

Grieving the Transgender (Assumed-Cisgender) Child: What Gendered Mourning Among Midwestern Parents Tells Us About Familial Cisnormativity and Creating Livable Trans Futures

Mel Constantine Miseo

is a graduate of the University of Missouri where they earned their PhD in Sociology in 2022. They are currently a program coordinator at a non-profit organization providing resources such as housing, emergency and basic needs assistance, professional development, and mentorship to marginalized youth.

✉ melinaconstantine@gmail.com

This article examines how feelings of loss and grief commonly experienced by parents of transgender youth, which I call gendered mourning, give insight into the cisnormative inner workings of family gender systems. Examination into the experience of gendered mourning illuminates the ways in which cisnormativity frames ideas of familial futurity, setting parents up for feelings of loss. Ethnographic fieldwork at a support group for parents of transgender youth in a Midwestern state in the United States and in-depth interviews with attendees of the support group reveal that gendered mourning primarily involves feelings about a child's changing name and body, the trans child existing in a hostile world, and fears of losing a child through suicide. Additionally, this study finds that gendered mourning has generative capabilities for informing parental work of fostering trans livability. This research positions cisnormativity, acting as a collective harm to us all, as the producer of loss instead of the transgender child.

KEYWORDS gendered mourning; loss; transgender youth; cisnormativity; cisgender privilege

DOI [10.57814/e4gh-9q03](https://doi.org/10.57814/e4gh-9q03)

LICENSE Creative Commons Attribution-NonCommercial-NoDerivatives ([by-nc-nd](https://creativecommons.org/licenses/by-nc-nd/4.0/))

Further understanding of cisgender parents' reactions to their transgender¹ children coming out and socially or medically transitioning is crucial in creating safer worlds in which trans young people can flourish. Cis parent and trans child relationships are important because of increased mental health concerns when trans youth do not have family support (Austin 2016; Barron and Capous-Desyllas 2017; Grossman and D'Au-gelli 2006; McDermott et al. 2021; Pyne 2014). Studies have found that parents of trans-gender youth often experience feelings of sadness, loss, and grief when their child first comes out (Coolhart, Ritenour, and Grodzinski 2018; Gregor, Hingley-Jones, and Da-vidson 2015; McGuire, Catalpa, et al. 2016; Norwood 2012; 2013; Wahlig 2015); however, investigation into what these feelings tell us about larger gender frameworks within the family is lacking.

This study seeks to investigate feelings of loss and grief associated with the dis-ruption of gendered expectations that are incited by cisnormative frameworks instilled in the family, which I call gendered mourning. The sociological analysis of gendered mourning gives insight into how shifting conceptualizations of gender are unfolding in our social world, the harm that has on those most directly impacted, and the oppor-tunities for informing trans-affirming familial and societal change. By exploring the affective experiences of cisgender parents of transgender youth in a Midwestern state in the United States, this study offers an intimate view of what happens when cisgen-der people confront societal and familial cisnormativity.

The experience of mourning a transgender child has been largely uninterrogat-ed in literature about and for parents of transgender children. Although there is no-table dislike of the concept of “mourning” among transgender people—stating that it is unsupportive or transphobic, as reflected in *The New York Times* article, “Celebrate Your Kid’s Transition. Don’t Grieve It” (Talusán 2019)—when gendered mourning goes unexamined due to the naturalization of loss accompanying having a trans child, or it is dismissed as unsupportive, we miss the opportunity for a more nuanced analysis about the collective harm of cisnormativity, “a system that forces everyone to identify and be easily recognizable as either a man or a woman” (Serano 2007, 161), and erases trans possibilities which results in transness being treated as a “social emergency of sorts” (Bauer et al. 2009; Enke 2012).

This article draws upon previous literature about gender operations within the family to provide the tools for examining the affective complexities of gendered mourning and the cisnormative aspects of American family systems which position transness as a “problem” to be dealt with. Riggs and Bartholomaeus (2018) provide a framework for examining how dominant, normative gender systems—instead of trans children themselves—produce experiences of loss. They argue that cisgender-ism—“the idea that there are only two genders, [and] that gender is determined on the basis of assigned sex” (Riggs and Bartholomaeus 2018, 69)—is central to parents’ loss of assurance in educational contexts that their trans child will be treated equally. I expand upon this to look at how cisnormativity, acting as a form of cisgenderism, produces gendered mourning within the family. While cisgenderism highlights the falsehood of the two-gender system, cisnormativity points to the specific fantasies of

1 I use “transgender” as an umbrella term to refer to both binary and nonbinary transgender people, and “trans” as an abbreviation.

the two-gender system which ignite parental distress and loss when a child comes out as trans.

I also unpack existing research that addresses feelings of grief experienced by parents of transgender youth while underlining the ways in which this previous literature fails to take cisnormativity into consideration in the identification and processing of these feelings. Furthermore, this article highlights the need for interrogating the cisnormative and ableist frameworks which position transness and trans bodies as a death or loss. Lastly, I will explore how gendered mourning informs necessary work to create more livable minds, bodies, and environments for trans youth.

FAMILY AS A GENDERED SYSTEM

The institution of the family is the primary source of gender normativity and gender binary socialization (Berkowitz and Ryan 2011; Kane 2006). Gendered assumptions frame parental dreams for a child's future, ideas of what parent-child relationships will look like, and even how family history is carried into the present. Gender is not only something that shapes individual identity and experiences, but it is also a structure and an institution that shapes our larger social worlds. Risman (2018, 28) positions gender as a "social structure with social processes that occur at the individual, interactional, and macro levels," noting the interconnectedness of the various levels. Lorber (2001) theorizes that gender is a social institution which organizes our lives, legitimates those in authority, and creates a stratification system of rights and responsibilities. The gender binary not only creates a hierarchy of men above women, but it also creates a hierarchy of cisgender people above transgender people. This hierarchy places transgender children in even more of a subordinated position in relation to their parents, regarding age and gender, and therefore privileges the parental understanding of gender as the dominant operating system within the family.

The operation of gender as a system—organizing roles, dictating responsibilities, and creating expected future paths for family members—is most accurate for understanding how gendered mourning operates within the family. When one part of the system changes, all the other parts must recalibrate to find equilibrium again. Transfamily theory states that most families expect and anticipate their family members to be cisgender, and the presence of a trans family member "brings attention to the tension between essentialist versus social constructionist views on gender" (McGuire, Kovalanka, et al. 2016, 61). Cisnormativity is embedded into familial gender systems—covertly informing expectations of family operations and framing how the future is envisioned for both parent and child. Queer phenomenology (Ahmed 2006) provides tools to look at how orientations, such as these cisnormative gender ideologies and expected gendered paths, point us towards the future. These orientations, like landmarks or familiar signs, let us know where we are going, which direction we are headed, and what to expect. Normative orientations direct people in the path of heteronormativity, cisnormativity, and compulsory able-bodiedness, which is done through constant sexuality, gender, and body-norm socialization. This normative orientation provides us with the fantasy of "the good life" (Berlant 2011) for which American family systems aspire and enlist children in the reproduction of these fantasies and desires. Yet, these fantasies of a normative future can become a "cruel optimism"

(Berlant 2011) when something that is desired is actually an obstacle to one flourishing. When a child does not follow the directed path a parent imagines for them, the parent may experience loss of an imagined future—an obstacle in the journey of acceptance. Conflicting gender ideologies disrupt the assumed mundaneness of gender and complicate the family's gender system.

