



“Can I still say Dad?”: An Exploration of Loss and Grief Experienced by Irish Adult Transgender Women and their Families

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Abstract

In recent times, there has been an emergence of transgender visibility in Ireland, with some positive changes in social attitudes regarding transgender issues (McGuire et al, 2016). However, transgender people, who expressed their gender identity long before this societal shift began to occur, faced particularly uncertain futures fraught with stigmatisation, isolation, and heartbreak. This study explores experiences of grief and loss on the part of five adult transgender women and eleven family members of adult trans women, who undertook gender transition during the last quarter of a century in Ireland. Notably, these gender transitions occurred before trans people in Ireland were legally recognised.

This thesis makes an original contribution to our understanding of family acceptance (Emerson and Rosenfeld, 1996; Lev, 2004; Zamboni, 2006) and ambiguous loss (Norwood, 2012; Wahlig, 2014; McGuire et al, 2016; Boss, 2016; McGuire and Catalpa, 2018) as they relate to gender transition. It argues for a state-funded service to support trans people and their families through transition and through their experiences of traumatic and ambiguous loss in this context, while acknowledging the gender binary, not gender transition, as the root cause of transgender people and their families' experiences of loss and grief.

My conclusions regarding the essence of participants' experiences of loss and grief, are grounded in rich qualitative data acquired via sixteen interviews. Using hermeneutic phenomenological analysis, I show that both trans women and their families experienced both traumatic and ambiguous loss in the context of gender transition. I also reveal that the trans women experienced ambiguous loss of the gendered self throughout their lives, not only at the point of social gender transition. I elucidate the experiences of both trans women and families concerning grief and loss, but also in respect to resilience, revealing key coping strategies which they have developed to successfully navigate gender-transition. My analysis of participants' experience, is framed by a reflexive account of my personal experiences of gender transition, and of loss in this context.

Declaration

The work presented in this thesis is the original work of the author, under the direction of Dr. Frank Houghton, Jennifer Moran Stritch and Dr. Amanda Haynes.

Due reference has been made, where necessary, to the work of others. No part of this thesis has been previously submitted to LIT or any other institute.



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*In the period that it took to complete the revisions in this thesis, my Dad passed away. I would like to dedicate this thesis to his memory.

Opening notes

Terminology

For the purpose of this project, the terminology used by Irish transgender non-governmental organisation, Transgender Equality Network Ireland (TENI), will be used to describe various terms included in this thesis:

- **Transgender/ Trans:** Refers to a person whose gender identity and/or gender expression differs from the sex assigned to them at birth. This term can include diverse gender identities, such as: transsexual, transgender, transvestite, and gender variant or differently gendered people.
- **Transsexual:** A person whose gender identity is 'opposite' to the sex assigned to them at birth. The term connotes a binary view of gender, moving from one polar identity to the other. Transsexual people may or may not take hormones or have surgery.

Herein, either the terms trans or transgender will be used interchangeably throughout this thesis.

- *A more extensive terminology section can be found in the Appendices.

Although the participants and families of participants included in his study do fit the description of Transsexual, this term is a medicalised term and can cause offence within the trans community. Therefore, I will use the term trans and transgender interchangeably throughout this thesis to ensure respect for my participants.

Important note on transcripts

It is strongly felt by me and the supervisory team that transcripts should not be submitted to the Graduate and Research Office due to the sensitive nature of the material. I have stated in the Informed Consent Form that all reasonable measures will be taken to ensure that all data, written, electronic, or other will be kept in a secure location to which the researcher has sole access. Moreover, as the Irish trans community is small but visible group, I would be concerned that participants may be identified by external sources.

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Chapter 1: Introduction

This thesis explores the lived experience of adult transgender women and the families of adult trans women, with respect to grief and loss, thereby adding to the existing knowledge-base on family adjustment to gender transition within families (Emerson & Rosenfeld, 1996; Ellis & Erickson, 2002; Lev, 2004; Zamboni, 2006; Veldordale-Griffin, 2014; Dierckx *et al.*, 2015). It also contributes to the existing understanding of the various types of loss experienced by the trans community and their families (Boss, 2006, 2016; Norwood, 2013; Wahlig, 2014; McGuire *et al.*, 2016; Catalpa & McGuire, 2018), which is largely derived from research in the US. In addition, this study presents further insights into the lived realities of trans women and the various forms of confusing and conflicting loss experienced, which attest to the resilience of trans women and their families in overcoming loss and grief.

Whilst this study specifically explores loss and grief due to gender transition, trans people and their families encounter a variety of other experiences. Much of the literature pertaining to gender transition focuses on a series of back and forth stages that trans people and family members endure, before, during and post gender transition (Emerson & Rosenfeld, 1996; Rachlin, 1997; Lev, 2004; Ellis & Erickson, 2004; Zamboni, 2006). These stages range from the experiences prior to gender transition, in which the trans person often feels immense anxiety and often postpones their plans to transition (Lev, 2004). Similarly, Rachlin (1997) indicates that the trans person feels heightened anxiety throughout all stages, which is exacerbated when attempting to cope with the consequences of gender transition. Lev (2004, p. 234) states that the stages are a complex process of social and interpersonal interactions, in which the trans person explores options and navigates the process of gender transition, including accessing trans-related healthcare services.

These experiences are often compounded by threats endured by trans people, and especially trans women (NCTE, 2016), which can be both physical and psychological (TENI, 2013; Giambrone, 2017; Haynes, Schweppe & Taylor, 2017). Although literature in this field highlights the many negative experiences endured by both trans people and family members, it also alludes to positive experiences, including the richness of living authentic lives, where their gender identity is not an issue for the first time (Rachlin, 1997;

Lev, 2004). Israel and Tarver (1997) state that the most vital mental health and social support issue is disclosing one's plans to gender transition to a loved one. Trans people often want to share their authentic selves with pride to loved ones and this disclosure provides a huge release (Israel & Tarver, 1997). However, this process can be fraught with misunderstanding of trans people and can lead to family conflict (McGuire *et al.*, 2016). Understanding the trans person's past and present selves can also present many challenges to both trans people and their families, as they attempt to reintegrate the trans person's new identity into the family (Schaefer & Wheeler, 1996). Trans people who are accepted by their families in their new gender identity are even more invested and appreciative of their loved ones (Lev, 2004) and, therefore, understanding the complexities of their experiences may unlock vital information to enable health professionals to address their needs.

Throughout Irish history, individuals who defied the prescribed gender and sexuality boundaries of society were treated negatively, both by authorities and within legislation (Ryan-Flood, 2014, pp. 55-100; FLAC, 2018). For instance, until as recently as 1993, homosexuality was criminalised in Ireland (Ryan-Flood, 2014), and Dr Lydia Foy, an Irish health service dentist, had to fight Irish officialdom for more than two decades for the right to alter her birth certificate in accordance with her gender identity (NiMhuirthile, 2014; FLAC, 2018). In light of this, it is remarkable that just a quarter of a century later, Ireland boasts an openly gay Taoiseach and Ireland enjoys full legal marriage equality, as voted by the will of the Irish people. Since 2015, Ireland's transgender community have benefitted from legislative advances that validate their identities, and Ireland has enacted one of the most progressive gender recognition acts in the world (FLAC, 2018).

All of the trans participants interviewed for the purposes of this study admitted having to repress their gender identity, given the negative perception of trans identities prior to these inclusive socio-political adjustments. In fact, four of the five trans participants were still married in the nineties, with the youngest trans participant having been prescribed with Xanax for depression and anxiety as a child. On revealing her plans to gender transition, the eldest trans participant was pressurised to admit herself to a psychiatric hospital in exchange for access to her own children; there was no recognition of trans identities in Ireland during this period, and those who sought medical help for their condition were often labelled with Gender Identity Disorder (Ni Mhuirthile, 2014).

This thesis demonstrates that all of the trans participants in this study faced family conflict upon expressing their wish to gender transition, with all of them being isolated from their loved ones as a result. As there was little support or understanding for these pioneering women during this precarious period in Irish society, all of these women endured a multitude of losses (FLAC, 2018).

Although adult trans people could change their birth certificates in accordance with their gender identity, many issues remained unresolved, and trans people continued to sustain the adverse effects of marginalisation (McNeill *et al.*, 2013). Pejorative trans community stereotyping resulted in such issues as, unabated hate crime (Haynes, Schweppe & Taylor, 2017), unemployment and homelessness (McNeill *et al.*, 2013), limited access to healthcare (McNeill *et al.*, 2013; Collins & Sheehan, 2008; Crowley, 2015), and lack of parental access to their children (Pillenger & Fagan, 2015; Judge *et al.*, 2015). While numerous obstacles existed for trans people, in terms of social equality and inclusion, families of trans people also experienced enormous suffering due to their loved one's gender transition during this period (Emerson & Rosenfeld, 1996). There was little understanding of the reasons why their loved ones underwent this process and the dearth of knowledge available held trans people to be mentally disordered (Ettner, 1999; Stryker & Whittle, 2006; Lev, 2004). As such, the families of these women had little support or understanding of their loss, with many families having to suffer in silence. Mothers lost sons, wives lost husbands, and children lost their fathers, with no recognition of the losses experienced or any professional guidelines to address their trauma (Emerson & Rosenfeld, 1996). Neither the family nor the trans person had the knowledge or skills to facilitate this sensitive change within the family unit; indeed, some approaches actively blocked positive adjustments. For example, some clinicians required that the trans person leave their family prior to prescribing medical or surgical interventions (Lev, 2004). Thus, the stigma associated with gender transition effectively imposed the forced separation of trans people from their families, with no apparent attempt to understand the dilemmas faced by all involved.

At this time, the Irish health service (HSE) did not have a specific health and wellbeing service to cater to the needs of transgender people and/or their families, using instead a model which focused on medical interventions as targeted outcomes rather than the holistic wellbeing of the client (HSE, 2016). It therefore fell to LGBT and trans-specific organisations to provide psychological support to trans people, as limited capacity existed

inside the health service to meet the complex needs of the Irish trans community (Collins & Sheehan, 2008; McNeill *et al.*, 2013; Pillenger & Fagan, 2015). It would not be until late November 2011 that support for families of trans people became available with the advent of the TENI family support group known as ‘TransParenCI’ (TENI, 2013; TENI, 2015; McGuire *et al.*, 2016). Therefore, it was only at this stage juncture that the loss and grief narrative of both trans people and their families began to be addressed within support groups and resilience workshops.

1.1 Research question

This study aims to explore the experiences of older adult trans women and their families relating to grief and loss. The objective of this research is to:

1. Explore the lived experiences of older trans women relating to grief and loss;
2. Investigate the meaning older trans women attributed to their experience of grief and loss;
3. Explore the lived experience of families of older adult trans women concerning grief and loss;
4. Investigate the meaning family members of older trans women attributed to their experience of grief and loss.

While the central research question of this study focuses on the experiences of trans women and their families relating to grief and loss, the findings also shed light on the nuanced losses experienced by both. Although literature suggests that trans people experience various complex and contextual experiences regarding their gender identity and gender transitioning (Emerson & Rosenfeld, 1996; Rachlin, 1997; Lev, 2006, 2004; Ellis & Erickson, 2004; Zamboni, 2006), loss and grief have been identified as also being experienced by families of trans people (Lev, 2004; Zamboni 2006; Norwood, 2013). Indeed, in recent years, there is growing evidence of the types of loss experienced, mainly from the United States of America (Norwood, 2013; Wahlig, 2014; McGuire *et al.*, 2016), however, limitations exist in terms of older trans women and their families concerning grief and loss. Therefore, this study sets out to investigate the types of loss and grief experienced by both older trans women and their families in an Irish context and will investigate the meaning that they attribute to their experiences. Having a better insight into the loss and grief experiences by both older trans women and their families may

enable us to develop systems to be able to better support those concerned in a healthcare perspective.

This research confirms that all of the participants in this study underwent a range of loss in the context of gender transition within their families. This thesis further contributes to the body of existing and mainly US-based research findings which conclude that trans people experience ambiguous loss due to relational rupture (Norwood, 2013; Kuvalanka, 2014; Wahlig, 2014; McGuire *et al.*, 2016; Catalpa & McGuire 2018; Boss, 2006, 2016). The present study demonstrates that trans women experience ambiguous loss of the gendered self, due to disparities between who and how they perceive themselves to be and how their families and society expect them to present and conduct themselves. Moreover, this lifelong ambiguous loss is further compounded by the non-acceptance of their plans to maintain intimate relationship within the identified gender.

This thesis specifically focuses on adult trans women in the context of their families. Trans women report higher levels of transphobia, hate crime, and marginalisation (McNeill *et al.*, 2012, 2013) and are more likely to have been married, separated, and have had children than trans men (NCTE, 2015; Haynes, Schweppe & Taylor, 2017; Diercyx *et al.*, 2017). Existing literature reveals that many trans women hope that entering a heterosexual relationship will ‘cure’ them of their gender conflict (Lev, 2004; Erhardt, 2014); a hope which was borne out by the shared perceptions of the trans participants in this study. The findings show that realisation that this ‘cure’ was not forthcoming and their partners increased awareness of the issue, caused extreme conflict within the relationship. Moreover, the narratives of trans women underscored the bargaining tactics used to keep gender expression secret within marriages. However, when it became evident that this secret was no longer possible to maintain, plans to gender transition resulted in the spouse experiencing a sense of betrayal due to broken promises and agreements.

The negative impact on both sets of participants was enormous. Volatility ensued and resulted in fragmentation of the family and ambiguous loss suffered by both parties. Considering the equivocality of the losses suffered by both trans people and their families, this thesis contributes new data regarding the various types of loss experienced by trans women and their families. Furthermore, it identifies key areas in transgender healthcare, where essential service development is needed.

In chapters 4 & 5, the participant experiences clearly indicate that loss and grief have been experienced by participants in this thesis. The types of loss and grief experienced and the meaning attributed to them have been detailed throughout in both chapters. Although this thesis did not set out to explore how trans people and their families coped with their losses, there was clear evidence in chapters 4 & 5 which highlighted that both sets of participants used coping strategies to address their losses.

1.2 Summary of the theoretical framework

To further the aim of understanding how adult trans women and their families experience grief and loss, at the outset of this thesis I will draw on theoretical constructs explaining family adjustment to gender transition models (Emerson & Rosenfeld, 1996; Ellis & Erickson, 2002; Lev, 2004; Zamboni, 2006), approaches to loss and grief (Murray-Parkes, 1998; Janoff-Bulmann, 1992; Doka, 2002; Boss, 2000, 2006, 2009, 2014, 2016; Norwood, 2013; Wahlig, 2014), as well as the models of resilience (Boss, 2006, 2016; McGuire *et al.*, 2016). I will also elucidate the various additional contextual and cultural factors (Dierckx *et al.*, 2016) that contribute to grief and loss, especially in an Irish setting.

Models of family adjustment refer to the loss experienced by families following gender transitions within families, which are deemed to be negative experiences (Norwood, 2013; Wahlig, 2014). However, Riggs & Bartholomaeus (2018) argue that decentring cisnormativity in society would adjust family perceptions of gender transition; a view also supported by McGuire and colleagues (2016) and Catalpa and McGuire (2018).

Boss (2006) developed six guidelines for resilience as part of the theoretical framework for addressing and managing the experiences of ambiguous loss. These were designed to equip mental health practitioners to better alleviate the suffering of ambiguous loss. The findings in this thesis highlight that Boss' guidelines were evident in the experiences of both adult trans women and their families. Despite the harrowing instances of loss and grief related in these findings, elements of hope for the future were also portrayed through my interpretative analysis of the essence of participant experiences.

Current research indicates that trans people and their families experience loss and grief (Ellis & Erickson, 2002; Lev, 2004; Zamboni, 2006), and, more specifically, ambiguous loss (Norwood, 2010b, 2013; Wahlig, 2014; McGuire *et al.*, 2016; Boss, 2016; Catalpa & McGuire, 2018). However, as the variants experienced are contingent and complex, an understanding of the precise context of loss is crucial (Boss, 2014; Dierckx *et al.*,

2016). Thus, my research examines how models of adjustment to gender transition seek to fully apprehend the experiences of loss of trans women and their families.

Existing models of family acceptance to gender transition comprise various stages that family members attempt to navigate (Emerson & Rosenfeld, 1996; Lev, 2004; Zamboni, 2006). These models are further bolstered by current literature that can promote either loss or acceptance within trans families (Dierckx *et al.*, 2016; McGuire *et al.*, 2016). Trans people and their families are among populations who may experience ambiguous loss (Boss, 2006, 2016; Norwood, 2013; Wahlig, 2014; McGuire *et al.*, 2016; Catalpa & McGuire 2018). Such groups also include families of disappeared (Hollander, 2016), psychological father absence (Boss, 1975, 1977, 1980), dementia sufferers (Boss, 2011, 2012), the missing (Boss, 2002); enforced disappearance (Robins, 2016), exiles (Perez, 2016), migration (Solheim & Ballard, 2016), children in foster care (Mitchell, 2016), LGBT families (Boss, 2006), and gender transition (McGuire *et al.*, 2016). While useful for illuminating the experiences of gender transition within the family, these models nonetheless omit vital information which can support empirically-based models. Moreover, the vast majority of this literature originates in the US with a predominant familial emphasis on the experiences of trans children. Given these gaps in evidence, and through my work with families in Ireland and the US, I was aware that the lack of understanding from the families of trans people can impact on issues of acceptance or rejection. Accusations of transphobic behaviour are often cited as the cause of relational rupture in families, and my own work confirms that these assertions can further escalate the conflict between families and the trans person. It is my contention that judicious use of time and space can ease the reintegration of the trans person's new identity into the family. My findings determine that the nuances of loss experienced by family members are critical to the development of models, to minimise and prevent relational rupture in trans families.

1.3 Significance to healthcare practice

The only model of family support currently available is provided through TENI, the Irish trans organisation. This group, known as 'TransParenCI', holds monthly support groups in four regions across Ireland: Waterford, Dublin, Cork, and Kerry. These monthly sessions are not delivered or monitored through the Irish health service, but rather manned and managed by volunteers. The TransParenCI's programme also incorporates the 'Transformers' sub-group for the younger trans persons of family members in attendance.

While both groups run concurrently in the same venue in all regions, they are held in separate rooms. This model enables both the trans person and the family to voice their experiences in a safe and confidential space. Following the sessions, each family unit returns home together which can be enormously beneficial to both. TransParenCI also organise an annual family residential programme called ‘Getting Your House Sorted’ (TENI, 2013; TENI, 2015). The attendance of this residential weekend has grown exponentially: from just 36 people in 2012 to 171 people in 2018. Current figures also show the volume of people accessing support has increased significantly: from 14 people in 2011 to over 350 families at present.

The TransParenCI’s programmes are now recognised by the HSE, who also recommend the model be extended to various other regions (Crowley, 2015). However, as a predominantly volunteer-based organisation, surviving without significant core funding is problematic. Furthermore, the volunteers involved do not have the current capacity to provide the vital evidenced-based programmes necessary to address the specific needs of every individual family. This research provides further empirical evidence that understanding and facilitating the needs of trans families is axiomatic to the reintegration of the new gender identity into the family.

TransParenCI’s approach is predicated on a positive regard for all attendees which rests on the understanding that more than one version of truth obtains when family members and their trans loved ones speak of their experiences. In order to advance a shared understanding and promote focus on the holistic needs of the person, TransParenCI also works in partnership with all healthcare providers, school representatives, and family members (McBride *et al.*, 2020). Moreover, the organisation offers support and expertise around the experience of gender conflict at significantly young ages (Ettner, 1999; Lev, 2004; Pepper & Brill, 2008; Kennedy-Olsen, 2016; Ehrensaft, 2016), while acknowledging that not all children continue to feel this way into adolescence (Steensma, 2013).

This thesis highlights the potential problems that can manifest by suppressing gender identity in children. It is evident that programmes and policy need to be developed within the Irish school system to permit children to socially present in the gender with which they identify (Neary & Cross, 2018; McBride *et al.*, 2020). School curriculums need to incorporate trans identities into school programmes to validate gender diversity, and the HSE and TUSLA, the Irish family agency, provide ongoing training which upskills their

staff to meet the complex needs of trans people and their families. In particular, all key-stakeholders should be equipped to facilitate improved family comprehension of the potential ambiguous losses they may experience and coping strategies for developing resilience (Boss, 2006, 2016).

It is hoped that the findings of this study will further contribute to the development of policy and guidelines as part of a sustainable holistic model of trans healthcare in Ireland and to global models for family adjustment and ambiguous loss frameworks.

1.4 Summary of the methodological framework

This research seeks to provide an enhanced understanding of the subjective lived experiences of loss and grief within trans families. As the most suitable method to elicit understanding of the experiences of adult trans women and their families' grief and loss, this study will be guided through the theoretical framework of hermeneutic phenomenology to this end. The objective of interpretative hermeneutic phenomenology is to give voice to the human experience (Jardine, 1990, cited in Van Der Zalm & Bergum, 2000). The hermeneutic phenomenology approach assumes that perceptions of experiences are influenced by many factors, including the subjective experiences of being-in-the-world at certain times in their lives (Dibley et al, 2020). Choosing hermeneutic phenomenology allowed me to develop a better insight into the meaning participants attributed to their experiences of grief and loss. Using hermeneutic phenomenology was a good fit, as it facilitated a better understanding of how one perceives the 'Other', especially when one lives in a cisgender society, and how that impacts on the meaning attributed to gender transition in an Irish context. Heidegger argued that our interpretations are shaped by cultural norms (Cohen & Omery, 1994), thus it is vital to note that gender norms are among the most foundational operating in society.

The participants for this study comprised of both adult trans women and family members of adult trans women. I conducted this research with both sets of participants in a pre-agreed location (Benner, 1994, cited in Vandermause & Flemming, 2011). Overall, 16 participants took part in this research.

The instrument chosen to explore the experiences of loss and grief was an in-depth co-constructed interview. The sample was identified through purposive sampling with a small homogenous group, since I wished to undertake an in-depth exploration of

participant experiences; this approach is often utilised in healthcare and family research (Palinkas *et al.*, 2013; Genles *et al.*, 2015; Roy *et al.*, 2015). I recruited participants who were perceived to have a greater insight into the experiences of grief and loss in trans families considering the period of gender transition in Irish society, since I maintain that the limited knowledge of trans issues which obtained during that period had a significant bearing on the experiences of grief and loss. To that end, I opted to interview family members of trans women (+30 years), and trans women (+30 years), with the added stipulation of the trans person having undertaken social gender transition not less than five years previous to the interview process.

The process of data analysis was iterative rather than linear (Crist & Tanner, 2003) as I was focused on eliciting the meaning which participants attributed to their experiences of grief and loss and gender transition. During the systematic and structured process, I read and re-read transcription texts to allow the emergence of interpretive texts and blended meanings to provide a better understanding of grief and loss (Duffy, 2010, 2011; Kumar, 2012). Driven by the iterative process and inductive reasoning, key themes emerged which fulfilled the goals of the present project. I hold that the interpretive stance used in the hermeneutic phenomenological approach best informed this research study due to the person-centred, wholeness and holistic properties which are often deployed in healthcare research (Van der Zalm & Bergum; 2000; Kumar, 2012; Dibley *et al.*, 2020). As my own interpretive lens is coloured through a kaleidoscope of my life experiences and my professional skills, my psychology background influences my interpretative stance.

Additionally, in chapter 3, I paid particular attention to my own positionality as researcher by including a reflexivity section. In fact, undertaking this research project reawakened many painful emotional experiences and the impact of gender conflict on my life. I was conscious throughout that I was part of this research; that there was no hiding place for me to escape the reality. I became aware quite early on in this study that I was unable to fully detach from my own experiences, an issue I discussed with both my psychotherapist and academic supervisors. It was therefore agreed that including my reflexive experiences would legitimately inform the overall thesis. With that in mind, I specifically used evocative autoethnography by means of ‘showing’ and ‘telling’ my own story (Bochner & Ellis, 2016) of growing up in Ireland whilst experiencing gender conflict from my earliest memories as a child. In doing so, I had no wish to overshadow the current participant narratives, but rather to add my own reflexive experiences as a means of

further underscoring the social injustice experienced by transgender people and their families (Denzin, 2013). My main objective was to emotionally engage the reader and hopefully foster a greater understanding of the experiences of a fellow human, who, for whatever reason, had a different gender identity to their assigned sex, and how this affected both my family's and my own experiences of loss and grief. That being said, the reflexivity section necessarily iterates the coping strategies that I found within me and used to navigate this precarious terrain and to overcome life's adversities.

1.5 Structure of thesis

The structure of this thesis is divided into six chapters: Introduction; Literature review; Methodology; Findings 1 (Trans woman's experience of loss) and Findings 2 (Family members experience of loss); and Discussion. Chapter 1 introduces and presents the body of knowledge in respect of transgender, family, and loss and grief. Chapter 2, The Literature review contextualises scholarship which centres on perceptions of trans people in society (Stryker & Whittle, 2006; Ettner, 1999; Lev, 2004). This focus highlights the many factors which contribute to the perception that gender transition is negatively viewed. Similarly, I identify specific Irish research that focuses on trans people and their families (Collins & Sheehan, 2008; Fagan & Pillenger, 2014; McNeill *et al.*, 2013; Haynes, Schweppe & Taylor, 2018). Family systems, and especially family acceptance models, are reviewed to provide salient information relating to the process of acceptance or rejection of trans identities within families (Bowen, 1966; Knauth, 2003). Finally, models of loss and grief are reviewed, and particularly models focused on types of loss deemed complicated and which remained unresolved (Boss, 2000, 2006; Parkes, 1998; Janoff-Bulmann, 1992; Doka, 2002).

Chapter 3 argues that hermeneutic phenomenology was the best methodological fit for this project. This approach allowed me the necessary scope to respond to the central question relating to grief and loss in adult trans women and families of adult trans women. This chapter explores the rationale for using hermeneutic phenomenology to provide a greater understanding of the research question. Using hermeneutic phenomenology permitted an in-depth inquiry into the experiences of participants' lived realities and uncovered the subjective meanings they ascribed to it (Horrigan-Kelly *et al.*, 2016). This chapter details sampling, the method of data collection, and the rationale (Sharma, 2017), and also outlines the ethical principles which were rigorously adhered to throughout (Kaiser, 2009). Moreover, this section explains the ethical procedures and boundaries

entailed in the use of evocative autoethnography in this thesis (Tolich, 2012; Ellis, 2007). This chapter concludes with data analysis.

In chapter 3, I also provide an extensive reflexive account of my personal experiences and delineates my own lived experiences of gender transition in my family over a decade ago in Ireland. The approach yielded insights into my background by means of ‘showing’ and ‘telling’ narratives, which aim to evoke responses in the reader (Bochner & Ellis, 2016). Specifically, I use evocative autoethnography to mine from my personal experiences; by interpreting my family’s reaction to my gender transition. This section also rehearses my childhood memories of growing up in Ireland with intense gender conflict and not understanding what this meant for me or others dear to me. Since Bochner and Ellis (2016, p. 57) posit that one's own beliefs and values influence the researcher’s interpretation of participants’ observations, I harness the potential of reflexivity to portray my subjective experience as a means to promote cultural change and turn oppression into hope and freedom (Denzin, 2013).

Chapter 4 presents the first part of the research’s findings. Primarily, this section seeks to understand the background of the trans women’s experiences of loss and grief by exploring and contextualising their life experiences. As such, it highlights the earliest experiences of gender conflict in the trans women and the impact on their lives growing up in an Ireland that was ill-equipped to address their needs. I will argue that these effects contributed to the trans person’s experience of ambiguous loss of gendered self, due to the boundary ambiguity (Boss, 2000) of not being able to live in the gender they felt they were. It also retrospectively identifies the vital period of adolescent background in order to explain why these women entered into conventional heterosexual relationships despite a consciousness of ongoing gender conflict. Given the stigma attributed to trans identities, I then elucidate the internal relationship challenges in relation to maintaining secrecy.

This section highlights the susceptible period in the trans women's life wherein they experienced further loss and grief with regard to the fragmentation of their marriages and partnerships and the loss of their children and extended families. This section primarily identifies the type of loss experienced by the trans women throughout their lives and on the point of relational rupture from their loved one. Specifically, it identifies ambiguous loss as a type of loss present when a trans person is isolated from loved ones where resolution is conflicted (Boss, 2000). This section outlines the coping strategies and

resilience used both consciously and unconsciously by the trans person compelled to navigate a potentially isolating terrain (Boss, 2006).

Chapter 5 focuses on the experiences of family members on becoming aware of gender conflict in their loved one and the subsequent impact of gender transition on their experiences of loss and grief. It identifies traumatic loss as an initial experience of family members as they realise that gender transition is imminent. It also documents the experiences of various members of the family including, mothers, fathers, a son, daughters, an ex-spouse, a brother, and a stepmother. This chapter will also demonstrate that ambiguous loss is not the only thing experienced by family members: ambiguous gain is also experienced by them when their trans love gender transitions (Boss, 2006; McGuire *et al.*, 2016). I further underline the experiences of resiliency within the participants, with particular regard to the six guidelines developed by Boss (2006, 2014, 2016) in addressing the conflicting, confusing, and unresolved nature of the ambiguous loss.

Finally, chapter 6 summarises the contributions this thesis makes to knowledge of trans people and their families, with both family acceptance models and models of loss concerning gender transition in Ireland and beyond. Specifically, this thesis offers a contemporary understanding of ambiguous loss of the gendered self in childhood and adolescence, and of the adverse impact this exerted on the trans women in this study. This research reveals the co-constructed approach to understanding the lived experiences of the trans women and the families of trans women concerning loss and grief was benefited by utilising hermeneutic phenomenology as the best means of eliciting the meaning of participant experiences. This study advances knowledge of the current models of family acceptance to gender transition and contributes critical new evidence to ambiguous loss and transgender families. I further demonstrate that the depth of loss experienced through gender transition can ultimately destabilise entire families. Conversely, I show that human resiliency enabled all of the participants in this study to find hope by overcoming adversity within a situation that was often conflicting, confusing, and unresolved. This chapter finishes by suggesting further aspects of research into the area of gender transition, arguing for the recommendations of this thesis to be adopted by the Irish health service (HSE) in the development of a holistic programme of trans healthcare throughout Ireland.

Chapter 2 Review of Literature

Transgender people weren't thought up in a writers' room as totems of capital-O Otherness to be slotted into scenes that need a touch of rowdy comic relief. They are people who live their lives as parts of a trying world and face specific challenges related to society's interpretations of their gender identities (Lewis, 2016).

2.1 Introduction

Lewis' comment alludes to the 'Othering' and stigmatised portrayals of trans people in the media, which can affect, not only the lives of trans people, but also their family's understanding of the meaning of being transgender. The term transgender has become much more prevalent in western societies in the past decade. Lev's (2004) book, 'Transgender Emergence', reflects the transition from being hidden to revealing itself through improved visibility and awareness of trans people and their families. The initial introduction sums up previous perceptions of trans people throughout history, that *'there is an emotional mix of an almost morbid curiosity on one hand and profound revulsion on the other'* (p.1). Those perceptions are now being challenged by greater visibility, better awareness, academic engagement, and an insight into the lives of trans people and their families (Whittle & Stryker, 2006, p. xii; Hines, 2007). There is a higher demand for transgender-related subject matter on the curriculum in third level institutions, which often comes from transgender people themselves (Stryker & Aizura, 2013, p. 5).

Historically, a negative perception of trans issues contributed to a distinctly adverse effect on family relationships leading in some situations to relational rupture within families (McGuire *et al.*, 2016). Some aspects within feminist circles have recently formed new rigorous oppositions towards transgender identities, especially trans women's identities (Hines, 2007, p. 9). Negative attributions contribute to invalidating trans identities, especially trans women's identity, where it is seen as acceptable to mock transsexual people (Ettner, 1999, p. xv). Often, trans people feel they are at 'war' with their bodies, a negative collaboration between constant gender conflict and shameful and negative societal perceptions (Ellis & Erickson, 2002, p. 293).

The central question in this thesis focuses on the experiences of adult trans women and families of adult trans women concerning loss and grief. The question presumes that loss and grief have been experienced by trans people and their families, with current literature focusing on family experience of gender transition, highlighting that families often experience gender transition as a loss to be navigated by family members of trans people (Emerson & Rosenfeld, 1996; Lev, 2004; Ellis & Erickson, 2004; Zamboni, 2006; Norwood, 2010b, 2013; Wahlig, 2014; McGuire *et al.*, 2016; Boss, 2009, 2016). The perception of loss has been challenged in recent literature, which argues that cisnormativity is a key factor to the perceived loss (McGuire *et al.*, 2016; Riggs and Barthelemous, 2017). Catalpa (2017) also found that trans-identified young-people experience a loss of family due to non-acceptance of their trans identity.

Considering this current literature, it is clear that loss has been experienced by both trans people and their families. Furthermore, given that the loss is not clear and ambiguous, there needs to be a focus on different models of loss and grief. This review will highlight such a focus. In addition, this literature review will emphasise some of the factors that may have contributed to the perceived loss, to better understand the meaning of the loss experienced by both sets of participants. Therefore, this literature review will initially investigate the perception of transgender identities by a brief exploration of trans identities through history, with a particular focus on the prevalence of trans identities, terminology and medical interventions.

Opposition to trans identities, especially trans women's identities, has recently become more volatile and this negative stereotyping has led to personal attacks, hate crime, adverse mental health within the trans community, and negative perceptions and stigmatisation of trans women's identities (McNeill *et al.*, 2012, 2013; Haynes, Schweppe, 2017). Negative stereotyping can also adversely influence the perception of families of trans people who are trying to understand what gender transition means for them, their loved one, and their families. In addition, as this study provides an Irish context, the review of literature will focus on the emergence of Irish trans identities and the development of gender recognition legislation in Ireland. In highlighting the historical aspects of women in Ireland, the study provides the context that may enable insight into the paradox of trans women's negative heightened threat of hate crime and negative perception, over the experiences of trans men.

This review will provide a specific focus on family literature and will highlight the experiences of family loss and grief alluding to gender transition, which have contributed to relational rupture and isolation within families. As the main focus of this study surrounds loss and grief, and especially shattered assumptions and ‘ambiguous loss’ (Boss, 1999), an extensive review of literature will focus on grief and loss theories and models of resilience.

2.2 Historical perspectives

Throughout history, gender diversity existed in various cultures. In India, there was the “*Hijras*”, in New Zealand the “*Mahi*”, and in North America, the ‘*berdache*’ or ‘*twin spirit*’ people existed. They received varying reactions from their communities and societies (Ettner, 1999). Documented evidence identifies gender variance in over 155 North American tribes (Roscoe, 1998, cited in Lev, 2004, p. 60; Ettner, 1999):

They were not like other men, but the Great Spirit made them *winkettes*, and we accepted them as such . . . We think that if a woman has two little ones growing inside her, if she is going to have twins, sometimes instead of giving birth to two babies they have formed up in her womb into just one, into a half-man/half-woman kind of being . . . To us a man is what nature, or his dreams, make him. We accept him for what he wants to be. That's up to him (Lame Deer, cited in Williams, p. 78).

During the 17th century, the exploration voyages by Europeans to North America affected the lives of the *berdache* due to the European view that all humans were either women or men (Williams, 2011, pp. 73-80). The arrival of Spanish and French missionaries marked a change in the lives of many tribes, and the perception of cross-gender and sexual identities were punished mainly due to the writings within the Old Testament of the bible, specifically

“A woman shall not put on a man’s apparel, nor shall a man wear woman’s clothing: for whoever does these things is abhorrent to the Lord God”. (Deuteronomy 22:5).

Subsequently, twin spirit people conformed through fear of punishment and death. It would seem that the interpretation of these writings had a direct effect on the suppression of a form of human expression within these tribes (Ettner, 1999). The imposition of prevailing European norms on a colonised people resulted in numerous arrests, trials, punishments and deaths (Adamo, 2015). This could also be seen from France, where a

nineteen-year-old natal female named Joan of Arc also fell victim to this passage, being burned at the stake for their male gender expression:

when she was presumed dead and her clothing burned to ash, according to one observer, ...then the fire was raked back and her naked body shown to all the people and all the secrets that could or should belong to a woman, to take away any doubts from people's minds (Feinberg, 1996, p.36).

Examples like this provide context into the veiling of gender diverse people both culturally and historically, contributing to the perception of gender diverse people. In recent times, the emergence of various trans identities is evident through the evolution of language and terminology.

2.3 Trans identities, prevalence, and terminology

Identifying the precise prevalence of transgender people in societies has been difficult. Transgender is an umbrella term, which includes up to 70 different gender identities and gender expressions; the European Human Rights Commission (EHRC) suggests that 1% of societies identify as gender variant, with 0.2% of those who may transition gender (Reed, 2009). The term 'transsexual' is the term historically and medically attributed to people who desire to alter their bodies to reflect their felt physical gender identity. The number of transsexuals who decide not to undergo surgical interventions amount to nearly half of the population of transsexual people (Green & Blanchard, 2000; White & Ettner, 2004; cited in Norwood, 2010). Zhou *et al.* (1996) suggest that 1-30,000 people identified as transsexual, with two-thirds of these percentages identifying as male to female transsexuals. However, this figure has been questioned, given that not all transsexuals attend gender clinics; hence, it is impossible to attain an exact number (Steensma, 2013).

An exponential increase in younger people attending gender clinics in the last decade has also contributed to a reduction in mean age and gender direction of transition, this is reflected both in North American and European research (de Vries *et al.*, 2014). Ireland has also experienced a significant rise in people attending gender-related endocrinology services, with a recent study showing hospital data of 218 trans patients over nine years (Judge *et al.*, 2014). In addition, the mean age of clients referred to their service, between 2005 and 2009 was 37 years of age, which was reduced by seven years between 2010 and 2013. These changes have raised many questions as to the factors that are contributing to these new experiences.

