "transgender" in terms of being an umbrella that covers all sectors opposed to gender binarism and sexual heteronormativity. It also appears with an asterisk (trans *) in some cases, and this is due to a position of understanding that this makes it more inclusive with respect to all
Sexual orientation	Sexual attraction to another person of the same gender, or another. It can be straight, gay, lesbian or bisexual
Cis	Individuals whose biological sex corresponds to the assigned gender. It is also an exclusionary term with respect to people who identify themselves as transsexual or transgender, and said exclusionary attitude is called cissexuality and cisgenderism
Gender fluidity	Indicates the identification with one gender or another temporarily and interchangeably, or with none. It shows a more flexible range of gender expression, with personal behaviors and appearances that may vary from day to day.
Queer	Initially linked to the marginal, it currently reflects the rejection and questioning of social and cultural norms based on gender binarism and heterosexuality.

2. Problem Statement

The problem lies in the discussion about the importance of knowing how parents and their families act in the face of the gender disagreement of one of their children. Several empirical studies have been carried out dedicated to this phenomenon (Dierckx & Platero, 2018; Hill & Menvielle, 2009; Kane, 2006; Meadow, 2011; Pyne, 2016; Riggs & Due, 2015; Riley, Sitharthan, Clemson, & Diamond, 2011; Wren, 2002) in different countries.

2.1. The restorative approach

The etiology of gender disorders has had an important cause in family relationships. The dominant psychological theories looked at psychoanalytic issues and saw family dysfunctions as the root of the problems (Wren, 2002). The lack of maternal relationship (Coates, Friedman, & Wolfe, 1991) or an excessive dependence on the mother (Stoller, 1985) are exposed as the cause of that disorder. Bradley and Zucker (1990) proclaim that parents must assume that it is about correcting an anomaly and returning to the normative binary sex-gender order. They reinforce their proposal with several studies (Wallien & Cohen-Kettenis, 2008), which set a relatively small percentage of the child population (12 to 27%) that persists in their variance of gender.

2.2. The intermediate approach

De Vries and Cohen-Kettenis (2012), from the University Medical Center in Amsterdam, point out that there is no determining etiological factor of an atypical development of gender, showing their agreement with the multifactorial nature of gender dysphoria. This approach but does not characterize it as a disorder that must be repaired to impose normative binarism, nor that parents should assume this task. Collecting the contributions of various health professionals, the psychologist Diane Ehrensaft (2007) indicates the need of rethinking the reparative paradigm. The prevailing contemporary theory affirms that all human beings carry with them the socially constructed attributes of masculine and feminine, with characteristics that challenge any binary categorization (Goldner, 1991). Malpas (2011) and other clinicians

report the existence of a large proportion of parents who accept gender variance and want to know how to handle this challenge (Brill & Pepper, 2008)

3. Research Questions

The nuclear question to which this research intends to answer is the following: What are the experiences of the parents who give support to their children and adolescents gender variants? In addition, the following questions are established: a) How do parents act against gender variant behaviors? b) What is this situation emotionally for parents? c) What reasons lead parents to recognize and support the variant gender of their child? d) What do parents do to defend their children and adolescents in their social transit? e) What are the parents' concerns regarding the future of their gender variant children?

4. Purpose of the Study

The main goal of this research is to know the reasons of the parents that justify their support to their gender variant children. In that sense, it is about addressing those cognitive, behavioral, and emotional factors that inform about the decisions adopted in this regard.

4.1. Methodology

In this study, we have opted for a qualitative methodology, since it allows us to deepen the objective of knowing about the most significant aspects of the transition process led by these parents and their families by assuming the identity decided by their children.

4.2. Participants

The recruitment method has its origin in contact with members of associations of relatives of trans minors (Chrysallis, Daniela Foundation and AMPGYL). Through the "snowball" technique, 26 Andalusian families have been contacted, although the involvement of the parents has varied. The total number of parents involved has been 34 (Table 02).

Table 02. Sociodemographic data

Gender	Female= 23	Male = 12			
Ages	25-30= 8	31-35= 6	36-40= 16	41-45= 5	
Family model	Couple/One child= 9	Couple/Two children= 14	Couple/Four children= 1	Monoparental/ One child= 1	Monoparental/ Two children= 1
Employment sectors	Unemployment = 6	Industry= 6	Services= 17	Education= 6	
Education level	Primary School= 11	Middle School= 14	Higher Education= 10		
Family Residence Provinces	Almería= 2	Granada= 4	Huelva= 1	Málaga= 6	Sevilla= 4
	Cádiz= 4	Melilla= 1			
Children Gender	Boys with assigned sex as girls	Girls with assigned sex as boys			

identification	(Transboys - TB) =12	(Transgirls - TG) = 14			
Ages	1 to 5= 3TG	5 to 10= 5TB, 3TG	11 to 15= 3TB, 6TG	16 to 20= 1TB, 2TG	11 to 15= 3TB,

5. Research Methods

From an orientation script, semi-structured interviews have been carried out on the parents' experiences in the process of assuming the identification of their sons or daughters with a gender different from that assigned.