LOSS / GRIEF / MOURNING OF THE TRANS CHILD

In research about parents of transgender youth, feelings of loss are noted among parents' reactions surrounding their child's coming out and transition (Barron and Capous-Desyllas 2017; Gregor, Hingley-Jones, and Davidson 2015; Norwood 2012). Scholars such as Coolhart et al. (2018), McGuire et al. (2016), Norwood (2013) and Wahlig (2015) use ambiguous loss theory (Boss 1999) to unpack the ambiguity and uncertainty of this particular "death." Ambiguous loss, a theory used to understand experiences of grief by families of missing persons or family members with Alzheimer's disease, is described as a "situation of unclear loss that remains unverified and thus without resolution" (Boss 2016, 270). This theory is used to unpack the feelings of one's child being gone when the child is still physically alive although physically different. Parents articulate seemingly incongruent yet concurrent feelings of physical absence and presence of the child as well as psychological absence and presence (McGuire, Catalpa, et al. 2016).

Norwood (2013) details four ways of coping with this ambiguous loss: feeling that the child has been completely replaced by a new person, that the child is undergoing revisions and changes, that the child has evolved into an "updated version" of themselves, or working to remove gender constraints they once put on their child. Coolhart et al. (2018) explains the ways in which this loss experienced by parents of transgender children falls under the category of Type 2 ambiguous loss—physical presence and psychological absence—while Wahlig (2015) briefly proposes that parents experience "dual ambiguous loss," a combination of Type 1 and Type 2 due to both physical and psychological losses. The stages of grief, as developed by Kübler-Ross (1969), have also been used to understand feelings of loss, noting how this unique experience of grief extends the typical death and dying process by incorporating pride as a sixth stage (Wahlig 2015).

Parents of transgender youth report experiencing the loss of the gendered identity of "son" or "daughter" which involves the loss of mother–daughter or father–son relationships (Barron and Capous-Desyllas 2017; Norwood 2012). These findings point to the integral nature of gender in parent–child relationships, suggesting that normative gender expectations are at the crux of feelings of loss. While it has been theorized that *gender transition* provokes parental fears that their child will not be able to live a normative future in terms of getting a job or having a romantic partner (Katz-Wise et al. 2017), others critique the focus being on the transgender person instead of the social systems which result in social inequalities. Riggs and Bartholomeaus (2018) contest the focus on loss, stating that scholars such as Norwood (2013), Wahlig (2015), and Brill and Pepper (2016) normalize and naturalize the idea of loss because it positions the child as the source of emotional distress rather than gender normativity. They find that cisgenderism produces an aspect of certainty of what parents can expect of a

child's schooling experiences and that this is lost as parents struggle to ensure inclusion of their trans children in gender-normative school systems. This is an important divergence in the literature, offering a distinction between viewing the child's gender identity as the "problem" and instead viewing societal structures as the issue. I expand upon this divergence in specific relation to how cisnormative family systems inform feelings of loss among parents of transgender youth, which has gone unexamined in previous research.

While theories of ambiguous loss and the stages of grief are helpful in identifying feelings of loss, these frameworks lack broader investigation into what these feelings of loss tell us about institutional investments in cisnormativity. Although transfamily theory helps to understand how cisnormativity shapes the family and the repercussions that has for transgender family members—such as how the institution of the family operates from understandings of sex and gender as dimorphic and binary, and assumes that gender identity development is binary and unchanging (McGuire, Kavalanka, et al. 2016)—this theory does not examine feelings of loss expressed by parents of transgender youth. When put in the context of this grief, transfamily theory is useful in addressing how parents' cisnormative gender frameworks prompt their experience of mourning. However, there still lacks specific analysis of how cisnormativity shapes the institution of the family which results in what I call gendered mourning.

TRANS BODIES

This research also examines how gendered mourning involves cisnormative ideas of the body. Queerly gendered bodies cannot be discussed without considering compulsory able-bodiedness—defined as the "natural order of things" (McRuer 2006, 1) where the "cultural presumption of able-bodiedness" masks "the pervasiveness of disability" (Kafer 2003, 80)—because cisnormative body ideals are often constructed through the lens of able-bodiedness. Disability and transness are both situated within this binary of "normative" and "non-normative" bodies, even though this binary is false and non-natural (McRuer 2006). Disabled bodies fall into this category of queer bodies in the way that they subvert ideas of normative or acceptable bodies (Clare 1999) and give a "failed (or queer)" gender performance (Elman 2014, 2), just as the bodies of trans people subvert normative ideas of sex and gender. Elman (2014, 6) discusses how disability narratives of "overcoming" are based in the idea that disability is undesirable and must be overcome or eliminated in order to "achieve a coherent and stable (read: able-bodied and heterosexual) adulthood." Ableism and cisnormativity intersect to create the societal view that any body which differs from the norm—disabled or trans—is deviant and undesirable (Baril 2014). This linkage helps to explain why bodily changes, such as appearance changes due to hormone replacement therapy or gender-affirming surgery, are sometimes the onset or exacerbation of feelings of loss. Transgender children are seen as disrupting normative orientations of compulsory able-bodiedness and conceptualizations of a "normal" childhood due to the idea that childhood gender transition disrupts "healthy" or "typical" development.

METHODS

Participants

The sample ($N = 22$) consisted of 16 mothers, 2 grandmothers who are primary caretakers of their grandchildren, 3 fathers, and 1 stepfather. Participants ranged in ages from 28 to 75 years old, and all reside in a Midwestern state in the United States. Four participants completed high school, 9 held bachelor's degrees, and 9 held graduate degrees. Twenty-one parents were white and one was Hispanic. Their transgender children ranged in ages from 5 to 21 years old at the time of the interview, and 2 to 17 years old at the time they came out as transgender. There were 19 youth represented, as some of the participants were married or separated co-parents. Ten children were trans girls, 6 were trans boys, and 3 were nonbinary. Sixteen youth were white, and 3 youth were multiracial or biracial: (1) African, Native American, and white, (2) Hispanic and white, and (3) Black and white. All participants were given pseudonyms to protect their privacy and limit identification.

Procedure and Analysis

Participants were recruited through a Midwest LGBTQI+ community center, which I call The Center. Participants had attended at least one meeting of The Center's support group for parents of transgender children, which I call Parents of Trans Kids (PTK), during the ethnographic observation period from 2016 to 2020. Permission was obtained by the Board of Directors of The Center as well as by the parent who led the group to observe the group meetings, which occurred twice a month for two hours. Observation occurred at PTK meetings as well as at numerous community events which allowed me to "get the feel" (Spradley 1980, 51) of what having a transgender child is like. While the observation period allowed me to witness the real-time unpacking of their fears, anxieties, and struggles, feelings of loss were often mentioned but not explored in-depth in the group setting. Following the observation period, open-ended phone interviews were conducted with 22 of the group participants which allowed for further depth and development (Weiss 1995) of gendered mourning.

Solicitation for interviews occurred at PTK meetings and the online forum that PTK uses to share resources. Advertisement for the interviews called for parents to discuss their reactions to their child coming out as transgender and did not specifically recruit for parents experiencing feelings of loss, despite this being a common framework for how the parents discussed their child's coming out and transition. The interviews ranged from 55 minutes to 123 minutes, and each was recorded and transcribed. Detailed notes were taken during observation, as well as during and after the interviews. Field notes and interview transcripts were coded using NVivo. The first round of coding consisted of an inductive and descriptive process where each line or section received a code that summarized the thought or feeling being expressed. The transcripts were then re-read and received a second round of coding where the initial codes were reviewed to condense similar initial codes into broader second codes to ensure codes were consistent across the data. The second codes were then used to construct themes and subthemes of the analysis; for example, "fears of society" and "lack of protections" created the analytical theme of "cisgender privilege loss."