An emergence of non-binary gender identities in recent times has significantly broadened the trans umbrella, adding to the complexities and misunderstandings of transgender identities (Habersham, 2017). Non-binary people state that they do not fit into the social construction of the binary gender identities and some non-binary people request medical and surgical interventions to feel comfortable in their gender identity; however, many do not (Leibowitz *et al.*, 2016). Fausto-Sterling posits as many as five sexes exist (Fausto-Sterling, 1993).

For this thesis, the terminology used by Irish transgender non-governmental organisation, Transgender Equality Network Ireland (TENI), will be used to describe the following terms:

- Transgender: Refers to a person whose gender identity and/or gender expression differs from the sex assigned to them at birth. This term can include diverse gender identities such as transsexual, transgender, transvestite, and gender variant or differently gendered people.
- Transvestite: A person who wears clothing, accessories, jewellery, or make-up not traditionally or stereotypically associated with their assigned sex. This generally refers to a male to female transgender person who does not wish to transition or change their assigned sex but prefers to live a "dual role".
- Transsexual: A person whose gender identity is 'opposite' to the sex assigned to them at birth. The term connotes a binary view of gender, moving from one polar identity to the other. Transsexual people may or may not take hormones or have surgery.
- Non-binary: An umbrella term for gender identities that fall outside the gender binary of male or female. This includes individuals whose gender identity is neither exclusively male nor female, a combination of male and female or between or beyond genders. Similar to the usage of transgender, people under the non-binary umbrella may describe themselves using one or more of a wide variety of terms (See definition of Androgynous, Gender Fluid, Genderqueer, Gender variant).

These differences within the trans umbrella are also confused within Lesbian, Gay, Bisexual, & Transgender (LGBT) communities, with a conflict between certain sections

not uncommon. Currently, there are over 70 different trans¹ identities under the umbrella, with different language often confusing untrained counsellors and unaware public (Ellis & Erickson, 2002, p. 289). Some transsexual people feel uncomfortable being included in an umbrella term that included transvestites or even drag queens, with many not feeling the need, post-gender transition, to identify as trans (p. 290). Besides, some transsexuals post-transition do not identify as transgender but as male or female and, as one transsexual commentator states, *“I’d rather get wet than be under that umbrella”* (Lev, 2004, p.6).

2.4 Medicalisation of trans identities

Although Magnus Hirschfeld (1868-1935) coined the term, transsexual, it was another German who was considered the ‘father of transsexuality’ (Mackenzie, 1994; Stryker & Whittle, 2006), due to his pioneering work with transsexual people in the US. Harry Benjamin, an endocrinologist and gerontologist, was experimenting with cross-sex hormones to prolong quality of life. In 1948, he was to meet with his first patient named Van, who presented with his mother who stated to Benjamin *“look at this boy, he’s not a boy! You’ve got to do something to help my son be a girl”* (Ettner, 1999, p.13). Although Van expressed their identity as a girl since the age of three years of age and attended school as a girl, psychiatrists still suggested that they would outgrow the phase (Schafer & Wheeler, 1987, cited in Ettner, p. 13).

At the beginning of the 20th century, attitudes were beginning to change and with the emergence of the German Institute of sexology in 1919, more information was arising regarding diversity in sexualities. Hirschfeld postulated that complex differences existed between homosexuals, transvestites, and, later, transsexuals. Unfortunately, most of Hirschfeld’s literature was destroyed during the rise of Nazi Germany (Stryker, 2008, p. 40).

Benjamin developed standards of care for transsexual people. An early beneficiary was former World War II bomber pilot, Christine Jorgenson, who garnered much attention from the media in the US and internationally (Stryker, 2008, p.47). Although gender reassignment surgeries were performed as early as the 1950s, there was still much resistance to perform such procedures (Hines, 2007, p. 11). By 1965, Benjamin had seen over three hundred patients and went on to write ‘The Transsexual Phenomenon’ (1999), treating over one thousand patients and developing a worldwide network of professionals,

¹ A more extensive terminology section is contained in Appendix 1.

and eventually designing a triadic treatment regime for patients: real-life test, hormone therapy, and surgery (Lev, 2004, p.43). Benjamin established a global community of practitioners to understand cultural difference and improve practices (Ettner, 1999, p. 15). Trans people were encouraged to create new lives apart from their loved ones and places of origin, which included keeping gender transition secret from potential partners (Hines, 2007, p. 13). This community is now known as the World Professional Association of Transgender Health and the regime and standards of care are consistently reviewed and revised (WPATH, 2012. version 7). It was accepted that research was the key to understanding transgender people, and empirical evidence was essential for providing interventions. For example, Holland was one of the leading countries in the world that undertook some of the most influencing research, especially over the last 30 years (Ettner, 1999, p. 9).

2.5 Socio-historical context of trans identities

The removal of the person from society, and the encouragement to create new lives, caused Trans Sociologist, Susan Stryker, to make a comparison between transsexuals and Mary Shelly's character, 'Frankenstein', referring to how trans people may perceive themselves as societal outcasts.

I sickened as I read" the monster says "Increase of knowledge only discovered to me what a wretched outcast I was (Shelly, 1834, cited in Stryker & Whittle, 2006).

Not choosing to be born male, suffering the mental isolation of existing in a binary system, to then deciding to surgically construct the body to resemble the Other gender; hence not a feeling of a human but a monster created in the image of what society has constructed. Therefore, it manifested in what Stryker calls 'Transsexual rage', a rage that on occasion can be internalised with negative psychological consequences (Schaefer & Wheeler, 2004).

Validation of transsexual identity has often been questioned and is, on occasion, seen as something that attracts attention due to the sensationalistic element of gender transition and surgically modifications of the human body. The film, *The Crying Game* (Jordan, 1992) portrays a character in the film that presented as a woman (Dil), but during an intimate sex scene, viewers became aware that Dil had a penis. The audience reaction to this scene posed a mixture of shock, horror, and laughter. It would seem that the

outwardly visible presentation of gendered appearances, which are contradicted by the fact that a person has the opposite genitalia, is found to be humorous and seen as a joke (Lev, 2004). This quote from eminent scholar and transgender advocate, Jamison Green (2004), argues otherwise:

“One evening at dinner with a group of non-trans friends, a man I’d considered one of my closest friends for over a decade recounted how he had revealed to someone else that I was transsexual, explaining, “I didn’t want him to be left out of the joke.”

I said, “The joke?”

“Well, you know; that you’re a transsexual”, he tried to explain, seeing as he had hurt my feelings. Everyone at the table was silent.

“The joke?” I said again. “I am not a joke” (p. 30).

Green’s commentary highlights the invalidation of transsexual identities that still exists in the western world. This perception contributes to negative attributions to trans identities with family members of trans people. Trans people feel (and are made to feel) that they have to be retrained in their new gender to be able to ‘pass’ in society, learning how to dress, present, and behave towards others (Ellis & Erickson, 2002, p. 295). The exponential rise of younger trans people resulted in families supporting their children and research suggesting correlations between family support and positive transitions (Kennedy Olsen, 2016). Consequently, family support may be positively influencing social attitudes, especially as portrayed by positive media sources.

The residual effect of transphobia is still being experienced by many transgender people, especially considering their visible differences. Trans people who had transitioned at later ages had developed physical characteristics common with their assigned sex, especially trans women who were prone to stand out, given their masculine features, voice, and feminine presentation.

2.6 Understanding the source of gender identity

Norwood (2010b, 2013) identified the term ‘social selves’ for people who state they choose to identify as trans and it’s an autonomous decision. From researching families from the United States of America, concerning family experiences of gender transition, Norwood discovered there was more resistance from families who perceived gender transition as a choice rather than a biological condition. She thus defined the term

‘sovereign selves’, concerning people who stated that their identities were inherent and mainly biological, something that happened to them rather than something that was chosen.

Norwood found that a perception that the trans identity is a choice and contributes to a sense of confusion and conflict within families (Norwood, 2010). On the other hand, where it is seen as a biological condition, families can become more understanding and accepting of their trans loved one (Norwood, 2010b, 2013; Ellis & Erickson, 2002, p. 291). Research suggests that gender identity is consolidated by the age of three years of age (Kohlberg, 1966; Ettner, 1999, p. 55; Lev, 2004, p. 83). When the transgender child experiences a chronic conflict with their gender during childhood, they may experience distress, profound upheaval, a negative internal self-perception, and even attachment anxiety (Ettner, 1999, p. 122; DiCeglie *et al.*, 1998; Edwards-Leeper *et al.*, 2105).

Although it is widely understood through research that gender is often fluid, and not all children fit into the bracket of binary gender identities (Steensma *et al.*, 2013), gender identity and gender expression may alter over time (Leeper-Edwards *et al.*, 2015). Coupled with this, is that some families may hope that this is just a ‘phase’ that will pass (Pepper & Brill, 2007; Ellis & Erickson, 2002, p. 294). Full psychological assessments are conducted on children and adolescents before there are any medical interventions prescribed (Steensma *et al.*, 2013, p. 40). Family support is a significant factor in predicting outcomes of gender transition in both young people and adults alike (Landen *et al.*, 1978; Dhenje *et al.*, 2011; Leeper-Edwards *et al.*, 2015; Kennedy-Olsen *et al.*, 2016; Arcelus *et al.*, 2018). Historically, family support for transgender people undergoing gender transition was a rarity. There is growing evidence that support for trans young people by families, contributes to positive outcomes for their trans loved one post gender transition (Kennedy-Olsen *et al.*, 2016). Family therapy is often suggested to families whose family member identifies as trans (Leeper-Edwards *et al.*, 2015), considering that families may grieve over the loss of dreams and family scripts (Pepper & Brill, 2008; Riggs & Bartholomaeus, 2018). Indeed, it is argued that families of transgender children experience ambiguous loss due to the confusion and conflicting type of loss experienced (Norwood, 2010b, 2013; Wahlig, 2014; McGuire *et al.*, 2016).

Decentring cisnormativity has been proposed as a potential solution to people experiencing ambiguous loss due to gender transition, with Riggs and Bartholomaeus (2017) arguing for improved school engagement and education. Trans people regularly

delay gender transition until family members are in support. Often, these delays could be indefinite, and the trans person can become impatient and transition against the families wishes, which can result in rejection and alienation from the family (von Doussa, Power & Riggs, 2017).

2.7 Opposition towards trans women's identities

This study will focus specifically on what was historically termed transsexual people, which are those people who undertake a transition from the sex they were assigned at birth to their preferred binary gender. Specifically, for this study, the direction of the gender transition will focus on transgender women who were assigned a male gender at birth.

Although anti-transsexual prejudice is becoming more widespread, Ireland has not witnessed this prejudice until recently. Elsewhere, Janice Raymond's *The Transsexual Empire*, published in 1980, included some factual inaccuracies and conspiracy theories regarding the history of transsexualism (Hines, 2007, p. 17). She argued that trans women that undergo gender reassignment surgeries remain deviant men and does not recognise them as women, ascertaining that biology determines gender (p. 18; Stryker & Whittle, 2006, p. 131). Raymond's work incited a lot of negative reaction and anger from the trans community. The work of Greer (2000) and Jeffery's (2014) further backed her resistance to trans women being accepted as women, with Jeffery's stating that gender reassignment surgery was a form of self-mutilation and should be considered a human rights violation (Lev, 2004, p. 128).

American philosopher and gender theorist, Judith Butler, argued in her book *Gender Trouble* (1990) that gender is 'performative' rather than innate, stating that gender is a construction created by societies and cultures. This narrative was challenged by trans advocates who perceived Butler's comments as unfortunate, given that they felt their identities to be innate rather than a result of nurturing and subsequently performance. Butler, however, clarified her comment in a later interview with *Transadvocate* magazine (2014) in which she stated: "*Gender Trouble was written about 24 years ago, and at that time I didn't think enough about trans issues*". She went on to state that some trans people understood her to say that gender was 'performative', which suggested to trans people that their lived experiences were not real. Butler felt that she was misunderstood at that time and clarified her thoughts:

“I did not mean to argue that gender is fluid and changeable (mine is not). I only meant to say that we should all have greater freedoms to define and pursue our lives without pathologisation, de-realisation, harassment, threats of violence, violence and criminalisation. I join in the struggle to realise such a world” (Butler, Transadvocate, 2014).

Transgender people experience increased risk of hate crime considering their marginalised status in societies. They can experience a heightened risk of homelessness, unemployment, vandalism, physical and sexual violence, with trans women, in particular, experiencing physical abuse (Brown & Rounsley, 2003, p. 144; Ellis & Erickson, 2002, p. 294). In 2008, a Trans Murder Monitoring (TMM) project was developed by European transgender advocacy organisation Transgender Europe (TGEU), and this set-in motion a study into the worldwide deaths of Transgender people. From the 1st of January 2016 to 31st of December 2017, there were 215 reported murders of trans and gender diverse people worldwide; these murders have been reported in 65 different countries, the vast majority in Central and South America (TvT research project, 2016). Trans people are often viewed with impunity in some societies, with life-threatening consequences when this form of Otherness is revealed, especially seen through the spate of murders of trans women of colour in the US in 2014/15. In addition, it is more difficult to visibly identify a trans man on male hormone therapy, whereas a trans woman is easier to identify due to earlier male physical development and masculine voice tone. As such, these attributes put trans women at a higher risk of being recognised than trans men.

In an Irish context, trans people experience a comparatively high level of hate crime to their European partners (Haynes, Schweppe & Taylor, 2017, p. 5). Trans people are at increased risk of repeat victimisation and long-term effects of hate crime (Haynes, Schweppe & Taylor, 2017, p. 111). Haynes & Schweppe argue that cisnormativity and enforcement of gender norms play a role in the targeting of trans people due to their transgender identity (p. 112), with trans women at higher risk of experiencing hate-motivated violence and verbal abuse than their trans-male-identified people (p. 115). The authors of this publication cite the ‘ceding of male identity’ as a factor in the attacks against trans women in particular (Haynes, Schweppe & Taylor, 2017, p. 115). In 2014, Irish transgender NGO, Transgender Equality Network Ireland (TENI) recorded high levels of hate crime within the trans community, similar to international findings (Haynes, Schweppe & Taylor, 2017, p. 119; TENI, 2014). However, in 2015, An Garda Síochána (Irish Police Service) announced that transphobia would be added to their ‘Discriminatory Codes’, which would allow transphobia to be registered as a specific hate crime indicator

(p. 125; TENI, 2016). TENI reported that often these hate crime incidents are not reported due to the fear from the trans community that nothing would be done about the crime, or that they would not be taken seriously by the Gardaí (Giambrone, 2017, pp. 137-145). These fears also contribute to a sense that trans people were expecting to experience particular hate crime (Rood, 2016; Giambrone, 2017, pp. 137-145).

The National Centre for Transgender Equality in the US published a report in 2016 which highlighted some contrasts between trans women and trans men. The data suggested that it was 50% less likely for a trans man to lose a job than a trans woman (NCTE, 2016). More trans females experienced (55%) job discrimination than trans men (40%). This pattern also existed concerning job promotion (NCTE, 2016). A much higher rate (52%) of parents were also trans women than trans men (17%). This was adjudged to be due to the majority of trans female respondents being older (44% were considerably older). Relationship rupture with a partner was also more likely for trans women (NCTE, 2016). The majority of research that has been carried out on transgender people has focused on female identity and expression (Lev, 2004, p. 12).

Although a dearth of research exists in Ireland concerning trans people, in 2004, The Equality Authority published *Access to Health Services for Transsexual People* (Collins & Sheehan, 2004), documenting some of the healthcare barriers experienced by trans people. This study made various recommendations concerning specific healthcare services for trans clients, but most have still not been addressed. Irish trans advocate organisation, TENI, published research nearly a decade later focusing on the experiences of mental health and wellbeing of trans people in Ireland (McNeill *et al.*, 2013). This research reported similarly high levels to NCTE, with unemployment (49%) for trans people. Suicide ideation figures for Irish trans persons are incredibly high (78%), with rates for people who attempted suicide excessively high (40% of that 78%), similar again to NCTE. Despite this, transgender people still experience inequality and discrimination regarding service delivery in Ireland (Maycock *et al.*, 2009; Higgins *et al.*, 2011; McNeill *et al.*, 2013; Sharek & McCann, 2013).

2.8 Psychological wellbeing

Minority Stress (Meyer, 2003) provides a useful framework for identifying high levels of chronic stress experienced by trans people, resulting in physical ill health (Selye, 1955; Lazarus & Folkman, 1986; Dhenje *et al.*, 2016; Edwards-Leeper *et al.*, 2016; Arcelus *et*

al., 2018). Minority Stress has been studied within groups of African American and people who identify as lesbian, gay, bi-sexual, and more recently transgender (Lombardi *et al.*, 2002), with people in marginalised communities experiencing more physical ailments, including cardiovascular problems and various other ailments (Felitti, 1999; Meyer, 2003; Lev, 2004, p. 10). This research suggests that psychosocial stress derives from having a minority status (Bowleg *et al.*, 2003), and that being identified as trans can result in anxiety due to not successfully ‘passing’ in the gender that trans people identify in (Lewin, 2002. cited in Dierickx *et al.*, 2016; Sharek & McCann, 2013). At best, not passing in the gender identified can cause some uncomfortable feelings or minority stress and, at worst, it may lead to death (Transadvocate, 2015; TvT research project, 2016). Family members of trans people can also experience such chronic stress due to their gender transitioning loved one’s vulnerability (Pepper & Brill, 2008, p. 44).

According to Meyer (2003), trans people may experience three specific proximal stressors: (1) identity concealment, (2) internalised stigma, and (3) expectation rejection. The latter is an internalised feeling of a perceived negative reaction due to visible presentation, an expectation of rejection positively correlated with psychological distress (Bockting, 2013, cited in Rood 2016). This effect might also be associated with previous rejections and experiences of shaming that they have experienced as a child due to their female gendered behaviour (Ettner, 1999, p. 74). Considering international and Irish specific research regarding the daily lives of trans people, it is not surprising that trans people avoid certain public spaces, including essential spaces such as bathrooms (McNeill, *et al.*, 2012, 2013), something that cisgender people mainly take for granted.

Rood *et al.* (2016) identified four categories where trans people may experience proximal stressors due to their gender identity, including: (1) where to expect rejection; (2) thoughts and feelings associated with expectations of rejection; (3) coping strategies used to manage the expectations of rejection; and (4) the intersection of race and ethnicity with rejection expectations. This study restricted ages to trans people over 25 years of age, due to them being beyond emerging adulthood. The effect of expectation rejection is described by one trans woman as follows:

“Really, it could be anywhere, you know? Those kinds of situations pop up where you least expect them. I mean, they’re going to happen where you do expect them—you know, when you’re walking out on the street or going to the grocery store and that mother of four is looking at you like you’re going to hurt her children just because you dress differently. However, you know, it

could pop up at you, and it just snaps you back to how unusual your situation is, and it takes away from just living life normally” (27, white, female/woman) (Rood et al., 2016).

Rood and colleagues found that proximal stress was indeed a notable experience for transgender people. The frequency and severity of the experiences felt by their participants were profound and even appraised as life-threatening. They also reported fear, anxiety, sadness, anger, and mental exhaustion, hence the trans person felt alone in their experiences. These findings, in correlation with studies focusing on psychological wellbeing and suicide ideation (McNeill et al., 2012, 2013) within the trans community are stark. Rood and colleagues (2016) argued that trans lives were under threat from suicide ideation and they recommended that therapeutic interventions be developed to enable trans people to live regular lives without fear of rejection due to their gender identity.

Lev (2004, p. 195) suggests that both trans people and their families often experience symptoms of Post-Traumatic Stress Disorder (PTSD), including: hypertension, dissociation, depression, isolation, suicide ideation, substance misuse and weight loss and gain. It is common that trans people encounter gender conflict throughout their lives, not only undergoing one particular traumatic event, but also having a lifelong experience of discordance with their sense of self, which can be traumatic (Lev, 2004, p. 196). Accepting and integrating the trans persons past into their present and future can be challenging for transgender people, and Schaefer & Wheeler (1995) suggest a vital element of the trans person’s holistic sense of self remains part of who they are (cited in Lev, 2004, p. 267).

Trans people face a multitude of stressors, with invalidation being paramount, for acceptance into their communities in the new gender identity. They experience significantly high rates of unemployment (McNeill, 2012, 2013) and often a perception that they are unemployable (Green, 2004, p. 16), which all contribute to a sense of invisibility and stigmatisation. But to understand the rationale for the heightened risk of more negative attitudes towards trans women in comparison to trans men, it may be useful to shine a light on the experiences of women in Ireland.

2.9. Women in Ireland

“Once upon a time, western Europe culture thought there was one sex, which of course was male, and females were considered and imperfect facsimile” (Laqueur, 2003).

In an Irish context, women have suffered inequality under many an Irish government and by the time of writing has still not appointed a woman as Taoiseach. One of the most prominent Taoisigh of Irish history Eamon De Valera would seem to be more guilty than most in addressing the needs of women. As suggested by Keogh & Doherty (2003, p104) *“The three words ‘de Valera’s Ireland’ are used to convey an oppressive, stagnant, uncomfortable social environment for women”* they go on to refer to article 41.2 in the 1937 constitution which brought about the marriage bar against women public servants and national school teachers. This legislation served to keep many women in traditional gender roles, and confined to domestic life (Crowley & Kitchin, 2008).

the human act of sex was perceived as a taboo subject in Ireland for most of the 20th century. The Catholic Church and Irish society were closely aligned and following independence from Britain the connection deepened especially throughout De Valera’s period in office. the partnership of Church and state, in the context of a patriarchal culture, suppressed women’s voices in Irish society. Segregation of the sexes was commonplace especially in Irish schools, the term ‘sex’ was associated with secrecy and shame and the role of sex educators was left to the parents as suggested in this quote;

“My Mother was a very direct woman but one of the things my mother was not very good at, was talking about sexuality. I was never told anything, nothing from the nuns, nothing, occasional inferences that were actually more confusing than anything and I can tell you that was fairly common. I suppose the way I can best summarise it, what I learnt, I learnt from a negative perspective rather than a positive one, in the sense that, I pieced together from people, not talking about what actually happened but talking about the implications or the dangers or the dangers of the whatever it was, you know” (Cited in Kiely and Leane, 2004. p29).

The act of ‘Churching’ was a practice that only women experienced after giving birth, it was seen as a purification ritual due to the perception that the natural act of sex was immoral, but only for the woman (Kiely & Leane, 2004). when a woman became pregnant outside of marriage *“The girl was seen as the sinner and the man following his natural tendencies”* (kiely, p 35). The girl had to ‘go away’ to a home with the baby often

removed from her (Crowley & Kitchin, 2008). In many cases the women remained in these church homes and their children were often sold to families in the USA (Sixsmith, 2010). Many women never had the opportunity to see their children again. This punishment in some way perceived by the church as a penance for the sin of extra-marital sex. In contrast, the man rarely underwent a similar shaming experience. These homes were overseen by the clergy of the catholic hierarchy and many of the young girls experienced degrading experiences enforced by this hierarchy during their time in these institutions. The gender inequalities that existed during this period would suggest that a misogynous view existed in the church, as seen in this quote from Saint Augustine;

"What is the difference whether it is in a wife or a mother, it is still Eve the temptress that we must beware of in any woman...I fail to see what use woman can be to man, if one excludes the function of bearing children."- (Saint Augustine cited in Lynch and Adamo, 2014).

In private Irish homes, similarly, women were treated abhorrently. The prevalence of the physical beatings that women endured by their husbands is documented (Valiulis & O'Dowd, 1998). The 1937 constitution outlawed divorce which copper fastened a long-established reality for abused wives in Ireland - there was no way for them to legally leave their husbands (p124). Women were perceived as second-class citizens, despite the proclamation written by the leaders of 1916 (p173) which states that; *'all men and women are equal.'* The equality that was initially hoped for was not realised. Certainly, the rulers of the land were a mix of middle-class men and the catholic church (Valiulis & O'Dowd, 1998, p160) producing a male dominated Ireland where a woman's place was seen to be in the home (p. 174).

Gender inequality persists as does discrimination for all women, including transgender women. Hence to acknowledge that a male assigned person would ever contemplate 'downgrading' to identify and present as a woman when such an inequality existed is an interesting concept. Furthermore, gender transitioning, especially more than a decade ago, warranted a diagnoses of a mental disorder, as gender transition was seen as dissociating from reality, possibly due to the trans person having experienced a trauma

(Turnbull, 2011). This may be an explanation as to why gender transition remains stigmatised in today's society, it certainly was not a prevailing norm at the time, however in recent times social attitudes towards being trans or having gender transitioned seems mainly to be undergoing positive changes. Through time *“Transgendered people have been labelled as narcissistic, histrionic, antisocial, depressed, phobic, obsessive, and, of course, sexually deranged”* (Lev, 2004, p3). One such Irish transgender woman challenged numerous Irish governments and legislators to be recognised in her identified gender, that of female.

2.10 Trans people and Ireland

Doctor Lydia Foy, a dentist from the Irish midlands, underwent a gender transition to her preferred female gender identity in 1992. Foy broke boundaries by alleging that the refusal by the Register General to alter her birth certificate to reflect her preferred gender amounted to a breach of her constitutional rights to equality, dignity and privacy, as well as infringing her constitutionally protected right to marry (Ni Mhuirthile, 2014, p.133). Foy was portrayed negatively by the Irish media, whose family life and career suffered greatly;

Her marriage broke up, and the courts refused her access to her children. She lost her job as a Health Board dentist, her health deteriorated, and she was very isolated and alone in a conservative society that afforded little understanding or support to transgender persons, or anyone else that outside the rigid stereotyped gender roles at the time (FLAC, 2018).

The European Court of Human Rights deemed Ireland to be in breach of Foy's human rights (Ni Mhuirthile, 2014, p. 135), but it was not until 2010 that the Irish State withdrew its appeal and went on to develop the Gender Recognition Advisory Board (GRAG). The Government's objective was to develop a gender recognition legislation acceptable to both the Irish Government and transgender people. However, their initial proposal fell short of the expectations of the Transgender community in Ireland (TENI, 2015). One of the main obstacles for the trans community was the GRAG proposal that would result in 'forced divorce' for trans people applying for legal recognition (Ni Mhuirthile, 2014, pp. 141 & 145). This issue is particularly relevant to this study, considering that some families

desired to stay together, irrelevant of the gender transition. It took over five years for the Irish government to develop an inclusive and progressive Gender Recognition Act for transgender people, which finally passed through the Dáil in July 2015. Dr. Foy spent over 20 years fighting for this right; the impact was enormous on both her and her family. This act highlighted the need for transgender people to be recognised in Ireland. Foy forced this legislation with the legal help by Irish legal advice organisation FLAC (Free Legal Advice Council) and with the effective lobbying and advocacy work carried out by Irish trans-NGO, TENI (FLAC, 2018). A significant factor to accessing gender recognition for 16 and 17-year-old young people, was the appearance of the family support group ‘TransParenCI’ in Leinster House to meet Ministers, and this, along with the human interaction between parents and legislators, provided a final push to the Irish government to implement this bill (FLAC, 2018).

2.10.1. Trans emergence in Ireland

The emergence of an Irish national transgender organisation in 2006 propelled transgender issues into the mainstream of Irish society, whereby Transgender Equality Network Ireland (TENI) came into the slipstream of legislative change and advocated for the human rights of all transgender people and their families (Ni Mhuirthile, 2014, p. 147). TENI raised trans issues on many platforms, including, healthcare, education, legislation and the support of trans people and their families. TENI also developed trans specific media guidelines, highlighting positive approaches to trans representation within the Irish media. These guidelines mainly adhered to by most Irish media outlets heralded in a new age for trans people’s representation and a distancing from the negative portrayals of the past. This positive portrayal of trans people by the media contributed to highlighting the lived experience of trans people and their families which seemed to facilitate societal attitudinal change. The emergence of TENI has challenged preconceptions of trans identities and provided training to various services and organisations aiming to change policies and build capacity throughout services (TENI, 2016).

TENI was also responsible for publishing the most significant research study into the experiences of Irish trans people: ‘Speaking from the Margins’ (McNeill, 2013). This report drew attention to the experiences of trans people in Ireland and emphasised the barriers to essential services (Collins & Sheehan, 2004, Maycock, *et al.*, 2009), mirroring the findings from a similar report published in the UK (McNeill, 2012). Post-transition

experiences suggested transitioning had positive outcomes on health and wellbeing, with 84% of respondents reporting higher rates of life satisfaction post-gender transitioning. Despite the positive outcomes however, there remained a residual negative effect for adult trans people regarding losses experienced during the transition in a time where limited information was available, and where understanding within society was limited. This was highlighted in a presentation to the Oireachtas Committee on Health and Children, where an Irish trans woman spoke about her experiences and in one passage emotionally spoke about relational rupture within her family:

'However, I have lost contact with most of my family members. My mother died two and a half years ago, and before that she did not talk to me. Coming back to what I am going to speak about and to make the matters plain for everyone, I would point out that two and a half years ago my mother died and three days before she died my brother asked me if I was wishing to carry Mam's coffin. I said, "No. Not really, I have not really thought about it". He said, "That is good because I cannot imagine any member of this family wanting to put their arms around you' (TENI, Oireachtas Committee for Health and Children, 2013, 4/7/2013).

Frustration within families is common, and the extreme anxiety and sense of loss that transgender people may experience is clearly stated in this passage. In recent times, these experiences are beginning to show slightly more positive outcomes, which was mainly due to average ages reducing and family supports being developed. Trans women who underwent gender transition in a time where little knowledge or awareness was available may have been negatively affected by these factors.

The development of an Irish family support group in 2011 has contributed to families being able to take a journey of acceptance with other families (TENI, 2015). TransParenCI had their initial meeting in November 2011, where 14 people attended in the Irish midlands (Carlow). In the coming years, this group organised monthly support groups for family members and a separate group for transgender and gender non-conforming children called Transformers. TransParenCI hosted an annual residential in 2013 for family members and trans young people, which attracted 36 family members (TENI, 2013; TENI, 2015). One comment from a child of a transgender woman, who attended this event, shows the impact of gender transition on his life:

*"...it was like a meteor that crashed into my world and changed everything"
(child of a trans woman. TENI, 2013).*

It is evident in this statement of the impact, not only on parents or families of trans persons, but also on children of trans people, who were often forgotten on this journey, showing the need for services to be developed with trained professionals to be equipped to meet the needs of families of transgender people (TENI, 2013; Motmans *et al.*, 2018). TransParenCI allowed for family members to be able to recognise and overcome challenges to gender transition in the family in an accessible and therapeutic manner (TENI, 2015).

“The conference was fantastic, and I was truly touched and amazed by these wonderful families and parents. As a therapist, I do get to know some families like that, but unfortunately, I also get to know families that would never attend such a conference” (Dr Brinkmann, Psychologist. TENI, 2013).

2.11. Family and gender transition

Research indicate that loss of family is a significant factor in trans people regretting gender transition, as many became isolated from families of origin (Landen *et al.*, 1993). Clinical advice to trans people was to leave the family, change their identities, and begin a new life in another city, with the assumption being that no partner or family would remain with a trans person (Lev, 2004, p. 15). Trans people who lose connection with their families due to gender transition are viewed as family-less people, as if their family are ‘disposable’ (von Doussa, Power, & Riggs, 2017). Von Doussa and colleagues found in their research that a silence existed within families and there was a reluctance to engage in a meaningful dialogue with their transgender loved one. They also found that extended family members were useful for supporting both the family member and the trans person (von Doussa, Power, & Riggs, 2018).

Although clinical support in the past was almost non-existent, research suggests that family support throughout transition can have positive outcomes within the family (Lev, 2004, p. 16; Zamboni, 1999). Family reaction to gender transition can be varied and may cause conflict and disagreement between family members (Pepper & Brill, 2008, pp. 39-59). Supportive families throughout the transition for trans children also reflect positive outcomes (Kennedy-Olsen *et al.*, 2016; Collins & Sheehan 2004; Pillinger & Fagan, 2013). Homeostasis in the family may be affected due to the perceived loss of a family member, which can potentially destabilise the family system. Reed (2005) argues that support for the trans person and the family are essential at this point. Due to previous negative experiences with health and social services, trans people and their loved ones

may decide not to access services (Bockting *et al.*, 2006). In addition, lack of experienced counsellors and psychotherapists is problematic for trans people and their families (Lev, 2004, p. 271; Hunt, 2013; von Doussa, Power, & Riggs, 2017).

2.11.1 Family systems

There is a dearth of research focusing on the systemic impact of all the family when a loved one gender transitions, especially when one considers the complexities of family systems (von Doussa, Power & Riggs, 2017). Bowen (1978) identified eight intersectional states that can contribute to chronic anxiety due to family dysfunction: *differentiation of self, triangles, nuclear family emotional system, family projection process, emotional cut-off, multi-generational transmission process, sibling position, and societal regression* (societal emotional process). All of these states are evident in the process of gender transition in families due to a family member deciding to live authentically but which is against the family wishes. Knauth (2003) argues that defining oneself within the family should not be seen as distancing themselves but rather as opening up a dialogue with family members, which can consequently reduce anxiety.

Family systems theory (Bowen, 1978) is a useful framework for understanding the complexities that exist in families that experience gender transition, as secrets are present and maintained in all kinds of families (Knauth, 2003, p. 332; Haefner, 2014, p. 835). Bowen's theory views the family as an emotional system that consists of all living members within a family, who are bonded together by attachment and relationships with one another which aids and sustains their survival (Knauth, 2003, p. 332). Bowen suggests some basic concepts with family systems theory, the cornerstone of the approach he termed '*differentiation of self*'. Differentiation of self, defines the person as a separate entity within the family and viewing themselves as such. Thus, remaining attached to the family system, any drastic change from how one is perceived within the family system might disrupt the homeostasis of the unit, resulting in what Bowen (1978) termed 'emotional fusion/ cut-off' within family relationships (Peleg, 2008; Haefner, 2014, p. 835). Knauth (2003) suggests the fact that an issue becomes a secret is evidence of less differentiation of self among family members, the result of which is anxiety within the family (p. 333). Subsequently, chronic anxiety may manifest in psychological and physical ill health; as Bowen (1978, p.291, cited in Knauth, 2003, p. 333) argues, "and the less one is able to consciously control one's own life". Secrets can remain in families for generations, with the potential to disrupt relationships, as frustrations from hidden

secrets are projected at other family members, which in turn can cause chronic anxiety and, in some situations, lead to panic attacks (Knauth, 2003, p. 336).

Bowen (1978) hypothesised that different family members can project their anxiety onto other family members and that systemic family therapists and open communication within the family can facilitate family members on a journey of acceptance and decreased anxiety (Knauth, 2003, pp. 339-340; Lopez-Zeron & Blow, 2016, p. 11). Family members of transgender people often experience a sense of betrayal and, considering trauma research, this is a normal reaction to an abnormal event (van der Kolk, 2016; Lopez-Zeron & Blow, 2016). Lopez-Zeron & Blow argue that a supportive environment, where secure interpersonal connections are made, can facilitate healing from traumatic experiences (p. 14). Emotional attachment thus is cited as one of the most critical factors that can facilitate recovery from such hopelessness (van der Kolk, 1996, 2016; Lopez-Zeron, 2016, p. 14).

2.11.2 Family secrecy

Laing (1960) suggested that ‘families cause madness’, stating that family members can potentially isolate the person to counteract the perception that mental illness within the family may be hereditary (Cohen, 2013, p. 158). Mental illness was essentially feared at the turn of the 20th century, where feeble mindedness went from something to be pitied to being feared, the perception of its hereditary nature was enough reason for the British Houses of Parliament to pass the Mental Deficiency Act 1913. This Act gave authorities the power to detain and segregate the weak in intellect (p.95). Interestingly, the notion that homosexuality could be passed down also remained a belief at the time (p103). Cohen goes on to state:

Some families at this time suffered an ambiguous loss due to having a family member institutionalised and due to the perceived shame on the family who may not speak about the person, given the feeling of neither entirely absent nor truly present (Cohen, 2013, p.102).

She goes on to state that the idea that feeble-mindedness was transmissible struck fear in the heart of families. The Gay Liberation Movement in the late 1960s and early 1970s used the theories against the family reaction to Homosexuality by identifying the family as the leading cause of subordination (Cohen, 2013, p.229); *“How many of us have been pressured into marriage, sent to Psychiatrists, frightened into sexual inertia, ostracised, banned, emotionally destroyed-all by our parents”* (GLM manifesto, 1971, cited in

Cohen, 2013, p. 232). Often the trans person can be scapegoated and sent away in shame, creating then a distance between the family and the perceived shameful identity (Lev, 2004, p. 292).

Often trans people's experience of keeping their gender identity hidden from loved one's is a cumbersome secret to maintain. The perception from the trans person that if their secret is revealed it may have a detrimental impact on the relationship between them and their families. Moreover, if the family members are aware of the secret, they may pressurise the trans person to keep their gender identity secret from those outside the relationship (Erhardt, 2013). O'Rourke-Scott (2018) argues that surveillance is used as a mechanism to elicit shame in relation to Irish women and single motherhood and this view could also be contrasted with trans women in respect to keeping secrets to maintain invisibility to their gender identity. Trans issues are shrouded with stigma and shame and families of trans people often distance themselves from their trans loved ones due to a perceived shame or embarrassment to the family (Lev, 2004). On revelations in families that a loved one is embarking on gender transitioning families can also be under surveillance from those outside the immediate family and the family's reputation can be brought under scrutiny (O'Rourke-Scott, 2018, p. 245). Spouses of trans women can experience the most scrutiny when their husbands gender transition (Erhardt, 2013).

2.11.3 Spousal relationship

Spouses or partners of trans women can experience shock on becoming aware that their loved one plans to gender transition (Emerson & Rosenfeld, 1996; Lev, 2004; Zamboni, 2006). Transgender people, on finally revealing this life-long secret, may feel liberated and want to inform the world about their plans to live in their new gender role (Lev, 2004, p. 210). The trans person may seem impulsive and compulsive about transitioning (p. 251). Often, trans people, especially at the beginning of transition, may become immersed in their transition process and become somewhat detached from the other people affected by their recent revelations (Lev, 2004, p. 210).