5.1. Stage and interview participants

The format of the interviews has changed in terms of location, as well as in the number of participants in each case. They have taken place in coffee shops or in their homes. Most of them have been with one of the two parents (17 mothers and 3 fathers), but also with both (7 couples). In four interviews, trans sons and daughters were present. In a conversational style, the various aspects to be known have been broken down. The interviews have been recorded for later transcription.

5.2. Criteria and data analysis

Once the transcripts have been made, the data provided by the parents has been collected, excluding the interventions of their children, since the purpose of this study is focused on those. From the nuclear concept of the psychosocial transition process, three dimensions (behavioral, emotional and cognitive) have been established that are part of the chronological process, divided into four phases: Confusion, Explanation, Recognition and Future. These elements have shaped the coding and analysis of the data. Using the Nvivo12 software for its realization, the following results have been obtained.

5.3. From confusion to explanation

Confusion: A) Gender variant expression: "And that, he always liked all those things that society labels as for girls, such as games" (Mother of a transgirl, aged 11). B) Emotional problems: "She woke up in the morning and until three o'clock she kept crying, with a terrible anguish. She was three years old" (Parents of a transgirl, aged 4). C) Parents responses: "I had no problems, I wanted him to be happy, but I did not have any idea of transsexuality" (Mother of a transgirl, aged 11). D) Gender identification: "My son, with the age of two and half years, begins to claim that he is a boy. As he was six years old, he claims it already crying, suffering" (Mother of a transboy aged 8). An important difference between saying, or not, the feeling gender: "But he never told us it before, until he was 13 years old. That's why we never suspect he wanted to be a boy, because he never told us" (Father of a transboy aged 13). E) From orientation to identity: "When I explain her that gays are boy who like other boys, she told me that she was not that, that she was a girl" (Mother of a transgirls aged 14).

Explanation: A) The scientific explanation: "At the beginning, and I see it in all families, we want a scientific explanation" (Mother of a transboy aged 8). B) The source of information: "With the documentary

“Sexo sentido”. It is what has opened the door to many” (Mother of a transgirl aged 11). “Then, my wife was looking on the Internet and Chrysallis came out. Seeing families of transsexual children was saying “That is”. She told me about it, and we contacted them” (Father of a transgirl aged 7). C) Biological determination: “When they explain to me that it is a genetic mutation, that is formed in pregnancy, that the hypothalamus does something I don’t remember, I begin to realize that there is no more turning of the page” (Mother of a transgirl aged 4).

6. Findings

Recognition: A) Transsexual identity: “They are transsexual boys and girls who were wrong when assigning sex, and it is not a small mistake (Mother of transgirl aged 11) B). Parents Feelings: “You feel liberated, when you already know that you know that you have a transsexual girl” (Mother of a transgirl aged 14). C) Parents and children relationship: “They are very brave children, very brave. And you have no choice but to fight for them” (Mother of a transboy aged 15). “Our children have taught us a lesson. That the most important thing is happiness” (Father of a transgirl aged 7). D) Parents and relatives: “My mother, my sister, my mother in law had never seen a boy. All my brothers, my parents, all happy” (Mother of a trans girl aged 14). “There are people who lose people along the way. I have lost a sister and four nephews” (Mother of a trans boy aged 8). E) Social transit: Using legal norms to protect their trans children at the institutions (school, health care center, administration, judgement) and to guarantee their rights.

Future: A) Reversibility or persistence: “They don’t revert. They are tired of going to the doctors who always tell them the same. They have it very clear, but even in the hypothetical situation we would have taken a false or wrong step, because simply by accompanying him again, nothing happens” (Mother of a trans boy aged 8). B) Anatomical transformation and cissexual order: “But this society does not accept certain things. Then they will be blockers. We are very scared” (Mother of a trans girl aged 4). C) Personal development: "And to me the fear that gives me is that somebody rejects her, or that she will not find a boyfriend. Because she always asks me, if she is beautiful" (Mother of a trans girls aged 8).

7. Conclusion

Happiness is an emotional factor of the first order to understand parental behaviors and it is valued as decisive to show the adoption of affirmative support towards these young people.