Critical discourse analysis was utilized to "understand, expose, and ultimately resist social inequality" (van Dijk 2005, 352) and to explore how the social reality (Phil-

lips and Hardy 2002) of gendered mourning is produced through cisnormative frameworks held by the parents. I approached the data with the perspective that one's social reality "cannot be fully understood without reference to the discourses that give them meaning" (Phillips and Hardy 2002, 3); therefore, the analytic themes were informed by socio-political discourse surrounding transness. I paid attention to patterns of language used by parents—such as "lost or losing," "mourn or mourning," "dead or dying," "grief or grieving"—and then derived meaning behind that language through analysis of the stories told in the interviews regarding what the child's transition meant for the larger family, the child's safety, or the child's well-being. This was useful in understanding the social production of gendered mourning—how gendered mourning is created in the first place and how the frameworks which produce gendered mourning are "maintained and held in place over time" (Phillips and Hardy 2002, 6). Critically analyzing *why* parents feel loss helped to identify that the sadness is not about the child being trans, but instead about failures of cisnormative familial expectations, which illuminates paths to reducing social inequities of transness being linked with death.

Researcher Positionality

I am a white, queer, nonbinary transgender person who comes from a trans-affirming positionality. While navigating "the field" as a trans person interacting with cisgender participants, I noticed occasional discomfort from participants while discussing their feelings about transness. Some participants were apologetic and expressed embarrassment over incorrect terminology or binary ways of thinking, as well as the hope that they were not offending me. This is important to note due to the potential impact my embodiment and presence had on the group conversations at PTK, leading parents to steer away from expressions of grief in the group setting due to their labeling of these feelings as "negative" or "transphobic." However, many parents thanked me after the phone interview for providing them with a "safe space" that was "like therapy." Phone interviews, along with the assurance of privacy of information shared, provided distance from embarrassment expressed over taboo feelings within the group setting, which allowed for more unfiltered sharing during the interviews.

RESULTS

I detail five main findings which unpack the dimensions of gendered mourning. Even though a child coming out as transgender is not an actual death, it still brings about feelings that the "before times" are not coming back, and envisioned futures are forever changed as trans realities sink in. Parents of trans youth describe experiencing various complex forms of mourning, grief, and feelings of loss which are categorized as (1) feelings of melancholy surrounding name changes resulting in shifts in cultural family lineage, (2) feelings of conflict surrounding the child's changing or anticipated changing body, (3) fears of their child existing in a transphobic culture, and (4) fears of losing a child through suicide. I find that even accepting parents still experienced these pangs of sadness when reflecting on their child's past, present, or future. I also discuss (5) the ways in which gendered mourning informs trans-affirming efforts to foster livability of the trans child.

Name Loss

Gender is passed down throughout the family not in a biological way, but in a cultural way that connects a child to a family lineage and gendered traditions. The expected gender inheritance in the family system occurs through naming practices, which are important in the maintenance and management of gender categories (Pilcher 2017). Throughout history, gendered names have decided a child's "economic, symbolic and affective positions within the family and its social future" (Vernier 2017, 217). Parents are often intentional about picking first and middle names that honor family members and traditions. This can become problematic for transgender people when the given or birth names instead are a representation of a gendered embodiment that brings discomfort and psychic alienation. However, parents are tied to these gendered names chosen at birth because they have family meaning.

There was an emotional investment with the middle name because my wife's middle name is the same, her mother's middle name is the same, and I think the grandmother's middle name was the same. But when Joshua chose his new names, he picked Henry, which is his grandfather. So, that was pretty cool. He replaced a family name with a family name.
—Adam (50 years old), stepfather of 20-year-old transgender boy who came out at 15 years old

Naming practices in families are a way to show respect for family history and honor family lineage (Pilcher 2017; Vernier 2017). When the child chooses a different name, the parental recalibration process of adjusting to a new name often brings about feelings of loss of connections to that family lineage, which I call "name loss." Parents express sadness, many crying during PTK meetings and the interviews, because they had sentimental attachment to the child's birth name. Naming a child after a family member, mainly family members who have now passed away, is a way to keep that family member present and "alive." As showcased in the above quote, parents were pleased when the child's chosen name was still a "family name," continuing the tradition of honoring a family member. Even though transgender children are disrupting the cisnormative gender binary, there is still some adherence to the gender binary when picking new names—from feminine to masculine or vice versa—due to the highly gendered composition of the family system. Furthermore, nonbinary youth who chose gender neutral first names still opted for gendered middle names to honor family members. There is no escaping the gender binary and its embeddedness in the family even when one is intentionally non-gendered or gender neutral.

Some parents felt like choosing a different name was a rejection of that family connection and history, and a dishonoring of the family.

It's just hard because it was a family name, and they were just very important people to me. It's how I kept them alive. And it's really hard because it's like, that is gone, and it's silly but, that's just how I felt.
—Martha (52 years old), mother of 18-year-old nonbinary child who came out at 14 years old

We had this whole plan that we'd made to honor people, and then, when we can't use that it's kind of like dishonoring the family almost? It was almost a little hurtful to me to have the name discarded. Although, you

know, the logical part of my brain can understand it, the emotional part of my brain had difficulty with that.

–Tessa (55 years old), mother of 19-year-old nonbinary child who came out at 14 years old

When a trans child chooses a different name, their birth name is commonly referred to as a “deadname”; it acts as a separation from a gendered self and a gendered name that does not fit who they are. The parents experience this change of “birth name” into “deadname” as a loss of those family connections. Names are immensely meaningful, tied to memories and visceral feelings, which is the same reason trans youth must choose a different name. Parents contend with the disruption in assumed cisnormative linearity of personhood and family lineage while navigating feelings of rejection and lingering loss. There are many names given to *that name* such as old name, birth name, deadname; but they all represent a past that is no longer being carried into the future.

Body Loss

Another prominent aspect of gendered mourning experienced by parents of transgender youth is “body loss” which pertains to the ways in which trans bodies are pathologized and mourned in relation to imagined cisnormative bodies and the embeddedness of normative body ideals. Parents see their child’s body, which does not conform to cisnormative understandings of the body, as a potential safety hazard. Underlying cisnormative and ableist ideologies about “good” bodies infiltrate parents’ views about their child’s desired physical changes.

Generally, parents of transfeminine youth held more concerns about gender-affirming surgeries as compared to parents of transmasculine youth. Greg, the father of an 18-year-old trans girl describes that his daughter “wants to be castrated.” The use of “castration” in reference to gender-affirming surgeries—a “disabling’ body modification” (Baril 2014)—holds a negative connotation of a brutal punishment. This view is echoed by Patricia:

With a trans male you’re talking about top surgery and the creation of something that looks like a phallus, right, or something to function as a phallus. And for trans women, you’re talking about castration and removal of parts. Loss of a penis.

–Patricia (55 years old), mother of 17-year-old transgender girl who came out at 15 years old

Patricia’s sentiments reflect how surgeries for transmasculine people are viewed as a “creation” or an addition to the body—transmasculine people are seen as gaining social status while transfeminine people are demoted below the rank of “woman.” Gender-affirming surgeries for transfeminine people are viewed as a literal loss due to the removal of the penis. This is not just about the physical penis, though that certainly creates anxiety for parents, but it demonstrates the larger transmisogynistic societal views about transfeminine people that gender-affirming surgery is damaging the “male body.” Viewing gender-affirming surgeries as a “loss” contributes to grief of the trans body.

Gender-affirming surgeries that are not apparent are less anxiety-producing because the mark of transness is not visible, denoting the assumption of safety and

the deferment of having to process the child's visible changes. Andrea, mother of a 20-year-old transgender boy, discusses how "a hysterectomy doesn't seem as daunting as going on testosterone or having a double mastectomy...because its hidden." While discussing top surgery, Ruth compares it to her child's recent tubal ligation:

The tubal ligation actually was a lot easier; it doesn't show... I'm sure I would adapt [to top surgery], but when you have a nice body—ha, 'a nice body'—even if it's not the body that they want, it's just a big step.