This can result in wives and partners upon discovery of their spouse or partner's trans identity often choosing to leave the relationships and, in some situations, wanting to expose their partners publicly (Erhardt, 2014, p.xv). Some transgender people early on in a relationship may reveal their transgender identity to their partner or spouse. This early disclosure may have a less negative response than a shocking discovery much later in

relationships. This may also result in experiences of betrayal felt by the wife, considering that she may think that she played her part in the bargain, by allowing her partner to cross-dress (Ettner, 1999, p. 103; Cole, 1998, Cole, *et al.*, 2000 cited in Erhardt, 2014, p.207). Some wives experience a traumatic loss effect due to becoming aware that their loved one's plan to gender transition to a female identity (Erhardt, 2014, pp. 207) and often need time to adjust (Diercyx *et al.*, 2018), and some wives may even experience further similar traumatic effects following gender surgery (Erhardt, 2014, p. 291). Some husbands keep their gender variance secret in a relationship, as they hope that meeting the right person may "cure" them of their transgender feelings (Erhardt, 2014, p. 7). However, if this 'secret' remains in the relationship for many years, it may have a detrimental impact on the relationship, especially where it concerns intimacy within the relationship (Erhardt, 2014, p. 2). This is not the case every time, as some partners might enjoy the transgender expression (Erhardt, 2014, p. 150). Wives who remain in the relationship with their transitioning partner may feel that they are living with another woman, but at times wish to have their husband's back (p. 3), with tolerance for cross-dressing the result of bargaining between the spouses. On the revelation that the gender transitioning spouse desires to begin medically transitioning, it may cause a host of emotional reactions, including deep sadness (p. 115). Coupled with this, is the fact that clinicians used to discourage trans people from remaining in marriages, as some surgeons would require proof of divorce before operating to avoid lawsuits from spouses, effectively contributing to the fragmentation of families (Clemmensen, 1990, p.124., cited in Lev, 2004, p. 277). In the case where spouses remain with their trans loved one, their own families may refuse to engage with them and cause fragmentation with the extended family (Erhardt, 2014, p. 138). Besides, there is often the fear that the media might want to engage in the story of a trans woman transitioning, especially if they remain in the family, and this can put further pressure and the fear of exposure on the whole family (Erhardt, 2014, p. 100).

2.11.4 Sexual relationships

...it was common for gender clinics to insist on a heterosexual postsurgical identity to approve a transsexual for surgery (Lev, 2004, p. 95).

Potentially accepting spouses or partners may be surprised to learn that their heteronormative identity is now perceived as gay relationship due to the transition of the trans person (Erhardt, 2014; Lev, 2004). Also, the trans person can become interested in

intimacy with men, leading the wife or partner to feel even more isolated in respect of not being desired as a female themselves (Erhardt, 2014, p. 108). There are a growing number of peer support groups for transgender people and even for parents, but there is a significant lack of support for wives and partners (Bischof *et al.*, 2011). The stigmatisation of trans issues may act as a barrier to seeking support. The socialisation of the transitioning partner may be concerning due to the public visual appearance and the purchasing of clothes, cosmetics, hair-pieces, and shoes may incur new curiosity and unwanted attention (Erhardt, 2014, p. 104). Explaining to other family members, friends, extended family and co-workers can also be potentially stressful for the wife or partner, especially given the limited support and knowledge regarding the subject matter. The intense feelings of loss and grief need to be expressed by the wife, who has lost her male partner and, in some sense, their provider (Erhardt, 2014, p. 140).

2.11.5 Children of trans women

Studies have shown that there are a significant number of transgender women who undergo transition who have had children, with many becoming parents before gender transition (Zamboni, 2006; Bockting & Miner, 2007; Fundamental Rights Agency, 2014; Diercyx *et al.*, 2014, 2018; McGuire *et al.*, 2016). Research also suggests that many of these women do not live with their children (McNeill *et al.*, 2013; Diercyx *et al.*, 2018).

Explaining the situation to children can be problematic, there are many variables to be considered before addressing this issue with them. Timing, location, and manner in relaying information are pivotal at this sensitive time as the child processes the information. As such, this may be a crucial time in the relationship between the child and trans parent (Diercyx *et al.*, 2016). Age of the child when told is also significant, as older children, adolescent, or young adult may be resistant to the gendered changes (DeCeglie *et al.*, 1998; Erhardt, 2014, p. 4). In the case of younger children, it may be a concern that the new gender roles of the father may affect or influence the child's gender identity; however, research suggests this is not the case (DeCeglie *et al.*, 1998). Children may experience confusion over the disclosure, not knowing exactly what this may mean for them, and chaos and perceived stress can be exacerbated if the parents are thrown into crisis, leaving the children frightened (Lev, 2004, p. 210).

Pronoun changes for children may be confusing considering the adult trans woman was previously referred to as 'dad' and may add considerable confusion if not agreed upon or

understood. These changes need to be managed carefully, timely and sensitively, especially when relational rupture may ensue and can have a detrimental effect on all (McGuire *et al.*, 2016). Some children may find it only acceptable to speak with their trans parent via a phone call, as the voice may stay the same but they avoid the physical changes of female gender transition (Erhardt, 2014, p. 152). Consequently, if the relationship between the husband and wife ends due to the transgender revelation, it may also lead to divorce and a threat of refusing custody of their children to the trans woman (Lev, 2004, p. 258). Thus, refusal to allow the children or grandchildren access to the trans parent is not uncommon, as described by this trans parent in a study on LGBT parenting in Ireland:

“And even though I love my kids and it is an awful thing to do to them, I don’t know that I can keep going...I miss my kids, I haven’t seen them now for a year and a half, and I might not see them this Christmas again...and I just can’t accept that and I would just not rather be here living then to feel like this” (Pillenger & Fagan, 2013).

Research suggests a conflict between the parents is the biggest threat to the emotional and psychological wellbeing of the child and not, per se, the transition of the father (De Ceglie *et al.*, 1998; Hines, 2006; Motmans *et al.*, 2018). The non-trans parent and other family members may attempt to protect the children by not explaining or avoiding the situation; however, avoiding this issue may only lend itself to adding to the confusion, with Lev (2002, p.311) stating that children can be intensely tuned into and aware that something is going on.

2.11.6 Loss impact on children

Children of trans women can experience loss due to gender transition, and as a result the child may not have the capacity to understand what has occurred or may be refused access to their dad at this time (McGuire *et al.*, 2016). Existing literature suggests experiencing the death of a parent may manifest in the child encountering guilt and, in some respects, feeling that in some way they are responsible for the death (Christ *et al.*, 1993, cited in Stockton & Samide, 2002). Daydreaming may result then, creating a false reality and subsequently leading to disorganised thoughts, wellbeing concerns for other members of the family, fears of abandonment, loss of appetite and increased somatic complaints, and it can also lead to sibling conflict (Christ *et al.*, 1993).

Feelings of embarrassment can ensue within families emanating from secrecy, leading to internalising the problem for the child, at a crucial time for the child to express their grief and be facilitated in doing so (Wilson, 1994, cited in Stockton & Samide, 2002). Peer support groups are beneficial at this time, these allow the child to normalise their feelings by interacting with their peers. However, caution should be taken not to force the child into a group, as the impact could be counterproductive (Huss & Ritchie, 1999 cited in Stockton & Samide, 2002). As such, attachment issues with the child need to be carefully and continuously appraised, due to experiences of loss of the parent from home and loss of the father they thought they had (Zamboni, 2006). Lev argues that the family functions as a unit and sharing information and ensuring support for each other during this intense period is vital, especially as the child needs stability (Lev, 2004, p. 313), and she goes on to state that, external support for the family during this period has positive benefits for all (p. 314).

2.12 Transgender revelations in family

Trans people that express the wish to transition later in life may have hidden this secret for most of their life; however, some of these older trans people get tired of the secret and feelings of “living a lie” (Zamboni, 2006, p. 175). Alternatively, the ‘coming out’ may have been accidentally discovered within the family and a bargaining stage (Lev, 2004) could follow, pressurising the trans person to keep the secret hidden. If the trans person is adamant and feels that they need to transition openly, the revelation may spread throughout the family and reactions can vary (Zamboni, 2006, p. 175). Confusion within families is common, and some may seek information on transgender people, which might pose problems when trying to look for empirically based information. Sometimes, family members may have the issue confused with sexual orientation and feel the trans person is gay. Inappropriate and insensitive questioning of the trans person often ensues also, which can contribute to the intense anxiety within the trans person, who also may not have all the answers. It is important to note, that varying attitudes within the family may result in further conflict regarding acceptance or non-acceptance as attitudes within the family may be split on this matter (Pepper & Brill, 2008, p. 39). Family members can also take sides, which can potentially contribute to further conflict and increase the threat of rejection of the trans person (p. 40; Zamboni, 2006, p.175). Siblings of trans people are often targeted for questioning by others concerning their trans sibling’s transition and they can feel uncomfortable, unsure of the facts, and share information that may not be factual or private to the trans person (Pepper & Brill, 2008, p. 55).

2.12.1 Stages of family adjustment

When considering therapeutic options for families of transgender people, Zamboni (2006) takes into account two different models of family adjustment which are similar to Kubler Ross' (1970) stages of bereavement following the death of a loved one. Emerson and Rosenfeld (1996) developed the first conceptual model of adjustment to transgender family instability and suggested a model of five different stages of family adaptation when adjusting to gender transition. Their model comprised denial, anger, bargaining, depression, and acceptance. Importantly, the authors state that the stages may not necessarily run in a linear fashion. The authors also suggest that acceptance does not necessarily mean that the family members are in total agreement, but rather that there is a shared recognition that the person has changed and a loss has occurred (Emerson & Rosenfeld, 1996).

Lev (2004) adapted and modified this model to include an additional stage that followed shock, denial, and confusion, and she suggested that a state of turmoil could follow, with Lev acknowledging the stress that can be experienced by all involved at the time of gender transition. Negotiation is the third stage and, again, is similar to the bargaining stage described by Kubler Ross (1970); however, this stage refers to the dialogue that families have with, and sometimes without, the transgender loved one (Lev, 2004). Finally, Lev describes balance as the stage where families reach a level of acceptance, recognising that transition has taken place and that the transgender person exists in the family. Lev suggests that the need for secrecy is lessened which reduces turmoil within the family and potentially the transgender person is re-integrated into the family. Lev also goes on to suggest that there is a "latent" stage, a stage where acknowledgement of the family secret is evident but devoid of an open validation of the gender variance.

Reflected in both these models are the importance of communication and an understanding of the construction of meaning for each family member, primarily through the negotiating stage. They also state that dialogue between parties is paramount at this time. These stages are often not linear or descriptive, as family members experience a variety of reactions, stages, and opposing views within the family to gender transition (Kubler-Ross, 1970; Ellis & Erickson, 2002, p. 297; Lev, 2004; Pepper & Brill, 2007, p. 42). Reactions from different family members may vary, as a wife may have a mixed response to a child or sibling of a trans person and a similar staged approach may ensue, especially at the 'anger' stage, which may remain for more extended periods (Erhardt,

2014, p. 194). The challenges of understanding gender transition in the family may wane after a while. As such, space and time can be useful to allow the family member to grieve the loss of the previous identity and reintegrate the trans person back into the family (p. 178; Diercyx *et al.*, 2016). Having parents who identify as gay or lesbian can also contribute to acceptance or rejection of trans identities within the family (Brill & Pepper, 2008, p. 42). Often gay parents of a trans or gender variant child may cope better, considering their previous experiences of identifying as gay in a heteronormative society. However, gay parents of trans children are often accused of ‘causing’ their child to be transgender (Brill & Pepper, 2008, p. 43).

In addition, Ellis & Erickson (2002) have conducted an informal case analysis and presented a six-stage process that families experience when a loved one undertakes gender transition. These stages include: loss (includes PTSD), anger, denial, betrayal, communication, searching for support, self-discovery, acceptance, adjustment, and pride (pp. 296-297). The authors model is again similar to Kubler-Ross’ (1970) model of adjustment to bereavement. It is also important to highlight, at this time, the unintended uses and over-application of Kubler-Ross’ model of family adjustment to death. Kubler-Ross’s model has been criticized for failing to examine pre-existing research or consider other contextual variables in her model (Rodriguez-Sanchez, 2007). Furthermore, the models mentioned in this section have not taken other types of loss into account when constructing their models of family adjustment to gender transition.

2.13 Loss of the assumptive world

We are Psychologically unprepared for traumatic loss because our fundamental assumptions about the world and ourselves- assumptions embracing benevolence, meaning, and self-worth - generally afford us a sense of relative vulnerability (Janoff-Bulmann, 2002, p. xii).

Both the adult trans person and their family members may experience traumatic loss due to previous hope and dreams of what they assumed their futures would hold (Parkes, 1988; Janoff-Bulmann, 2002, pp. 205-211). Piaget (1954) argued that new schema frequently changes our perceptions of the world. When unexpected external events arise, they can be traumatising and disrupt our previously held view of the world (Landsman, 2002, p. 19; Neimeyer *et al.*, 2002, p. 32). Although shattered assumptions can affect a person in many ways, both positively and negatively, most of the literature focuses only on the loss of the negative implications of traumatic loss. The theory of shattered

assumptions is important to consider when exploring loss and grief with adult trans women and their families, as it identifies the concepts surrounding mortality and the assumption that if an individual felt they had lived a “good” life, the chances of experiencing a shocking event would be minimised because they held a benevolent view of life (Janoff-Bulmann, 2002, p. 205). Three main aspects of shattered assumptions are identified:

1. The world is Benevolent. This first assumption focuses on the perception that the world is a good place and people in it are generally good people despite their negative behaviours at times.
2. The World is Meaningful. The second assumption focuses on good things happen to good people and, generally, bad things happen to bad people, or there is an explanation to identify a reason to negate the adverse event to a negative behaviour of another bad person.
3. The Self is Worthy. The final assumption focuses on the person generally with morals. It views a person that works hard in life will get the benefits from life whereas people who do not usually get what they deserve. The control lies with the person to positively or negatively to influence their own lives (Brewin & Holmes, 2003).

Loss, whether it’s traumatic or otherwise, affects all of our lives at some stage. Although most of us experience loss, a smaller percentage of people suffer a traumatic loss; whether a loved one is murdered, dies in a tragic accident, or is registered as a missing person with no insight into their whereabouts. Estimates for people experiencing Complicated Grief, although difficult to establish, range from 7% to 20% (Jacobs, 1999; Bonnano & Kaltman, 2001; Maercker, *et al.*, 2005; Shear *et al.*, 2005; Corr & Coolican, 2010 cited in YI, 2012). When this occurs, people may need to make sense of what has happened, which will aid us in recovery from a traumatic experience (Janoff-Bulmann, 2002, p. 208). Often our initial response to a traumatic shock is denial or avoidance, as we try to distance from accepting what has occurred in our lives. Neimeyer and colleagues (2002) suggest three types of denial: defensive denial, trauma-specific avoidance, and adaptive illusions, arguing that the use of denial plays an essential role in the early stages of trauma and can lead to a period where hope can fill the void of denial and recovery is reached (p. 24). Blaming oneself after experiencing a traumatic event is considered to be a factor that can

also have a positive effect on recovery, as it suggests that we regain control over the situation at hand (Landsman, 2002, p. 15).

Attachment theory (Bowlby, 2008) is a useful framework for understanding the impact of traumatic loss (Landsman, 2002, Cited in Kauffman, 2013, pp. 13-30). Considering the proximity of the personal relationship with the person that is lost is vital for understanding shattered assumptions (Beder, 2005). Whether the loss is stigmatised, can also be factored into the loss being prolonged (Barreto-Marin *et al.*, 2012), which given the focus of this study on trans families, may lead to a disenfranchisement of grief (Doka, 2002) due to the issue being avoided by friends and family due to the stigma. Underlying these factors is the meaning that we put on the subjects of loss; as Frankl states, humans invariably possess a ‘will towards meaning’ (Frankl, 1984, pp. 105-106) and disruption to this can shatter our assumptions. This comment suggests that each person is responsible for creating a meaning for any loss experienced in life and that by changing one’s attitude to the event recovery can be facilitated. Frankl further goes on to state:

Everything can be taken from a man but one thing: the last of the human freedoms—to choose one’s attitude in any given set of circumstances, to choose one’s own way (Frankl, 1984, p. 75).

While life stories and scripts are disrupted by traumatic loss and shattered assumptions, those scripts and stories can be reconstructed (Neimeyer *et al.*, 2002, cited in Kauffman, 2013, pp. 31-47). Although shattered assumptions exist for adult trans women and their families, death is not a factor and therefore the hope to rebuild the relationship within the family remains. Barriers exist, however, in the guise of already developed attitudes and social stigma surrounding trans people, role recognition, expectations of rejection, and perceived loss. Moreover, the ambiguity of the loss may be the most significant barrier to reconstructing a narrative of loss, which may contribute only to freezing the grief in place (Boss, 2009, 2016; McGuire *et al.*, 2016). Often then, the confusing and conflicting loss experienced by both the trans person and the family members can cause obstacles to understand the type of loss experienced (Norwood, 2013, Wahlig, 2014; Catalpa & McGuire, 2017). Therefore, in this next section I will focus on the theory of ambiguous loss to understand the complex loss that both trans people and their families might experience due to gender conflict throughout life or due to fragmentation of relationships connected to gender transition.

2.14 Ambiguous loss

Whatever the cause of unresolved loss- immigration, war, divorce, remarriage, or adoption its symptoms can be distressing. Anxiety, depression, somatic illness, and family conflict often afflict those who do not adapt and move on with their lives. Without some kind of closure, the absent stay present (Boss, 1999b, p.44).

The development of the theory of Ambiguous loss can be dated back to the 1970s. It was identified by United States-based psychotherapist, Pauline Boss. Boss' background in the area of family stress contributed to the theory, as she found that a contributing factor of family stress was the confusing, conflicting, and unresolved experiences of the family members of soldiers missing in action (MIA) during the Vietnam War (Boss, 1977, 1980b, 2016, p. 270). Boss argued that family members suffered from boundary ambiguity, with the underlying factor being the ambiguous loss of their loved one. These experiences were leading to depression, anxiety, and family conflict in family members of soldiers who were MIA.

The theory of Ambiguous loss was further developed into the 1980s with family members of US veterans who were diagnosed with Alzheimer's disease (Boss, Caron, Horbal, 1988; Boss, Caron, Horbal and Mortimer, 1999, cited in Boss, 2016, p. 270). Based on these two findings, Boss wrote the seminal work in the area, *Ambiguous loss* (Boss, 1999). Since the early days of Ambiguous loss research, various other areas of loss have been investigated to explore ambiguity and meaning, including, the attack on the World Trade Centre in New York, where the author was called on to investigate the experiences of family members of the missing (Boss, 2006, 2016, p. 270).

Carroll *et al.*, in a special issue of *Family Relations* (2007, pp.210-230), critically analyse Boss' work and identify boundary ambiguity as the stressor rather than ambiguous loss. However, Boss argues that ambiguous loss leads to boundary ambiguity by focussing on models of family stress outcomes. Central to the understanding of the Contextual Model of Family Stress (CMFS) is the idea that ambiguous loss (A) was the stressor that led to boundary ambiguity (B) and manifested as depression, anxiety, and family conflict (C). This connection could explain the underlying and previously unidentified condition being experienced by families of soldiers lost in action (Boss, 2007, 2016, p. 278).

Ambiguous loss contained 10 key assumptions that underlie the theory (Boss, 2010, 2016):

1. A phenomenon can exist even if it cannot be measured.
2. With Ambiguous loss, we assume the truth is not attainable but we need to understand how people live despite the absence of truth.
3. Ambiguous loss is a relational phenomenon and it assumes attachment to the person.
4. Cultural beliefs play a central role in understanding the influences of the loss on the person.
5. With Ambiguous loss, the source of pathology resides in the type of loss rather than the type of grief (Boss, 2010, 2012b, 2015a; Boss & Carnes, 2012; Boss & Dahl, 2014; Boss, Rues & Harris, 2011; Boss, 2016).
6. With Ambiguous loss, closure is a myth. There is no finality and the loss and grief can continue indefinitely.
7. The sufferer cannot cope with a problem if they are not aware of what the problem is. Naming Ambiguous loss as the stressor allows the coping process to begin.
8. If a loss remains unclear and ambiguous, it is still possible to find meaning in the experience.
9. With Ambiguous loss, resilience has a specific meaning; that is resilience increases one's tolerance for ambiguity.
10. The core of the theory of Ambiguous loss is that families can be both physical and psychological entities (Boss, 2016).

These 10 core assumptions underlie the theory of ambiguous loss and Boss (2016) adds that her own experiences and context were influencing her thinking when developing the theory. Although Boss (2016, p. 280) suggests that it is essential to pay attention to one's own experiences when developing theories, there are also objective criteria to acknowledge when conducting this work (Boss, 2016, p. 280).

Perhaps the most powerful critique and testing of the theory of ambiguous loss comes from the International Committee of the Red Cross and Red Crescent in Geneva, Switzerland. Their researchers/field workers have tested the theory in Eastern cultures where family members have disappeared (Robbins, 2010). Robbins states; 'Ambiguous loss has become a standard theory for understanding the impact of situations where the presence of a family member is subject to ambiguity' (2010, p. 253). Robbins' main criticism of the theory is related to cultural contexts and especially that ambiguous loss theory only focussed on western societies, especially in the US. Robbins

explored ambiguous loss theory in families of the disappeared in post-conflict Nepal; this was the first time that ambiguous loss theory was empirically tested in a non-western context (Robbins, 2010, p. 253). Interviews were conducted with family members of the missing, and identified themes emerged, the findings were then compared to the ambiguous loss framework. A vital factor in Robbins' study was that the central focus was on Nepalese women, as the missing were their menfolk (Robbins, 2010). Robbins found that of 86 families, 20% of them only believed their missing loved ones to be dead, whereas 80% felt ambiguity towards the disappearance. Another significant finding from this study found that almost all of the participants expressed a lack of closure (Robbins, 2010, p. 259). Moreover, 94% stated that emotional and mental health problems have not improved over time (Robbins, 2010). Robbins also found that the resilience models developed by Boss needed to be revised due to the cultural context of other societies. He specifically identified that 1 correction and 1 clarification needed to be made in the 6 guidelines for intervention:

- *tempering mastery* needed to change to *adjusting mastery*, as women needed more mastery than less in some cultural contexts, and,
- *discovering hope* needed to be clarified as *discovering new hope*, to clarify that people cannot keep hoping for what was previously known to them (Robbins, 2010, p. 265; Boss, 2016).

Boss adapted the theory to acknowledge these findings (Boss, 2016). Robbins was the first study to clarify in depth the postmodern base of Ambiguous Loss theory (Boss, 2016). The theory of Ambiguous loss has been used in various areas where loss is ambiguous and used with disasters such as earthquakes, tsunamis, kidnapping, political disappearance, and mysterious disappearance of planes, such as Malaysia Airline flight 370 (Boss, 2016). Over the last decade, ambiguous loss theory has been adapted to various other populations, including LGBT people (Boss, 2016, p. 282). It now ranges from the experiences of families with loved ones with dementia to foster children's experiences of biological family (Boss, 2016). In recent times, the theory was adapted to focus on the experiences of families of trans people (McGuire *et al.*, 2016) and trans-young-persons experiences of lost family members due to their identity (McGuire & Catalpa, 2018). I identified ambiguous loss as an essential framework for understanding the experiences of adult trans women and family members of adult trans women in an Irish context. It would be hugely beneficial in a health and social care perspective, if

garnering a better understanding of these experiences, by potentially facilitating the development of an expert base of support to meet the needs of the trans community and their family members who suffer from ambiguous loss.

Boss posited that this type of loss can be experienced in two ways:

- a) psychologically absent but physically present,
- b) physically absent but psychologically present

Ambiguous loss can include anything from abduction, Alzheimer's disease, incarceration, or miscarriage (Boss, 1999b). It can be identified when there is an unclear loss present and can block the natural grieving process, considering the confusing and conflicting emotions one may experience. Given the ambiguity of this type of loss, unless one can internally make sense of the loss experienced, the traumatic loss can become frozen and potentially affect further generations of the family (Boss, 1999b, p. 4). For example, in situations where an individual is living with dementia, the person is considered physically present but psychologically absent, with dementia impairing cognitive abilities, communication and creating obstacles for communication. Alternatively, in cases where a loved one is kidnapped or missing, with no clarification regarding their wellbeing or death, they can be considered psychologically present but physically absent. Both of these situations can cause enormous difficulties for the family. Boss (1999, p. 5) states "ambiguous loss is always stressful and often tormenting" as resolution and hope are obstructed, and she provides five descriptions of what ambiguous loss is (Boss, 2009, p.138):

1. An unclear loss.
2. A traumatic loss.
3. A relational disorder.
4. Externally caused (example., illness, war), not by individual pathology.
5. An uncanny loss – confusing and incomprehensible.

Ambiguous loss provides a framework when investigating gender transition in families (McGuire *et al.*, 2016; Boss, 2016), considering the meaning that trans women and family members attribute to their experiences. Wahlig (2014) argues that family members can experience both physical and psychological changes simultaneously when the trans person transitions, which consequently may add to further lack of clarity to losses

suffered. Considering the boundary ambiguity that exists in both older trans women and their families, conflict in understanding and accepting gender change can ensue within the family systems.

Often the trans person undergoes physical changes, developing secondary sex characteristics similar to a second puberty (Pepper & Brill, 2008). Furthermore, they can expect psychological changes such as, change of name, mannerisms, gender roles, new interests, and hobbies, which can contribute to further turmoil to an already complicated situation (Lev, 2004). Perception of the adult trans person undergoes a shift, and family members may find it challenging to function, usually not knowing if the Other is 'there' for them, which can contribute to ambivalence (Boss, 1999, p. 4). Boss (2006, p. 117) provides an example regarding the psychological loss due to dementia - "*There is no one home inside of him anymore; I no longer have a father*" - which is similar to family experiences of trans loved ones whose gender transition they can find difficult, regarding reorganising and attaining a new understanding of the person in their mind. Boss argues that the higher the ambiguity surrounding the loss, the more difficult it is to regaining control, and often this can lead to mental ill health and family conflict (Boss, 1999, p. 7).

The whole family can be affected when a family member gender transitions, as many complex challenges need to be navigated, and often the trans person is isolated from the family due to the perceived shame. Both family members and their trans loved one experience ambiguous loss, considering that there is no resolution but only isolation of the 'problem'. Obstacles thus prevent a normal grieving routine, as the person remains physically present. In addition, the situation is ambiguous, as there is no death to mourn, and the family's loss may not be recognised or legitimised by friends, neighbours, colleagues, and other family members (Boss, 1999, p. 35; Thorngren & Betz, 2006; Doka, 2002, p. 42). Friends and extended family members may also not recognise gender transition as a loss or may feel that it might be too sensitive to recognise the loss with the person. Therefore, the person's grief could be disenfranchised and the loss remains unacknowledged, social sanctioned, or publicly mourned (Doka, 1989, cited in Doka, 2002, p. 160), especially when one considers the stigma, fear and shame often attached to trans issues. Thus, it can inhibit the grieving process for the person and, potentially, the social support received (Doka, 2002, p. 161).

During the early stages of traumatic loss, avoidance strategies are evident, which can often result in a family member detaching themselves from the unit to maintain denial.

As a result, the consequences can be debilitating for all involved (Emerson & Rosenfeld, 1996; Neimeyer, 2002, p. 24). Due to the traumatic impact of the loss, if the event is not resolved, or made clear, then the person may continue to experience the trauma (Boss, 1999, p. 23; Boss, 2009).

Individual family members may experience ambiguous loss in a host of different and complex forms. Various family members may experience conflict: from the father whose son has transitioned to their preferred female role; the daughter that now has a father who presents and identifies as female; or the brother that has lost a sister. Many connotations thus exist, which can add to the suffering. Higher levels of ambiguity can also lead to serious negative implications concerning depression, anxiety, and family conflict (Boss, 1999), contributing to the suffering, and manifesting in personal and familial problems, not because of flaws in the psyche of those experiencing the loss, but because of situations beyond their control or external constraints, all of which block the coping and grieving process (Boss, 1999). Similar to families dealing with Alzheimer's disease, family members of adult trans women can experience numerous losses (Boss, 2009): the loss of the person in the gender post-transition, loss of name, loss of identity, loss of place in the family, loss of male role model, loss of memories (photo removal), to name but a few (Boss, 1999, p. 35). Although the removal of a photograph does not erase one's memory of the photo, the physical manifestation of the historical objective is removed.

Dominant family members can play an influential role during gender transitions, and some facilitate the transition, helping other family members understand and support the adult trans woman (Pepper & Brill, 2004). Dominant family members play negative leadership roles where they use situations to isolate the trans person from the family unit and manipulate family members to dissociate from the trans person (McGuire *et al.*, 2016). Other family members either have power to oppose decisions or are afraid to do so, given the position that the dominating person holds in the family. Subsequently, this serves to freeze the grief for family members who are confused about supporting or opposing the trans person. Family members, and especially parents, may then feel guilty for not being strong enough against the dominant family member and berate themselves for not supporting their trans loved one at this time (Thorngren & Betz, 2006, p. 361).

Relationship rupture can have a psychological effect on children of adult trans women, especially when there is conflict involved within the family (DeCeglie, 1998). Children are often caught in the middle of family conflict and in some situations, children are told

their parents have died or moved away. Nevertheless, children struggle to understand where their parent is and what this means for their family. Boss (1999, p. 71) states that the children may not agree that this is the case, which may contribute further to ambiguous loss, potentially opening them up to experiencing disenfranchised grief (Doka, 2002, p. 44). It only serves to add to the confusion for children of trans parents caused by changes in norms, who may be conflicted due to the discordant messages they receive at home. Family members often experience mental conflict as they realise their rigidity against accepting a loved one when becoming more informed of trans issues in research and media. Long periods since the trans person was isolated from the family can also be a factor, given the prevailing norms at the time of transition (Diercyx *et al.*, 2016). In light of this situation, there could be a reluctance to re-engage due to pride, stubbornness, guilt, or all three.

Boss (1999, p. 7) argues that ambiguous loss can make people feel helpless and suggests two contributing factors that impact the ambivalence that one might experience: a) the loss is confusing, and people are baffled and confused, and they don't know how to make sense of the situation, b) uncertainty prevents people from adjusting to the ambiguity of their loss by reorganising the roles and rules of their relationship with their loved one so that the couple or family relationship freezes in place. As Thorngren & Betz (2006) state, "Ambiguous loss leaves people feeling powerless in their lives and insecure in their futures", becoming a never-ending roller-coaster, with an ambiguous loss taking its toll on family members physically, cognitively, behaviourally, and emotionally (Boss, 1999, cited in Thorngren & Betz, 2006, p. 360).

2.15 Resilience

For the purpose of this thesis, I define resilience as: the ability to bounce back to a level of functioning equal to or greater than before the crises (Bonnano, 2004). The original concept of 'resilience' migrated from the natural and physical sciences, where originally it referenced to the manner in which the physical source of a structure bends and bounces back in response to adversity, into the area of social science where the person is also seen to bounce back from adversities in life (MacKinnon & Driscoll Derickson, 2012; Cretney, 2014; Sippel *et al.*, 2015). When used in reference to humans, the concept of resilience is viewed by some as supporting established social structures by emphasising adaptation to life challenges (O'Malley, 2010).

Social resilience is defined by Adger (2000) as ‘the ability of groups or communities to cope with external stressors and disturbances as a result of social, political and environmental change’ (cited in Cretney, 2014, p. 627). Disability groups suggest that the concept attempts to make psychology less of an individualistic encounter and more a community intervention (Runswick-Cole & Goodley, 2012, p. 67). The concerns being that states may decrease their involvement, and increase community self-reliance (Cretney, 2014, p. 627). Clearly conflicting views pertain in respect to resilience. Cretney (2014) states that ‘resilience’ is a word with numerous meanings and a framework with many applications (p. 637).

Although Boss has developed ‘guidelines for resilience’, she agrees that remaining resilient is not always desirable, if the same person is expected to bounce back time and time again (2006, p. 58). This perception only contributes to the ‘responsibilisation’ of individuals and their communities for their own risk management (MacKinnon & Driscoll Derickson, 2012).

I recognise that expectations of resilience on the part of trans people can be understood as responsabilising them for adapting to the cisnormative social structure. However, I understand models of resilience as offering trans people the everyday individual coping skills to endure a cisgender society, until those who can advocate for change bring it to a point where trans identities are validated and understood. Therefore, models of individual, family and community support are important for this study.

Many trans people have faced ongoing internal conflict since their childhoods, these experiences are often kept secret from families due to the perceived negative reactions from family members. In some instances, trans people never reveal their authentic selves and struggle to live with this secret for all of their lives. Trans people who reveal their gender identity and plans to gender transition to loved ones often face the risk of exclusion from their family units (Lev, 2004). Family members on learning about their loved ones plans to gender transition can also feel traumatised by the revelation (Zamboni, 2006). In both situations coping with the chronic perceived stress can have a debilitating impact on the lives of both trans people and family members. Therefore, developing coping mechanisms to help alleviate chronic stress are crucial in aiding survival.

Seligman (2009) suggests that how one appraises a traumatic event is crucial for post-traumatic growth (2009, p.18). It is this post-traumatic growth that both aids recovery and motivates trans people and their families to advocate for change.

Learning to hold a paradox helps, that someone we love can be both absent and present at the same time (Boss, 2009). In applying an ambiguous loss framework, McGuire *et al.* (2016) mention three processes that families go through when experiencing ambiguous loss: a) recognising their feelings as loss, b) exploring how their expectations contribute to a belief that change is loss, and c) enhancing resiliency through a redefinition or meaning-making about gender and its role in family relations. The authors go on to identify cisnormativity as a factor that contributes to ambiguous loss, considering that strict, rigid rules about gender apply in most families and societies. The authors argue that decentring the notion that gender is a binary of male and female can contribute to an understanding that gender is extensive. This approach can subsequently lead to a reduction in ambivalent emotions by developing broader conceptual views of gender identity and expression (McGuire *et al.*, 2016). The stigmatisation of trans identities makes it more socially acceptable to isolate a trans loved one from a family (McNeill *et al.*, 2012, 2013).

Norwood (2010b, 2013) suggests that gender transition can mean that a loved one being gone to some family members. Reconstructing the meaning of the event is useful for accepting the changes. In her study, Norwood (2010b) interviewed 37 family members of trans people, many of them parents of adult trans people. Her findings included a dialectic presence regarding language, where parents would speak about their loved ones as both “still here” and “gone” simultaneously (Norwood, 2013). Her participants distinguished two discourses, biological essentialism and social construction (sovereign self & social self), and through the interplay identified four different meanings of their loved ones’ identity, replacement, revision, evolution, or removal.

Neimeyer and colleagues (2002, p. 36) espouse that when one experiences a traumatic event that, although the person may experience post-traumatic stress, they may also experience post-traumatic growth. They argue that grief can be a transformative process and one can recover from the ordeal. It is often suggested when experiencing grief that individuals require closure after the death of a loved one. However, the gender transition process can be a complicated one for some and includes many complex symptoms that are present in ambiguous loss. Boss & Yeats (2014) argue that ambiguous loss can

manifest as complicated grief due to any resolution of the grief being frozen. Complicated grief can also be experienced when trans persons or family members are bereaved due to death (Nolan, 2019). Although experiencing traumatic loss undoubtedly disrupts the past narrative of our lives, by sharing memories and biographies of the person with others, it can help readjust our narratives and include the ‘deceased’ person back into our lives (Neimeyer, 2002, pp. 36-37). In addition, Boss’ guidelines for resilience have been developed to help mental health workers to ease the pain of ambiguous loss (Boss, 2006, 2009, 2016; Boss & Yeats, 2014; Knight & Glitterman, 2018).

Relative to ‘loss of the assumptive world’, Beder (2005) argues that our attachment to loved ones is challenged when our world view is threatened. She goes on to state that loss is a part of life but when death occurs the bereaved can experience a complex set of emotions. Attachment theory (Bowlby, 2008) suggests that human beings are born needing attachment, but when the attachment figure is absent, then significant anxiety results (Beder, 2005, p. 257). Loss experiences across the lifespan can threaten further attachment anxieties. Therefore, new assumptions need to be developed to enable us to recover from the loss of past assumptions of the world.

Similarly, having a shared past with a family member has the potential for causing attachment anxiety when that family member dies. When a person gender transitions those previously shared histories are threatened, primarily when the trans person argues that they have always felt they were a different gender. Psychological interventions may be needed to facilitate sufferers to seek validation and confirmation of the loss experienced and be allowed to vent the anger that often remains (Beder, 2004, 2005). Relinquishing old attachments and readjusting to the new worldviews can restore homeostasis, in which victims become survivors (p. 261).

Gender transition in families is both complex and individual to each family experiencing it. Thus, without clear understanding of what it means for their trans loved one, themselves, and the family, it can prove difficult for all to navigate. Betz and Thorngren (2006) argue that therapeutic work or counselling are vital in helping people restructure and define the changes in roles when experiencing ambiguous loss in families. They go on to suggest that all family members need to have time to express themselves, as often the trans person may have access to a mental health practitioner, and their parents may on occasion have some support, but other family members are often omitted in the trans person’s journey. A broad systemic approach is suggested when addressing the confusing

and conflicting loss in a family setting, helping the family to define the loss, what they are using to cope, along with what coping options might be available to them (Betz and Thorgren, 2006).

The authors suggest a narrative therapy approach, facilitating the person to take ownership over their own story (Betz & Thorgren, 2006). This could be an essential option for the trans person also, where often trans persons can struggle with identifying the narrative to explain their life before gender transition. Letting go of trying to maintain control over an uncontrollable situation can be empowering and relieving for both trans people and their families, aiding recovery and recreating bonds within the family.