Together with a tolerant attitude towards gender variant behavior, the biological explanation and the transsexual identity will be the basis of a whole process of body transformation and public presentation of said identity. An issue that requires further study and debate is the one referring to the concept of transsexuality for such a young population. It contrasts with other positions already mentioned in this paper and needs a revision from the theories of gender identity development

References

- Bradley, S. J., & Zucker, K. J. (1990). Gender identity disorder and psychosexual problems in children and adolescents. *Canadian Journal of Psychiatry*, 35(6), 477-496
- Brill, S., & Pepper, R. (2008). *The transgender child: A handbook for families and professionals*. San Francisco, CA: Cleis Press

- Butler, J. (2007). *Gender trouble: Feminism and identity subversion*. Barcelona: Editorial Paidós.
- Coates, S., Friedman, R. C., & Wolfe, S. (1991). The etiology of boyhood gender identity disorder: A model for integrating temperament, development, and psychodynamics. *Psychoanalytic Dialogues*, 1, 481-523.
- Coll-Planas, G., & Missé, M. (2010). *El género desordenado: Críticas en torno a la patologización de la transexualidad* [The disordered gender: Criticisms around the pathologization of transsexuality]. Barcelona. Editorial Egales.
- De Vries, A. L. C., & Cohen-Kettenis, P. T. (2012). Clinical Management of Gender Dysphoria in Children and Adolescents: The Dutch Approach. *Journal of Homosexuality*, 59(3), 301-320
- Dierckx, M., & Platero, R. L. (2018). The meaning of trans* in a family context. *Critical Social Policy*, 38(1), 79-98
- Ehrensaft, D. (2007). Raising Girlyboys: A Parent's Perspective. *Studies Gender and Sexuality*, 8(3), 269-302
- Ehrensaft, D. (2011). *Gender born, Gender made*. New York: The Experiment, LLC
- Fine, C. (2017). *Testorena Rex. Myths about sex, science and society*. Barcelona. Editorial Paidós.
- Foucault, M. (1985). *Herculine Barbin called Alexina B*. Madrid. Editorial Revolución.
- Garaizábal, C. (2006). Evaluación y consideraciones psicológicas, Ser transexual [Assessment and psychological considerations, Being transsexual]. In E. Gómez, & I. Esteva de Antonio (Eds.). *Dirigido al paciente, a su familia, y al entorno* (pp. 163-174). Glosa, Barcelona.
- Gavilán, J. (2016). *Infancia y transexualidad* [Childhood and transsexuality]. Madrid. Catarata Ediciones.
- Goldner, V. (1991). Toward a critical relational theory of gender. *Psychoanalytic Dialogues*, 1, 249-272.
- Hill, D. V., & Menvielle, E. (2009). You Have to Give Them a Place Where They Feel Protected and Safe and Loved: The Views of Parents Who Have Gender-Variant Children and Adolescents. *Journal of LGBT Youth*, 6(2-3), 243-271.
- Kane, E. W. (2006). No Way My Boys Are Going to be like That! Parents' Responses to Children's Gender Nonconformity. *Gender and Society*, 20(2), 149-176.
- Malpas, J. (2011). Between Pink and Blue: A Multi-Dimensional Family Approach to Gender. *Family Process*, 50(4), 453-470.
- Meadow, T. (2011). Deep down where the music plays: How parents account for childhood gender variance. *Sexualities*, 14(6), 725-747
- Missé, M. (2019). *A la conquista del cuerpo equivocado* [Conquering the wrong body]. Barcelona. Editorial Egales
- Platero, R. L. (2014). *TRANS*exualidades: Acompañamiento, factores de salud y recursos educativos*. [TRANS* exualities: Accompaniment, health factors and educational resources]. Barcelona. Bellaterra Ediciones.
- Pyne, J. (2016). Parenting Is Not a Job ... It's a Relationship': Recognition and Relational Knowledge Among Parents of Gender Non-conforming Children. *Journal of Progressive Human Services*, 27(1), 21-48
- Riggs, D., & Due, C. (2015). Support Experiences and Attitudes of Australian Parents of Gender Variant Children. *Journal Child Family Studies*, 24, 1999-2007.
- Riley, E. A., Sitharthan, G., Clemson, L., & Diamond, M. (2011). The needs of Gender-variant Children and their parents: A parent survey. *International Journal of Sexual Health*, 23, 181-195.
- Rippon, G. (2019). *The gendered brain: The new neuroscience that shatters the myth of the female brain*. London. Penguin Random House.
- Stoller, R. J. (1985). *Presentations of gender*. New Haven, CT: Yale University Press.
- Swaab, D. F., & García-Falgueras, A. (2009). Sexual differentiation of the human brain in relation to gender identity and sexual orientation. *Functional Neurology*, 24(1), 17-28.
- Wallien, M. S., & Cohen-Kettenis, P. T. (2008). Psychosexual outcome of gender dysphoric children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47, 1413-143.
- Wren (2002). I Can Accept My Child is Transsexual but if I Ever See Him in a Dress, I'll Hit Him': Dilemmas in Parenting a Transgendered Adolescent. *Clinical Child Psycho-Psychiatry*, 7, 37.