—Ruth (65 years old), mother of 20-year-old genderfluid child who came out at 16 years old

Ruth describes her child's body as "a nice body," meaning conventionally attractive through white European non-disabled beauty standards. Transness is damaging the "nice body" by taking away its potential of attracting heterosexual desire. Gender-affirming surgeries that are not apparent are not things people will "discover" through physical intimacy with a partner, and they are also procedures that cisgender people regularly receive; they are not "trans surgeries." When there are physical changes that *are* apparent, feelings of loss are often exacerbated.

Apparent physical changes invisibilize the image of the assumed-cisgender child. Parents often can still see their child as the "old person," or as the gender associated with their assigned sex at birth, if the child does not look drastically different during early stages of transition. This brings comfort about stability in presentation despite a difference in gender identity. However, this is an illusion. Cisnormativity is exactly that—an illusion of gender stability.

At a PTK meeting right at the beginning of Andrea's son's gender transition, Andrea cried over not being able to recognize her son as that "little girl" anymore: "I can't *see* my daughter." Physical changes often trigger gendered mourning because it cannot be ignored or avoided any longer. Similarly, Brianna describes that her mourning process started after her daughter began changing her wardrobe to accurately reflect her gender identity:

Sophie asked me to take all of her clothes out of her closet, and I just remember sitting in her closet and crying, and it was not a pretty cry. I still think about it, and I can cry. About a week after her transition, um, I felt like Colton died, and I mourned the loss of Colton.

—Brianna (42 years old), mother of 7-year-old transgender girl who came out at 5 years old

Taking the clothes out of her closet was an act of erasing any trace of the costume of masculinity that was given to Sophie as a baby. The clothes given to children to express their assumed gender are costumes adhering to the expected gender performance based on their assigned sex at birth. Getting rid of the dapper wardrobe Brianna constructed for "Colton" resulted in it feeling like Colton had died. Even though Sophie is the same person, the shift in gender expression signaled a break in the assumed linear and stable nature of gendered beings.

Linear assumptions of personhood—meaning that the embodiment a person has today will stay the same throughout life—is false for many reasons, but it is the story that cisnormative and ableist society teaches. Gender binary ideologies about "good" or "correct" bodies, minds, and identities contribute to what we know about the harms of ableism and neuronormativity. Cisnormativity, or this illusion of gender

stability, causes trans bodies to be viewed as a loss or a death.

Cisgender Privilege Loss

When transgender people socially and/or medically transition, there is often loss of privileges that accompany being perceived as cisgender. Perceived cisgender privilege refers to the social privileges afforded to a person when they are interpreted as cisgender, such as being able to attend school, go to the doctor, use public restrooms, have a job, access housing, etc. (J. Johnson 2013) without the fear of harassment, misgendering, microaggressions, physical assault, or being denied resources. Transgender youth experience this loss of perceived cisgender privilege early in life, yet the dreams parents have for their children are wrapped in a clear coat of cisgender privilege. The parents cannot see this clear coat and do not know it is there, until it is ripped away. Cisgender people are unaware of cisgender privilege because compulsory gendering and cisgender assumption are invisible social forces (Serano 2007). The ripping away of this clear coat of cisgender privilege results in feelings of sadness and loss of protections.

I was sad...because of the issues it was going to cause her with life. She already had a lot of issues with life. This was just putting a lid on any chance for her to have a happy life.

–Barbara (75 years old), grandmother of 21-year-old transgender girl who came out at 17 years old

Parents of transgender youth express fears of their child entering a world that is not made for them. Typical parental fears are exacerbated by this loss of cisgender privilege and the recognition that trans communities are often demeaned and dehumanized.

The statistics are insane; the statistics for homelessness, for sexual abuse, for suicide—it's staggering. It's terrifying to think of them leaving the nest and being on their own as it is, but you couple that with the risk factors for transgender teens and it's terrifying.

–Patricia (55 years old), mother of 17-year-old transgender girl who came out at 15 years old

Parents of non-normative youth (not white, not straight, not able-bodied, etc.) have fears of the child navigating hostile social institutions. Cisgender parents often are not aware of the depth of discrimination and risk that transgender people must navigate daily, or that cisgender privilege is even a thing that can be lost.

I was sad not because my child was coming out as nonbinary, not because I'm ashamed or because of religion, but because I was scared for my kid's life. And I was stuck because I knew if my kid doesn't come out, I'm still going to be scared for my kid's life.

–Martha (52 years old), mother of 18-year-old nonbinary child who came out at 14 years old

She's exactly who she's supposed to be... but I also know that, statistically, she's in a much higher risk of violence. As a parent getting ready to send my child off to college, I have a lot of fear with that.

–Kim (47 years old), mother of 17-year-old transgender girl who came

out at 13 years old

I do feel pain...having to constantly let go of this idea that I could protect her.

–Jennifer (35 years old), mother of 8-year-old transgender girl who came out at 2 years old

Cisgender parents hold intense fears about their child's future once they learn the reality of the struggles their child will likely face. This fear is worsened by the socio-political climate of the United States during the time of data collection (Gonzalez, Ramirez, and Galupo 2018). Legislation banning gender-affirming care for transgender youth was proposed in the Midwest state in which my data collection took place. Parents worried this lack of access would lead to more mental health concerns for their children (Kidd et al. 2021), bringing their child closer to the harm, and potentially death, that gender-affirming care prevents.

Just the other day, they reversed access to healthcare. I mean, that's just total panic. I'm counting down the years of if Trump gets elected again, how old will she be? That was devastating.

–Phoebe (28 years old), mother of 8-year-old transgender girl who came out at 6 years old

Many parents view their pre-pubescent transgender children's puberty as a ticking time bomb. If transgender children do not have access to hormone blockers to delay puberty before they can begin hormone replacement therapy, they will go through their endogenous puberty, bringing about development of secondary sex characteristics which will worsen gender dysphoria. Puberty blockers, and supporting social transition, are deemed best healthcare practice for transgender minors (Rafferty et al. 2018) yet are often delayed due to parental fear or uncertainty (Ashley 2019). For transgender kids, puberty can mean experiencing extremely distressing changes to their body that will make it harder for them to "pass" later in life.

"Passing" is often debated in trans communities; some see it as adherence to cisgender standards of beauty, yet on the other hand, some trans people and their loved ones see passing as a survival tool of assimilating into cisnormative society to avoid harassment and rejection (Billard 2019; Puar 2017). Passing can be "simultaneously affirming and compliant" (Vivienne 2017, 138), allowing one to be seen as who they are, yet also adhering to standards which harm the community. Some do not have the economic resources to access gender-affirming healthcare that would make "passing" a reality due to higher rates of unemployment and poverty (James et al. 2016). Therefore, there is an inherent privilege in passing. Parents struggle with this tension of wanting to affirm their child as they are, yet desiring compliance to cisgender beauty standards.

Selfishly because of safety issues, I hope that she... To me it seems like you'd be safer to be more feminine. To try to look as much like a wo-, you know, biological woman as you can, so that people don't know.

–Mary (44 years old), mother of 18-year-old transgender girl who came out at 16 years old

Parents of transgender youth, particularly transfeminine youth, worry about things like "wearing swimming suits, or growing facial hair later, or getting too tall, or having huge feet," as described by Phoebe, the mother of an 8-year-old transgender

girl. Therefore, they strive for cisgender passability for their children. Puberty blockers allow for the potential of a passable, potentially safer future. However, this is not attainable for many. Economic barriers to accessing puberty blockers (Stevens, Gomez-Lobo, and Pine-Twaddell 2015), as well as other systemic issues such as lack of service availability and lack of medical provider awareness (Puckett et al. 2018), essentially eliminate this as an option for low-income and rural families. Low-income, rural, and trans youth of color generally have less access to this lifesaving healthcare which will result in increased disparities as compared to their middle/upper-class and white transgender peers. The applause of only passable trans people privileges those who have the resources to achieve cisgender beauty standards. Although, even for parents with the economic means to provide puberty blockers to their children, it still may not be an option because the child came out “too late.”