Boss (2009) argues that closure is a myth, especially regarding the societal view that focuses on absolutes and contributes barriers to accept opposing views. Besides, she states, that although it is a process that takes time, one can ‘bounce-back’ when accepting the ambiguity (p. 49). Boss developed a set of six therapeutic guidelines for resilience which are applied to ambiguous loss theory: (1) finding meaning, (2) adjusting mastery, (3) reconstructing identity, (4) normalising ambivalence, (5) revising attachments, and (6) discovering new hope. She mentions that these guidelines do not progress linearly and that cultural differences need to be factored in. Contextualising the factors that are present either in ambiguous loss or resilience development in trans women and their families is an important one, especially regarding the historical aspects of Ireland, often related to a connection to the Catholic church and its teachings. In addition to religious contexts, there are state level contexts too, as all of the trans women in this thesis were not legally recognised by the Irish state until 2015, which adds another dimension to the invalidation of their identities and that of their families.

2.15.1 Finding meaning

Finding meaning can be a challenging concept when a family member gender transitions or when there is a constant lifelong conflict with gender identity. Due to individual differences, we vary identifying the meaning of the world or reconstructing new meaning, especially where boundary ambiguity exists (Boss, 2006, p. 74). Often, we struggle to find ‘truth’ in the world, especially when multiple truths exist. Language is a crucial component to developing meaning, which also holds relevance in the area of transgender identities (Gadamer, 1975). The previous language concerning trans identities can be pathologising and disempowering for trans people and their families. Developing new

language to facilitate how we attribute meaning to gender change is vital for reintegrating trans people into family systems. Systemic therapy that promotes all family members to speak about their new experience, and hear others, can facilitate positive change (Boss, 2006, p. 93). However, Boss suggests that dialectic thinking can help people hold opposite views simultaneously (Boss, 2006, p. 97; Boss, 2009, p. 141; Norwood, 2010b, 2013).

2.15.2 Adjusting mastery

When one loses control of a life situation, it can exacerbate anxiety, and it can be challenging to maintain resiliency, control can be illustrated by a concept called mastery (Boss, 2006, p. 98). In most circumstances, as one regains mastery of the situation, anxiety decreases. In a situation that is conflicting and confusing, where ambiguity is present, it is difficult to control an ambiguous situation and doing so may exacerbate anxiety. Adjusting mastery can facilitate an understanding that the case cannot be controlled and recognising that the world is not benevolent and accepting the situation is ambiguous (Boss, 2006, p. 103). Narrative therapy can help reorganise thoughts of helplessness to understand that deciding to live with ambiguous loss can release the sufferer, given they are no longer passive victims of ambiguity (Boss, 2006, p. 111). It can be helpful to regain control over the narrative by altering pronouns or names. Adapting and reintegrating these new truths into a personal narrative can decrease the need for total mastery over an ambiguous situation (Boss, 2009, p. 145).

2.15.3 Reconstructing identity

When a loss is experienced in a family, it can disrupt how we position ourselves within the family and our sense of self in the world. If a traumatic loss has been encountered, often the initial response is avoidance or denial, as this provides time and space while one processes the trauma. During this period, individual family members can experience a disruption to rational thinking (Boss, 2006, p. 115). Considering the merging of identities in spousal and long-term relationships, the impending transition may threaten the shared identity and beliefs of both partners (Boss, 2006, p. 119). Families are also significantly troubled when a loved one gender transitions, as transitioned gender roles and identities may change roles for others in the family (Boss, 2006, p. 122). Stigmatised trans identities can also have an impact on families who struggle with reconstructing a trans identity into their families (Boss, 2006, p. 123). Revising family roles, identities and traditions can accommodate both family members and trans people, as they seek options to help them

adapt together to reintegrate the new identity into their family. Being more flexible in revising gender roles and conventional norms can also have positive outcomes (Boss, 2009, p. 143).

2.15.4 Normalising ambivalence

Acknowledging that an ambiguous situation exists can help clarify the painful loss. Naming the loss or unclear situation can facilitate positive change (Boss, 2002, p. 145). Ambiguity feeds ambivalence and vice versa (p. 146), and so Boss argues for both emotion and problem coping strategies to help reduce stress as one understands what has happened. Thus, finding options on how one might address the ambivalence is vital. Humour can be a definite strategy in normalising such ambivalence, as both family members and the trans individual share humorous stories to help neutralise the doubt (Boss, 2006; Kuyper, 2009). Humour is seen as particularly helpful for bringing potentially sensitive conversations out into the open to reduce anxiety (Boss, 2006, 2009).

2.15.5 Revising attachment

Attachment is a salient factor in the experience of loss, considering the attached links to the person are disrupted. Lack of witnessing and validation creates pain for those that love the person that is missing, especially if the person is perceived as missing but is, in actuality, gender transitioning. As such, attachment is no longer balanced, as the reciprocal relationships are disturbed (Boss, 2009, p. 144). The family member or partner's life is thus often put on hold while they hope that gender transition is a phase that the trans person may grow out of. When this hope is breached, it can be an obstacle for accepting the change to attachment and can cause a perceptual shift in the relationship (Boss, 2006, p. 164). Thus, modifying existing attachments and holding alternative views and perceptions can facilitate ease in the ambivalent feelings over time (Boss, 2006, p. 173). Considering that the person has not died, there are no rituals to be celebrated. However, by creatively developing rituals, it can help to forge new attachments over time (p. 176).

2.15.6 Discovering new hope

Ambiguous loss can have a debilitating impact on the life of sufferers and especially when a family experiences gender transition to be an overwhelming negative development in

their families. Their hopes and dreams for the future could be under threat, and a feeling of hopelessness might fill the void. In the case of soldiers missing in action, Wayward and colleagues argue that the way that people remain connected to the missing person is by holding onto hope, or letting go of it (Wayland *et al.*, 2016). Hope can be reconstructed by using aspects of the previous five therapeutic guidelines, as one feels secure enough by accepting ambiguity to finally let go of past life goals (Boss, 2006, p. 195). It can bring new aspects and hopes into the lives of people, where their trans loved one is not living a lie anymore, whereupon a more open and less stressed person emerges. Although tensions and conflict might have been present, Boss argues that this may negatively affect the therapeutic change and he suggests creating new rituals to celebrate the new changes and accepting the ambiguity by linking meaning with hope (p. 195). Research indicates that hope is a particularly significant factor in predicting resilience and positive mental health and can help forge the belief that multiple paths can be taken to overcome adversity (Goodman *et al.*, 2017).

Once a stage of balance has been reached, the lives of family members and the transgender person alike may not revolve around the transition but on the family life, events, vacations, children, birthdays, and other everyday events in the lives of families (Lev, 2004, p. 291). Limited literature exists focusing on families of trans persons and their experiences of ambiguous loss (Norwood, 2010, 2013; Wahlig, 2014). Ambiguous loss also needs to be addressed from the perspective of the trans person, considering that they can experience both physical and psychological absences from the family (McGuire *et al.*, 2016; Catalpa & McGuire, 2018). As noted earlier, specific literature, focusing on the experiences of ambiguous loss by both adult trans people and their families, is limited, and what is available has been mainly based in the United States of America (Norwood, 2010b, 2013; Wahlig, 2014, Kuvalanka *et al.*, 2014; Boss, 2016; Catalpa & McGuire, 2018). Regarding Europe, there has been some focus recently from Belgium (Dierckx *et al.*, 2016; Motmans *et al.*, 2018). Back home in Ireland, it is limited also, with the only literature focusing on the experiences of loss with Irish trans people and their families being in the study of McGuire, Catalpa, Lacey & Kuvalanka (2016), with the third author commenting from an Irish perspective. Therefore, I am drawing from a pool of literature that had for a century been based around experiences of death, which is a permanent state rather than gender transition. It is Boss' (1999) work that really changed the landscape, with her work on ambiguous loss and which has relevance in the area of trans people and their families. Exploring the experiences of adult trans women and their families through

an ambiguous loss framework in an Irish context, provides a new paradigm for considering this type of loss within the transgender community.

Chapter 3: Methodology

Being is always the being of a being. The totality of beings can, with respect to its various domains, become the field where particular domains of knowledge are exposed and delimited (Martin Heidegger, 1962, p.8).

3.1. Introduction

Using the hermeneutic phenomenological method, this thesis explores the experiences of adult trans women and families of adult trans women regarding grief and loss in relation to gender transition. Hermeneutic phenomenology is a methodology which seeks to understand the lived experiences of participants from their point of view (Cohen, Kahn and Steeves, 2000). This approach therefore keeps a focus on the participants' own perceptions and understandings of their experiences (Cohen, Kahn and Steeves, 2000). Hermeneutic phenomenology is arguably most renowned as a method for understanding lived experience and is, therefore, highly suited to investigating lived experiences in healthcare settings (Smythe *et al.*, 2012; van der Zalm & Bergum, 2000; Le Vasseur, 2003; Spence, 2017; Dibley *et al.*, 2020). Given that grief and loss in the context of gender transition is a similar sensitive topic, hermeneutic phenomenology is considered an ideal approach to investigating the lived experiences of transgender women and the families of adult trans women. As the aim of this thesis is to understand the ways in which trans women and their families experience grief and loss in the context of gender transition, and the processes of meaning making through which they come to understand these experiences including in more affirming ways, hermeneutic phenomenology was the best fit, due to its approach to understanding being in the world. A central tenant of this methodology is to leave the participants the space to speak about their experiences, as they understood them. (Cohen, Kahn and Steeves, 2000). Thus, hermeneutic phenomenology is suited to my goal of accessing trans women and their family's own understandings of the experience of gender transition, which aspects of gender transition they make sense of through the conceptual lens of grief and loss, and the ways they acted in response. Writing in the context of nursing research, Cohen, Kahn and Steeves suggest that the meanings people "attribute to their experiences help create the needs they have and how those needs can be best met" (2004, p. 4). Clinicians and other health professionals are currently trying to support trans women patients and their families in

the absence of this understanding (Spence, 2017). Moreover, clinicians and other professionals are trying to support trans women and their families by applying understandings developed through researching the lived experience of other groups, with different experiences in different contexts. Hermeneutic phenomenology as a method acknowledges that the experience of gender transition may be very diverse and facilitates the exploration of different understanding of gender transition in that context.

This chapter explores the rationale for using hermeneutic phenomenology as a means of accessing participants' experiences and interpretations (Brinkmann *et al.*, 2007). In the first section of this chapter, I define the aims and objectives of the study. I then provide a detailed description of the process undertaken in using hermeneutic phenomenology as a methodological approach. The next section focuses on the steps taken through the data collection process, and attends to ethical considerations in this context. The section thereafter describes the sample and provides the rationale for the selection of participants. I then discuss the approach to data analysis associated with hermeneutic phenomenology, the status of interpretation, and the importance of critical reflection on the part of the researcher. Finally, I include my own reflexive experiences of being in the world, of which is my lens for interpreting the experiences of participants in this thesis.

3.2. Phenomenology

The primary objective of qualitative research is to give voice to the human experience (Jardine, 1990, cited in Van der Zalm & Bergum, 2000). Qualitative methods are useful when delving into the social world of participants, which are often complex due to their subjective lived realities. Qualitative researchers observe that lived realities are socially constructed and nuanced in nature, and acknowledge the situational constraints that shape investigations and the importance of the relationship between the participant and themselves (Denzin & Lincoln, 2013, p. 17).

Bryman (2008) highlights 3 important features of qualitative methodologies:

- 1) an inductive view of the relationship between theory and research, whereby the former is generated out of the latter;
- 2) an epistemological position described as interpretive, meaning that, in contrast to the adoption of a natural scientific model in quantitative research, the stress is on

the understanding of the social world through an examination of the interpretation of the world by its participants; and

- 3) an ontological position described as constructionist, which implies that social properties are outcomes of the interactions between individuals, rather than phenomena ‘out there’ and separate from those involved in its construction.

Phenomenology seeks to understand the essence of the meaning of experiences rather than provide a causal description of contributing factors (Van der Zalm & Bergum, 2000; Dibley *et al*, 2020). As Denscombe (2003) argues, it is not overly concerned with explaining the root of the issue, rather it is interested in the persons’ view of what has happened, focusing on their lived experience of a phenomenon, like grief, rather than cultures, structures, or social processes. Their goal is to understand participants’ interpretations of these experiences. As Denscombe (2003, p.96) suggests, phenomenological research therefore focuses on perceptions and meanings, attitudes and beliefs and feelings and emotions.

As seen above, phenomenology is the study of phenomena, rather than *noumena*. Noumena focuses on the things themselves, rather than the phenomena, that is our experience of the things (Cohen, Kahn and Steeves, 2000, p. 3). Phenomena can be referred to as something that is hidden or unclear. Indeed, as Heidegger (1962, p.37) states; “There are various ways phenomena can be covered up. In the first place, a phenomena can be covered up in the sense that it is still quite undiscovered. It is neither known or unknown”. Heidegger suggests that knowledge can be “submerged” hence phenomena may need to emerge either by revelation or by exploration (Heidegger, 1962, p. 37).

The aim of this research is to garner an understanding of the lived experiences of adult transgender women and families of adult transgender women regarding grief and loss linked to gender transition. Trans women may have different experiences of loss and grief associated with identifying in a different gender, compared to family members’ experiences of loss in the context of the gender transition of their loved one. However, experiences of loss and grief may equally vary between trans women, and indeed between family members. Thus, hermeneutic phenomenology not only seeks to find commonalities of experiences among diverse people, but also seeks to identify the range of experiences (Patterson & Williams, 2002; Laverty, 2003). Hermeneutic research seeks to understand how an individual experiences and constructs the world regardless of

whether or not similar themes or organising systems can be found for other individuals (Patterson & Williams, 2002, p. 49).

3.2.1 Descriptive phenomenology

No single correct approach for conducting phenomenological research exists, but what does, focuses on the purposes of the research topic and researcher (Hein & Austin, 2002; Jones, 2012). There are two fields of phenomenology: descriptive, which is associated with Husserl (1965), and interpretative, associated with Heidegger (1962). Husserl (1859-1938) argued that there is one true reality and established his phenomenology to challenge the Cartesian philosophy (Sloan & Bowe, 2014). Husserl viewed phenomenology as a means of unearthing true meaning by delving deeper into reality, in contrast to the Cartesian dualism, which views of mind as separate to the individual (Sloan & Bowe, 2014). Husserl's main focus was on the relationship between consciousness and 'objects of knowledge', understanding objects as 'the things themselves' (Sloan & Bowe, 2014). Husserl wanted to develop a science of phenomena that would clarify how objects are perceived to human consciousness (Spinelli, 2005, cited in Sloan and Bowe, 2014). One of the main aspects of Husserl's work was the identification of the 'life world' (Eatough & Smith, 2009), which became a context for subsequent phenomenological studies (Sloan & Bowe, 2014). The core purpose, and philosophical underpinnings, of descriptive phenomenology focus in particular on the goal of understanding the life world, that is, the structure of lived experience. A key tenet of descriptive phenomenology lies in the bracketing of one's preunderstandings of a phenomenon. Husserl believed that prior consciousness needs to be 'bracketed' to unearth one true reality. Husserl's descriptive phenomenology preceded Heidegger's interpretative phenomenology (Sloan & Bowe, 2014), the latter also known as hermeneutic or existential phenomenology (Spinelli, 2005, cited in Sloane & Bowe, 2014).

3.2.2 Interpretive phenomenology

Heidegger (1962), like Husserl, sought to focus on the essence of things, but unlike Husserl he emphasized the importance of focussing on interpretation not description of a person's experience. Heidegger sought to understand the nature of being a human in the world, using the term 'Dasein', which translated means 'the situated meaning of a human in the world' (Lavery, 2003). He viewed the previous lived experience or 'historicity' of the persons experiences as a vital element in their understanding of the particular

phenomenon. Heidegger's three dimensional definition of Interpretative Hermeneutic Phenomenology establishes that:

1. It seeks to understanding phenomena as they are presented to us (as with Descriptive Hermeneutic Phenomenology);
2. It seeks to understand how we understand the world;
3. It seeks to understand being (Cohen, Kahn and Steeves, 2000, p. 5).

Gadamar (1989) suggests that hermeneuticists should concern ourselves with point 2 given that our goal is to attain a better understanding of the phenomena in question. Our job is to understand how people understand the world (Gadamar 1989) or comprehend their own existence (Cohen, Kahn, and Steeves, 2000). Using this approach provides us with a holistic and varied view of the lived experiences of participants.

Following Gadamar, Interpretative Hermeneutic Phenomenology is focused on understanding how people understand the world by asking them about how they understand their experiences in that world. IHP is not about asking people high level abstract questions, but about asking people to describe their understanding of what they experienced as individuals living in the world. There is an acceptance that individuals' understandings of their experiences will be different, but also that it is useful to try to identify commonalities across individuals that will help sensitise us to the diversity of their lived realities. Heidegger also held that, although people have similar experiences, they can interpret this experience differently (Horrikan-Kelly *et al.*, 2016) and that multiple interpretations of reality can exist over time and in parallel (Duffy, 2011, p.107). Duffy states that 'the researcher has to try to understand the beliefs that people hold and the meanings that people attach to actions' (2011, p. 102). Therefore, researchers must remain open to numerous interpretations throughout the process of explication, with reflexive thinking being vital in this regard (Spence, 2017). Ricoeur states that ontological explication consists of unfolding of the layers of meaning through processes of meditation (1975, p. 101).

Gadamer (1975) posited that language plays an important role in hermeneutic phenomenology, he stated that, language, understanding and interpretation are all inextricably linked (Rapport in Holloway, 2005; cited in, Sloane & Bowe, 2014). I agree with Gergen (2001, p. 804) who argues that individuals acquire knowledge of the world through language which is a form of communication which becomes the bearer of truth.

Language is an essential factor to consider when exploring transgender experiences due to the derogatory and overly medicalised terminology attached to trans issues throughout history (Stryker & Whittle, 2006).

3.2.3 Hermeneutic Phenomenology

Cohen, Kahn and Steeves (2000) suggest that hermeneutic phenomenology is a combination of both descriptive and interpretive phenomenology, and that there is more than one version of hermeneutic phenomenology, whereas Lavery (2003) suggests that interpretative phenomenology is hermeneutic phenomenology and treats the terms as interchangeable. Sloane and Bowe (2014) state that hermeneutic phenomenology is one form of interpretative phenomenology. Therefore, it would seem that there are various interpretations of the approach. All of these understandings of hermeneutic phenomenology have an underlying common view that hermeneutic phenomenology is an interpretative approach which focuses on the participants' lived experience of the phenomenon.

- The version that I am using considers the underlying factors included in all three versions of hermeneutic phenomenology. I am using this approach given it encompasses the key tenets of hermeneutic phenomenology.
- The version that I am using suggests that hermeneutic phenomenology is good for investigating the complex lived realities in healthcare and this suits my goals given the sensitive topic of grief and loss in the context of gender transition.
- The version that I am using says that the hermeneutic phenomenology process involves focusing on the lived reality of the person (Cohen, Khan & Steeves, 2002; Sloane & Bowe, 2014; Lavery, 2003).

The key aspect of this approach understands that context influences the prior experiences of the human experience of being in the world. These contextual factors include the cultural, social and historical factors of the phenomenon (Lavery, 2003). All of these factors are influenced by the temporal nature of the experiences of grief and loss in the context of gender transition. Considering these commonalities were essential for guiding me towards a better understanding of the experiences of gender identity, gender transition and loss and grief. These experiences are compounded by cultural, historical and social roles, especially considering the cisgender society that has existed, in both the historical experiences of the trans women and consequently their families on realising that their

loved one planned to gender transition. All of these factors influence how both sets of participants made meaning of the experiences of loss and grief in the context of gender transition. Therefore, hermeneutic phenomenology, as an interpretative approach to understanding the lived experience of adult trans women and the families of trans women, was considered a good fit for identifying the processes of understanding the phenomenon for participants. Moreover, all these views accord that reflexivity plays a central role in the interpretative approach and the researchers experience of being in the world plays a crucial role throughout the process of investigation (Lavery, 2003; Sloane & Bowe, 2014; Cohen, Khan & Steeves, 2002; Dibley *et al*, 2020). I will elaborate in more detail on the reflexivity aspect further on in this chapter. Moreover, the iterative process of the hermeneutic circle was vital in understanding the multiple realities that existed but also the commonality of the themes that emerged through this circular process of interpreting the meaning of participants lived realities rather than a stepped approach, which is too formulaic for hermeneutic phenomenology (Lavery, 2003).

Heidegger believed that the consciousness could not be separated from 'being in the world' and the essence of Dasein lies in its existence (Le Vasseur, 2003). Therefore 'bracketing' or phenomenological reduction of presuppositions was untenable and there is not one true reality, as various realities exist over time (Le Vasseur, 2003). Heidegger viewed reflexivity as a core assumption of hermeneutic phenomenology, and that people's true realities lies in their previous experiences of the world. One cannot be in the world without having a prior knowledge of the things themselves (Sloane and Bowe, 2014).

Researchers' interpretation of the data is crucial for understanding and is often a reflexive process that is ever evolving as we learn more about our environment (Lavery, 2003). Smythe suggests that one must live the experience to have an understanding of the person's lived experience (2008). Researchers' understandings can and do change when there is openness to other interpretations (Spence, 2017). Hermeneutic phenomenology has been used by various researchers including in sociology, and anthropology, and phenomenological studies have asked particular types of questions, such as those regarding experiences of death and growing old, and as in this study, of grief and loss (Cohen, Kahn and Steeves, 2000, p. 8).

Hermeneutic phenomenology is concerned with trivial aspects of making meaning and is not focused on the way we know the world but the way we are in it (Lavery, 2003).

Therefore, preunderstanding is crucial for interpreting our existence in the world. My understanding as a woman who gender transitioned and as a family member who experienced the evolution of understandings within my family circle and within myself bore an essential role in this study. I was aware that these experiences influenced interpretation and reflexivity played an important role in expanding horizons of understanding (Spence, 2017). This process is iterative rather than linear through a process called ‘hermeneutic circle’, in which the researcher goes back and forth continuously to attain a holistic view of the lived reality of the participant (Laverly, 2003; Le Vassuer, 2003; Spence, 2017).

It was important that this research allowed for the possibility that trans women’s being-in-the-world differs from being-in-the-world as family members and that therefore their experiences of loss and grief in the context of gender transition may differ. For the trans women in this study, they were all over the age of 30, they grew up in a world where their experiences of understanding the world have been coloured by a mismatch between their authentic self and their outward presentation of the self. Family members, on the other hand, may hold a different view of the world, considering they had more recently become aware of their loved one’s gender identity and plans to gender transition much later in their lives. Therefore, it was appropriate to adopt an approach to research which acknowledged that not one reality exists, or can exist in the lives of the participants. Both sets of participants have had their own lived experiences; multiple truths exist within their stories, and these stories needed to be told, understood, and presented. I came to this research, therefore, with an openness to the many meanings and interpretations, which they made of their experiences.

3.3. Participant interviews

In hermeneutic phenomenology, interviewing is a vital component in data collection to make sense of the human experience (Cohen, Khan and Steeves, 2000). There is no single method of data collection prescribed in hermeneutic phenomenology (van Manen, 2007, 2016; Koch, 1995; Armour & Bell, 2009). Some of the more commonly used methods of data collection include, grounded theory, ethnography, and case studies. In hermeneutic phenomenology, interviews are considered the main method of data collection as closer relationship with participants is expected (Wimpenny & Gass, 2000; Vandermause & Flemming, 2011; Dibley *et al*, 2020). This approach differs significantly from previous observational approaches used in quantitative research (Wimpenny & Gass, 2000). A key

aspect of data collection in hermeneutic phenomenology focusses on the relationship between the participant and the researcher as the latter cannot detach themselves from the research. Hermeneutic phenomenology claims that the experience of being is subjective and man is an interpretative creature (Armour & Bell, 2009). A key aspect of hermeneutic phenomenology research is transparency and self-disclosing on the part of the researcher to reduce the distance between the participant and this facilitates a trusting relationship (Cohen, Kahn & Steeves, 2002; Armour & Bell, 2009). The key objective in interviewing is to garner information rich data and often it is required to develop trust with the participant for them to share their innermost experiences and this requires skill and insight into the area of empathic interviewing (Cohen, Kahn & Steeves, 2002, p. 40). For my part, I am an experienced interviewer, with training and practice, which facilitated high quality dialogue, producing data with better analytic value (Malterud *et al.*, 2016). Therefore, my skill in this area enabled me to attain the information that was needed whilst ensuring empathy and trust was at the centre of the relationship.

Richness of data resides in the meaning contained in the autobiographical stories held in participant narrative (Cohen, Khan and Steeves, 2000). In hermeneutic phenomenology, the interview process resembles a conversation that is co-constructed where the goal is to get participants to narrate their existing assumptions and understandings (Armour *et al.*, 2009; Spence, 2017). The HP tradition views that the participant already has interpreted the meaning of their experience for the process of life stories (Cohen, Khan and Steeves, 2000).

Charmaz (1994, p. 5, cited in Wimpenny & Gass, 1999) highlights the importance of acknowledging the impact of the interview process on the data gathered, as it will affect the quality of the data. I sought to approach each interview in a sensitive, empathic, and trusting manner to ensure, as much as possible, that the participant felt safe to converse with me. Beginning an interview using a hermeneutic phenomenology approach focuses on the researcher attaining as much detail about the participants' daily life, as possible (Cohen, Kahn and Steeves, 2000). Given that I wanted to explore the meaning of the participants' experiences, I decided that co-constructed interviews were the best fit for this project (Vandermause & Flemming, 2011). Moreover, my positionality in this research study supported my close involvement in the process (Seidman, 1991, cited in Wipenny & Gass, 1999).

In engaging with participants, I used a doxastic style, ensuring that I showed unconditional positive regard for the participant throughout (Rogers, 1961; Brinkmann, 2007). The doxastic style sets out to explore the persons' experiences and beliefs rather than epistemic knowledge (Brinkmann, 2007). Doxastic interviewing is a non-directive and empathic style of interviewing which is commonly used in client-based therapy (Brinkmann, 2007). Considering my background in counselling and psychology, I felt equipped to be able to facilitate such an interview with full positive regard for the participant. Vandermause & Flemming (2011) state that one of the essential skills that a researcher must develop is the art of listening, as one needs to be comfortable with being silent and not continuously interjecting and probing.

Framing of questions in a hermeneutic interview is different from other qualitative interviews, in that the researcher and the participant work together to generate an understanding as narratives emerge and language is interpreted (Vandermause & Flemming, 2011). To ensure that I adhered to the hermeneutic interview style, I drew on four techniques that are central to this approach: 1) setting the tone of the research; 2) using incomplete sentences; 3) looking for assent, and 4) returning the participant to the story (Vandermause & Flemming, 2011; Dibley *et al*, 2020).

- 1) Setting the tone of the research: Participants were already aware that the phenomenon being explored was grief and loss and that they were selected due to their lived experience (Vandermause & Flemming, 2011). I began the interview by asking an open-ended question that facilitated the interview process. Considering the co-constructed nature of the interview process, I initially posed a question relating to the subject matter and developed further questions from the reply, which developed a shared meaning.
- 2) Using incomplete sentences: During the interview process, it was vital that I guided the participant rather than lead them, thus allowing the data to flow naturally (Vandermause & Flemming, 2011). Using this technique, I drew the participant into the conversation without looking for a presupposed response (Vandermause & Flemming, 2011). This approach facilitated a discussion that was meaningful between the participant and me and allowed for the meaning of the participant experience to emerge.
- 3) Looking for assent: during this process, I needed to be skilled in the area of interviewing and the interpretation of the participants' story needed to be as close

to the participants' truth as possible (Vandermause & Flemming, 2011). Therefore, I needed to question my understanding throughout by clarifying through open-ended questions to ensure that I was correct in understanding the meaning of what the participant was saying. To ensure this process is successful for highlighting rich participant experiences it is important to focus on researcher listening rather than probing next questions for collecting data (Cohen, Khan and Steeves, 2000).

- 4) Returning the participant to the story: To keep the story going forward and to ensure that it didn't go too far off point, I needed to understand the relevance of what the participant was saying (Vandermause & Flemming, 2011). If I felt the conversation was going too far off topic, I gently interjected to bring the participant back into the story of the phenomenon being explored (Vandermause & Flemming, 2011). Moreover, in the case where the discussion was becoming difficult for the participant, I needed to exercise judgement as to whether I should change the line of enquiry or gently stop the interview.

Paraphrasing was used throughout, and it helped to clarify any uncertainties while avoiding putting words in the mouths of participants (Benner, 1994, cited in Vandermause & Flemming, 2011).

Using a co-created method within the context of hermeneutic interviewing facilitated the emergence of the true nature of the participants' experience of grief and loss. The participant was previously aware that the research topic was grief and loss, given they had just read the consent form just before the beginning of the interview. Focusing attention on the participant/researcher dialogue contributed to a better analysis of meaning (Vandermause & Flemming, 2011; Malterud *et al.*, 2015).

3.4. Sampling

Heidegger used the German word *Dasein* to refer to the human understanding of human existence or being in the world (Cohen, Kahn and Steeves, 2000). This approach suggests that perceptions of experiences are influenced by many factors, including the persons' experiences of 'being' in the world at certain times in their lives. Heidegger also argued that our interpretations are shaped by cultural norms (Cohen & Omery, 1994).

Samples in hermeneutic phenomenology are usually small and purposeful because the focus of the approach is on deep engagement with texts (Armour *et al.*, 2009). The aim of sampling is to select participants who have lived experience of the phenomenon at hand and who are willing to share their experiences and sufficiently diverse to illuminate the phenomenon (Merriam, 1998; Laverty *et al.*, 2003; Gentles *et al.*, 2015; Malterud *et al.*, 2015). Participants to this research were therefore selected using purposive sampling. Purposive sampling is often used in qualitative research more generally, in order to achieve depth of understanding (Palinkas *et al.*, 2013; Genles *et al.*, 2015; Roy *et al.*, 2015). Patton (2007) defines purposive sampling as follows:

The logic and power of purposeful sampling lie in selecting information-rich cases for in-depth study. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the inquiry...Studying information-rich cases yields insights and in-depth understanding (p. 264, cited in Gentles *et al.*, 2015).

The sampling process in this study was over two stages. The first stages consisted of garnering as much information rich data as possible in relation to the lived experiences of participants, to ensure that information power was achieved (Malterud *et al.*, 2016). I accessed participants for this study through my work connections with TENI and through the family support group, TransParenCI, given the potential for information-rich data within this group. I sought to develop specific criteria for inclusion in my sample which included;

1. trans women (+ 30 years) who had socially gender transitioned more than 5 years previously;
2. adult family members of trans women, with the trans women being over 30 years of age and having socially gender transitioned more than 5 years previously.

I felt that trans women over 30 years of age would have more life experience generally and longer experience of presentation in their previous assigned gender. This was similarly applied to family members, who would have a prolonged experience of their trans loved one in a previous assigned gender, and therefore had a longer experience of their trans loved one in previous gender role. I made it clear to potential participants in an initial conversation that the focus of the research was on the topic of grief and loss. I followed up this conversation by sending a plain language statement stating clearly the intention of the research was to explore the experiences of grief and loss with families of adult trans women and adult trans women themselves. Additionally, the consent form

provided before the interviews began, included further information pertaining to the grief and loss focus of the research.

The second stage of this research related to feedback from the transfer process from MA to Ph.D. from the examination process. Both the examiners and supervisors suggested that further fieldwork increasing the number of participants would garner more information rich data relating to grief, loss, and hope. In this stage, I was successful in interviewing four more participants. The extra participants consisted of; a dad, stepmother, bother and another trans woman.

The decision to stop seeking new participants was guided by Malterud *et al.*'s (2016) concept of information power, which has been applied in other research using hermeneutic phenomenology², and which essentially speaks to ways of judging the capacity of a sample to illuminate the phenomenon of interest. Malterud *et al.* (2016, p.1754) assert that five factors shape the information power of a sample:

“: (a) study aim, (b) sample specificity, (c) use of established theory, (d) quality of dialogue, and (e) analysis strategy”.

Smaller samples are required to achieve information power, where the focus of the study is narrow, where participants' experiences are highly relevant to that focus, where a knowledge base exists to support interpretation, where the quality of the interview dialogue is high, and where the aim of the study is to (partially) illuminate a phenomenon rather than to provide an account of the range of variation in experiences of a phenomenon. This study meets all of these criteria.

3.5 Ethical considerations

Ethical considerations were an integral part of the methodological design and always took prominence throughout the fieldwork process (Mertens, 2010, cited in Denzin & Lincoln, 2011). This research was approved by the Ethics Research Committee of the Limerick Institute of Technology (LIT).

This section will discuss the core ethical considerations of the research, with respect to issues of consent, confidentiality, and privacy.

Initial contact with potential participants was either made directly by email, phone, or through a trans loved one. On expression of interest, a 'participant letter' and 'plain-language statement' were provided (Kaiser, 2009; Sabar & Sabar Ben Yehoshua, 2017; Denshire, 2014). These ethical documents served to ensure that participants were informed of the purpose of the research, the manner in which their data would be used, their role in the process, and their rights as participants. Furthermore, the original consent form, plain language statement, and participant letter contained explicit information regarding risks and benefits, as well as security actions taken regarding data storage. Before the interviews commenced and the consent form was signed, I elaborated on the rationale for undertaking this project and confirmed the participants' understanding of the information with which they had been provided. Both of these actions facilitated the individual to think more about their experiences in advance of the interview (Vandermause & Flemming, 2011).

Confidentiality is an expectation that participant information is held in confidence by the researcher. If the identities of participants are exposed, they may experience betrayal, humiliation, harm and loss of dignity as a result (Kaiser, 2009; Lowman & Palys, 2014). Therefore, it was vital that every step was taken to ensure the participants' privacy. Both the plain language statement and consent form stated that all information would be confidential, except where it became apparent there might be danger to a child, to the participant, or to others. It was highlighted to participants that confidentiality would be protected within legal limitations and that all reasonable measures would be taken to ensure that all data, written, electronic, or otherwise would be kept in a secure location to which the researcher has sole access. The participant was assured that all reasonable measures, including changing names and any other form of identifying information, would be undertaken to ensure anonymity (Kaiser, 2009; Sabar & Sabar Ben Yehoshua, 2017; Denshire, 2014).

Given that the research was conducted within a small marginalised community, I was sensitive to the risk that confidentiality could be unintentionally breached as a result of deductive disclosure (Kaiser, 2009; Tolich, 2004; Denshire, 2014). Participant quotes were selected carefully (Kaiser, 2009; Sabar & Sabar Ben Yehoshua, 2017; Denshire, 2014), and parsed where necessary, with a view to avoiding identification while being mindful not to alter their original meaning (Kaiser, 2009). Moreover, I had sole access to transcribed interview data which was not shared with any external sources, including

supervisors and examiners due to confidentiality concerns. A balance needed to be met between presenting persuasive data while ensuring confidentiality at all costs (Kaiser, 2009; Tamas, 2011). Due to my previous position in TENI, I was sensitive to the types of material that may lead to deductive disclosure and the consequences of exposing participants and their family members. I am conscious, however, that I did not undertake to return to participants to check quotes. I based this decision on 1) avoiding highlighting the painful issues again; 2) awareness that the interview content that the participant shared during the interview at that period in their life may have significantly changed; and 3) that the relationship with the person/people that they spoke about may have changed. Furthermore, additional contact may overwhelm or annoy the participant (Crow *et al.*, 2006, cited in Kaiser, 2009).

3.5.1 Ethics of disclosing personal experience

Considering that reflexivity is a central aspect in hermeneutic phenomenology and the researcher cannot exist outside of the social role as an interpreter of data (Duffy, 2011, p. 112), and bracketing my previous experiences of gender conflict and transition is not considered attainable (Hein & Austin, 2001) I needed to be transparent regarding my own experiences. Thus, I have chosen to be transparent regarding my experiences as a person who gender transitioned, a family member, and a dad, rather than attempting to those experiences. I would argue that this transparency facilitated rapport and a better dialogue in addition, the relationship between the participant and myself as researcher (Vandermause & Flemming, 2011).

Denzin agrees that researchers should be included in their own research and argues that reflexivity is integral in this approach (2014, p. 26). In section 3.10, I present a detailed reflection upon the nature of my own experiences and their impact on the research.

Privacy is at particular risk when one uses a reflexive approach by introducing their personal experiences (Tolich, 2012; Ellis, 2007; Kaiser, 2009). In writing up my reflections on my own positionality, I encountered a conflict between my right to present my personal information, and my desire to ensure the privacy and dignity of the people who are central to my own biography. My personal memories were not included in this thesis for the purposes of research; therefore, they are not subject to the rigour expected

when collecting contemporaneous data solely for the purpose of research. Nonetheless, it is assumed when utilising the researcher's personal experience that others may read the content and, so, all steps were taken to ensure that relational ethics, dignity, respect, and reciprocity were upheld during this process (Ellis, 2007; Tolich, 2012; Denshire, 2014). My approach focused on providing vignettes of important events and epiphanies in my life, which could have identified those that were alluded to in these vignettes. Thus, I used pseudonyms throughout, and presented my loved ones in a kind and dignified fashion (Ellis & Bochner, 2004; Ellis & Bochner, 2016; Tolic, 2012; Denzin, 2014, pp. 13-17; Bourdieu, 1986, cited in Denzin, 2014, pp. 43-45). Finally, it is important to note that the vignettes that I shared contained information that was already in the public domain through media interviews which I had previously given.

3.6 Hermeneutic analysis

Bergums' (1991) analogy of a prism describes hermeneutic analysis as understanding human experiences from various perspectives (cited in Hein & Austin, 2001). As such, the insights derived from analysis of the interviews conducted for this research are presented in two chapters, the first of which presents the perspectives of the trans women and the second of which presents the perspectives of family members of trans women. The presentation of the perspectives of each group in separate chapters reflects an appreciation that there is no singular truth about loss and grief in the context of gender transition, and that the phenomenon will be both experienced and understood differently by different people. The purpose of analysis was to locate these multiple meanings in the data. The organisation of the analysis into two discrete chapters is a device to organise the meanings unconcealed through the process of analysis for the purpose of dissemination.

Hermeneutic phenomenology is not associated with a single or agreed approach to analysis. Indeed, Van Manen (1990, p.30) has asserted that 'the method of phenomenology and hermeneutics is that there is no method'. Hermeneutic phenomenology is associated with an orientation to analysis which emphasises the value of openness to innovative and creative ways of working with the data over conforming to specific analytic steps or stages (Crowther et al., 2017). The following discussion of the strategies, which I employed during hermeneutic analysis of the interviewees' narratives, is structured around the analytic phases outlined by Crist and Tanner (2003). In practice, however, these strategies were not applied as a set of pre-determined analytic steps, but

rather an emergent analytic process, which although described here in a linear fashion, was in practice flexible and iterative. The process of hermeneutic analysis involved my constant immersion in the participants' stories and constant re-evaluation of my thinking on them. Undertaking hermeneutic phenomenology is like returning to a painting, every time we return, we see something different (Smythe *et al.*, 2008, pp. 1393-1394). Crowther *et al.* (2017 p. 827) assert "Hermeneutic analysis requires that the researcher dwell within the data, awaiting glimpses of the phenomenon". The guiding principle of my analytic approach was to live with the data, and so the various strategies described here were used multiple times, in various orders, for more than a period of a year.

3.6.1 Phase 1. Early focus and lines of enquiry

From the point of commencing analysis, I immersed myself in the data through multiple reading and re-reading of transcripts and listening to recorded interviews to get a distinct sense of the participant's experience (Cohen, Kahn & Steeves, 2002; Jones, 2012). One of my first strategies was to identify what Crist and Tanner (2003) refer to as lines of enquiry to pursue in subsequent interviews. These were developed through reading and re-reading completed interviews to determine points on which I required further clarity (Laverly, 2003). Laverly emphasises the importance of self-reflexivity and the use of journaling to ensure that the hermeneutic circle is engaged with throughout the process of analysis (Laverly, 2003, p. 30). Using the hermeneutic circle enables all statements to be understood in context, by reflexively going backwards and forwards and contemplating the participants' situations at that time and how it influenced their understanding (Cohen, Kahn & Steeves, 2002, pp. 73-74).

Whilst the interpretation presented in this thesis is mine alone, I was supported in my efforts by a team consisting of three thesis supervisors, a TENI supervisor, and an external clinical supervisor who facilitated me to critically evaluate my interpretative analysis (Cohen, Khan & Steeves, 2002, p. 203). These supervisors challenged me to achieve deeper, richer understandings of the meanings (Crist & Tanner, 2003).

3.6.2 Phase 2. Central concerns, exemplars, and paradigm cases

Writing is central to the analytic process, and I wrote and rewrote summaries of central concerns, identified by each participant. This process helped me to identify themes, or shared meanings, across interview narratives. In line with the strategies identified by Crist

and Tanner (2003), I associated these with exemplars (excerpts from the narratives), which illustrate the common occurrence of the theme across interviews. Some of these had the status of paradigm cases, which are particularly powerful and salient exemplars. For this purpose, I used 50 A1 sheets in multiple colours and pinned them to my spare bedroom wall (Picture 1), which helped me to identify exemplars and paradigm cases more easily. 'Naming' (Benner *et al.*, 1996, cited in Crist & Tanner, 2003) each thematic sheet, I wrote different meanings, exemplars, and paradigm cases on each. This process was iterative and repetitive, whereby I wrote and rewrote, which facilitated the interpretative process and hermeneutic circle (Crist & Anner, 2003, p. 204). Through these processes, I was becoming aware of the contextual dimensions of the lives of participants and how they seemed to impact on their meaning (Jones, 2012).

Figure 1. Identifying themes, meanings, exemplars, and paradigm cases process photo³



3.6.3 Phase 3. Shared meanings

Using the various coloured sheets, I was able to visualise the shared meanings between and across stories. I found the hermeneutic circle helpful, in terms of allowing me to process and reinterpret the meaning-making statements and to reorganise and categorise data until there was an 'aha' moment (Smythe *et al.*, 2007, p. 1392). This process was both inductive and deductive and, at one point, included 43 different thematic labels. On each of the selected items of meaning, organised under the themes, I wrote a summary of

³ From my notes concerning each unit of meaning.

my interpretation of the statement. For instance, one of the themes was labelled 'validation', listed as a statement from a trans woman who after five years of not being allowed into her family home, finally received a birthday card with her identified female name on it:

“The participant received a birthday card in her new name from her family, this is very significant given that the participant has spoken about being isolated from home for years, mis-pronouns used and birth name used constantly” (trans woman).

3.6.4 Phase 4. Final interpretations

Over the 12 months of concentrated analysis and beyond, I moved the meaning making units around, and revised thematic labels. I fine-tuned themes and collapsed meaning making units. I identified, revisited, and revised emerging interrelationships. Interpretive writing allowed me to develop more explicit summaries and clarify further interpretations (Crist & Tanner, 2002). The interpretative leap was the riskiest and most challenging part of the analysis as it involved leaping from the statements to highlighting the meaning that was residing in various contexts (Jones, 2012). Taking the interpretative leap was particularly anxiety-ridden, considering that I was reflecting on what the participants' statements might mean (Jones, 2012). My reflexive experiences of gender transition and my perception of family experiences during that period helped me to reflect on the transcripts and facilitated the interpretive process (Hein & Austin, 2001, p. 12). The supervisory team were crucial during this period, and we met each month to speak about my findings. They afforded me five different lenses to look at my data and allowed me to see my data from other perspectives (Smythe *et al.*, 2007, p.1393).

3.6.5 Phase 5. Dissemination of the interpretation

Writing and re-writing was key to honing themes and their interrelationships. Interpretations were refined during regular supervision meetings (Crist & Tanner, 2003). I agree with Diekelmann and Ironside (1988b, cited in Crist & Tanner, 2003) who argue that the interpretation process is an unending process but the final interpretation decision resides with the researcher. Throughout the process of data collection and explication, I felt I attained insight into the lives of the participants; Heidegger (1962) refers that the 'wholeness' of the experience as a salient factor in hermeneutics.

3.7 Quality of research

In hermeneutic phenomenology, there are no commonly accepted standards for adjudicating on the quality of research (Armour, Rivaux, Bell, 2009; Whitehead, 2004; Le Vasseur, 2003; Crowther *et al.*, 2017), and as Crowther *et al.* (2017, p.834) argue: “The notion that hermeneutic phenomenology must be rigorous (valid and reliable) in the conventional sense is neither possible nor desirable from a philosophical perspective.” As such, I have gauged the quality of this research based on my adherence to the philosophical assumptions of hermeneutic phenomenology. Thus, while there is no one way to ‘do’ hermeneutic phenomenology, the grounding of my methodological decisions in the assumptions of the approach was, for me, key to assuring the quality of the research. Thus, for example, I did not engage in ‘member checking’, although it is valued in qualitative research generally for providing assurances against negative researcher bias and assuring trustworthiness (Creswell, 1988, cited in Armour *et al.*, 2009). From the perspective of hermeneutic phenomenology, the information that was shared by the participant may not hold true to them at a later date, and many other contextual issues can influence one’s perception of a story at any given time (Crowther *et al.*, 2017). Sandelowski (1993, cited in Crowther *et al.*, 2017) also argued against the notion of member checking, seeing stories as temporal in nature and constantly fluctuating. Within hermeneutic phenomenology, findings can be considered trustworthy if each theme reflects, to some degree, the experience of all participants (Dahlberg *et al.*, 2009, cited in Armour *et al.*, 2009, p. 111), which was an outcome of this research.

Reflexive engagement with the phenomenon at hand was an important aspect of my approach to quality assurance. Hermeneutic research relies on the self-awareness of the researcher to record their influences, and it is essential that some researcher background is included (Whitehead, 2004). Heidegger’s concept of ‘being in the world’ encapsulates the philosophical assumption that we as individuals are constituted by our experiences of being in the world and in turn, we constitute the world that we experience through the meanings we make of those experiences. As such, he rejects Husserl’s assertion that researchers should bracket their experiences in order to avoid bias. From a Heideggerian perspective, bracketing is neither possible, nor desirable. As Gadamer (1996, p.398) argues, ‘all understanding is interpretation’. We cannot separate our experiences as researchers from our other experiences of being in the world. Further, those experiences collectively inform how we make sense of the world, and therefore are a resource in the work of un-concealing other’s experiences and perspectives via the research process.

Acknowledging these assumptions also requires that one acknowledges the power associated with the position of researcher, whose own perspectives have primacy in the meaning-making work of research (Crowther *et al.*, 2017). As such, Gadamer (1975) argues that the hermeneutic researcher should be transparent regarding their own positionality and conscious of their potential impact on the research. The purpose of the reflexivity section is to share with the reader the experiences and perspectives that I brought to this research process.

I journaled throughout the process of this research and especially during the field-work and analysis stages (Whitehead, 2004). Through the use of my journal writing, I was able to track the dialectical nature of my thinking (Spence, 2017). I was also conscious that my experiences of working with individuals and groups in my previous role did not fuse with my role as a researcher (Whitehead, 2004). I also remained conscious of my assumptions during all stages of this research, and this was managed through my supervisors and psychotherapist. I ensured that I remained open to differing interpretations over a prolonged period of data analysis by reading, writing, listening, questioning, and thinking, as this provided for a rigorous reflexive process (Spence, 2017). Although I rejected the use of 'bracketing', it was useful to be aware of 'fresh experiences' and 'prior conceptions' to allow for a 'persistent curiosity' in my approach (Le Vasseur, 2003). These pre-understandings are detailed for the reader in the following reflexivity section.

3.8 Status of interpretation

This research offers an interpretation of the experiences of adult trans women and trans women's families concerning grief and loss in the context of gender transition and the meanings they associate with those experiences. The end goal of this research is to provide the reader with an evocative insight into grief and loss in the context of gender transition from the point of view of individuals who have lived experience of that phenomenon. The research recognises that the meanings unconcealed in the course of this research are partial, dependent on the researcher, and temporally and contextually contingent (Crist and Tanner, 2003; Spence, 2017). As Anderson (1991), cited in Van der Zalm & Bergum, 2000, p. 212) asserts, it is impossible to provide a full description of the world due to the complexity of the world that we live in. Therefore, I do not claim that the findings presented in the remainder of the thesis portrays an objective account of the experiences of adult trans women and their families concerning grief and loss.

Following Gadamer, I believe that “It would be a poor hermeneuticist who thought he could have the last word” (Gadamer, 1996, p. 579, cited in Spence, 2017). Nonetheless, the analysis presented in the subsequent chapters reflects an understanding achieved through deep engagement with and careful explication of the participant’s own meanings. I assert that the resulting insights have both intrinsic value as regards the window they provide into the perspectives of marginalised groups, and extrinsic value given that supports for both trans women and families undergoing transition have to date been produced without reference to any systematic research on the lived experiences of those to whom the supports are directed (Armour *et al.*, 2009; Malterud *et al.*, 2015; Zamboni, 2006). I refer the reader to Van der Zalm and Bergum (p. 215) who suggest that the more we know about the people we care for, the more sensitive we can be to their needs.

3.9. Conclusion

This study seeks to deepen our understanding of the experiences of grief and loss on the part of adult trans women and the families of adult trans women in the context of gender transition. This chapter has argued that the best means of understanding the meaning of participants’ experiences of loss and grief is through the use of hermeneutic phenomenology, realised via the doxastic interview and the hermeneutic analytic circle. I have also argued for the benefits of contextualising my relationship to the research through the inclusion of a reflexive account of my personal experiences (Bochner & Ellis, 2017). Ethical considerations were foregrounded throughout the research process, with a particular focus on ensuring confidentiality and anonymity (Kaiser, 2009; Sabar & Sabar Ben Yashua, 2017; Denshire, 2014). Finally, I have described the means by which I sought to ensure the authenticity of my conclusions, while acknowledging that is impossible to attain a full description of the world due to its complexities (Anderson, 1991, cited in Van Der Zalm & Bergum, 2000). In summary, I have provided a detailed description of the methodological approach and design, I have made all decisions thoughtfully and considered alternatives and potential ramifications in a clear manner (Cohen, Kahn and Steeves, 2000).

The next section presents my reflexive account of my personal experiences. The following two chapters present the themes which emerged from the process of analysis, with the first focusing on the lifelong experiences of grief and loss of adult trans people. The second highlights the experiences of family members of adult trans women with respect to grief and loss in the context of their loved one undertaking gender transition.

3.10 Embedding reflexivity in hermeneutic phenomenology

Qualitative researchers deny objectivity, and focus on the intersubjective realm, which consequently has a direct impact on the relationship between the participants and researcher and, subsequently, on the interpretation of the interview process and on data explication (Shaw 2010).

“Put simply, when the researcher and researched are of the same order, that is, both living, experiencing human beings, it is necessary for us as researchers to reflect on how that might impact the research scenario when gathering data and when afterwards analysing it” (Shaw, 2010, p.234).

Husserl held that researchers need to abandon their reality by ‘bracketing’ pre-suppositions and setting aside their lived experience - which is perceived as a source of bias - to achieve a true understanding of the phenomenon under study (Kumar, 2012). This view conflicts with my experience of being the researcher, and a person who gender transitioned, a family member, a dad; I cannot fully bracket those experiences. Like Duffy, it is my view that researchers cannot exist outside of the social world as an interpreter of data (2011, p. 112). Moreover, others experience can only be interpreted based on our own experiences (Jackson, 1989, cited in Ellis & Bochner, 2016, p. 57), as it is only through our own lived experience that we can understand human existence and suffering (Ellis & Bochner, 2016, pp. 68-70; Bochner, 2017). I do not consider that the objective of fully bracketing my own experiences of gender transitioning and lifelong gender conflict, is either attainable or useful (Hein & Austin, 2001), particularly in this study. Therefore, I need to acknowledge my own lived experience in the world as they have an influence on how I understand the experiences of participants.

Denzin states that reflexivity is necessary, given that researchers are included in their own research (2014, p. 26). Reflexivity requires that the researcher considers context, reevaluating the researcher’s previous experiences, constantly looking back at the self to understand new meaning, and to minimise that influence, as our ongoing learning provides new understandings of the world (Shaw, 2010). Van Manen (1997) referred to this practice as ‘hermeneutic alertness’ which alludes to the process when the researcher takes a step to reflect on the meaning of the situation at hand rather than their pre-conceived views (Ajjawi & Higgs, 2007).

Whereas the term reflection comes from a positivist tradition of the world being ‘out there’, reflexivity on the other hand is associated with an understanding of the world as

fluid, contextual and interconnected (Shaw, 2010). Franz Brentano (1838-1917) posited that intentionality played a vital role in how we interpreted our social world, suggesting that the object on which we focus is a psychological act and a subjective experience (Huemer, 2002). Heidegger (1962) suggests that meaning making is at the core of human existence and we perceive objects like they have always existed; however, these perceptions are formed by our knowledge, to date, of the particular objects. I needed to be constantly aware that these prior assumptions could enhance or hinder my interpretations of phenomenon and termed by Gadamer (1975) as ‘double hermeneutics’ (Shaw, 2010). Gadamer (1975) described the term ‘fusion of horizons’, to refer to our previous experiences of life aligning with those that we meet and together we make new meaning. This process allows us to know life through the Other and understanding the self by understanding Otherness and this view leads us to co-construct new meaning (Gadamer, 1975). Hopkins *et al.* (2017) define the process of fusing horizons as a ‘dance’ and whilst our previous experiences help us to better understand the phenomenon in question, we still need to manage our subjectivity by using reflexivity.

I needed to make my own previous experiences explicit throughout this process, to ensure that I did not risk losing the richness of data by saturating it with my own presuppositions (Shaw, 2010). The participants and I are differentiated in multiple ways through demographics, social environments, family, age, gender, and, of course, experiences of the world. Therefore, I needed to be constantly aware of the participants implicit attitude and assumptions, regarding the participants in this project. Moreover, as the interactions occur, it can have an emotional impact on the participants, especially given the topic of loss and grief (Pocock, 2014). As participants were aware of the sensitive nature of the research, they may have been somewhat apprehensive prior to the interview. Therefore, I needed to reassure the participant in advance that they only needed to share what information they felt comfortable sharing and developing a trusting relationship was essential to facilitate a relaxed environment to allow the participant to speak freely about their experiences. We ask the participants to delve into their own emotional stories, however, as researchers rarely share our own vulnerabilities through our work (Pocock, 2015). Writing personal reflexive accounts facilitates deeper insights into the research process and may help to inform the process of situating the knowledge (Pocock, 2015). Therefore, exploring my own historicity became a vital component of the hermeneutic circle (Pocock, 2015; Pernecky & Jamal, 2010).

My research team, TENI colleagues, and psychotherapist all played a crucial role in enabling me to self-reflect and understand my own experiences apart from the participants (Shaw, 2010). My reflexive practice involved journaling both my experiences of the research process and also my life experiences (Ajjawi & Higgs, 2007). I began writing a personal journal at the beginning of the research process, which included my thought process at different periods of the study. I undertook this process to allow me to put down in words the manner in which the research was impacting me personally, and to facilitate a discussion with my psychotherapist to ensure that I could make my experiences known and make sense of them and to detach them from my experiences in the research process. The research journal encompassed my experiences with the participants, how I felt beforehand, and any other issues regarding the interview itself that was not recorded.

I engaged in self-reflexive writing, which encompasses the emotional experiences of the researcher, using emotional recall or systematic sociological introspection (Ellis, 2011, p.xvii, 2016, p.37).

This process also provided me with a prior understanding of the emotional entanglements that the participants might experience themselves and allowed me to have a better insight into their struggles and resilience in addressing these challenges (Pocock, 2015).

My reflexive practices ensured that, I, as an insider, explored my own community from within (Richardson & Pierre, 2005; Erickson, 2010; Denzin, 2014; Ellis & Bochner, 2016).

In the following pages, I present to the reader a synopsis of some of the key moments in my life as a woman who has experienced gender transition. I have done so in an evocative manner, including through the insertion of vignettes from my journal, reflecting the emotional reflexivity in which I engaged throughout this thesis and which was integral to my engagement with the participants, their experiences and meaning-making. I also include excerpts from a diary I kept as a requirement for my counselling course in September 2007. Looking back now, it has helped me to understand my state of mind (Denzin, 2014). I have altered all names in this section to pseudonyms to protect anonymity.

From my earliest recollection, I have struggled to find meaning in my life. I was born in the oldest city in Ireland in 1964 (Waterford), the old medieval walls were in my back

garden. I was assigned a male gender identity on my birth; however, this is what caused me anguish for more than four decades. I hid my authentic self from my family and I often felt it was god who was making me suffer, and that maybe I was a bad person in a previous life. I was innocent once, however, I began to learn that keeping a secret from people that I loved was deceptive and in bad faith.

My own father once threatened to throw me through a window when we discussed my plans to gender transition. I never believed he would accept me in this life as myself. Reflecting the theoretical framework on which this thesis draws, I underwent an ambiguous loss of my gendered self, which I buried within my psyche to create a façade. As such, I really believed that entering into sexually intimate relationships would ‘cure’ me, and felt demoralised when this did not materialise. Recently, I visited him in hospital and found him sleeping. Shortly after, when the nurse woke him to take his temperature, he introduced me,

*“This is my so...no...hold on a minute...let me think... This is my daughter.
Her name is Vanessa.”*

I was speechless: so moved that I felt the tears coming.

3.11 Earliest recollections and loss of my assumptive world

“The need for acceptance, coupled with a desire to appear ‘normal’ combine to stunt identity development.” (Ettner, 1999, p.102).

I am often asked when I first realised that I was a girl and not a boy. The plain answer is: I did not know *what* I was. I just felt conflicted about the way I was being presented to the world. My parents sought to reinforce my assigned gender; on reflection, I perceive this as a form of parental protection, give the conservatism of the Ireland of the 1960s. Early on then, I became acutely aware that what felt natural for me was seen as negative. The following vignette provides a background to my earliest childhood experiences as I set the scene to ‘show’ and ‘tell’ my own experiences of gender conflict in my life (Denzin, 2014; Bochner & Ellis, 2016). I was between 2 and 5 years of age.

Vignette #1

My friend, Rachel and I, always had great fun together, but my most prominent recollection was the excitement of going to the ruined houses on Castle Street, where we had some privacy to swap clothes. During this period, the clothes I was wearing were not the ultra-masculine clothes that I would be obliged to wear as I got older; I was still wearing bright colours. However, the pretty dresses that Rachel wore from time to time made me feel jealous of her, as I wished so much that I could have just been like her. My exhilaration of having an opportunity to express my gender-identity was overwhelming even as a child.

From what I recall, it went something like this:

“Last down to the ruins is a bag of shit.”

“If I tear this dress my mammy will kill me, Vincent.”

“You won’t tear it; we will be careful.”

“You better be, or I’ll kill you!”

“Will we change down to our knickers, Rachel?”

“Let’s run out to the road, that would be exciting.”

“If we get caught we will both be killed.”

I feel I was secretly trying to get caught. That way my parents would have to talk about it and maybe then they would agree that I was a girl. However, this did not happen, and these games ended soon after.

Anyway, I had a penis and girls didn’t have penises...

Another resounding memory I have is of a Sunday morning in summer, the sun shining brightly and people on their way to mass. I knew Rachel would have gone to 10 o’clock mass in St Patrick’s Church, so she should be up at home now, I wondered what she’d be wearing today.

What followed for that five-year-old child was the beginning of the end of hope and the internalising of self.

Knock.

“Hello Mrs Searson. Is Rachel coming out to play?”

“No, Vincent, she is not allowed.”

I stared at her wide-eyed, as she told me that she was not allowed, and that was it.

That was the last time we played together and the beginning of my self-imposed isolation.

Vignette #2

I was sitting on the step of my home – excited- or was I? I think I was. Well, my parents told me I should be as there was this very important relative coming from abroad, and she had a special gift for me;

“I wonder what it could be?”

Here she comes, and my heart is beating faster and faster. What could it be?

“Maybe it would be a pretty dress. Maybe it was a magic wand. Oh, my God, now I am really getting excited!”

Her name was Sharon, and she came walking up the street with bulging shopping bags, my eyes searching for the moment that she would reveal this gift that my parents felt was going to be so exciting to me. She pulled out a magazine...

It was a football magazine...

“What am I going to do with this? Why is everyone so excited about this? I don’t want this, but everyone around me is excited getting this.

Why? Why? WHY?”

After that, the floodgates opened and I began to get loads of this kind of stuff. So I started collecting lots more of these colourful football crests and was praised by my father for doing so.

If there was a point in my existence as a child when I become aware that my life trajectory was not going to go the way I had hoped for, this was it.

I had lost the world that I had held on to. In return, I was given football, and I resigned myself to liking it and was rewarded for it. I suppose it was not all bad, as now my dad seemed to smile at me more, brought me out with him more in the car, and seemed to be proud of me.

And sure, I could still have my dream of growing up to be a girl and maybe if I pray hard enough to Holy God this would emerge.

3.11.1 Reflective interpretation

At this point in my life, the experiences described in both vignettes #1 and #2 associated. Looking back, those memories clearly consolidated the feeling that my way of being was deemed unacceptable, and that I needed to behave in a way that I would be rewarded for. In fact, I learned to love football, initially for the different colours and crests of the teams' strips. I recall spending more time with my dad; in the car, in the pub, in the bookies. As I really loved my dad, hanging out with him helped to ease the enforced isolation from my friends. I had one older brother and my younger brother was just a baby, so being with my dad was extra special. My parents had four children, all of us assigned male at birth, although my gender identity was undoubtedly female.

I remember a conversation I had with my closest brother around the early part of my transition. He revealed that our dad was very upset about my decision and had actually confessed that *I* was his favourite son. This news completely crushed me.

3.11.2. Early romantic relationships

Vignette #3: Entering romantic relationships

“As long as one marries, enters a career, or has children to satisfy one’s parents or the expectations of everyone else, including society as a whole, the commitment by its very nature will be a shallow one.”

(Scott-Peck, 1978,
p.127)

In my adolescent years, I often lay in bed wondering which sex I was attracted to, or if I was attracted to either. I even considered joining the Christian brothers or becoming a priest. I never thought I would be able to perform sexually with a woman as a physical male. And I was even more concerned that if I tried and failed, the girl would tell my friends and I would be exposed as whatever I was.

At 23, I left for the UK, not to explore my gender identity, but because my first long-term relationship had ended and I was broken-hearted. While this had not been a sexually intimate relationship, we had been in love. After 18 months, I met Joanne, the woman with whom I would have my first sexually intimate relationship. My fears of a sexual partner exposing my likely sexual dysfunction to my friends felt more contained due to the vast scale of the city that we lived in.

I will never forget that first time. I was elated, not just because of the sexual act, but because I was obviously fixed! I was now a ‘real man’, and my thoughts of being a woman had been cured. I was walking on air for months afterwards and the conflicting feelings I’d endured all my life were swept away by the heady combination of being in love and feeling like I was ‘cured’ (Lev, 2004; Erhardt, 2008). Unfortunately, my euphoria was short-lived, and after about six months my desire to be a woman came flooding back, stronger than ever. I kept my secret from Joanna for another year, but then decided to finally reveal who I really was for the first time.

It was a Friday night when I told Joanna my innermost secret: one that I had buried since that Sunday morning when I lost my childhood friend, Rachel. Joanna just stared

at me like I was an alien. She sat there wearing an expression of utter confusion as she tried to make sense of what I was saying. Joanna was a very liberal person, but what I was telling her was obviously challenging. We continued to talk it through over the weekend, and decided to attend counselling together.

The counsellor's approach to my gender-identity was to apportion blame and guilt. He explained that if I truly loved Joanna I would be able to 'recover' from this behaviour. I came out of that session feeling like Satan.

My gender identity was being treated as volition; a form of 'behaviour'.

I only wished it was.

We decided to separate for a while; to give us both some space to think. This turned out to be the best thing for us, as we both had more time and space to get used to the idea.

I was able to express my gender more and Joanna didn't have to listen to me going over it all non-stop.

We became closer than ever before and Joanna joined me in returning to Ireland in 1991, that however, was the beginning of the end and she returned to England in 1992. Unfortunately, again it was my gender identity that was at the core of this separation.

3.11.3 Reflective interpretation

Writing about my first romantic relationships evokes mixed emotions in me. Although Joanne and I had such a wonderful few years together and the first person that I had a lovingly intimate relationship with, it was my gender identity who made the third person in the relationship, and that was never going to work out. I remember the ecstasy of making love and the false realisation that I was now free from the conflicting feelings and was 'cured'. I assumed that I could go on from that time and have a 'normal life' but those assumptions were shattered a few months after that incredible night. I was catapulted back into the realisation that, as my mother used to say, it was 'my cross to carry'. There was not a day that went by that I didn't hate that fucking cross.

My third and most sustained romantic relationship lasted 15 years in total, 14 of them in a marriage that produced two wonderful sons. My separation from Laura was traumatising and packed with consequences and unexplainable losses which will be elucidated in the next section.

3.12. Marriage

Imagine prisoners who have been chained since childhood deep inside a cave. Not only are their limbs immobilised by the chains; their heads are chained as well so that their gaze is fixed on a wall (Plato, The Republic, bk. VII, 516BC).

Plato's analogy of 'the cave' (The Republic, bk. VII, 516BC) speaks to my experience of living a conflicted life due to my gender identity. Throughout my life, my entire interior existence had been bounded by a cave, with only the merest shadows and glimpses of what my life could be. The process of emerging from the cave proved terrifying, not just for me, but for everyone involved with me. It was particularly distressing for my sons, my then-wife, and my parents and siblings.

Vignette #4: Entering marriage

Just a few weeks after my relationship with Joanna ended, I met June, my future wife. My dilemma was whether to risk losing Laura by being transparent from the outset. After losing Joanna, I was afraid of feeling such an overwhelming sense of loss again. So, one Sunday night four months into the relationship, I told her. Then told her I would leave for an hour or so, just to allow her to process everything. I admitted I did not expect her to be there on my return but hoped that she would not tell anyone, or, that she would not cross the road to avoid me in the future. I was hoping that we could remain friends.

Incredibly, she was still there on my return and the next day we discussed in detail what I had revealed. I answered her many questions honestly and we agreed to stay together. I was elated, but as time moved on, I realised that I had misinterpreted and there was actually no acceptance. Or rather there *was* acceptance that this was who I was, but a

tacit understanding that my true identity would remain hidden. I realised that I was back in the cave and it was even darker than before. Now there was another person in there with me who I needed to protect. Later on, when our children were born, the cave got so crowded that it was even harder to contain my secret.

On the outside, people thought we were the perfect family, always together and laughing. We both had good jobs, our kids seemed happy, and we lived in a beautiful semi-detached house near the beach in Tramore. But really, it was just shadows; not reality.

I forced my wife to live in this cave; to endure what I'd suffered for most of my life. Effectively, I was now her jailer and the atmosphere in that cave became so unwieldy that something had to give. When it finally did, the results were completely shattering for so many. I did not just escape out of that cave: I unleashed an explosion so great it exposed not only myself, but my whole family, to the glare of the world.

That's the last time I had a relationship - all of a decade or so at this stage - with no intention of ever being involved again. Although one never knows...

I remember meeting June's mother in a supermarket shortly after the separation, and she asked me, right in the middle of the dairy aisle,

"So why did you get married if you knew you were like this"

"I actually did have that conversation years before we got married and Laura was aware of my gender situation. But, of course, at the time we both didn't think it would come to this"

"She knew? Well, she must be more stupid than what I thought"

And with that she walked away from me.

3.12.1 Reflective interpretation

My romantic relationships were not façades. Indeed, I was as fully committed to those relationships as I could be. If we had lived in a world where cisnormativity and heteronormativity did not exist, who knows what would have become of my relationships

(McGuire *et al.*, 2016; Riggs & Barthelmous, 2017). I only know I TRULY loved those women and wish I could have been fully present as myself with them.

On occasion, people say to me, “*It’s a pity that you didn’t do this [socially transition] years ago*”, and my brother once pronounced, “*You should have done it when you were in England and not come back at all*”. On reflection, I regret absolutely nothing. I consider myself very fortunate that I have two wonderful sons from my marriage to June. However, I was very fortunate to share my romantic life with three incredible women. Ending those relationships caused me terrible heartbreak. The fact that my marriage ended in separation, not just from my wife, but my children is what caused me the most pain. Not being able to live with my children is a grief I have always found difficult to bear. I was so close to both of my sons and then, all of a sudden, a distance was created, which causes me confusion and conflict to this day. However, reading, writing, and speaking about my experiences of ambiguous loss and ambiguous gain have enabled me to develop new insights about these experiences and, consequently, become more resilient (Boss, 2004, 2006; Bochner & Ellis, 2016; Smythe *et al.*, 2007).

3.13 Gender transition and relational rupture

“Last night my Mam and Dad and June got together and there was desolation. It was horrible - and my father told me that I abandoned my whole family and my mother told me that I should go-away to somewhere else and to get in touch by phone. My heart is so broken, and I am so, so hurt from everything that has happened around me”.

(Diary entry: 29th July, 2008).

This journal entry refers to a volatile meeting of my parents, June and myself, during which my father threatened to throw me through the patio window of my apartment and then stormed off in a rage.

The following vignettes provide both ‘showing’ and ‘telling’ of my gender transition (Ellis, 2004; Bochner & Ellis, 2016). By writing evocatively (Bochner & Ellis, 2016) about these traumatic episodes, I do not seek sympathy, but to be transparent about my own experiences of the relational ruptures of gender transition (Richardson & Pierre, 2005).

Vignette #5

"I can't believe they wanted to meet to give me a letter, a fucking letter, in a hotel... they gave me a letter, signed by all my brothers and parents. Telling me to go away, leave my home, family and children. They want me to leave, this is what is in the letter, this is what they discussed and agreed yesterday, on my birthday. They agreed that I should leave. Oh Jesus, what must have drove them to make that decision?"

(Diary entry: 31st July 2008)

In another envelope, again handed to me from my Mother, was a birthday card to 'Vincent', with some money in it...

"...maybe I can use the money to go away, just like they want me to do."

Vignette #6: What have I done?

"What? Really? Oh that's great news. What's he like? Will you see him again? Saturday night! You'll have to go. I'm delighted for you."

(Conversation with June May 2009).

On first hearing that June had met someone, I felt my heart sink but was equally elated that the woman I loved had regained hope for the future. There seemed no future for us. She was supposed to meet him again on Saturday, but was unsure whether to go or not. I was trying to be supportive; encouraging her to meet him:

"You have to meet. Sure, see how it goes anyway. You have nothing to lose."

I was pushing her away, mainly because I loved her. I felt guilty that I had ruined her life and now I wanted to help fix her future, and so I pushed hard for this to happen, not for one moment, suspecting what I would experience afterwards.

Barry's pub is high on the hill in Tramore and O'Sullivan's is near the beach. June still lived in our family home and I now lived behind the public toilets on the promenade in Tramore. I named my apartment 'Toilet View' to try to find the funny side of this challenging situation. To get home, I would pass the Hotel; for her to go to her date, she would go the opposite way to the hotel. I suggested we go to Mary's Bar, at the end of the hill, just across the road from the hotel.

Even writing this now, my adrenaline is flowing, as I remember what happened next.

It was getting near midnight. I suggested leaving first, walking past the hotel and that way, she could either walk home or go and meet Mick. I would not look back to see what choice she made. So off I went, passing the hotel, focused on the way home, but conscious that a life-changing event was potentially playing-out behind me.

But I had agreed not to look:

"I can't resist. She is probably going back up the hill and home anyway. Sure, one quick look won't do any harm, or will it?"

That is the memory that can catapult me back into the awful moment once again: the finality of it; the death of what turned out to be the last relationship of my life; the marriage that gave me my wonderful sons. There it was, playing out in front of my eyes, with disbelief, among the smokers outside the bar. There she was, entering the new phase of her life.

I was happy for her, but now I wanted my life to end.

I walked down the slipway to the beach. It was dark, with only the lights from the promenade illuminating parts of the strand. I walked, no, I stumbled, but not from the alcohol. My legs were weak, barely holding me up. I could feel the salt on my skin and lips. I heard the gentleness of the calm waves on that windless night. As I watched the white crests of the small breaking waves my legs finally gave way beneath me. My body crumbled onto the sand, not bit by bit. I fell like a stone - as if some giant hand

had lifted me up me in the air and dropped me from a height. I lay there on the sand, the cold water soaking through me. The hot tears came and then, what I will never forget is the inhuman sound that ripped out of me. It wasn't a cry, it was a howl...

“What have I done? What have I done?...I have lost what was so dear to me...What have I left now in this world?...Please God, take me now. I am finished. I am done. Take me away from this world.”

I wanted those gentle waves to swallow me. I wanted the sand to eat me. And I wanted it to be over now and quickly. I wouldn't need to worry about Vanessa or Vinny, as both would now die; I would have killed them, just like Frankenstein's monster. I would do the world a service and destroy that monster before it hurt anyone else.

I howled, and howled.

It was at this moment that something snapped inside. Had I not already hurt my children enough by separating from their mother and leaving them? Now was I really going to take the easy way out of the situation, disenfranchising them of any choice in the matter yet again? At that moment I knew that I had to face the music and be answerable for the choices that I have made. My beautiful children did not ask to be born. I'd wanted them. Loved them. Now was I choosing to bail-out when the going got hard? I needed to live. Still, my legs would not function, they were totally numb. I have never in my life experienced this before or since; my legs simply would not lift my body from the sand, and the tide was coming in quite quickly. Even now, thinking back, I've no idea how I got up off that sand and out of the ocean. I just remember being back on my feet and stumbling towards 'Toilet View' like a drowned rat. I have no doubt that I was very close to death, and I thank whatever it was that gave me the strength to get home in one piece.

It was now final.

My marriage was gone.

Something did die that night: any hope of reconciliation and a same-sex reunion.

Those hopes were dead and buried now, killed by my decision to transition to my female identity.

They were in the ashes now, and I awaited whatever would rise out of them.

Vignette #7: Journey to hell

I will never forget Christmas morning 2008. Walking up and down the hall in my apartment, waiting for June and the kids to come and give me a lift to Waterford. I had been invited to my friend's apartment for Christmas dinner with her family.

Now, I was in the back of the car with my sons, seeing their confused smiles, their mixed feelings, and their vulnerable little hearts shine out of sad eyes.

I gulped back the tears. Don't cry. Not just yet. Or the whole car would erupt. Not sure if I can make the distance; it's so hard. I had never felt pain like this in my life.

"Come on lads. We'll be late."

... stop. STOP! You need to get through this trip. Be strong.

"Some weather last night. Tramore road is flooded..."

I was nearly there now, at my drop off spot, at Kilchoan. I used to go to football matches here before - when I presented as a man.

My heart is going to burst.

I can't leave my kids.

I want to see my Mam and Dad...

"Please don't do this to me..."

Tears coming again...holding them back...

Don't do this, Vanessa!

How did I ever kiss them and say goodbye on Christmas morning? How were they really coping? I can't bear to look at their innocent faces.

"I am barred from my parent's home, the invite from my mother revoked. My brother's threat of not bringing his children if I was there was the final straw.

I am hated.

"My God! I am Frankenstein's monster. This is how I am seen. I feel real, but I am seen as a threat, even to their children. But I'm not. It's me. It's only me, without the façade."

It's me. It's only me. Please, God, let it stop!!!

I am the outcast.

God help me. God help my children. God help my family.

What have I done?"

The car slowed....

"Is this ok?"

I gave my lads a kiss and tell them to have fun and I will see them later. I step away from the car, their little faces looking back at me. I see the tears welling in their eyes.

"What have I done? What have I done? God help me. God help us."

And then I am vomiting on the side of the road, in the middle of the street. Violently retching everything inside me on to the road in front of happy Christmas families, little girls dressed in red velvet coats looking on;

"What's the man doing, Mammy?"

The mothers rushed to protect their children from the disgusting sight of this weirdo, dressed in a strange manner. I wished I was dead. Wished it all could just end now.

“Don’t look, kids. These people are dangerous...”