Sometimes I'll look at her and think, “If we got you on hormone blockers, would you have struggled less?” When we go to a restaurant, I will make sure to refer to her as Christina in front of the waitstaff. It's that parent wanting to make things as good as possible, but I think also some of it is that guilt that, you know, if she had been on hormone blockers earlier, maybe it would've made the transition easier.

–Kim (47 years old), mother of 17-year-old transgender girl who came out at 13 years old

Guilt and anxiety surrounding not accessing puberty blockers alludes to this idea that there is an ideal transition timeline to achieve passability, and consequently recover the once-lost cisgender privilege. The illusion of a cisnormative future, either through being cisgender or through achieving cisgender passability, leads parents to feelings of sadness when they contend with the changed future vision for their child.

Fear of Losing a Future

Not only does gender transition change the ways parents dream of their child's future, but it also sparks the sudden fear of losing any type of future. Increased risk for suicide due to societal discrimination and stigmatization is a very present fear among parents at PTK, many of whose children have survived suicide attempts.

There were some wake-up calls. I don't think I'd have a... my child wouldn't be alive. We already had one [suicide] attempt. She's highly allergic to hazelnuts—anaphylactic—and she walked herself to the grocery store, and she just um, she purchased Nutella, and um, she waited until she got home to eat it on the porch.

–Eleanor (43 years old), mother of 16-year-old transgender girl who came out at 14 years old

Eleanor goes on to describe the image of her child standing on the front porch and smiling while eating Nutella because she thought her pain would be over soon. Parents express story after story of their child's immense pain which could have been alleviated or avoided by wider acceptance and awareness of gender diversity.

These “wake-up calls” are often what puts parents on the path of intentional learning about transgender identities and experiences to support their children. A significant “wake-up call” that occurred during my data collection was the death of my participants' cisgender son; Andrea and Adam lost their cisgender son, Brandon, to

suicide. They shared how the loss of Brandon put their former feelings of loss for their “daughter” into a different perspective:

For a time, I mourned the loss of a daughter. I thought I did. In 2015 and 2016, I thought I’m never going to walk a daughter down the aisle now. Um, it wasn’t really mourning because then I learned what that really was like.

—Adam (50 years old), stepfather of 20-year-old transgender boy who came out at 15 years old

A really big turning point was the loss of our other son. Brandon passed away, and of course that changes a lot. Because, for Joshua, I fear if we didn’t figure out how to support him, then we might be burying him too. And that scared the daylights out of me. With Brandon, there is no future. With Joshua, we do have a future, but at the same time, that future is different. So, you’re still kind of mourning loss of a future.

—Andrea (49 years old), mother of 20-year-old transgender boy who came out at 15 years old

When confronted with the reality of the actual death of a child—some talked about miscarriages—it is made clear that gendered mourning results not from the transgender child, but from the death of the cisnormative futurity parents envisioned for their assumed-cisgender child. Parents of transgender youth mourn the loss of the potential of a cisnormative future—cisnormative potentiality—not the child itself. Although, this altered or abandoned futurity is not something that is mourned by transgender children themselves because they do not hold the same investments in cisnormative futures. These conflicting perspectives on futurity among transgender communities and the cisgender people in our lives produces tension in relationships but it also generates the ability for perspective-shifting to occur surrounding cisgender peoples’ views on trans futures. Parents at PTK commonly expressed, “I would rather have a living transgender son than a dead daughter.” There is a realization that one “life” must die, either the transgender child’s life or the idea of the imagined-cisgender child’s future.

Trans Livability

As parents grappled with their internal feelings of grief stemming from cisnormative views of the child, they began to challenge their own cisnormative socialization and ultimately foster trans livability. My use of the term “livability” can be defined as the ability for one’s transness to live and be fully expressed in a relationship, a family, a community, or any space a trans person might inhabit. Livability is created through pushing back against cisnormative expectations, assumptions, and enforcements of personhood. In Letcher’s (2018) deconstruction of transgender murder memorials such as Transgender Day of Remembrance, they discuss how trans livability is often not acknowledged on a national scale since there is so much focus on mourning trans people because of physical death, and I extend that to include metaphorical death of the assumed-cisgender child. Trans livability is created through efforts of transgender communities as well as cisgender parent accomplices to make institutional space for

gender diversity within the family.² I find that parents engage in intentional efforts to support their child, both within and outside the family, which results in a reimagination of the child, and of the future, to include trans futurity.

When parents are confronted with evidence of their child not fitting the gender binary, many seek out information about trans experiences. Consuming educational materials (books, documentaries, trans-affirming trainings, etc.) helps parents understand their children, learn how to best support them, and ultimately results in better connections between parent and child. Intentional learning coincides with unlearning harmful and inaccurate narratives about trans people. As parents learned more about the nuances of gender identity, gender expression, and diverse sexuality, they implemented that knowledge into their parenting practices and engaged in efforts to decenter cisnormativity within their family.

Sandra and Stacey provide examples of how supportive parents of trans youth are changing socialization practices to reflect the realities of their children's lives:

Emmy talked about when she grows up, she wants to be a girl, and we talked about that not all girl bodies are the same.

–Sandra (36 years old), mother of 5-year-old transgender girl who came out at 3 years old

Rain and I were talking about sex this weekend. I said, “If you decide to have sex with a sperm-producing partner, we need to talk about appropriate birth control.” You all... their jaw hit the floor, in a good way!

–Stacey (42 years old), mother of 15-year-old nonbinary child who came out at 13 years old

Parenting practices that are inclusive of all different types of bodies and gender expressions can help trans children develop an understanding of their own body that is not filled with internalized-transphobic and cisnormative ideas. Growing up with the perspective that “girls’ bodies” can exist with or without a penis, breasts, a high-pitched voice, or facial hair works to combat the onslaught of cisnormative and transphobic messages that transgender youth receive daily, whether subtle or explicit. When parents begin to see the world through their children's frameworks of gender, parents are better able to create familial environments which affirm their trans child.

Additionally, parents begin to understand gender transition as lifesaving, and they treat medical transition as a celebration instead of a loss. This denotes an important shift from viewing transness as a deficit to something positive. Since gender dysphoria is linked with increased suicidality (Aitken et al. 2016), support for medical transition—particularly puberty blockers for pre-pubescent children—is vital for creating more livable minds and bodies for trans youth as they age.

I was thrilled because I knew this was what she wanted, and I knew that this is who she is. And every little bit felt like she's getting closer to who she feels she wants to be and feeling more comfortable in her body which was so important. The day that she started her hormone blockers

2 I use the term “accomplice” instead of “ally” to note how accomplices “focus more on dismantling the structures that oppress that group” (Clemens 2017) as opposed to allies who focus on individual progress and representation.

we had pink cupcakes with high heels.

–Kim (47 years old), mother of 17-year-old transgender girl who came out at 13 years old

Although parents decenter cisnormative expectations to support their children, gender normativity still creeps into views of the child. The choice of pink cupcakes with high heels indicates a persistent view of girlhood as one linked with femininity, despite Kim's transgender daughter not being interested in performing stereotypical ideas of femininity. This reveals how trans people are subject to transnormativity, which describes how gender expressions are regulated and held to standards of "realness" and positions binary trans people as the "true" versions of transness as opposed to nonbinary or gender-nonconforming trans people (A. Johnson 2016). Gender-normative and transnormative future paths are relied upon until parents learn their child's version of girlhood, boyhood, or a childhood that does not fit either of those paths.