These people. They mean me.

I am outcast.

Today, I am the monster.

Today I must learn to adapt to the reaction of good people when they see a monster.

My head bows and the tears begin to flow.

This is what I have become.

I deserve this.

I should have stayed as I was; miserable, but not a monster,

“Happy Christmas, Vanessa.”

I don’t think so.

3.13.1 Reflective interpretation

“With panic attacks, you remain fully aware of the here and now; with flashbacks, all the situational memories come back too – you are, in effect, so immersed in them it’s as if you’re back there, reliving the traumas in all its horrors.”

(Turnbull, 2011, p. 115).

These traumatic memories are part of me now, part of my everyday consciousness; vivid memories that pop up from time to time, just to say:

“Hello. Remember me? I haven’t gone away, you know.”

However, I have learned to live with them, to accept and re-frame them, rather than try to wipe them away.

Vignette #7 highlights the heart-breaking episode in the early stages of gender transition. It was the day after my 43rd birthday. My mother and brother met me and handed me that awful letter. While any cause to reflect back on that day is always painful to me, contemporaneous Irish mores must be considered as a salient factor to their responses. There were no positive media stories of trans people up to that period; we were mainly depicted as either a joke or something to be feared (Lev, 2004). This was certainly my family's perception. I am sure they had my children's welfare at heart, and that was a significant factor in their decision. I assume another consideration was the impact on themselves; the fear of being tarnished with the same brush as me (Knauth, 2003; Cohen, 2011; Scott O'Rourke).

3.14. Emerging from the cave

“Suppose a prisoner is released and compelled to stand up and turn around. His eyes will be blinded by the firelight, and the shapes passing will appear less real than their shadows.

Similarly, if he is dragged up out of the cave into the sunlight, his eyes will be so blinded that he will not be able to see anything.” (Plato, The Republic, bk. VII, 516BC).

Vignette #8: Being unchained

I found myself again, sitting in a pew in Ballybricken Church where I was married and both of my children baptised. Sitting near the wall on the far left, I was surrounded by four statues of saints, all looking down on my pitiful figure. I had enormous decisions to make, which I'd whittled down to just two: life or death? Both outcomes adjudged to be sinful in the eyes of the same church where I was ironically looking for hope.

I had already been diagnosed with Gender Identity Disorder (DSM V), but undertaking a social gender transition held huge fear for me and the impact it may have on my family, especially my children.

These days my heart was either empty from tears or motivated by hope. Suddenly I felt an urge to do something, anything, to find out more about this ‘thing’ that had lain within me since my childhood. I decide to walk to the library. I walked down the very same streets where I lived and played as a young child, reviving all those old memories. I took the next step along the way and wondered what became of Rachel, the little girl that I swapped clothes with as a child...

Entering the library, I held tight to the hope that there might be something there to help me. But, no, there was nothing. Nothing on LGBT issues at all, and especially nothing on gender identity issues. I was a decade too early for all that here. Despondent, I go to leave, walking dejectedly towards the door, when something on the notice board caught my attention. What is that?

SOUTH

Do you identify as Lesbian, Gay, Bi-Sexual or Transgender?

Do you need Support?

“What? Surely not?”

There was a number on the end of the poster and I keyed it into my phone.

I allowed myself a surge of hope at this point, something I’d avoided for so long.

“At first, he will be able to see darker shapes such as shadows and, only later, brighter and brighter objects.”

(Plato, The Republic, bk. VII, 516BC)

I walked away from the library, my mind racing. To call or not to call; call or not to call, call or not to call... And then suddenly I just gave way and dialled the number, expecting an answerphone or something. But after a few rings, the voice of an angel,

“Hi. My name is Claire from SOUTH. How can I help?”

I was actually talking to another human being about something I had kept locked up for so many years. Claire arranged for me to meet her and a counsellor a couple of days later in an LGBT bar in Waterford. Out of nowhere the feeling of hopelessness lifted, and I felt energised.

“That Friday, I had a brilliant day. I met with the person from the LGBT society in Waterford (Claire) and the counsellor (Mary). It was a great help to know something existed close to home, so I just floated out of there. Went out for a meal that evening with Laura ... it was the best night I had in a long time. There was no depressing talk about what was going to happen in the future. It was a lovely night in, and we chatted and laughed, over a couple of bottles of wine. It was the best weekend that I had in a long time...

(Diary Entry; 9th of July, 2007)

I was invited to attend the LGBT support meeting the following week, which I found so useful. There were no transgender people there that evening, just three gay men and a lesbian, but it was so *beautiful* not to feel alone.

This was a turning point for me; it gave me hope.

That following September I enrolled in a counselling course, and after a few weeks, I felt strong enough to reveal my gender identity and plans for gender transition to this group. The other people in the course seemed shocked but supportive, and now I had more allies. Before this support, I'd felt so helpless. Although I knew I had to transition I was conflicted. However, the more people I told, the more empowered I felt.

I was also going out more often dressed in female clothes with either the girls in the counselling course or with my friends in the LGBT group. During that period, my life was polarised by either the reality of the ambiguous losses I was experiencing or the ambiguous gains due to finally living as myself.

In September 2008, I enrolled in Waterford Institute of Technology, and it was there in January 2009, that I finally began a full-time social gender transition.

This next step was another precarious time for my family and me. My social transition was becoming a little more manageable with time, or maybe the adverse reactions from

others were becoming less difficult to handle as I became more resilient and social support grew.

Also, during this period, Claire from the LGBT group suggested starting up a specific peer-support group for trans people.

“The last object he would be able to see is the sun, which, in time, he would learn to see as that object which provides the seasons and the courses of the year, presides over all things in the visible region, and is in some way the cause of all these things that he has seen”

(Plato, The Republic, bk. VII, 516BC)

In February 2010, just a month after my mother's death, I was interviewed for a position in Transgender Equality Network Ireland as a Development Worker. I was in the middle of studying for my Psychology Degree, and I was in a position to be able to develop the capacity of transgender supports in Ireland. The Irish media also started to show a specific interest in the area of transgender, and on many occasions, I was asked to speak to these sources. While I did encounter some negative reactions from family for speaking publicly about this issue, I stayed resolute. By this stage, I was aware that this was neither about just my family nor myself now: this was now about returning to the cave to let others know that it was becoming safer to do so.

“Once enlightened, so to speak, the freed prisoner would want to return to the cave to free “his fellow bondsmen.”

(Plato, The Republic bk. VII, 516 BC)

In November 2011, I experienced one of the most transformative moments of my life. I was responsible for developing a support group for family members of transgender people, which would eventually in time be called TransParenCI (Trans Parents Connect

Ireland). Before the meeting, I thought of my mother, and I can genuinely say that she was in my heart that night.

That inaugural meeting was attended by 14 people: 12 parents, one aunt, and a neighbour of one of the mothers. Afterwards, when I got home, I cried so much; partly due to the success of the event, but mainly because I wished my own family would have had a similar opportunity.

Nonetheless, the emergence of this group and of the families' resilience has helped to release me from my own pain.

3.14.1 Reflective interpretation

Two aspects helped me survive during those very challenging years: my will to reach a point where I could live without façade, particularly in respect to my children, and the resilience I developed through counselling. Reaching my goal of living authentically was like climbing a never-ending ladder, becoming more self-aware with each step while also learning to negotiate the external life pressures that I could not control. Counselling was integral to this process, along with support of my friends and children.

On reflection, I see it now as a circular journey: from the fear of escaping the cave and the emotional cut-off from my loved ones due to the individuation of my own self, to my re-emergence back into the cave to try and help others. At this point in my life, I am proud to have given as much as I could to support the trans community, while consciously keeping myself from falling from the ladder. One of my greatest satisfactions has been seeing TransParenCI grow to help over 300 families and five regional support groups for families. This success has helped me to find meaning in my own suffering (Frankl, 1961).

3.15. Reflections on the research process

During the process of undertaking this PhD, I came to understand that my previous assumptions and past history would help me better understand the phenomenon at hand (Heidegger, 1962; Hopkins *et al.*, 2017). I struggled with the thoughts of bracketing my presuppositions, but in using a Heideggerian approach I needed to be constantly aware of how my biases might infiltrate my writings; I needed to stay constantly aware of my assumptions. Writing this section was a means to help manage my subjectivity (Hopkins *et al.*, 2017).

I have provided much of my background in this chapter and I hope it provides a better insight to the reader in terms of my own experiences of loss, grief, and hope. Those experiences contained in this chapter are just an insight into my life, as my life is much more complex than those reflections. Most stories start at the beginning - it's usually a good place to begin - and I often use the silly joke from Ronnie Corbett who stated that he was 'born at a very young age'. But it is very true, our historicity is not just specific aspects of our past it is all of us, all of me, and all of that history made me what I am. All of those experiences reside within me when I interpret my own experiences through the lens of my prior experiences of life.

My recent professional background in counselling and psychology also needed to be acknowledged during this process. I remember using a quote from Carl Rogers in a Counselling Psychology exam in 2010, where it made the comparison between human life and a flowing stream, in terms of the changes that constantly occur in life, and that man is not a static entity but forever flowing and changing (Rogers, 1961). There are many similarities in Roger's writing and that of Sartre, Camus, Heidegger, and Gadamer, helping me to be reflective throughout life and not just in the process of writing this thesis.

As much as these recent learnings have enhanced my situatedness in this project, I am constantly aware that they have been shaped too by my biases (Shaw, 2010). In that respect, it takes me back to an Abnormal Psychology lecture in 2010, and I remember it well, because I was angry throughout the lecture. The reason I was angry, was that it was focussed on describing the categorisation for criteria for diagnoses of mental health conditions. It made me feel very uncomfortable sitting there in the middle of a classroom full of mainly younger students who had been so supportive of my gender transition, in fact most of the students in that college had my back. But here we were in this lecture learning about categorising people similar to myself, who don't feel they have a pathology but are categorised as mentally ill due not fitting in with temporal societal norms.

Then of course, there is my TENI lens. I began work with TENI during my psychology degree in 2010 and just 3 months after my mam died. Much of this work was developed from a tabula rasa or blank slate, there was very little before in terms of trans work in Ireland. I remember my very first day in Dublin and I asked my boss what will I do, and they just replied open your laptop and find your way, there was no particular task, just

find my way. I did exactly that, and just started connecting with people and I learned so much from listening. I connected with many trans people and developed trusting relationships and shared experiences, and often there were so many similarities in our experiences. I recognised the barriers, the fears, the losses, the abuse, the self-harm, the suicide intentions and the freedom. I recognised the freedom but I felt in a privileged position to build bridges to aid the trans community reach freedom without getting their feet wet in the negative stigmatising flow of fearful misunderstandings and that was my job; how lucky I was.

One aspect of that fearful misunderstanding was the loss of family, which was an aspect I had endured myself and which I heard time and time again from the community I worked with. I felt quite powerless until an opportunity in 2011 provided me with the bricks to build another bridge. Those bricks were provided by John Murray in RTE who had me on the early morning show to talk about transgender people and their experiences. I was quite nervous of course, and afterwards when I turned back on my phone there was a list of very positive supporting messages regarding my interview. My phone rang shortly after, and the lady said she was a Nun and I thought I was in for some criticism but lo and behold she praised me and wished me well and I cried, as I am doing again now writing this. I received three calls in a row after this, from parents of trans people who heard the interview and were looking for information. That was the first point in what has become now one of the biggest trans specific family support groups in the world, TransParenCI. Those bricks were very special and resilient ones and I feel that each of those bricks have coloured my perception of families but also made me aware of how individual each brick is.

As much as my pre-understandings are influenced by my prior experiences of life, what I have learned by taking a reflective stance when interpreting those experiences has been invaluable to me in life and especially whilst undertaking this project (Hopkins *et al.*, 2017). In the next section, I will highlight how these prior assumptions have influenced the data collection process.

3.15.1. Reflections on the data collection process

Having stated my prior assumption and biases regarding trans women and family members' experiences of loss and grief in the context of gender transition, and acknowledging that my prior experiences were an important factor for undertaking this

study, I do feel that my prior experiences were beneficial to me throughout the process, especially when considering the hermeneutic circle and dwelling processes (Heidegger, 1971; Pernecky & Jamal, 2010). Being reflexive throughout the field work process was essential and especially during the participant selection process and interviews. My prior experience in supporting people's mental health facilitated the co-constructed interview process and being reflexive allowed me to be conscious of my presuppositions throughout.

Whilst Shaw (2010) argues that insider researchers can enhance or hinder the collection of data, undertaking this reflexivity section kept me grounded. Considering also that I was working with an Irish trans NGO and developed support components and especially family support components, I already knew some of the participants. I was consistently aware that during this process that there was a different dynamic at play due to the change in my role from support to researcher in this project. Trust and transparency was, and always is, paramount in my work and in my research; in fact, in my life, it was vital that participants could trust me with their sensitive life stories (Armour *et al.*, 2009).

I remember so well those interviews. I had to travel across Ireland to meet participants in a location of their choosing to ensure they were comfortable in their environment. Whilst selecting participants who are well known to me was an issue, I needed to ensure that the interview was not a therapy session and boundaries were adhered to (Dickenson-Swift *et al.*, 2006). Out of the 16 participants, I knew 5 of these well. In those situations where I had good previous relationships with participants, I needed to be extremely conscious that I needed to collect value-rich data and ensure that participants felt comfortable and assured to share their experiences (Dickenson-Swift, 2006; Armour *et al.*, 2009).

In terms of family members, I experienced far more anxiety when I undertook the data collection process with them. In as much as I had an insider perspective with the trans women, I may have been perceived as an outsider by the family members (Couture *et al.*, 2012). Considering my own family experiences of gender transition, I was sensitive to the fact that anger might be projected against me by family member participants. I can easily recount the memories of interviewing the mother and daughter of the trans women and I could certainly feel the tensions before the interview begun; especially with the daughter. I was mindful of their potential experiences of loss and grief and showed empathy throughout. I remember leaving that interview late that evening and feeling total exhaustion and, the next day, I found it hard to get out of bed. I do believe I facilitated a

good rapport with my participants (Armour *et al.*, 2009). One of the mothers actually insisted on taking me for dinner afterwards in their little village pub and those moments suggest that the participants did develop a trust with me. An extremely difficult decision I had to make at the beginning of the data collection process, was not to contact the participants post interview, as I feared that my interference into their lives might cause harm. In as much as hermeneutic phenomenology suggests to keep going back to the source of contact to clarify comments by checking comments with participants (Armour *et al.*, 2009), I was reluctant to cause friction between the family members and the trans women, and that had to be then applied to all of my participants. And so, I had to take a step back, which I must say was difficult to do, especially from some friends. So, there was even loss experienced during this process for me.

3.15.2. Reflections of the process of data analysis

Heidegger (1962) states that one must be constantly reflective throughout the process of the hermeneutic circle and for the data analysis process this was crucial. I adhered to the principles of hermeneutic phenomenology throughout. The data analysis process began for me when I first made contact with each participant (Roy *et al.*, 2015). Everything that occurred between us from that point formed part of the hermeneutic circle for me. I continuously reflected on all aspects of my interactions between participants, literature, interview process, and analysis of participant stories (Smythe *et al.*, 2012). I felt very humbled that people would share such intimate heartfelt stories with me and I felt very privileged to have been in that position.

Once I left the interview, I travelled by bus or train back to Waterford and it provided me with space to reflect and write in my journals concerning my experience with the participant. I decided to undertake the transcription process myself due to the participants trust in me with their experiences. I listened and re-listened and listened again and I cried at times; in fact, I cried a lot. I heard the painful stories that were experienced by some and I laughed at the funny stories by others and I lived their stories in my thoughts. I could easily recount those stories now.

Once I finished the process of transcribing all interview data, I decided to use my spare room as an analysis room. I bought 42 A1 different coloured sheets and blue tacked them to my wall and there they stayed for more than a year. Those walls spoke to me and I constantly dwelt on those experiences during the hermeneutic circle process, and at times

I would see things that I hadn't seen before in participants stories (Smythe *et al.*, 2012). Even during the writing-up process, it was useful for me to go back to the wall and just confirm that I was interpreting the data and ensuring I stayed true to the experiences of my participants. I feel that I achieved this, in that I set out to give the participants a voice and they spoke through me. I did not feel it was a power situation between researcher and researched, rather I feel I was just a vessel for my participants to speak through.

3.16. Reflexivity and accountability

Finally, the question comes as to who am I in this research. Heidegger (1962) speaks about the importance of reflexivity to addressing presuppositions. It is essential that I make it known to the reader and by writing about my reflexivity, I have shown who I am and why I undertook this project. I consider reflective practice a process of self-awareness, where I continually critically reflect on my historicity (Cooper, 2012). I feel by undertaking this comprehensive reflexivity stance it will enable readers to gain more information in order to make their own interpretations.

As much as I have laid much of myself bare in this process, there is so much more to me. Ironically, I do not identify as trans or a trans woman, I identify as a woman and maybe a Waterford parent, but that's as far as the self-labelling goes. Reflecting back on that Abnormal Psychology lecture, I do not fit into societal categories. I have many different interests that make me who I am today, but tomorrow I may just keep flowing down that stream and have many more experiences in life. I have no intention of ever fitting into anything, I rather love life and want to experience all of its glories.

I do, however, take my position as a trans activist and researcher very seriously and I feel I have an enormous responsibility to achieve on the trans community's behalf. I remember an assignment that I had during my foundation counselling course, where I had to write about my contributions to the world. I focused on two aspects; my sons were first, and positively changing the landscape for the benefit of trans people and their families was the other. During the last 11 years, I have been humbled to be asked to contribute in many different ways that might benefit the trans community. From organising regional and national conferences, to speaking in front of 20,000 people at Pride in Dublin. I have delivered a presentation in Paris to the Parliamentary Council of Europe (PACE) regarding the lack of gender recognition in Ireland, in which I wore my Grandad's Irish Republican Brotherhood (IRB) medal. I wore this with a mind to the Irish Proclamation,

as I felt trans people were not equal in the eyes of the Irish state. I have fought then on behalf of the trans community, and I fight now for trans healthcare, education, and family support, and I continue to fight until there is an understanding of our experiences. I fight through my words and my actions in the hope that one day gender transition will not be perceived as a negative and, therefore, a loss which one needs to grieve.

Chapter 4: Trans women: Emerging through the long darkness.

“Like the Bonsai tree that is dwarfed in infancy, the transgender person is unable to pursue self-actualisation owing to the foreshortened venues for psychic growth.” (Ettner, 1999, p.102).

4.1 Introduction

This chapter provides the results of the data analysis, which allowed the key themes to emerge. The dominant theme in this section is ‘lifelong ambiguous loss’ due to ongoing conflict with gender identity since childhood. All five adult trans women seemed to experience a life-long conflicting and confusing type of loss concerning their gender identity since their earliest memories, of being aware that being their authentic selves in the world was deemed negative. On realisation of this difference, all informants in this study understood that salient aspects of their selves needed to be suppressed and hidden from loved ones and society. Decades later, upon uncovering these differences, the trans women in this study experienced further heart-breaking consequences of further ambiguous loss due to the confusing and conflicting nature of the fracturing of relationships. This study further reveals that the trans women in this study developed vital resilience skills to enable them to cope with the adverse effects of these losses.

In line with hermeneutic phenomenology analysis, is the shared meaning that all these women experienced, a form of loss that is uncommon to cisgender people in society (Riggs & Bartholmeus, 2016; Catalpa & McGuire, 2017). Therefore, my primary conclusion from the analysis process is to suggest that the essence of these women’s experience of living with a different gender-identity than was assigned at birth, transposed into a life-long series of ambiguous losses. All five trans women mitigated these challenges by developing vital resilience skills to help them navigate life. These skills acted as a bridge that eventually led them to an era in their own lives where finally they could be their authentic selves. Often, they looked on in hope that their loved ones might take their own paths to acceptance and potentially reintegrate their female gender identity into their family unit in harmony.

In this findings chapter, I explicate multiple layers of inter-related meanings that emerged from the women's stories which eventually revealed a colourful tapestry of interweaving fabrics, telling a story of survival and courageousness despite the conflicting experiences of a confusing loss. All five women revealed their essence of joy and appreciation for being able to navigate these losses, and emerge on the other side as fulfilled authentic human beings in the world. In describing their shared experiences in the sense of hermeneutic phenomenology, I have identified three broad thematic areas: (1) Ambiguous loss of gendered self, (2) Ambiguous loss of intimate others, (3) Being resilient in one's authenticity. Ten sub-themes emerged as a constitutive aspect of ambiguous loss within these three realms: (a) recognition of difference; (c) confusing loss of gender-self; (d) cisgender institutional conflict; (e) Stealing of hope; (f) finding of love in bad faith; (g) children or ghosts; (h) homelessness; (i) bargaining; (j) extended family interventions; (k) conflict of time standing still. All the themes are interlinked and interweave within the rich narrative of the women's experiences to provide a holistic picture.

This chapter is divided into twelve sections. The first addresses the essential cisnormative and heteronormative socio-cultural contextual underlying structures that contributed to the experiences of loss from early age to the time when I was privileged to meet with these women. Heidegger (1962) states that contextual factors are vital for understanding the whole experience of Dasein. The themes suggest that all five trans women had memories of being different from the Other due to a gender conflict dating back to their early childhood. Thus, in line with a hermeneutic phenomenology approach, a more fulsome understanding of the complex contextual issues of gender-transition within their family was deemed essential to elicit insight into the life-long experiences of these women. A contextualisation of the historical background provides crucial information relating to their past relationship with family members and offers a more holistic perspective of their experiences. My interpretations are supported by exemplars and paradigm cases taken from the participant interview transcripts (Jones, 2020; Burdge, 2013).

Chapter 4 provides an analysis of the lived experiences of these trans women from early childhood, through their adolescent and young-adult years, until the day of the participant interview. These experiences will be viewed through the theoretical lens of the dominant theme of ambiguous loss, thereby providing background to the conflicting, complicated,

and often traumatic loss experienced (Boss, 1999, 2004). An elucidation of the various sociocultural issues obtained in various periods of their lives will also be presented for further illustration.

Ambiguous loss theory, developed by Pauline Boss (1999), posited that boundary ambiguity between presence and absence can act a predictor of family conflict (Boss, 2016). The original theoretical model of ambiguous loss formulated two types of ambiguous loss:

1. physical absence with psychological presence
2. psychological presence with physical absence

Building on this model, Wallig (2014) proposed a third type which families of trans people may concurrently experience as:

3. physical and psychological absence

In the last decade, the theory of ambiguous loss has extended its range of application to include various additional spheres, wherein populations experience a confusing, conflicting, and/or unresolved types of loss (Hollander, 2016; Robbins, 2010, 2016; Perez, 2016; Solheim & Ballard, 2016; Mitchell, 2016; McGuire *et al.*, 2016; Kretuzer *et al.*, 2016; Boss, 2016; Norwood, 2013).

These adaptations focus on the relational aspect of ambiguous loss, whereby sufferers experienced a conflict in understanding the ambiguity of the loss of a family member.

This thesis found that, through hermeneutic phenomenological analysis, when considering the confusing loss of the gender self as the Other, and subsequently the enforced separation and disconnect from their families, all trans women participants in this study experienced lifelong ambiguous loss. An exploration of the past experiences of trans participants suggests that these women also experienced other types of ambiguous loss in terms of the unexplained, unresolved, and continuous loss of gendered self in childhood and throughout their adult lives. The study also found resiliency to be evident in the women, as they fought oppressive societal constructs to emerge as their authentic selves. Learning to develop diverse coping strategies which helped them survive their personal experience of a lifelong stigmatism, while also highlighting the limitations of

transactional language to explain or understand the conflicting losses experienced throughout their lives (Gadamer, 1978; Boss, 2004).

4.2 Sociocultural context

'We are informed that if repression as indeed been the fundamental link between power, knowledge, and sexuality since the classical age, it stands to reason that we will not be able to free ourselves from it except at considerable cost' (Foucault, 1978, p. 5).

It is imperative to understand the various sociocultural contexts throughout key periods in these women's lives in order to fully appreciate the losses experienced. Trans issues were mainly unheard of during the childhood years of these women, with the little information available being invariably derogatory, sensationalist, and stigmatised (Lev, 2004; Ettner, 1999). Therefore, historicity (Heidegger, 1961) is key to any examination of the contextual perceptions of trans participants at various times in their lives, especially as 'coming-out' is often a life-long process (Duffy, 2011) and one may have different experiences at various times in one's life. Interrogating these perceptions from the present standpoint yielded further insight into their experiences of loss, considering their previous experiences of a repressive society and disempowering injustices. These insights provide the reader with context regarding the manner in which the trans women alienated themselves from the self (Duffy, 2011, p.154). It is beneficial to consider the era in which the adult trans women finally revealed their gender identity, or took the decision to undertake gender transition. The trans participants in this study revealed their gender identity in a range between five and twenty five years prior to gender transitioning. Other important factors for consideration include individual participant circumstances during the period of revelation, and the manner in which they communicated their desire to gender transition (Dierckx *et al.*, 2016). As outlined in the methodology chapter, pseudonyms have been assigned to each of the participants for ease of reading and narrative authenticity while still adhering to strict ethical protocols of confidentiality and anonymity.

A total of five women were interviewed for this study. All participants choose the place where they felt most comfortable to speak about their lived experiences of loss and grief in the context of gender transition.

The women consisted of: Jennifer, Bernie, Sandra, Marian, and Eleanor.

4.3. Recognition of difference

Considering the era in which these trans women grew up, all five confirmed they were acutely aware that expressing their felt gender was deemed unacceptable and frequently punishable. In fact, in their youth, acts of homosexuality were criminalised in Ireland and routinely classified as mental-illness (Tovey & Share, 2000, pp. 222-226). Four of the five adult trans women interviewed for this project were over 50 years of age, with two over 60. As such, these women's formative years were ringfenced by an Irish social period saturated in silence and shame in relation to sexuality and sex (Robinson *et al.*, 2007, cited in Kiely & Leane, 2014).

In the following quote, Marian's (1990s gender transition) makes a direct comparison between the experiences of women of the Magdalene Laundries and her experiences of revealing her plans to gender-transition. Limited understanding or empathy for trans women obtained during this period of Irish history and typical maltreatment by the Irish state was predicated on lack of adherence to the Irish hegemony of an interlinked and dogmatic Church and State. So much so, that decades later the Irish Head of State expressed full and unequivocal remorse for propagating and perpetuating maltreatment of the Magdalene Women (as discussed in section 2.9). However, in weighing up the legal and sociocultural complexion of contemporary Ireland, Marian nonetheless reflects on the cost to Magdalene women, and her own and her family's situation:

"...like one of the women that that got out of the Magdalene Laundries...somebody asked her, 'How do you feel?' She says, 'Sort of strange. I'm meeting the Taoiseach and they're all, ye know nice to me, and he was crying. And it's sort of not real. Do ye know what I mean? Where was everybody years ago?'"

(Marian, #6839-6843).

Although the increased awareness of the harrowing and horrific treatment endured by the young women forced into these Magdalene institutions is properly welcome (Sixsmith, 2013), very little remains known of trans women's experiences during much the same era. Heidegger (1961) suggests one knows oneself through knowing Others, and Marian makes comparisons between her own being in the world as a trans woman and the suffering of the Magdalene Women at the hands of the Irish state. Likewise, the impact of the loss and an understanding of the fragmentation of self may never be fully realised and healing never achieved if such stories remain shrouded in secrecy, (Kaufmann, 2002).

Secrecy was commonplace within Irish families and society during this period, and as such, human sexuality and/or diversity were not openly discussed (O'Rourke-Scott, 2018). The comments below illustrate the tight-lipped silence which surrounded sex at this time (Tovey & Share, 2000; Kiely & Leane, 2014):

"You couldn't really talk to parents or anybody, because very, very soon I found that you didn't talk about sex. You didn't talk about politics, and you didn't talk about sex, politics, or religion, really." (Marian, #6244-6246).

Prevailing norms dictated, and in consequence, stigmatised, marginalised communities bore the brunt. Trans women have persistently experienced the painful cumulative losses of families, friends, and their dignity by revealing trans-identity and/or plans to gender transition (NCTE, 2015; Pillenger & Fagan, 2013):

"I mean, it's if you take the contrast, ye know. You can't be given back what you've lost." (Marian, #6846-6847).

Marian's comments indicate that her experiences of loss were elaborate, prolonged, and often located in childhood and were a common theme between all five trans women in this study. Early recognition that conflicting gender-identity issues existed in childhood which manifested as typical 'feminine' behaviour, may have resulted in rejection by their families (Rohner, 2016; Fuller, 2017; Steensma, 2013). All participants reflected that early childhood experiences, during an era in Ireland where gender and sexual diversity were often met with outright disapproval, could culminate in rejection and secrecy (Kiely & Leane, 2004; Ettner, 1999, p.75; Rood, 2016).

Much societal and cultural progress has occurred since the trans participants' early childhood experiences, revealing their gender-identity to their families, and participant interviews. Most of the trans participants in this study were born in the years between 1950 or 1960, with some born before RTÉ, the Irish national television station, had even commenced broadcasting. Nonetheless, the Irish media of time often portrayed trans identities negatively (FLAC, 2018). This negative Irish media portrayal has now changed focus from the stigmatised and negative approach taken during those early days to the predominantly positive representation. Irish societal attitudes concerning trans issues have also made a definite leap forward (FLAC, 2018).

4.4. Conflicting loss of the gender-self

“I was benevolent; my soul glowed with love and humanity: but am I not alone, miserably alone?”
(Shelley, 1953).

A key theme that emerged from all five trans participants was, consistent alienation of the self, regarding their gender-identity. Making sense of their situation was arguably a constant struggle for these women throughout their younger years as they tried to understand a loss that had no available language to assist understanding and/or provide clarity (Gadamer, 1978; Boss, 2004) (see section 2.14). This thesis argues that these ambivalent feelings exacerbated the chronic anxiety experienced during childhood as these women struggled to carve out a sense of authenticity (Mitchell, 2016), despite trans identities which were largely repressed for fear of punishment (Ettner, 1999). While all five women affirmed a consciousness of felt gender-identity from very early ages, they also soon intuited or learned that they could only express this in solitude or internally; it was never to be expressed openly. This common theme suggests that all of these women experienced ambiguous loss, both prior to gender-transitioning, and paradoxically, once again as a result of gender-transition, with their ambivalence toward their gender-identity, and assigned sex, often at odds. Although psychologically present in their mind as females, but conflicted in presenting their authentic gender-identity to the world for fear of reprisals, the findings indicate these women have had to cope with intense confusion in terms of the presence and absence of a gendered-self (Boss, 1999, 2004). The following comments of three participants particularly address their earliest childhood memories of a loss that contributed to the disruption to the continuity of their own self-narratives in the world (Neimeyer *et al.*, 2002):

“Em, I was just about able to crawl when I found I was interested in different things that other people weren’t interested in.”
(Marian, #6222-6223).

“Oh, since I was small. I remember, like, I used to, em... My mother, she like, she was very innocent about things, and she’d dress me up, and I used love it! And I used love that all. And then, I remember when my grandmother lived at home. She was in our place, and I’d be saying I wanted dolls and she’d always let me get the dolls, ye know, the little baby dolls and things like that, because I was always looking for dolls.” (Jennifer, #6893- 6897).

“I always felt that I should have been a girl, but I didn’t know why. So I didn’t really question it that much, I suppose. Only that it was kind of confusing that I wanted to wear my sisters Holy Communion dress, and to be honest, I did!”
[laughs] (Sandra, #7603-7606).

Whilst Marian indicates that, from her earliest experiences, viewing the Other caused her to understand that she was different to the Other. Jennifer meanwhile alludes to her mother's innocence in which she had no insight that dressing her child in girl's clothes might be perceived as societally negative. Moreover, Jennifer infers that her home in the early years was a lovingly innocent world where she was allowed to express her femininity. The temporality of these perceptions at the time of this interview would suggest that Jennifer also thought there was something negative about her behaving authentically in the world. Sandra's comment on the other hand reflects that she was also aware that a perception of wrongdoing was present in her young innocent mind that her gender identity conflicted with that of her assigned sex in society and in her family. Sandra's comment also suggests the resilient nature of her knowing how she could take opportunities to express her gender, albeit in secrecy.

These participant reflections identified periods in their innocent childhood lives where they were already aware of conflict between their gender identity and their assigned sex (Olsen-Kennedy *et al.*, 2015; Steensma, 2013; Pepper & Brill, 2008). Their comments also underscore their comprehension of the tensions between their unacceptable expression of gender behaviours which could give rise to punishment, rejection, and chronic internal conflict (Ettner, 1999, p.75; Rohner, 2016; Fuller, 2017; Edwards-Leeper *et al.*, 2016). Moreover, it supports the literature regarding children's awareness of gender differences and the development of gender identity at particularly young ages (Steensma, 2013) (as discussed in section 2.6). Thus, exploring gender-identity through an ambiguous loss lens yields another theoretical perspective, considering the lack of clarity of loss experienced regarding gender-differences in trans children's lives retrospectively (Boss, 1999; 2004; 2006). At present, there is a dearth of literature pertaining to trans-identities and ambiguous loss, with most of the research undertaken in the area tending to privilege family members' experience of ambiguous loss following the gender-transition of a loved-one (Wahlig, 2014; Norwood, 2013; McGuire *et al.*, 2016; Boss, 2016). Indeed, no extant published literature specifically concerns the experiences of adult trans women in terms of gender-conflict and ambiguous loss.

Participant narratives refer to the mismatch between their psychological-self and how they were physically presented during childhood, and an awareness of loss of an internal sense of gendered self; one which they could barely comprehend (Boss, 1999, 2004; Neimeyer *et al.*, 2002). As reconciliation with their internalised sense of self was never

realised, especially during periods of hopelessness, and as memories of living in their perceived gender remained trapped within them and unable to be shared due to stigma, they were unable to construct or reconstruct their own identity in the world, or to know who they now were (Boss, 2006, p.115). In short, while physically presenting as male, but psychologically present as female, they were continuously torn between which forms of gender expression to present their authentic self to the world at any given time (Boss, 1999). Sartre refers to this conflict as ‘anguish’ in respect of all that have borne responsibilities in life (2007, p.27).

The ceaseless turmoil fuelled by these children’s need to hide the secret self, gradually internalised a sense of shame and guilt towards their gender-identity (Schaefer & Wheeler, 2004). In some cases, participants’ family members were aware of the female gender-expression; however, this was simply treated as a family secret (Cohen, 2013). The secrecy which was monitored and maintained due to the intolerance of cross-gender behaviour during this period in Ireland, contributed to the ongoing anguish experienced by the child. It also reinforced the ongoing façade of male identity perceived by Others, especially when developing relationships with Others.

4.4.1. Cisgender institutional conflict

The impositions of gender segregation in Ireland’s education system during this period was very problematic for transgender children, contributing to an already confusing period to exacerbate the internal conflict of the child (Tovey & Share, 2000; Pepper & Brill 2008; Olsen-Kennedy *et al.*, 2015; Edwards-Leeper *et al.*, 2016). This is echoed in the review of the literature as a separation of the sexes and perceived differences which perpetuated taboos within the school system (Kiely & Leane, 2004) (discussed in section 2.6 & 2.9). The impact of this approach was reflected by both Bernie and Sandra in their comments:

“...there was a conversation about how they held me back (in school) along with one other child, eh, at the time, which meant that the class I was in, an all-girls class with two of us. And then, the year after then, when I was being sent to the Brothers [Catholic Boy’s School], there was a huge row with my Mum”

(Bernie, #4823- 4826).

“Well, it’s very hard to concentrate on sums and on reading and writing when you have, yeah; ‘I’d love to be a girl. I am a girl. Why do I have to wear these

clothes? Why do I have a little willy?''
#7698- 7699).

(Sandra,

Both Bernie and Sandra's recollections underscore a sense of confusion during early childhood which may have contributed to the development of learning barriers (Schaefer & Wheeler, 1995; cited in Ettner, 1999, p.104; Erhenshaft *et al.*, 2018), and a further repression of their sense of authentic gender self to avoid negative stigmatisation (Ettner, 1999, p.102). Sandra's comment particularly would suggest that she remembered she was experiencing constant confusion in relation to the mis-match between how she understood herself to being a girl in her mind, but to physically being in the world inauthentically as male, given that her genitalia indicated to her that she was a boy. It is evident that frozen grief (Boss, 1999, 2004) and conflicted feelings of identity made learning extremely challenging. During this era, severe corporal punishment in Irish schools was rife. These beatings contributed to high levels of anxiety for children, effectively blocking learning processes, which inevitably resulted in yet further punishments: a vicious circle.

It is not uncommon for young trans children to believe they might one day change into their desired gender; a hope which is generally quashed by disapproving parents (Ettner, 1999, p. 75). The women in this study soon learned that developing as females was not to be their reality and experienced similar responses from parents. In light of this, and unable to form any clear understanding of their psychological self and the roles they were expected to play, these women ultimately experienced a constant sense of anguish, ambivalent emotions, and ambiguous loss (Boss, 2006).

4.5. Stealing of hope

"My person was hideous and my stature gigantic. What did this mean? Who was I? What was I? Whence did I come? What was my destination? These questions continually recurred but I was unable to answer them." (Shelley, 1953).

For trans children the onset of puberty poses numerous distressing challenges, not least the availability of a safe space to express themselves according to their gender identity, as gender rules may be particularly enforced by parents and schools at this time (Pepper & Brill, 2008, p.75; Neary & Cross, 2018; McBride *et al.*, 2020). In light of the comments below, it is apparent that during this phase of their lives, most of the trans participants became more acutely aware of the dissonance between themselves and their peers, while

the psychological impact of internalising their ensuing shame and guilt, arguably had negative implications for their overall adolescent development (Schaefer & Wheeler, cited in Ettner, 1999, p.104; Felliti *et al.*, 1998). Experiences of rejection regarding their gender-identity during these early years potentially contributed to adverse psychological outcomes (Fuller, 2017; Rohner, 2016), occasionally manifesting as an irrational expectation of rejection up to, and into, adulthood (Rood, 2016). Jennifer's memory of that time reverberates with the psychologically damaging suppression of the gendered-self, frozen-grief, internalisation of traumatic loss (Boss, 1999, 2004; Janoff-Bulmann, 1992), and early introduction to psychotropic drugs. Bernie similarly alludes to the anguish and mental health concerns which arose in early adolescence and persisted for decades:

“It was hard, em. At 10 years old I had a lot of anxiety and depression, and I went on anti-depressants when I was 10. And I...I was, my... I was crying a lot. I was crying, crying, crying, I was very unhappy because I didn't know, I wasn't talking about things, and there was a lot going on in my head.... When I was 10 years old my mother took me to the GP and the GP put me on....a kind of an anti-depression tablet, and I started going on Xanax not long after that.” (Jennifer; #6919- 6924).