Parents, primarily mothers, of transgender children participate in the arduous process of unravelling and undoing cisnormativity—the very framework which produced their gendered mourning. This is reflected in the parents' participation in local and state-wide activism, creating gender-affirming plans and policies within school districts, hosting a gender-inclusive children's reading event at a local bookstore, successfully organizing a ban of conversion therapy in the city in which this research took place, and continuously testifying against proposed anti-transgender legislation in the state—all in the face of those "who don't believe my child should exist as she is," as expressed by Jennifer, mother of an 8-year-old transgender girl. Institutional space for living is created through this parental work both within and outside the family, as opposed to trans experiences being equated with death. Through these practices, cisgender parents give life to the familial and societal frameworks which recognize and embrace their transgender children.

A few states away from where this research took place, a mother who was forced to leave Texas as a result of legislation that considers her efforts to keep her child alive to be child abuse said, "We are choosing to grieve the loss of our home instead of the loss of our child" (Marques 2022). Parents who have the economic ability to relocate are fleeing their home states to protect their children from the government. Instead of grieving the loss of the trans child due to non-affirmative frameworks or due to the loss of life from increased rates of suicidality when forced to delay transition, parents—who have the financial security to do so—are choosing a different subject of grief. While this mindset flips the common narrative of grieving the transgender child, loss is still present no matter what as long as we live in a transphobic society. The unavoidability of choosing between subjects of grief—losing your child *or* losing your home, friends, family, job, etc.—indicates the need for undoing systems of cisnormativity in all areas of life so that one day, transness will not have to equate to loss and grief.

DISCUSSION

Through examination of feelings of loss and grief amongst parents of trans youth, I find that gendered mourning stems from difficulties adjusting to the dis/reorientation of gender within the family system, cisnormative and ableist notions of the body,

parental worries about the child's future living in a transphobic society, and fears of losing the child through suicide. I argue that feelings of grief and loss are not rooted in the trans child but are instead directly linked to familial and societal investments in cisnormativity, whether intentional or not. These investments create conditions under which being transgender is, at best, not anticipated and, at worst, met with hostility. Even amongst accepting parents, cisnormativity within American families creates the conditions through which the anticipated and assumed-cisgender child is mourned when the child comes out as transgender.

When transness is not in societal and familial imaginations, trans futures cannot be accounted or prepared for. Therefore, parents who experience gendered mourning are part of the system which creates the conditions for that very mourning through the exclusion of the potential of a trans future. Gendered mourning illuminates how cisnormativity is embedded into the institution of the family through cultural naming practices connected to family lineage, linear views of the child, and gendered expectations of the parent-child relationship. Additionally, perspectives of trans bodies as being a site of danger, as well as gender-affirming surgeries as taking away instead of giving trans life, demonstrate how cisnormativity infiltrates views of the trans child. Parental ideals of cisnormativity and "passing," and through extension compulsory able-bodiedness, are often due to parents wanting their child to be able to rehabilitate the once-lost perceived cisgender privilege to achieve safety and social acceptance.

This study's findings suggest practical implications that would benefit parents of transgender youth and practitioners working with trans youth and their families. Through research about gendered mourning, I find that education about cisnormativity and the diversity of gender identity as well as community connections among parents of transgender youth to process the unravelling of cisnormative assumptions are of utmost importance. Support for education not only for parents of trans youth, but education that can reach all parents is vital in reducing or avoiding gendered mourning altogether. This study also finds that unpacking gendered mourning has generative capabilities in terms of informing parents' work to move away from the focus on loss, and instead to embrace gender frameworks, familial practices, and socio-political efforts which keep their child alive. My findings on trans livability reveal that working to identify where these feelings of loss come from is useful in pointing parents towards trans-affirming operating frameworks.

I argue that the micro-level experience of gendered mourning cannot be examined without the context of transphobic violence and discrimination, since non-affirmative microaggressions and the denial of personhood contribute to the larger socio-political atmosphere for transgender populations. This is also vital for practitioners working with trans people and their families in terms of understanding how feelings are informed by the realities of discrimination, violence, and societal othering towards trans people in America. The myths and misconceptions perpetuated by anti-transgender legislation deepen the parental pain of their child not being valued or protected by institutions of power. Trans populations are relegated to the status of living dead in broader society which informs parental understandings and experiences of transness. Cisgender parents of transgender youth experience second-hand insight into the oppression of trans communities, prompting many of their grief responses yet also informing efforts to improve socio-political conditions for their children.

Limitations and Future Research

While gendered mourning was prominent among the parents in my research, it is important to note that my participants were all either supportive or wanting to learn how to be supportive, hence their attendance at a community group for parents of trans kids. I was unable to capture the gendered mourning experiences of parents who are actively hostile towards their transgender child. I anticipate that gendered mourning among unsupportive parents would have overlap with the findings of this research but have additional aspects of gendered mourning due to differing gender frameworks and perspectives on trans identities and bodies. Further research into the gendered mourning process among unsupportive parents of transgender youth is greatly needed despite the difficulty of accessing this population.

Additionally, further research is needed into gendered mourning specifically among fathers due to only having 3 fathers and 1 stepfather in my sample. The joking mentions by multiple mothers and one of the fathers that PTK should host masculine bonding activities, such as pub crawls or barbecues, to get fathers to participate points to the societal pressures of hegemonic masculinity (Connell and Messerschmidt 2005) which hinders the fathers' ability to engage in an emotionally vulnerable group setting revolving around the discussion of gender. Further examination of gendered mourning among fathers is vital in exploring how fathers process the loss of cisnormative ideas of futurity—both for their child's life and for their role as a father—and how fathers can embrace more flexible forms of masculinity which make space for gender-nonconformity.

Similarly, due to the limited sample of those who attended PTK being almost exclusively white mothers, this research cannot speak to all aspects of gendered mourning for parents of color. Although, I anticipate the gendered mourning process to be influenced by the concern of gendered racism (Hill Collins 2006) their child will encounter, as well as how their own views of gender are influenced by histories of racism. In the dehumanization process of Black women, "woman" was a concept only white women had access to (Hill Collins 1990; hooks 2015). Historically, categories of who is "normal" and "civilized" equated to white Americans with a "sexual fitness" for reproducing the white race (Carter 2007). White supremacy has been enforced through the labelling of Black and Brown people as abnormally gendered. Being trans distances Black and Brown youth from the protections of being seen as "normal," which can lead parents to desire their child to adhere to a cisnormative future. Further research is needed into the intricacies of the gendered mourning process among parents of color. Likewise, distinct trans-affirming education which incorporates how histories of racism coincide with histories of transphobia is needed.

CONCLUSION

The examination of gendered mourning allows us to see how the initial expression of sadness, grief, or fear about a child being transgender does not always equate to a parent's lack of support, but instead reveals the internal processing of the false promises and illusions of cisnormativity. The system of cisnormativity within the family sets parents up for the anticipation of a cisgender child, with a linear future along the gender binary. When this path is disrupted, parents of trans youth struggle with the

shift of personal imagination and divergent futures. Recalibration and letting go of cisnormative parts that no longer fit into the family system is a much-needed aspect of the journey towards fostering trans livability. When cisgender parents become disoriented in the process of reorientation towards trans-affirmation, parents struggle with the conflicting gender ideologies. Gendered mourning exemplifies how cisnormativity is a collective harm to us all, impacting transgender people as well as the cisgender people in our lives. Of course, the people who most suffer from this collective harm are transgender people who are left to deal with societal oppression and/or fractured family relationships.