Jennifer's comment speaks to the pain that many trans people experience in their younger years, as the ongoing confusion concerning their gender presentation to the world is at odds with how they are expected to present. This passage again highlights the impact of living in a cisgender world void of acceptance to trans identities, where cross-gender expression is perceived as something wrong and where medical interventions to suppress one's innate experience of being in the world are present. Bernie also voiced the confusion of early adolescence and spoke of her mental health concerns throughout life. Both trans women experienced cognitive and emotional conflict surrounding the mismatch between their authentic gender-identity and the physical self they felt compelled to portray to the world:

“Well, well... I mean, [exasperated sigh] it was a pretty long struggle from, like, mid-puberty to kind of the age of 32... Massive big weight on my shoulders. It was a massive problem. I would go through long periods of...in hindsight, I would have called it 'depression'. However, then, at the time, I would never of known what to call it at the time...Couldn't understand the whole, ah, ye know, becoming, becoming [sigh] a man, sort of thing.” (Bernie; #4887- 4897).

These comments demonstrate that both participants, on reflection, struggled with mental health issues during a period where vulnerability is particularly salient to mental-health

well-being of trans people (Pepper & Brill, 2008; Olsen-Kennedy *et al.*, 2015; Edwards-Leeper *et al.*, 2016; Erhenshaft *et al.*, 2018). Bernie made particular reference to her consciousness of male physical development and, indeed, the dawning realisation that they have no control over this physical process, which can be extremely distressing for such adolescents (Steensma, 2013; DeVrijes *et al.*, 2014). Both Jennifer and Bernie's comments would suggest that they were consistently aware of their gender conflict but were unable to integrate their authentic self as females in the world. These comments suggest the sub-theme, shattered assumption regarding their pubertal development, was pervasive among trans participants who felt that they could not be themselves in the face of the Other (Duffy, 2011) during their youth. This endured as a confusing and conflicting type of loss during their childhood (Boss, 1999; Kaufmann, 2013). Furthermore, the study documents the discordances of the loss of their gendered-selves which has mostly resulted in lives lived in protracted conflict and confusion (Boss, 1999, 2004, 2006).

The shattered assumptions (Parkes, 1971; Janoff-Bulman, 1992) of the participants were particularly evident during this period as their comments suggested that they believed that expression of their felt gender was never to be realised. Indeed, life became devoid of meaning or hope as a result (Boss, 1999, 2004, 2006; Janoff-Bulman, 1992).

Nevertheless, the remarks below reveal that certain trans participants persisted in defying their families in expressing their gender identity. Often responding out of fear or a misguided sense of protection, parents only succeeded in further repressing their child's sense of self; potentially causing isolation, and risking long-term damage to their child's psychological and physical wellbeing (Felliti *et al.*, 1998; Olsen-Kennedy *et al.*, 2015; Ehrenschaft *et al.*, 2018). Jennifer summarises her frustration at being aware that gender incongruence existed and the emotional trauma that she experienced during these early periods in her life. It is significant that Jennifer, who is 20 years younger than Marian, the eldest trans participant in this study, relates a more robust account of persistent gender-identity, while Sandra's recollection emphasises conflict between gender identity and physical sex, and foregrounds her constant emotional upheaval, unresolved loss, and childhood adversity (Boss, 1999, 2006; Felliti *et al.*, 1998):

“She'd (mother) take no bit of notice of it. She'd just say... she'd just talk, 'Oh you're not well', or 'You're this or that'. And I used be saying it to her...I'd be crying a lot, and I'd say, 'I want to be a woman. I feel like a woman'. And my mother is great for putting things under the carpet, and we

won't deal with this kind of a thing." (Jennifer, #6983- 6986).

"I liked to dress in a way I should have dressed as a little girl. But I wasn't a little girl because body parts determined different. But, em, that feeling stayed with me and would not go away." (Sandra, #7628- 7630).

These common sub-themes suggest that these women were aware that male physical development was imminent at this life stage, although they were largely unaware of the impact of suppressing their authentic self from other family members during childhood. On revealing plans to gender transition later in life, family members were often unable to recall any cross- gender behaviour during the formative years. These conflicts in shared stories can emerge as a form of betrayal, since they arguably invalidate shared past histories with their loved-one (Mitchell, 2016; Boss, 2016) (see section 2.10).

On revealing her secret to her father, Bernie encountered a typical parental reaction which merely internalises a cynical sense of being in the world and may induce the trans person to conform to societal and family expectations, maintain facades, and ultimately manifest as traumatic loss (Kaufmann, 2016):

"'It's a phase you're going through' and stuff like that.....I got on with it. I got myself a girlfriend and eventually fell in love, got married, had kids. Tried to deal with it" (Bernie, #4904- 4906).

Bernie's gender-identity was invalidated by her father during the precarious period of adolescent development and these experiences could have contributed to the experiences of isolation, conflict with schema development, and crises of meaning (Piaget, 1954, cited in Landsman, 2016). The emergent themes in this study would strongly suggest that these women underwent the persistent ambiguous loss of daily reminders that their hidden gendered-self was never to materialise, and that only helplessness, conformity, secrecy, and façade were real (McGuire *et al.*, 2016).

"And the big bad world showed me that you weren't allowed be yourself for very long because of my sister came[ing] along...Sent to a very tough national school, and all that sort of thing. So, quickly I reverted to, eh, an internal life, where I was still me." (Marian, #6236- 6238).

Marian mentioned 'the big bad world' and it would indicate how she viewed being in the world during that period in her life. She goes on to speak about how her family sent her

to a 'tough' school, which might suggest that her parents knew of her gender expression or identity and sought to change what they may have felt was a behaviour rather than inherent authenticity. The unexplained and unresolved loss of the internalised gendered-self manifesting in conformity and illusions, in which the only safe place to reside lies within the mind, generates chronic anxiety as the daily performance of prescribed gender identity depletes the immune system and psychological well-being (Felliti *et al.*, 1989; Rohner, 2016). While this research study primarily rehearsed the experiences of ambiguous loss in adult trans women, it may also be worthwhile for future research to determine whether such adverse childhood experiences develop into negative psychological and physical well-being outcomes in trans people.

The psychological triggering of anxiety is possible only because Dasein is anxious in the very ground of its being (Heidegger, 1962, p. 190).

Sandra, in particular, lamented her 'lost years'. Forty years on from those early experiences, it is clear that residual confusion and inner conflict persist in terms of the dialectic response of presence and absence (Norwood, 2013). Perhaps of more concern, was the apparent understanding, even at this young age, that incarceration may result (Ettner, 1999, p. xiii) from her insistence that she was a girl:

"I had this hang-up for years, of 'lost years'... Shit! If I just said, 'I... I... I'm not a boy, I'm not a boy, I'm a girl!' and insisted... But then you could be locked up. That was my fear." (Sandra, #7709- 7711).

Sandra's fears of being institutionalised emanated from a radio interview, which had a lasting impact on her decision to keep her gender-identity secret:

I heard this thing on the radio about this, fuck it was the saddest thing... I listened to this with so much enthusiasm, I never missed a sentence of it, because this person was talking about something that related to me. This adult was talking about her life and what they put her through, to become herself was absolutely horrific. She went to the doctors, they laughed at her, they jeered at her, they sent her into a mental institution, they put her in front of a mirror, they said look at yourself you are disgusting you're horrible, you're not a woman you're a feckin man, grow up a man and they. And this was the therapy, this was their therapy, she went to commit suicide, she stopped, somebody saved her... I heard this as maybe ten, would I have been any older, maybe ten or eleven, definitely not any older. I can't say for definite but I know around the time and that will always stick with me, I thought don't ever tell anybody. (Sandra, #7727-7742).

Sandra's experience provides a stark reality in terms of trans identities, they undoubtedly highlight the fear that many trans people experience regarding the anguish of coming-out. Trans people's stories are often laden with negative experiences of being in the world and feeling the need to keep their authentic sense of self undercover for fear of negative reprisals. Sandra's comment suggest that she may have experienced a childhood trauma considering her comment 'always stick with me'. Traumatic experiences are often triggered, as suggested by Heidegger (1961), considering the conflict to one's authenticity of being-in-the-world.

Traumatic experiences are often relived and unresolved, especially without due care and support. Additionally, if these experiences remained secret, the experiences were frozen in their mind. Since it is evident that frozen grief (Boss, 1999, 2004) and lack of clarity existed for these women throughout their lives, an understanding of sociocultural mores which obtained during the timeframe in which these women were born and socialised as males in Irish society are intrinsic to their life experiences. Within that context, the ambiguous loss experienced by participants due to their incongruent gender exerted an enduring traumatising and paralysing effect (Boss, 1999, 2004, 2006; Cole, 2000). For these reasons, they had little option but to move forward with life, to appear 'normal', and enter into inauthentic intimate relationships to prove their maleness to the world (Erhardt, 2014).

4.6. Finding of love in bad faith

This section focuses on the themes that arose regarding the impact on the development of intimate relationships prior to the revelation of gender-identity or definite plans to undertake gender-transition. Previous sections have underscored the boundary ambiguities experienced throughout childhood and adolescent years from the trans participants' perspectives. The decision to enter into intimate relationships formed a common theme which seemed to present far more complex challenges for trans women, as such relationships can be compromised by the realities of life-long gender-incongruence. This comment from Sandra highlights the conflict that trans women experience on potentially meeting intimate partners:

So, after a little bit of talking between us, we decided to get married, which was a mistake, it was a mistake, on both our behalf's. I think eh, she actually wanted it but eh I didn't want it as much as I thought did. ... on the morning of the wedding I went back to the house to do something, we were renting a house and this is so true, it's a bit sad, it really shook me, to this day and its

over twenty years ago now, more! I looked in the mirror going out and I caught myself and I said what are you doing! What ae you feckin doing? I stopped and I looked and I put my hands on my head and I started to cry, I said what are you doing, you can't do this! And I stood, and I stood and I walked back into the house and closed the door and said, ah jesus what am I doing, what are you doing, this won't work and I have to be honest here and this is, I went to the church, I went through with it and (pause) I forced myself to be the man again, I forced myself back in, to be, a man... But I suppose I was so confused, I still didn't know the word 'transgender' or 'transsexual' the word that was used at times, or, I didn't know what term but, I didn't know what any of it was, I didn't know it or, where I fitted in, I was so confused. But looking in the mirror at myself told the real story, but only I knew, no one else. I knew I didn't want to be the man, I knew I shouldn't of got married, I should have on that day, if I had just, I couldn't do it. I went through with it because, I couldn't do it, I just couldn't do it, everything was organised. (Sandra, #7845-7862).

Sandra's comment speaks to the fear and lack of understanding of being in the world as transgender, considering that she did not have the language to describe her experience at that point in her life (Gadamer, 1961). Older trans people especially did not have the information that is currently available to understand trans issues in real terms. Older trans people relied on snippets of information, which was a mixture of medical information and negative personal narratives regarding trans issues. These factors played a major part in influencing trans people to remain hidden in society (as discussed in section 2.4). The secrets and facades hidden from romantic partners due to fear of disclosure or repudiation may arguably inhibit authentic relationship development and thus cause further emotional loss. Erhardt (2014, p.2) argues that trans women's attempts to live within 'normal' society can force them into a prison of secrecy. Intimate relationships introduce the dilemma of whether being upfront and genuine from the outset of the relationship is worth the risk of forgoing a potential partner. This, in itself, is yet another complex form of loss: the balance of love and desire for an intimate partner against the confusions of gender identity. When asked why they enter intimate/romantic relationships despite their female gender-identity, many trans women attest to the hope that committing to a loving relationship might 'cure' them of their gender ambivalence (Erhardt, 2014, p.7; Lev, 2004, p.277) (as discussed in section 2.11.4). A sense of shame and deep fear of rejection (Rohner, 2016; Rood, 2016) also prevents the trans woman from sharing her gender conflict with a partner, and maintains a façade which contradicts a trusting relationship. However, as Bernie explains, this lie of omission can lead to inherent misapprehensions within the relationship regarding cross-gender expression:

“So it would be, like, ye know, in hindsight...She said to me, ‘I kind of knew, but I never knew what I knew.’” (Bernie, #4915-4916).

This study found that an underlying and sustained secrecy was at the heart of sexually intimate relationships and that trans women’s spouses were often unsure of exactly what cross-gender expression meant for them or their relationships. Bernie’s observation eloquently sums up the undercurrent of secrecy with regard to gender identity within sexually intimate relationships. In some cases, a spouse may not be aware of the implications of cross-dressing or feminine expression and may choose to live with it, to try to contain it, or agree to the trans person cross-dressing occasionally (Erhardt, 2014). This conflicting experiences for both the trans woman and their spouse although hidden for now, always have a dangerous undercurrent. It impacts on both their authenticity, the trans woman not being able to be the self, and the spouse not knowing their partner/husband as a female. The anguish experienced may sanction the trans persons freedom to express more and drive the desire to live ‘full time’ in their felt gender. Indeed, this ‘bargaining’ stage as observed throughout the trans women’s relationships, endorses the work of Lev (2004, p.286), who posits a ‘negotiation stage’ within the stages of family trans acceptance. This formalises which types and degree of cross-gender behaviour are acceptable, and agreed time allocations for the expression of femininity. The agreements are often tenuous and contingent. Confusion and a lack of understanding of trans issues by partners are pertinent factors for mistaken cross-gender expression and gender identity (Erhardt, 2014, p.207), especially during this period. When realisation ultimately occurs, among the many likely repercussions is the sense of betrayal felt by spouses who believe their partner has reneged on their agreement (McGuire *et al.*, 2016; Ettner, 1999, p.103). Lev (2004) further purports that trans people can risk complete rupture with their family, as the urge to express their identity becomes overwhelming. Bernie’s recollection of this bargaining phase is echoed by Sandra, who specifies the conditions and potential outcomes of breaking these conditions:

“And there was a lot of stuff that went on over a couple of months...Eventually, we tried to keep it together, tried to keep the marriage together. I agreed to try and control it, em. She agreed that I could do it every now and then, em, and we tried that. And then, the more I got the opportunity, the more I wanted to be out. And the more I wanted to be out, the more I needed everyday stuff.” (Bernie, #4960- 4964).

“And she knew I had been on hormone treatment, and I explained the changes. I explained where I was going. She said, ‘Once nobody knows, it

has to be kept here! And you do your duties, and don't let anybody know. If anybody knows, you're gone" (Sandra, #7928- 7930).

Sandra's comment highlights that her partner knew she was medically gender transitioning and was truthful in terms of outcomes. Sandra's partner was willing to remain in the status quo, once there was no female presentation in public, or that no one was aware of this fact. Retaining secrecy in the home and within relationships can contribute to chronic anxiety. The conflicts which ensue (Knauth, 2003) and efforts to maintain secrets can lead to strains in the relationship and heighten the risk of relational rupture and increase ambivalence regarding the presence and absence of loved ones (Boss, 1999, 2004; McGuire *et al.*, 2016). Unfortunately, as Bernie reveals, formerly loving relationships can become strained, bitter, and finally reach a breaking point:

"Em, that however then, changed in December 1997, when I came home one day to a solicitor's letter [laughs] telling me to leave the house." (Bernie, #5009- 5011).

I interpreted these comments to mean that this was a particularly precarious period for all involved, including children, and other family members who may not have been aware their loved-one was experiencing these difficulties. On becoming aware of gender transition, a spotlight can shine directly on families, and more specifically on the trans person and their partner. An extremely stressful time may follow when decision-making may be compromised by distress and a risk of fragmentation of relationships, and when further losses are heightened. Commonly, the aftermath of relational rupture significantly increases the risk of further losses, and the culmination of lifelong confusions and conflicts which now impact on attachment with loved-ones due to the ambiguity of gendered-self now gives rise to still greater exposure to conflicting loss. It would seem that the perception of shame that the family experience in the context of their loved one's gender transition often contributes to fragmentation of relationships, and Sartre makes a similar point in relation to how we react to the Other seeing us as objects:

...shame of self; it is the recognition of the fact that I am indeed that object which the Other is looking at and judging. I can be ashamed only as my freedom escapes me in order to become a given object (Sartre, 1984, p. 350).

Revealing their life-long secret, a third-party revealing it against their will, or the trans woman deciding to gender-transition, can all heighten the risk of relationship breakdown. Although finally expressing a sense of authentic gender-self, these trans women risked

the backlash of living in a society which held inflexible views on gender-identity. Four of the five participants in this study were previously married, had gone on to have children with their spouses, and had ultimately suffered relationship breakdown and loss of family. The only unmarried trans-woman participant also endured loss within her family of origin due to imminent gender-transition. The era during which these women underwent gender-transition offered little protection for the transgender community in terms of policies, supports, and legislation (FLAC, 2018) which arguably compounded the negativity of their experiences. The socio-cultural barriers of the time deterred them from gaining access to services and, more distressingly, to their children (Pillenger & Fagan, 2013; McGuire *et al.*, 2016; Di Ceglie, 1998). The impact of bias across the legal system, health services, and various Irish governments during the 1990s consolidated the isolation, stigmatisation, and potential traumatic loss, for both trans people and their families (FLAC, 2018; Kaufmann, 2014). During her interview, Marian made reference to the trauma she had undergone during this period, along with associated adverse psychological adversities (Boss, 1999; 2004; Van der Kolk, 2015, p.14; Lev, 2004, p.198; Cole, 2000):

“Aw, I just disintegrated; got severe reactive depression.... which I still get. Which I still have. I tire very easily, and I am very sensitive. And this is quite traumatic for me now.” (Marian, #6575- 6576).

Following the removal of Marian’s children from her life and subsequent loss of her home due to gender transitioning, she was deemed unfit to have custody of their children (Di Ceglie, 1998; Lev, 2004, p.258):

“Eh, [sigh] it was worse than, I suppose. I just think it akin to Germans (Nazi’s) taking kids away from the families, and, ye know what I mean, it was just horrendous. I mean, not allowed to see you own kids growing up and everything. It’s just horrendous. Barbaric.” (Marian, #6434- 6436).

Marian’s relationship with her former wife was dissolved in virtually every realm of life. Legally, medically, socially, and in the context of family, people across the board proved ill-equipped to tackle the needs of either trans people or their families, further contributing to relational rupture and ambiguous loss (Hines, 2007; McGuire *et al.*, 2016). Marian’s history aligns with the work of Lev (2004, p.292), who posits that families sacrifice their trans-loved-ones during this period as a means to ensure familial homeostasis (discussed in section 2.11). As a direct result, many trans women endure an enforced emotional cut-off from their children and families at this time (Bowen, 1978; Knauth, 2003; Boss, 2016).

4.7. Children or ghosts

The common themes in this section are contingent with four of the five previously married trans parents in this study who faced uncertainty regarding the potential loss of relationships with their children. Children are often at the centre of separation disputes between parents and, in some instances, used to enact revenge against the other parent. The additional factor of gender transition can therefore escalate an already tense and negative situation. While previous concerns, that children would inevitably assimilate and reproduce the atypical behaviour of trans parents, are unfounded, the residual anger and bitterness of parental conflict can affect a child's psychological well-being (Green, 1978; Di Ceglie, 1998; Dierckx *et al.*, 2016), as Marian attests:

“They were just at an age when they were sort of understanding [exasperated tone]. They were frightened because they were hearing all these reports that I was going to go into their school, and all the rest. And I was told that we'd all meet together and that I wasn't to tell them what was going on.”
(Marian, #6416-6419).

Marian's tone sounded exasperated at times during the interview as she seemed to struggle with the manner in which her children's needs were addressed during the early days of her gender transition during the 1990s. I understood Marian's comment to refer to the embedded fear of trans identities which characterised the Ireland of three decades ago. This fear was often manifested in further secrecy and conflict, with trans women being perceived as a moral threat to their children and thus restricted from seeing them. There seemed to be no awareness that detaching children from their gender-transitioning parent could generate more confusion for the child who had no control of a future relationship with their trans loved one (Lev, 2004; Boss, 1999, 2016; McGuire *et al.*, 2016; Mitchell, 2016). Rehearsals of family bias against transgender people could further alienate children from the trans parent over time (Zamboni, 2006).

4.7.1. Homelessness

The potential for trans women to be homeless during this period is intensified (NCTE, 2015) due to core relational rupture and isolation from family of origin (McGuire *et al.*, 2016). As they have to now explore options for somewhere to live, the loss of the family home adds to the multiple losses already experienced. All of the trans women participants experienced displacement from their homes as a result of gender-transition, with legal decisions often going against them (Chang, 2002). They not only suffered the guilt of

causing family upheaval, often resulting in drastic consequences, but are also forbidden to see their children in a familiar home environment, which amplifies the uncertainty for both children and trans parent. Marian discussed the accommodation she was forced to live in after being rendered homeless due to her gender transition:

“They didn’t mind if I lived in a shed. I did live in an, eh, eh, eh, tumble-down place with water coming down the walls and everything. And there was one dry room in this house. That was all it was.” (Marian, #6440- 6442).

Marian’s description emphasises how the invalidation of the new female gender identity further threatens the relationship with the trans women’s children and family. Distanced from their loved-ones, uncertainty as to whether they would see them again, along with the loss of their home and community standing, took an enormous toll on their psychological well-being (NCTE, 2015). In line with Boss’ (1999, 2004, 2006) delineation of the overwhelming feelings of ambivalence and traumatic effects of ambiguous loss, these women clearly speak to the theme of homelessness which contributed to the harrowing diversity of losses during this period. One dimension entailed the lack of clarity around seeing their children again, returning to their homes, jobs, previous lives, relationships, and rendering their lives into total disarray. Helplessness and hopelessness were another critical factor during this period, with overwhelming uncertainty and disempowerment taking root deep in the psyche (Seligman, 1992). Furthermore, their children’s input in this vital decision was overlooked by further distancing from their trans parent.

This form of separation affected all parties, and afforded limited opportunities to discuss their situation (Mitchell, 2016). As Sandra so painfully described:

“I had to throw in the towel because my life became so hard to live! That I lived! I lived on the edge, and when I lived on the edge, I couldn't sleep. I couldn't do anything. And I think that's why I left. I had to leave because if I was to stay, it was going to mean hardship and hassle, not just for me, but for my kids as well. So, I left the area and then the contact. I still wasn't allowed to contact in any shape or form.” (Sandra, #7948- 7953).

Sandra painfully describes how she had to make the painful decision to leave her home and contact with her children due to the negative psychological impact to herself and her children. Sandra’s experiences reinforce the harsh reality that trans women often have to make decisions to move away from their families or risk not seeing them again. Internalised transphobia experienced by trans women can contribute to plummeting self-

esteem which heightens the danger of mental health issues and suicide (McNeill *et al.*, 2012, 2013). Sandra went on to explain these effects as due to negative responses and societal reactions, adding how the ensuing rage often turned inward (Stryker & Whittle, 2006, pp.244-246):

“I suffer from self-harm, and this is part of my big issue [pause]..., I got upset. I got angry. And self-harm kinda took over. And when self-harm took over, I thought about...my mental health went down” (Sandra, #8027- 8029).

Sandra’s pause during this dialogue seemed to me to reflect that she was going to say something more striking than the impact on her mental health. When Sandra referred earlier in this section to ‘living on the edge’, I understood that to mean that there was nowhere else for her to go and that there was a void of hope in her life. Although this situation is precarious for all the family, they may receive support from other family members; however, the trans person may not. A plethora of studies suggest that trans people experience adverse mental health, self-harm, suicidal ideation, and lesser quality of life than cisgender people (McNeill *et al.*, 2012, 2013; Dhenje, 2011, 2016; Arcelus *et al.*, 2018). On occasion, these findings are misrepresented (Transadvocate, 2016) to imply that gender-transition invariably results in adverse outcomes. On the contrary, the findings of this study demonstrate that psychosocial factors, ambiguous loss, and various other forms of loss, contribute to negative well-being and/or quality of life (Arcelus *et al.*, 2018).

4.7.2 Bargaining

...the sexual instinct was isolated as a separate biological and physical instinct; a clinical analysis was made of all the forms of anomalies by which it could be afflicted; it was assigned a role of normalisation or pathologisation with respect to all behaviour; and finally, a corrective technology was sought for these anomalies (Foucault, 1978, p. 105).

This section identifies a theme of ‘bargaining’ which further endorses current literature (discussed in section 2.11). This section also alludes to the negative perception of trans people within medical and psychiatry fields. Bargaining and negotiation regarding access to children (Lev, 2004; Emerson & Rosenfeld, 1996; Zamboni, 2006) was typical following gender transition. Marian’s stark descriptions of her experience illustrates her depth of disempowered and helplessness during the period of her life when she was cut off from her children and uncertain if she would see them again:

“They would prefer to have the meeting behind my back. And the same with if I admit myself to St. Pats (Psychiatric Hospital in Dublin), they'd bring the kids to see me, and this was another one.” (Marian, #6446- 6448).

However, on meeting these conditions, they were subsequently reneged upon:

“Yeah, and of course, they did nothing like bring the kids to see me. And I was drugged to my hilt, and, aw, I was in very bad shape when I got out of it.”

(Marian, #6454- 6455).

This was in addition to not being validated in her identified gender:

“Ah, only about a week or something, I think. And I discharged myself, but of course, they put me on a corner of a male ward, and ye know, it was bloody ridiculous, ye know.” (Marian, #6465- 6466).

These instances made this participant feel completely isolated from her family and Irish society during an extremely stressful period in which scant information on trans issues was available. Unsurprisingly then, the following excerpt details Marian’s suicide attempt; an unfortunately regular feature of the trans community (Dhenje, 2011, 2016; McNeill, 2012, 2013):

“Aw, sure, I was called every name under the sun. Even when I was...I was dying, they said I was selfish trying to commit suicide. Sure, nobody came near me when I had treatment or anything, ye know. Aw, no. I was totally on my own.”

(Marian, #6356- 6358).

Marian painfully described her experiences of being perceived as having a mental illness due to her ‘coming out’ as a trans woman. Her series of comments allude to the pathologisation of gender transition during the nineties. During this stressful period, families often ‘circle-the-wagons’ in bias against trans women. Spouses or partners can experience deep hurt and feelings of betrayal as their relationship becomes open to public scrutiny and ridicule (Ettner, 1999, p.103). It is not surprising then that resentment breeds in these situations. Two of the trans women interviewed still had warm feelings for their ex-spouse, and wished to remain in the relationship, despite prolonged conflict. As Bernie describes, her ambivalent emotions suggest she was experiencing ambiguous loss (p.103; Boss, 1999, 2004, 2006):

“One of the sentences out of her mouth was, ‘Well, you should have given me the respect by not marrying me’. And ye know, I only married you because I loved you ye know..... very much since 1998. A lot of what she’s done or not done, or said or not said, even in relation to my relationship to the kids, has always been to make life difficult for me. Because she sees that I’ve ruined her life....Despite the fact that I have all these problems, I probably deep down still love her, ye know which is difficult. It’s a very confusing conflict, kind of conflict.” (Bernie #5178- 5184).

Bernie eloquently spoke about the conflict of understanding her ex-spouse made life more difficult for her, as a result of her deciding to gender transition, whilst still holding on to the deep-seated love for her ex-spouse, that clearly remained. The commonalities of participant experiences suggest that all four trans parents experienced ambiguous loss due to the impact of relational rupture, and all had conflicting and confusing relationships with their children in due course. Some of these women rarely saw their children following gender-transition. Two of them never saw their children again. During the initial period of gender-transition, the trans women was refused access to her children at an extremely vulnerable period in all of their lives. The additional socio-cultural dimension to these losses is that they were also castigated for leaving their families and regarded as sexual deviants due to the stigma attached to gender-transition. As such, they were effectively excluded from their local community and social networks. At this juncture, it is important to reiterate that this was a period when no transgender support groups existed in Ireland, nor was there access to online trans groups. Transgender people were therefore absolutely isolated from loved-ones, with no support or hope for the future.

4.7.3. Extended family interventions

Extended family involvement during this period is common, with a family member often providing advice focused on supporting the spouse, protecting assets, and perceptions that their children’s welfare is at risk due to the harmful trans-related stigma (McGuire *et al.*, 2016; Lev, 2004; Di Ceglie, 1998). Trans people can experience a myriad of losses due to the impending conflict, especially considering the negative socio-cultural perception of trans identities. In addition, there is a lack of support from healthcare workers to mitigate the anxieties felt by both trans people and their families, which prolongs and contribute to the feelings of loss and grief. Bernie’s comments illustrate family involvement in their pending separation and ongoing conflict during this extremely tense period:

“I’m 100% sure it was one particular person in her family...basically having, she having confided in this person...This particular sister said, ‘You need to protect yourself. You need to go to a solicitor.’ And once the solicitor got involved, then it was the whole, ‘you need me to leave the house; you need to tell them; you need to pay maintenance; you need to have the house.’” (Bernie, #5017- 5020).

Bernie’s emphasis on the word ‘need’ was striking in her comment. It suggested to me that Bernie understood that situation to mean that due to her gender transition, she lost all legal power and ‘needed’ to suffer the consequences of being authentic in the world. The common sub-theme of ‘extended family interventions’ suggests that the invisible boundary of being who the Other knows one to be, if fractured then it is deserving that one should experience the negative consequences of those changes caused by them. This theme highlights the role of extended family members when gender transition is experienced within the family, and the impact of extended family members on vital and sensitive decisions made at vulnerable periods for all involved. Attending family events such as weddings, funerals, christenings and other family rituals, and are essential opportunities for families to bond, share stories, and support each other. In the same way, illness and death can bring family members together, to offer support or to mourn together (Boss, 2006). Gender transition within the family infers an extra dimension, which determines whether to either exclude or re-integrate adult trans woman into the family (McGuire *et al.*, 2016). An entire family may mobilise against the trans person. This occurs through what Bowen (1998) calls “emotional cut-off”, in which the trans person is effectively shunned through exclusion from family events (McGuire *et al.*, 2016). This is mentioned below by Olive (ex-spouse), when referring to her trans ex-spouse’s family not informing the trans woman of the death of a close relative. Interestingly, even though occasional moments of anger arose during the interview with Olive, a clear and residual empathy for her former spouse remained as illustrated below:

“...there was a funeral there very recently, and he would have been very, very close to the family. And his brother contacted him after the funeral. They didn't want him at the funeral, and I just think that's awful! Ye know they could have told him about, about the death, and it was up to them then if he decided to go or not go. And if they had, he would have respected their wishes. If they had said not to go, but that's twice, three times, it's happened now with their relations. They waited until after the funeral” (Olive #2407- 2412).

The impact of a kaleidoscope of confusing and unresolved loss experienced throughout life merging with the impact of relational rupture, ambivalence and ambiguous loss can

have catastrophic outcomes (Dhenje, 2011; McNeill *et al.*, 2012, 2013). Being isolated from siblings and parents during this period contributes to loss of role in the family, attachment to siblings, friendships with extended families and families-in-law. Similarly, then to Frankenstein's creation, they are socially-exorcised, abandoned, and driven-apart from all they knew (Shelley, 1953). While they are now free to live in the gender-role they always identified in, it is at the enormous price of the loss of the Other that is dear to them.

Understanding the complexities of family systems, contextual circumstances, life-long gender incongruity, and the reasons for secrecy highlight the factors which contribute to ambiguous loss for the trans person. However, two different truths do not necessarily contradict each other (Ibn-Rashid/Averroes, 1134), as the alternative view from the family side may also exist. Thus, it is also pointed out that certain family allies may remain engaged with the trans person during this latent stage (Lev, 2004; Zamboni, 2006); a lifeline which can be crucial for holding onto hope and accepting ambiguity for both sides.

4.8. The conflict of time standing still

Withholding access to children can have adverse outcomes on all involved, as ambivalence surrounding detachment from loved-ones can manifest as an ambiguous loss on both the trans parent and their children (Boss, 2006, 2009, 2016; McGuire *et al.*, 2016). Most of the informants in this study suggest the experiences of ambiguous loss were chronic, with no hope of resolution. Boss suggests that two types of ambiguous loss can affect the lives of all family members when experiencing a confusing type of loss: leaving without goodbye, and goodbye without leaving. This indicates the freezing of emotional processes (Boss, 2004, 2006), which is evident in this extended quote from Bernie:

“... they are now in their 20s, mid-20s...Not kids anymore ... I look at photographs, and I'm kinda going...Where were the years? Where's the kid's years? I'm sure that happens with a lot of parents anyway, but everything that happened between the age of eight and say, 18 or 20 - my memories of them are very bitty. There's not a lot of stuff. There's not a huge amount of stuff, and yet when I look at my memories of me being eight to 18, to equate that...I can still relate [to] my relationship between my mother and father. Whereas that relationship is not there with me and my two younger kids, and while we are still fairly close, and we are very close, it's still...there's lots of stuff that is missing probably.”
(Bernie, #5349-5357).

Bernie's comment speaks to the confusion and conflicting thoughts that she is experiencing when recounting how she compares her relationship between her own family of origin and the present relationship between her children and herself. Bernie's comment also infers that she has contemplated those confusing detachments over periods of her life and still finds it difficult to find a resolution due to the ambiguity of the situation. Ambiguous loss is one that may never be resolved and which can contribute to mental ill-health (Boss, 1999, 2004). These difficulties can be reinforced by feelings of guilt and regret, due to relationship fragmentation and isolation from children, family, and friends (Wahlig, 2014; Landen *et al.*, 1998; Boss, 2004, 2006):

“And regretting having made this decision for my life, that I, and I've used the word regularly...when I wrote in me journal, writing stuff down, I've used the word “Sold”! That was probably more important to me, and that for this life, and that, that's a difficult disconnect. I see it, like, ye know, it was like, I actually know I gave up that to get this. And in the end of the day there's a confusion around it, which is actually more important to me. And why wasn't I strong enough to actually put up with it, em, and not transition? To keep what I wanted; namely, family and kids”
(Bernie #5363- 5369).

Bernie went on to elaborate on her statement of regret at having 'sold' her relationship with her children to pay for her freedom to live in the gender with which she identifies. Bernie's comment below arguably reflects a frozen grief (Boss, 1999), since as time moves on, she is aware of a worsening of the effect of her loss:

“In fact that probably got worse in the last two or three years...probably a little bit about middle age [laughs]. Middle age crises or something, or you're starting to get to the point of, ye know, where yer life's going.... Now I've found myself here on one level, and it's great. It's brilliant! It's like, 'I'm here, I'm who I want to be! I'm here. I've shown the world me'. But on the other hand, Christ! What have I left behind because of it? And now, where is all that gone and how do I get it back? And, ye know... and there's a realisation that yer not going to get it back.”

(Bernie, #5378- 5386).

Heidegger (1962) speaks about showing the 'self' to the world and Bernie similarly speaks to her experience of being authentic in the world, having overcome the anguish of living inauthentically for most of her life. The consequences of her authenticity resulted in the fragmentation of family life and the losses incurred. Bernie's comment suggests that she is experiencing the conflict of the loss of her previous relationship with her children. Whilst children growing up and moving out of the home is a normal experience

for most parents, Bernie distinguishes this from being deliberately set apart from her family, thus inhibiting her memories of her children growing up. She makes the analogy of being a relative rather than a parent, and feels that, due to her transition and disconnect from her family, she has missed out on precious memories of her children growing-up.

I interpret Bernie's description of herself as an 'outsider' rather than a parent to her children as a particularly conflicting and confusing type of loss, since Bernie's comment suggest that she had still found no resolution to this loss so many years on. This also signifies an ambiguous loss regarding the disconnect in memories and a confusion regarding an acceptance of this loss (Boss, 1999; Turnbull, 2000, p.318). Due to the stigma attached to trans identities, even when invited to family events, there is often a gap between the perception of the new and old gender identities by extended family members and friends. Often, this experience can induce feelings of hanging on to the margins of the family rather than playing a meaningful role. Bernie's comment suggests that an ambiguous loss has occurred, wherein she realised that the memories of being a parent and seeing a child develop into an adult were conflicted due to being on the peripheries of family events.

"I sounded like I was missing for all these years. I wasn't! But there's a huge amount of not being able to remember. It's because I wasn't central to their lives like most parents would be central to them growing up.....I would still go to this, or I'd still go to that. It was always like as the outsider. Do you know what I mean? It's like as if you were an outsider, and it's like as if you're an uncle or an aunt rather than that you were their parent....There a realisation at this moment in time, at this age, over the last two or three years specifically, that actually you're never going to get them years back. Whatever about my own years, yer never going to get their years back." (Bernie, #5386- 5395).

Sandra similarly suggests that she has experienced frozen grief when again discussing the lost years and her disconnect from her daughter in the photograph. She particularly mentions the breach between her memories of her child's features on the last occasion that she seen her and the stranger in a photograph. Viewing this photograph resulted in shock and confusion, given that she had not anticipated the difference between her memory of her daughter and the image in a photo nearly a decade on:

"I didn't recognise her in the photo. I just didn't recognise my daughter, [clicks fingers]. The penny dropped that I had missed these years that I had lived in my head; that they weren't going to get older. And it took me so long to get over. That's opened another can of worms in my head. I got so

depressed, and I got so anxious, I got so angry”
(Sandra, #7965- 7968).

*“I have Christmas presents, from eight years ago, I hide. I left them to a friend
cos I can’t look at em - the memory is still raw.”* (Sandra, #8008-
8009).