I argue that unpacking the experience of gendered mourning is crucial in parents' interrogation of how gender functions in their lives. This forces them to confront uncomfortable cisnormative internal beliefs that they otherwise might not have done had they not had a transgender child. It is also useful for practitioners working with families of trans people in terms of providing a trans-affirming frame for these "negative" emotions or views on transness. When mourning, grief, and feelings of loss are rejected as merely negative, we are denying the reality of emotion which is not only a masculinist and ableist response to someone's lived experience, but it also disregards the opportunity for meaningful reflection and change. Instead of denying the emotion, the sociological analysis of gendered mourning allows us to view this grief through a different lens and facilitates the identification of what parents are really grieving; the falsehood and failure of cisnormativity, not their actual child. The illumination of these falsehoods and failures is essential in the undoing of cisnormativity.

REFERENCES

- Ahmed, Sara. 2006. *Queer Phenomenology: Orientations, Objects, Others*. Durham, NC: Duke University Press.
- Aitken, Madison, Doug P. VanderLaan, Lori Wasserman, Sonja Stojanovski, and Kenneth J. Zucker. 2016. "Self-Harm and Suicidality in Children Referred for Gender Dysphoria." *Journal of the American Academy of Child & Adolescent Psychiatry* 55 (6): 513–20. <https://doi.org/10.1016/j.jaac.2016.04.001>.
- Ashley, Florence. 2019. "Puberty Blockers Are Necessary, but They Don't Prevent Homelessness: Caring for Transgender Youth by Supporting Unsupportive Parents." *The American Journal of Bioethics* 19 (2): 87–89. <https://doi.org/10.1080/15265161.2018.1557277>.
- Austin, Ashley. 2016. "'There I Am': A Grounded Theory Study of Young Adults Navigating a Transgender or Gender Nonconforming Identity within a Context of Oppression and Invisibility." *Sex Roles* 75 (5–6): 215–30. <https://doi.org/10.1007/s11199-016-0600-7>.
- Baril, Alexandre. 2014. "Exploring Ableism and Cisnormativity in the Conceptualization of Identity and Sexuality 'Disorders'." *Annual Review of Critical Psychology* 11: 389–416.
- Barron, Cecillia, and Moshoula Capous-Desyllas. 2017. "Transgressing the Gendered Norms in Childhood: Understanding Transgender Children and Their Families." *Journal of GLBT Family Studies* 13 (5): 407–38. <https://doi.org/10.1080/1550428X.2016.1273155>.

- Bauer, Greta R., Rebecca Hammond, Robb Travers, Matthias Kaay, Karin M. Hohenadel, and Michelle Boyce. 2009. "I Don't Think This Is Theoretical; This Is Our Lives': How Erasure Impacts Health Care for Transgender People." *Journal of the Association of Nurses in AIDS Care* 20 (5): 348–61. <https://doi.org/10.1016/j.jana.2009.07.004>.
- Berkowitz, Dana, and Maura Ryan. 2011. "Bathrooms, Baseball, and Bra Shopping: Lesbian and Gay Parents Talk About Engendering Their Children." *Sociological Perspectives* 54 (3): 329.
- Berlant, Lauren Gail. 2011. *Cruel Optimism*. Durham, NC: Duke University Press.
- Billard, Thomas J. 2019. "Passing' and the Politics of Deception: Transgender Bodies, Cisgender Aesthetics, and the Policing of Inconspicuous Marginal Identities." In *The Palgrave Handbook of Deceptive Communication*, edited by Tony Docan-Morgan, 463–77. Cham: Springer. https://doi.org/10.1007/978-3-319-96334-1_24.
- Boss, Pauline. 1999. *Ambiguous Loss: Learning to Live with Unresolved Grief*. Cambridge, MA: Harvard University Press.
- . 2016. "The Context and Process of Theory Development: The Story of Ambiguous Loss." *Journal of Family Theory and Review* 8 (3): 269–86. <https://doi.org/10.1111/jftr.12152>.
- Brill, Stephanie, and Rachel Pepper. 2016. *The Transgender Teen: A Handbook for Parents and Professionals Supporting Transgender and Non-Binary Teens*. San Francisco, CA: Cleis Press.
- Carter, Julian. 2007. *The Heart of Whiteness: Normal Sexuality and Race in America, 1880–1940*. Durham, NC: Duke University Press.
- Clare, Eli. 1999. *Exile and Pride: Disability, Queerness, and Liberation*. Cambridge, MA: SouthEnd Press.
- Clemens, Colleen. 2017. "Ally or Accomplice? The Language of Activism." Learning for Justice. June 5, 2017. <https://www.learningforjustice.org/magazine/ally-or-accomplice-the-language-of-activism>.
- Connell, R. W., and James W. Messerschmidt. 2005. "Hegemonic Masculinity: Re-thinking the Concept." *Gender and Society* 19 (6): 829–59.
- Coolhart, Deborah, Kayla Ritenour, and Anna Grodzinski. 2018. "Experiences of Ambiguous Loss for Parents of Transgender Male Youth: A Phenomenological Exploration." *Contemporary Family Therapy* 40 (1): 28–41. <https://doi.org/10.1007/s10591-017-9426-x>.
- van Dijk, Teun A. 2005. "Critical Discourse Analysis." In *The Handbook of Discourse Analysis*, 349–71. Hoboken, NJ: Wiley. <https://doi.org/10.1002/9780470753460.ch19>.
- Elman, Julie Passanante. 2014. *Chronic Youth: Disability, Sexuality, and U.S. Media Cultures of Rehabilitation*. New York: New York University Press.
- Enke, Anne, ed. 2012. *Transfeminist Perspectives in and beyond Transgender and Gender Studies*. Philadelphia, PA: Temple University Press. <http://www.jstor.org/stable/j.ctt14bt8sf>.
- Gonzalez, Kirsten A., Johanna L. Ramirez, and M. Paz Galupo. 2018. "Increase in GLBTQ Minority Stress Following the 2016 US Presidential Election." *Journal of GLBT Family Studies* 14 (1/2): 130–51.
- Gregor, Claire, Helen Hingley-Jones, and Sarah Davidson. 2015. "Understanding the

- Experience of Parents of Pre-Pubescent Children with Gender Identity Issues.” *Child & Adolescent Social Work Journal* 32 (3): 237–46. <https://doi.org/10.1007/s10560-014-0359-z>.
- Grossman, Arnold H., and Anthony R. D’Augelli. 2006. “Transgender Youth: Invisible and Vulnerable.” *Journal of Homosexuality* 51 (1): 111–28. https://doi.org/10.1300/J082v51n01_06.
- Hill Collins, Patricia. 1990. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. Routledge Classics. New York: Routledge.
- . 2006. *Black Sexual Politics: African Americans, Gender, and the New Racism*. New York: Routledge.
- hooks, bell. 2015. *Ain’t I a Woman: Black Women and Feminism*. New York: Routledge.
- James, Sandy E., Jody L. Herman, Sue Rankin, Mara Keisling, Lisa Mottet, and Ma’ayan Anafi. 2016. “The Report of the 2015 U.S. Transgender Survey.” Washington, DC: National Center for Transgender Equality.
- Johnson, Austin H. 2016. “Transnormativity: A New Concept and Its Validation through Documentary Film About Transgender Men.” *Sociological Inquiry* 86 (4): 465–91. <https://doi.org/10.1111/soin.12127>.
- Johnson, Julia. 2013. “Cisgender Privilege, Intersectionality, and the Criminalization of CeCe McDonald: Why Intercultural Communication Needs Transgender Studies.” *Journal of International & Intercultural Communication* 6 (2): 135–44. <https://doi.org/10.1080/17513057.2013.776094>.
- Kafer, Alison. 2003. “Compulsory Bodies: Reflections on Heterosexuality and Able-Bodiedness.” *Journal of Women’s History* 15 (3): 77–89. <https://doi.org/10.1353/jowh.2003.0071>.
- Kane, Emily W. 2006. “‘No Way My Boys Are Going to Be Like That!’: Parents’ Responses to Children’s Gender Nonconformity.” *Gender & Society* 20 (2): 149–76. <https://doi.org/10.1177/0891243205284276>.
- Katz-Wise, Sabra L., Stephanie L. Budge, Joe J. Orovecz, Bradford Nguyen, Brett Nava-Coulter, and Katharine Thomson. 2017. “Imagining the Future: Perspectives among Youth and Caregivers in the Trans Youth Family Study.” *Journal of Counseling Psychology* 64 (1): 26–40. <https://doi.org/10.1037/cou0000186>.
- Kidd, Kacie M., Gina M. Sequeira, Taylor Paglisotti, Sabra L. Katz-Wise, Traci M. Kazmerski, Amy Hillier, Elizabeth Miller, and Nadia Dowshen. 2021. “‘This Could Mean Death for My Child’: Parent Perspectives on Laws Banning Gender-Affirming Care for Transgender Adolescents.” *Journal of Adolescent Health* 68 (6): 1082–88. <https://doi.org/10.1016/j.jadohealth.2020.09.010>.
- Kübler-Ross, Elisabeth. 1969. *On Death and Dying*. New York: Macmillan.
- Letcher, Lazarus. 2018. “Transgender Murder Memorials: A Call for Intersectionality and Trans Livability.” *American Studies ETDs*, April. https://digitalrepository.unm.edu/amst_etds/62.
- Lorber, Judith. 2001. “The Social Construction of Gender.” In *Women’s Voices, Feminist Visions: Classic and Contemporary Readings*, edited by Susan M. Shaw and Janet Lee. California City, CA: Mayfield.
- Marques, Rebecca. 2022. “State Laws, State Agencies and State-Sponsored Fear Are Being Weaponized Against Transgender Children.” Human Rights Campaign, March 8. <https://www.hrc.org/news/state-laws-state-agencies-and-state->

- [sponsored-fear-are-being-weaponized-against-transgender-children](#).
- McDermott, Elizabeth, Jacqui Gabb, Rachael Eastham, and Ali Hanbury. 2021. "Family Trouble: Heteronormativity, Emotion Work and Queer Youth Mental Health." *Health: An Interdisciplinary Journal for the Social Study of Health, Illness & Medicine* 25 (2): 177–95. <https://doi.org/10.1177/1363459319860572>.
- McGuire, Jenifer K., Jory M. Catalpa, Vanessa Lacey, and Katherine A. Kovalanka. 2016. "Ambiguous Loss as a Framework for Interpreting Gender Transitions in Families." *Journal of Family Theory and Review* 8 (3): 373–85. <https://doi.org/10.1111/jftr.12159>.
- McGuire, Jenifer K., Katherine A. Kovalanka, Jory M. Catalpa, and Russell B. Toomey. 2016. "Transfamily Theory: How the Presence of Trans* Family Members Informs Gender Development in Families: Transfamily Theory." *Journal of Family Theory & Review* 8 (1): 60–73. <https://doi.org/10.1111/jftr.12125>.
- McRuer, Robert. 2006. *Crip Theory: Cultural Signs of Queerness and Disability*. New York: New York University Press.
- Norwood, Kristen. 2012. "Transitioning Meanings? Family Members' Communicative Struggles Surrounding Transgender Identity." *Journal of Family Communication* 12 (1): 75–92. <https://doi.org/10.1080/15267431.2010.509283>.
- . 2013. "Grieving Gender: Trans-Identities, Transition, and Ambiguous Loss." *Communication Monographs* 80 (1): 24–45. <https://doi.org/10.1080/03637751.2012.739705>.
- Phillips, Nelson, and Cynthia Hardy. 2002. *Discourse Analysis: Investigating Processes of Social Construction*. Thousand Oaks, CA: Sage Publications.
- Pilcher, Jane. 2017. "Names and 'Doing Gender': How Forenames and Surnames Contribute to Gender Identities, Difference, and Inequalities." *Sex Roles* 77 (11): 812–22. <https://doi.org/10.1007/s11199-017-0805-4>.
- Puar, Jasbir K. 2017. *The Right to Maim: Debility, Capacity, Disability*. Durham, NC: Duke University Press.
- Puckett, Jae, Peter Cleary, Kinton Rossman, Brian Mustanski, and Michael Newcomb. 2018. "Barriers to Gender-Affirming Care for Transgender and Gender Nonconforming Individuals." *Sexuality Research & Social Policy* 15 (1): 48.
- Pyne, Jake. 2014. "Gender Independent Kids: A Paradigm Shift in Approaches to Gender Non-Conforming Children." *Canadian Journal of Human Sexuality* 23 (1): 1–8. <https://doi.org/10.3138/cjhs.23.1.CO1>.
- Rafferty, Jason, Committee on Psychosocial Aspects of Child and Family Health, Committee On Adolescence, Section on Gay, Lesbian, Bisexual, and Transgender Health and Wellness, et al. 2018. "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents." *Pediatrics* 142 (4). <https://doi.org/10.1542/peds.2018-2162>.
- Riggs, Damien, and Clare Bartholomaeus. 2018. "Cisgenderism and Certitude: Parents of Transgender Children Negotiating Educational Contexts." *TSQ: Transgender Studies Quarterly* 5 (1): 67–82. <https://doi.org/10.1215/23289252-4291529>.
- Risman, Barbara J. 2018. *Where the Millennials Will Take Us: A New Generation Wrestles with the Gender Structure*. New York: Oxford University Press.
- Serano, Julia. 2007. *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating*

- of *Femininity*. Emeryville, CA: Seal Press.
- Spradley, James P. 1980. *Participant Observation*. New York: Holt, Rinehart and Winston.
- Stevens, Jaime, Veronica Gomez-Lobo, and Elyse Pine-Twaddell. 2015. "Insurance Coverage of Puberty Blocker Therapies for Transgender Youth." *Pediatrics* 136 (6): 1029–31. <https://doi.org/10.1542/peds.2015-2849>.
- Talusan, Meredith. 2019. "Celebrate Your Kid's Transition. Don't Grieve It." *The New York Times*, October 18. <https://www.nytimes.com/2019/10/18/opinion/sunday/gender-transition-death-grief.html>.
- Vernier, Bernard. 2017. "The Power of Naming and Its Gendered Effects: Materials for a Comparative Anthropology." *Clio. Women, Gender, History* 45 (1): 223–59.
- Vivienne, Son. 2017. "'I Will Not Hate Myself Because You Cannot Accept Me': Problematizing Empowerment and Gender-Diverse Selfies." *Popular Communication* 15 (2): 126–40. <https://doi.org/10.1080/15405702.2016.1269906>.
- Wahlig, Jeni L. 2015. "Losing the Child They Thought They Had: Therapeutic Suggestions for an Ambiguous Loss Perspective with Parents of a Transgender Child." *Journal of GLBT Family Studies* 11 (4): 305–26. <https://doi.org/10.1080/1550428X.2014.945676>.
- Weiss, Robert Stuart. 1995. *Learning from Strangers: The Art and Method of Qualitative Interview Studies*. New York: Free Press.

ACKNOWLEDGEMENTS

The author would like to thank their co-advisors, Dr. Rebecca Scott and Dr. Julie Pas-sanante Elman, for detailed feedback throughout the research process. They would also like to thank the parents of PTK for allowing them into their space, and for their openness and vulnerability. Lastly, the author expresses gratitude to the numerous members of their chosen family for their continuous encouragement and support.