Sandra speaks about her reaction to being shown a photograph of one of her children years after previously being barred from seeing her child. She alludes to the conflicting feelings that she experienced in regard to what was occurring in her head and what was reality in the photograph. The impact of this situation was stark, given that it ‘opened a can of worms’ in her head, which infers to the negative mental health experiences that she may have had previously repressed, to at that stage triggering the return of those negative experiences. Sadly, the last time Sandra enjoyed the company of her children was October 2010, and, to date, she has not had the opportunity to share these presents with her children. This heart-breaking revelation epitomises the traumatic loss experienced by this woman (VanderKolk, 2016; Turnbull, 2000; Cole, 2000). This excerpt also elucidates the intense mental anguish experienced by adult trans people and their potential change of heart regarding the decision to gender transition, further underscoring ambiguous loss as a factor in regret.

Although this chapter has shown the common themes experienced by the trans women from early age, during puberty, entering relationships, living authentically as women, to the impact of those choices heralding the negative outcomes, which suggests that lifelong losses were experienced by all five trans women in this thesis. These women endured what seem to be a continuation of traumatic experiences since childhood and the reality of being authentic in the world and towards society resulted in loss. Despite these lifelong traumas, there were themes running parallel with the negative experiences, with the theme of resilience present throughout the interviews. These women were clearly survivors and wanted to survive, they wanted to tell their stories so that others could also scale that mountain of traumatic experiences and arrive at a point where they might experience life in full, being themselves in the world, and most importantly having their loved ones share their hopes and dreams together. In the section below, I will present the theme of ‘resilience’ that was evident throughout these women’s stories.

4.9. Resilience

...whatever may be the situation in which he finds himself, the for-itself must wholly assume this situation with its peculiar coefficient of adversity, even

though it be insupportable. He must assume the situation with the proud consciousness of being the author of it, for the very worst disadvantages or the worst threats which can endanger my person have meaning only in and through my project (Sartre, 1984, pp. 707-708).

Sartre's comment suggests to me that regardless of the adversities experienced, the for-itself can regain control of one's autonomy by owning their narrative. There are many similarities between Sartre's view and that of Boss (2006) concerning resilience and empowering the for-itself to regain new meanings of their lives. Although the primary focus of Chapter 4 focused on the experiences of trans women concerning grief and loss in the context of gender transition, it would be remiss to exclude examples of resiliency utilised by trans participants. Thus, by briefly viewing experiences of coping through an ambiguous loss lens of guidelines for resilience (Boss, 2006, 2016; Masten, 2016), this study will delineate the key strategies used to facilitate resilience in trans women. The findings suggest that all five women struggled throughout their lives with gender conflict, with evidence indicating that they all experienced ambiguous loss. Boss (2006) proposed six key guidelines which promoted resilience in people suffering the effects of ambiguous loss: *finding meaning; adjusting mastery; reconstructing identity; normalising ambivalence; revising attachment; and discovering new hope*. The following sections will examine instances of all six guidelines utilised by trans participants in this study.

4.9.1. Finding meaning

"Suffering ceases to be suffering as soon as we form a clear and precise picture of it." (Frankl, 1963, p. 117).

Jennifer's assessment of optimism suggests that, although there are many challenges to gender transitioning, finding meaning and changing attitudes can reflect positivity and hope (Frankl, 1963; Boss, 2006; Norwood, 2013; McGuire *et al.*, 2016). The fact is, that following decades of trying to conform to her parental and societal expectations, re-framing a difficult situation by revising meaning to portray positivity and hope, has helped Jennifer to shift boundary ambiguity (Boss, 2006, 2009):

"And then there are good things in transition. It's a very exciting time, as well, for the whole finally becoming yerself and stuff, that I think, that one thing to enjoy that part as well if they were, if someone, was transitioning. Enjoy the parts where you feel liberated." (Jennifer, #7563-7566).

McGuire *et al.* (2016) suggest that there is also an ambiguous gain to gender transition, which Jennifer highlighted. Post gender-transition, she felt liberated after a life time of repressing her gender identity. Having had her female gender-identity rejected by her parents from childhood, she now enjoys the ambiguous gain of finally being empowered to appreciate her genuineness in the world.

Although she experienced conflict with her parents regarding her gender-identity throughout life and especially when undertaking gender-transition, she has adopted a position of tolerance and understanding towards her parents which has helped her transcend her negative experiences (Boss, 2006). In so doing, Jennifer clearly acknowledges the existence of the two opposing sides, but is able to reframe them and hold to both at the same time (Boss, 2004, 2006, 2009).

4.9.2. Adjusting mastery

The interviews with the trans women consistently highlighted a common theme that they had lived a life of disempowerment and helplessness (Seligman, 1992) and suffered many losses, including ambiguous loss. As such, they were rarely afforded the opportunity to feel empowered about their gender-identity, since they were repressing emotions from early childhood and experiencing the traumatic effect of rejection and ambiguous loss again in adulthood upon suffering relational rupture. In this comment, Sandra highlighted the fear and challenges of returning to the locality that she spent most of her life:

“...to move back to Clare was a big thing and moving back to familiar ground...A bit nervous, a bit nervous, ‘cos its familiar territory. People around knew me. But I thought, ‘Damn it, if they did! I’m Sandra Sullivan. I’m here, and I’m living! In Ennis!”
(Sandra, #8143-8146).

Sandra alludes to the nervousness that she felt about going back to the region where she lived pre-gender-transition with her family. She mentions ‘territory’, which suggests that is a place that one would hold at all costs. Sandra’s comment suggests that she stood firmly and proudly whilst understanding that internally she felt an ongoing anxiety. Boss (2006, 2009) theorises that it is possible to aid recovery and revise hopes and dreams with social support, as Sandra’s wish to proudly return home illustrates. Holding opposing views at the same time is evident in this comment, in which she mentions the fear that existed, especially after being initially forced to leave the region at the beginning of gender-transition. This indicates Sandra’s comprehension of the opposing views but

accepts this fact as adjusting her mastery, so that she is no longer a passive victim of ambiguous loss (Boss, 2006, 2009). Sandra's comment suggests that, even in the process of telling her story in the interview, she regained an element of mastery over her narrative, especially when one considers her earlier heart-breaking comment (as seen on page. 132).

4.9.3. Reconstructing identity

Often trans women's efforts to persuade family members to refer to them by their female name and pronouns are ignored and pose further potential conflict between them. Family members may have erected psychological barriers due to the ambivalence experienced concerning gender-transition, which added another obstacle for employing the use of new terms (Boss, 2016; McGuire *et al.*, 2016). Jennifer's narrative confirms that, after years of trying to convince them she was female, her parents finally listened to her and accepted that she prefers to be referred to in her female name and gender. An added barrier for parental acceptance of new gender role includes the discrimination and stigma experienced by trans people (Boss, 2006). Moreover, it is evident that the stigmatisation of trans identities was one of the factors to withholding gender identity throughout their lives:

"I've tried talking to them (parents) ...I've told them all my friends address me as 'Jennifer'. But they try, they try. It's very hard...There was lately there I got a birthday card, she did. She wrote down 'Jennifer'! My Mother and Father! And that was the first time." (Jennifer #7193- 7195).

Jennifer's comment really emphasises the meaning that receiving a card had on her feelings that her gender identity and authenticity was being validated by her parents. Her comment suggests the relief and joy that finally she will be recognised in the world as her authentic self. Despite the above, there can be other situations where they may revert to using male pronouns and name, as it is challenging for parents and family to adjust to using the new terms consistently. However, for trans people it is a huge relief, as it represents validation of their gender. The process of reconstructing new identity is welcomed and appreciated by the trans women in the above comment. This strategy may also nurture a better future relationship between Jennifer and her immediate family, with a clearer understanding of who is in and who is out of the family unit, concerning Jennifer's new gender-identity (Boss, 2006, 2009).

4.9.4. Normalising ambivalence

People often use humour as a coping tool and, although they may experience a traumatic episode in their lives, humour can counter-balance the negative impact of the event (Kuyper, 2010). For Boss (2006), normalising ambivalence simply means acknowledging ambivalence, which in turn, allows one to address it. Across all the participant interviews, humour was used by both adult trans-women and family members. Although sharing harrowing experiences of loss, there were instances where humour helped them cope with their situations. For instance, Bernie related a very sensitive and traumatising episode in her gender transition, when her son asked her to attend a significant birthday party in male attire.

Her concession to dressing as a male again is testament to her unconditional love for her adult child, and although she had recently undergone gender reaffirming surgery, she reverted to male appearance to please him:

“It was tough. Probably one of the toughest nights of my life [pause]...in a shirt and jacket and trousers, men’s shoes - and trying to hide me breasts (laughs). And sore from surgery still, my hair in a ponytail. I look at the photographs; I look like an old woman dressed as a man [laughs].”
(Bernie #5229- 5232).

By accentuating the humour of the situation, Bernie controls and diminishes the potentially rejecting and traumatic internalisation of the experience (Boss, 2009). In fact, such humorous narrative strategies can alleviate potential hurt, thereby normalising ambivalence (Kuyper, 2010). Despite Bernie’s remark that this was obviously a potentially traumatic situation for her, naming the problem helped her to externalise the cause and facilitated a normalisation of the ambivalence (Boss, 2006). Externalising the problem and laughing at it can help the sufferer of ambiguous loss cope with the tension in the present.

4.9.5. Revising attachments

This thesis found that gender transition could be difficult for family members to understand, especially gendered changes in parents who transition from a male role-model to a female one. The findings showed that two of the three adult children of trans women used female pronouns throughout the interviews and a revising of attachments was thus evidenced in the results on family experiences. Viewing these experiences from

a trans perspective suggests a development of resilience to adversity. Boss (2006, 2009) argues that losses which go unrecognised and/or lack validation can block any grieving process. Sandra's comment suggests that her son was beginning to understand that he may be revising attachments with his trans parent who was now presenting and living as female. Contextualising the comment below may be useful here: Sandra is an artist and recently attended an art exhibition with her son. Their previously relationship had been tenuous and she has lost all contact with her younger children whom she not seen in nearly a decade:

"...and he stood up, and he beamed with a smile, and he was delighted...I think he was kinda impressed. And so asking him and reflecting, I said, 'what do you think?' He said he found it strange but he understood the way that I lived, that the people looked at me like 'Sandra'."
(Sandra #8065- 8068).

Sandra shows that pride and healing was facilitated by attending an art exhibition; that both of them contributed to the partnership. Although her son clearly found the situation strange, he was willing to understand that other people regarded his dad as female which suggests a perceptual shift had occurred (Boss, 2006). In other words, by "*celebrating the parts of the person that is still available*", positive change is evident in the above comment. Primarily, then, although the trans person is still alive, and they still have the same love and attachment for their family members, and vice-versa, it may take considerable time to absorb these changes into families. Developing new attachments can alleviate ambivalence and provide hope; in this situation, hope was arguably experienced on both sides, and accepting uncertainty can help both family members and trans people to reintegrate back into the family in the new gender presentation.

4.9.6. Discovering new hope

While the findings suggested that all of the trans participants in this study suffered the uncertainties of living with ambiguous loss throughout their lives, there was evidence that suggested the persistence of hope. Despite the many challenges they experienced and the limited language available to make meaning of their situation, it would seem that these women navigated life by holding onto ambiguity in acknowledging that some hope existed. These final comments of this overall section of resilience are from Bernie and Sandra. Bernie's father had recently died before the interview took place and she mentioned in our interview how she had felt that she had "sold" her opportunity of parenting her children during adolescent years in payment for her gender transition. The

circumstances surrounding the death of Bernie's father brought about a positive change in dynamic, as her children supported her throughout the mourning process, potentially bringing about a new hope (Boss, 2006). Furthermore, the Christmas which followed soon after her father's death was also deemed positive by her:

“Em, and literally, em, they were there the whole time by my side [long emotional pause]. There was also, ye know, I suppose...[long emotional pause]. They were proud moments for me as a parent. Which is a funny thing to be taken out of [emotional] yer dad's death [long emotional pause]. Sorry, em...[searches for handkerchief in her bag]”
(Bernie #5476- 5480).

Finally, Sandra mentioned how positive it felt to have her son at an event and to introduce him to her friends:

“That felt really good. That felt really great, I was so proud. I was so proud that he was there, that I was able to introduce, ‘This is my son’. And, eh, that was a big moment to say, ‘This is my son, this is his girlfriend’, so that was for me. That was like for me exciting!”
(Sandra #8096- 8098).

Both Sandra and Bernie's comments mention the impact of their children in their life after gender transition. Bernie mentions 'proud moments', whereas Sandra mentions 'big moment', and both comments emphasise the crucial meaning of living authentically in the world whilst the most prominent people in their lives remain in their lives. Both of these statements to me are truly joyful experiences and I will always remember the looks on the women's faces when they spoke about these moments. As Boss (2009) states, regarding the discovery of new hope, “... *in all cases, it is more easily found in the company of others*”.

4.10 Summary

One aspect of transgender research is an exploration into regret, with a significant indicator being family acceptance (Landen, 1978; Dierckx *et al.*, 2016). Current rates for transgender regret, in an Irish context, are reported as being 1.8% (Judge *et al.*, 2013). The testimonies above confirm that trans women can indeed regret gender transition due to relational rupture, ambiguous loss, and isolation from family and children (Zamboni, 2006).

The urgency to transition is familiar to trans people, especially when making decisions to socially present in their felt gender (Erhardt, 2014), which can be a crucial period, not

only for the trans person, but ongoing family relationships. As noted earlier, literature focusing on the experiences of trans people, and specifically trans women's experiences concerning family acceptance or rejection, is conspicuously rare (Lev, 2004). Findings from this study highlight the emotional turmoil of the full-life experience of ambiguous loss for these women, whose only 'crime' was the experience of gender-conflict far into the reaches of their innocent childhood. The objective of this study is to explore the experiences of loss and grief in trans women, and it is clear that these experiences demonstrated a presence and absence (Boss, 1999) of gender-identity conflict since childhood. These conflicting and unresolved losses remained with them throughout their lives, contributed to entering relationships in bad faith, and affected their relationship development and attachment to loved-ones. The majority of trans participants in this study fell in love, married a cisgender woman, and had children. On contemplating gender-transition, all these relationships were vulnerable to the risk of breakdown, and the losses which ensued have been highlighted in this chapter. The results from this section both align with and advance current literature about trans women entering relationships (Emerson & Rosenfeld, 1996; Lev, 2004; Zamboni, 2006; Erhardt, 2014; Diercyx *et al.*, 2016) and the complexities which contribute to challenging experiences.

These findings also support a broadening of application to include gender-identity conflict in the growing disciplines of ambiguous loss (Boss, 2016), in consideration of the evidential factors and predictors contained in this study. While this research study did not explicitly set out to explore the experiences of resiliency, it was deemed useful to add some of the participant comments, in line with Boss' (2006, 2009) guidelines for resilience. These findings suggest that, although the trans participants in this thesis experienced ambiguous loss throughout their lives, they managed to devise and deploy key strategies to aid survival. As such, it may be useful to further explore these methods as a means to evaluate tools to help the trans community overcome adversity and facilitate healing in families experiencing gender-transition.

Chapter 4 included harrowing accounts of the trans women in this study, and the manner in which they sought to develop control of their being in the world through resilience.

Now, chapter 5 will highlight the experiences of family members of trans women (not the informants' family members).

Chapter 5: Family experiences of loss

“Often, family members experience (gender) transition as a living death, wherein the trans-identified person is perceived as somehow present and absent, the same and different at once.”

(Norwood, 2013, p.24).

5.1. Introduction

Chapter 5 provides the results of the data analysis in relation to the family experiences of grief and loss in the context of gender transition. In line with hermeneutic phenomenology analysis, the shared experiences that most family member informants experienced showed that their experiences differed from those that experienced a loss where a loved one has died, as the loss and grief resided in the fact that their loved one had gender transitioned. The family members' experience of grief and loss were complex and nuanced, and no one theory was adequate to describing their lived experiences. As such, I drew on multiple theories. Although this process has confirmed the relevance of these existing theories to understanding family members' experiences of grief and loss in the context of gender transition, it has also highlighted some divergences between the participants and those frameworks of understanding. In particular, the data underscores the degree to which Kubler Ross' (1970) 'stages' of grief and loss were not experienced by the participants in this thesis as stages but as overlapping, intersecting, and mutually constitutive emotions. Therefore, my conclusion in this chapter highlights the dominant theme of ambiguous loss (Boss, 1999), considering the intensity of the experiences of conflicting and confusing loss experienced by the families of trans women in this study. Although I have set out this chapter in a linear way, which might suggest that the informants' experiences were sequential, this was not always the case, as it was just how the stories were told. Most family respondents showed various signs and severity of ambiguous loss. Not all family members who engaged with this research experienced ambiguous loss to the same extent and for one participant the comments suggest that they also experienced an ambiguous gain in the context of their parent's gender transition (McGuire *et al.*, 2016) (as discussed in section 2.10).

In this chapter, I explicate multiple layers of inter-related meanings that emerged during the interviews and data analysis, which contributed to telling a holistic story of the family members' experience of the gender transition of their loved ones. All eleven family members spoke about the initial impact of becoming aware that their loved one planned to gender transition to their female identity and this chapter recounts those shared and varying experiences. I have identified three broad themes in my analysis of participant experiences: (1) Traumatic loss, (2) Confusing and conflicting loss, and (3) Resilience.

The sub-themes contained include:

- (1) Traumatic Loss: (a) shock (b) denial (c) anger (d) betrayal (e) experiences of grief:
- (2) Confusing and conflicting loss: (f) absence of time and space (g) secrecy (h) loss of normalcy (i) loss of the assumptive world and (j) absence of rituals:
- (3) Resilience: (k) finding new meaning (l) adjusting mastery (m) reconstructing identity (n) normalising ambivalence (o) revising attachments (p) discovering new hope.

All themes and sub-themes are inter-related within the rich narrative of the holistic lived experiences of family members in the context of gender transition.

This chapter is divided into eleven sections. The first section sets the scene in terms of the contextual circumstances of the family members at the time of being aware of a gender-identity issue in their relationship, the time period of a gender-transition, and the manner in which family participants understood these issues at the time of the interview. I should note that all themes are influenced by the contextual and sociocultural factors throughout, and these circumstances play an important role in understanding how the participants experienced loss and grief in the context of gender transition.

The sub-themes that emerged suggest that, while most family members seemed to experience ambiguous loss on realising that gender transitioning was imminent in their family, their experiences were varied and nuanced. Initial responses varied from shock to betrayal, and grief (Emerson & Rosenfeld, 1996; Lev, 2004; Kubler-Ross, 1970). One participant attested to the sense of relief they felt on understanding their parent did not have an illness, and that their parents were not going to separate (Siobhan #2634-2638).

The findings support the relevance of earlier models of loss and grief connected to bereavement and death (Kubler-Ross, 1970) and models of adjustment due to gender-

transition (Emerson and Rosenfeld, 1996; Zamboni, 2006). This thesis confirms, however, that these stages did not develop linearly; rather, evidence indicated that some family member participants experienced them concurrently.

5.2. Setting the scene

Ambiguous loss, in the context of gender-transition concerning families, can affect, not only the structural basis of the family and how one views the family, but may go on to affect subsequent generations of the family (Boss, 1999, pp. 3-5). As family participants related their stories, it was evident that the initial responses to the news that their loved one had determined to gender-transition was epitomised by shock, denial, anger, and grief. These reactions were further individuated and nuanced since some family members had been aware of the gender-expression prior to the announced gender-transition. One participant (ex-spouse) reported that she had already known that a female gender-identity existed within their marriage but felt betrayed when her spouse decided to gender-transition, which supports previous literature on family acceptance of gender transition (Erhardt, 2014; Lev, 2004) (discussed in section 2.11). In chapter 4, some of the trans women participants commented that their wives were aware of the trans woman's gender identity and expression previously, but, once it became known that the trans woman planned to gender transition, there was an adverse reaction by their wives. Chapter 4 also documented that 'bargaining' between family members and their trans loved one helped to contain full gender transition in the short-term. Such agreements enabled a mutualised management of gender expression within the privacy of the home or other safe place, where it could remain hidden from friends and loved ones. Due to the later decision to publicly gender transition, prior agreements were seen to have been reneged on by the trans woman and regarded as a form of family betrayal. Previous grief models suggested by Kubler-Ross (1970) included stages such as *denial and isolation, anger, bargaining, depression, and acceptance*, and other models of family adjustment to gender-transition feature similar stages (Emerson and Rosenfeld, 1996). The models developed to describe how family members coped with gender-transition in families, as proposed by Lev (2004), comprised *discovery and disclosure, turmoil, negotiation, and finding balance*. In addition to these models, Zamboni (2006) proposed the existence of a latent stage, during which families were aware of the changes, but chose to ignore or overlook them. Instances of all the above stages were elicited in this study. It is important to note that, as the previous studies also observed, the stages were not always linear (Kubler-Ross, 1970;

Emerson & Rosenfeld, 1996; Lev, 2004; Zamboni, 2006) and could be experienced concurrently.

In addition to these reported development models, and particularly the inclusion of a latent stage (Zamboni, 2006), the common themes that emerged through analysis of participant experiences suggest that ambiguous loss can influence a latent stage. A latent stage suggests an acknowledgement of gender transition exists within the family but that validation of new gender identity is not always present (as discussed in section 2.12.1). There was evidence that family members developed unconscious coping strategies comparable to Boss' (2006, 2009) six guidelines for developing resilience when experiencing ambiguous loss, as will be further discussed in the latter parts of this chapter.

When recounting initial experiences of when their loved-one planned to gender-transition, most family member participants reported an initial sense of shock (Lev, 2004; Betz & Thorngren, 2006; Brill & Pepper, 2008; Zamboni, 2006). This was compounded by various additional factors:

- relationship with the gender-transitioning family member
- prior knowledge that the person was experiencing gender-identity issues
- age of the participant
- role within the family
- knowledge of trans issues
- how and when told of plans to gender-transition
- sociocultural matters pertaining to the period in which gender-transition occurred

These findings provide further support for existing research in this area (Diercyx *et al.*, 2016; Wahlig, 2014; Griffin-Valdordale, 2015). The findings also identified a processing period during which families either created a distance or were negatively impacted by the lack of distance from their gender-transitioning loved-one. Narratives also indicated that inadequate time and space to process feelings during this sensitive period merely exacerbated family members' anger regarding the situation. This anger was further intensified by the trans women's elation at finally experiencing gender congruity and an incessant desire to discuss living as female while family members were still processing this new and conflicting information and trying to adapt to gender changes with their loved one.

To fully elucidate the initial responses to the type of loss experienced, feelings of shock, denial, anger, betrayal, and grief were themed as *traumatic loss*. All sections provide evidence of an inexplicable, confusing, and conflicting type of loss which immobilised participants in frozen grief. Family-member participants consisted of:

- 2 fathers (Peadar & Jerry)
- 3 mothers (Joan, Deirdre & Mary)
- 1 stepmother (Monica)
- 1 ex-spouse (Olive)
- 1 brother (Stephen)
- 3 adult children (Charlie, Sadie & Siobhan).

Both Charlie and Siobhan were made aware of their parent's gender-transition before their adolescent years, whereas Sadie was only informed in her early twenties. All family participants resided in various regions of Ireland and became aware of impending gender-transition in the decade before being interviewed for this study. Although the socio-cultural context during the period remained characterised by stigma towards trans* people, some burgeoning positive changes in Irish social attitudes towards trans people were observed at that time (McGuire *et al.*, 2016; Boss, 2016). It is also important to mention that, during the period of field work for this study, there was still no evidence of support for families of trans people in Ireland through the Health Service Executive (HSE). Therefore, these family members had to navigate an unknown terrain, with respect to their loved one's gender transition, based on their previous understanding of trans people. A support group for families of trans people was developed by TENI in late 2011 and some of the family informants stated that they availed of this service. The majority of family informants, however, did not have this support during the early stages of their loved one's gender transition. The fact that there was no support for most of the family members in this study may have influenced their experiences of loss and grief in the context of gender transition.

Other contextual elements included the occurrence of family events, media and social media. I also need to highlight that my sheer presence as the researcher in this study who has also gender transitioned (since 2007) may have had an impact on the degree to which the respondents felt comfortable sharing their experiences with me. Whilst I recognise that all research accounts are constructed and, therefore, partial, I do conclude that some

family members were more open to sharing their experiences than others, and some participants may have been more guarded than others but seemed to feel more comfortable as the interview continued. I was conscious throughout the process of field work, which includes the analysis, that my positionality might be a barrier. I took numerous steps to ensure that I was reflexive throughout this process and recognised the potential impact of my footprints in the lives of all the informants in this study (as discussed in section 3.10).

The next section will focus on the common themes and sub-themes that emerged from the interviews and analysis of participant experiences of grief and loss. The first part will highlight the family members' initial reactions when they became aware that their loved-one planned to gender transition. The second section centres on the ongoing experiences of the ambiguous loss in the context of gender transition from the family members. The third part focuses on the elements of resilience shown by the family members as they adapted to a new way of understanding their loved one's gender identity. There is overlap between all these sections, and this chapter sets out to tell the holistic story from the family members' point of view of their experiences of grief and loss in the context of gender transition.

5.3. Traumatic loss

Thus, Hegel's brilliant intuition is to make me depend on the Other in my being. I am, he said, a being-for-itself which is for itself only through another. Therefore, the Other penetrates me to the heart. I cannot doubt him without doubting myself since "self-consciousness" is real only in so far as it recognises its echo (and reflection) in another. (Sartre, 1984, p. 321).

Most family participants recounted clear memories of their initial reaction on learning their loved-one planned to gender-transition to a female identity. Only one of the children, who was 11 years old at the time, reacted with relief: she had noticed her parent's tension previous to the announcement that her parent planned to gender-transition and had assumed they were either ill or planning to separate from her mother. In this scenario, the planned gender-transition was deemed a more acceptable alternative.

The more typical reaction suggested that traumatic loss had been experienced by family participants, as emotions are suppressed by the news that their loved one's plan to gender transition to their female identity (Boss, 2006, p.36). Therefore, this section will focus on the critical areas of traumatic loss in terms of shock, denial, anger, betrayal, and grief, to

identify the various nuances of this type of loss. The additional contributing factors to these reactions relate to previous knowledge of gender-identity or expression on the part of family members. One participant who previously knew about their loved one's gender-expression felt betrayed by their ex-spouse's decision to gender-transition. The initial shock seemed to stem from the decision to undertake gender-transition rather than a shock of female gender-identity in their spouse. Importantly, while all participants reported an individual response to gender-transition within the family, they did not all experience traumatic loss to the same extent (Kaufmann, 2014, p. 205). As Sartre's quote above might suggest, the impact of this type of loss on some family participants disrupted their sense of self by creating doubt about who they were now in the world after becoming aware that the Other is not who they thought they initially were. This loss of the Other (as they knew them) may have contributed to the loss of control over their lives and a feeling of decreased levels of safety in it (Kaufmann, 2014, p. 206). The five parents interviewed in this study admitted that, looking back, they had known their child was unhappy, but had never associated this with gender-identity issues (as discussed in section 2.6). The following section argues that the family member participants experienced nuanced forms of loss, and aims to explain how these manifested and affected the family members and contributed to relational rupture.

5.3.1 Shock

In keeping with current research (Lev, 2004; Emerson & Rosenfeld, 1996; Zamboni, 2006), most family participants recalled an initial sense of shock when they became aware that their loved one was preparing to gender transition (discussed in section 2.12). All five parents interviewed in this research project reported unequivocal shock and a sense of isolation when told of their adult child's decision to gender transition.

I interpreted Peadar's (father) comment below to mean that being a reader of a liberal newspaper suggested he should not be shocked by his child gender-transition. At the time of interview, which was at least five years since his adult child transitioned, Peadar attested he still was somewhat exasperated when recollecting the initial period of shock:

"Em, I suppose, slightly flippant, the response would have been, 'Thank you. God, I didn't see that one coming.' So yeah, it was like, em, ye know, you're a good, em, open-minded, broad-minded Guardian (UK newspaper) reading person. And this I didn't get. I didn't feel hostile towards Orlaith (trans person). I was a bit more like blown over." (Peadar/father, #4343- 4346).

The mothers interviewed in this thesis never suspected their adult children had gender-identity related issues, with Joan emphasising her lack of knowledge of trans issues:

"I mean we really never saw it coming, because everything was, like, kinda...It didn't seem like that she had any issues with her gender all along, ye know. And the fact that she was a bit older, as well, ye know...That, em...we quite...I was shocked. Maybe I just never expected her... I never, ye know...I, I mean...I, I mean...I kinda always had the feeling that she wasn't 100% happy..." (Mary/mother, #1161- 1164).

"I don't know how I reacted... I can't remember - but I was shell-shocked! I've never...I've heard about transgender, but I thought she was the only person in Ireland." (Joan/mother, #599- 601).

Mary mentioned that she never noticed any gender-related issues previously with her adult child. Mary's adult child was in her late forties at the time of transition. Existing research confirms the mid-forties to be the average age at which of trans-people reveal their gender-identity (vanGooren *et al.*, 1996). Joan's remark underscores the absence of transgender information contributed to her experiences of shock. Interpreting these participant comments, shock was the paramount feeling experienced. Interestingly, they did not appear to have any recollection of earlier cross-gender expression by their trans child, which created further conflict in their understanding of the situation.

What we are alarmed about is initially something known and familiar. But when what threatens has the character of something completely unfamiliar, fear becomes horror. And when something threatening is encountered in the aspect of the horrible, and at the same time is encountered as something alarming, suddenness, fear becomes terror. (Heidegger, 1962, p. 138).

Heidegger's comment alludes to the sense of alarm experienced when the familiar changes to the extent that it threatens how we understand the Other. This comment bears many similarities to how the participants in this thesis initially reacted to their loved-one's announcements of pending gender-transition. The initial reaction from the only spouse participant differed somewhat. What little research currently exists focuses mainly on the experiences of sexually-intimate partners of trans-women and suggests that they are at increased risk to psychological or physical ill-health (Lev, 2004, p. 276) (discussed in section 2.11.3). As can be seen below, not only was Olive concerned for herself, but for her children and how they would cope with the gender-transitioning of their father (Green, 1978; Di Ceglie, 1989; Lev, 2004, p.312). A sense of betrayal was palpable in both Olive and her daughter, Sadie, who was interviewed separately (Dierckx *et al.*, 2016; Lev, 2004;

Erhardt, 2014; Ettner, 1999, p.103). In fact, there is some evidence to suggest that post-traumatic stress (PTSD) can be experienced by family members upon confronting a loved one's plans to gender transition (Cole, 2000, cited in Lev, 2004), since family members experience a myriad of emotional reactions to a situation they cannot initially comprehend and they can a loss of power over the situation as a result (Lev, 2004, p.286; Kaufmann, 2014). Non-verbal responses during participant interviews suggested that even trying to talk about the issue precipitated high anxiety, as they related their upsetting memories of the initial disclosure. Moreover, the struggle to find words correlates to symptoms of PTSD, wherein the 'numbing' impact of shock inhibits the language centres in the brain (Van Der Volk, 2015, p.14; Turnbull, 2000, p.399; Lopez-Zeron & Blow, 2016). Olive's (ex-spouse) and Sadie's (daughter) narratives of shock were both expressed through words and non-verbal communication.

Olive revealed she had already known of a potential gender issue with her husband prior to the announcement of gender-transition; a prior knowledge confirming that 'bargaining' (Kubler-Ross, 1970; Emerson and Rosenfeld, 1996) characterised the relationship at this early stage of planned gender-transition. These declaratory comments by mother and daughter clearly evince the emotions of their initial reactions to their dad/husband's plan to transition to female identity:

"...and that was the day that my life changed. All our lives changed."
(Olive/ex-wife, #1976- 1977).

"I was devastated! Devastated! And I felt it was very, very final. And he always promised our daughters that he would never transition. Ever. Ever! And that was a promise broken. And to both - whatever about me. I didn't really come into the picture because we were separated. But I felt for our daughters, and, em, I just felt it..." [struggling for words]
(Olive/ex-wife, #1994- 1998).

"Anger! [exasperated laugh] Shock! Em, I remember Dad trying to explain it, but I don't think he fully understood it at that stage...and then Mum, not really understanding it either."
(Sadie/daughter, #3221-3222).

Sadie's lack of understanding infers a state of turmoil (Lev, 2004), not just for her, but for her whole family, including her gender-transitioning parent. This state of insecurity, confusion, and conflict suggest that traumatic loss had been experienced (Boss, 1999, 2006, 2009; Thorngren & Betz, 2006) (as discussed in sections 2.13 & 2.14). Sadie makes

direct reference to a lack of knowledge about transgender issues, which clearly contributed, to her feeling of anger (Diercyx *et al.*, 2016).

The following excerpts from Sadie and Charlie reveal they had difficulty remembering their initial reaction. This is commensurate with extreme shock (Lev, 2004; Emerson & Rosenfield, 1996; Turnbull, 2000, p. 377). The impact of the change in male gender roles was particularly evident in Charlie's observation (Erhardt, 2014; Lev, 2004; Wahling, 2014):

"I...I don't actually remember the initial reaction...I...it's more, the...the only reaction I really remember is my parents saying they were separating."

(Sadie/daughter, #3223- 3224).

"Ah, it was just shock at first, obviously, ye know. As a 12-year-old boy, like, ye know, ye look up to your dad as...as the man of the house, ye know. And suddenly, like, you learn your male role model is going to be taken away – 'cos my two grandfathers passed away as well."

"So I didn't really have a male role model in my life"
(Charlie/son, #3630- 3633).

Both Charlie and Sadie's comments indicate the shock that their lives are going to change, given their parent's plans to gender-transition and the sense of traumatic loss is palpable in their narrative. Potential separation was undoubtedly an added significant factor for all three adult children participants when told that their father planned to transition to a female gender role. Charlie specifically underlined the change in the male gender role as a major contributor to his feelings of loss, especially when considering the attachment to gender roles in family relationships. Sadie's comment highlights the initial shock of her parents separating and would suggest that she might have experienced a disrupting sense of insecurity by perceiving that she did not know the Other (her dad) as they really were, even though she had lived with the Other for her whole life.

All three of the adult children interviewed expressed their fears of loss in respect of their parent's potential separation; only one parental couple remained together. The findings of this study correspond to previous research in suggesting that children experience loss and grief when gender-transition affects their lives (Haines *et al.*, 2014; Sales, 1995, cited in Dierckx *et al.*, 2016) (discussed in section 2.11.6). While a conspicuous lack of research pertains to the experiences of children of transgender parents, these findings endorse the current literature, which rehearses the experience of families of gender-

transitioning parents. Dierckx *et al.* (2016) propose that three core factors predict positive outcomes:

1. age of child when told
2. whether parents remain in an amicable relationship
3. presence of social stigma to trans issues

Charlie and Siobhan had been told about their parent's plan to gender transition before their adolescent years. They both used the trans person's new and preferred pronouns throughout and demonstrated an overall attitude of full acceptance at the time of interview. Sadie, however, was told in her early 20s, and continued to use previous pronouns, and her overall interview indicated opposition to her parent's gender-transition and a struggle to accept the trans-person's current gender-identity. This was reflected by her mother (also interviewed). During the period discussed in interviews, a sea-change in positive societal attitudes towards transgender issues was being experienced in Ireland, though social stigma was still linked to the topic of transgender (McNeill, 2012, 2013; Haynes *et al.*, 2018). It is important to highlight that social attitude often ebbs and flows. During the period of the family becoming aware of gender change, there was a mainly pejorative perception of trans issues. During the period in which I conducted the fieldwork, there was a more positive attitude to trans issues highlighted in the media. Changes in societal attitudes can also be paradoxical in terms of family acceptance, with previous potential negative reactions to gender transitions being challenged by new information. This social dichotomy caused further conflict, as the potential guilt of non-acceptance could contribute to cognitive dissonance (Festinger, 1957).

5.3.2 Denial

The avoidance mechanism of denial created a distance between the family member and the trans woman who had recently began gender transitioning by enabling them to dissociate from the full reality of the situation (Kubler Ross, 1970; Van Der Kolk, 2016, p.11; Lazarus & Folkman, 1986). Utilising coping avoidance strategies helps detach the person from the situation at hand, allowing the time to process information which may be difficult to understand initially (Van der Kolk, 2016, p.27).

Even though Olive was aware of the cross-gender behaviour of her husband in the early stages of marriage, she had hoped that it was a phase and would eventually pass (Erhardt,

2014). Boss (1999, pp. 93-105) asserts this ‘the family gamble’ permits members to believe that the person may ‘recover’ from what is deemed a passing phase, thus allowing the trans person to express their gender within the confines of the home and relationship and, again, gambling that this behaviour is a phase.

Realisation that gender-transition is a reality suggests that the gamble did not ‘pay off’. While in some situations with trans people, gender incongruity has pre-existed throughout their lives, and it is clearly not a phase (Pepper & Brill, 2008; Ettner, 1999; Olsen-Kennedy *et al.*, 2015; Steensma, 2013, p. 24), thus it is not uncommon for a spouse or partner to regard the expression of femininity in that way (Erhardt, 2014; Lev, 2004). Olive’s comment confirmed that female gender expression conducted in secret was acceptable, as it kept the marriage intact and maintained hers and the family reputation (O’Rourke-Scott, 2018):

“So I suppose I just went along with it for an easy life. Because he was, eh, he just, eh...eh, he just enjoyed this dressing up. And still I just thought it was just, like, a fetish, and it will probably pass.” (Olive/ex-wife, #1955- 1957).

Olive’s perception that cross gender expression was just a ‘fetish’ fed her belief that it was something that could be contained in the relationship and with patience may wain and disappear was found to be in ‘bad faith’ (Heidegger, 1962). In trans family literature (discussed in chapter 2), it is common for spouses to be previously aware of cross gender expression and identity, and, often, once kept a secret ‘just go along with it’, as stated by Olive. Joan's comments on the other hand suggest that initial avoidance tended to distract and dissociate her from the gender transition with her adult child, until the spectre of gender confirmation surgery dawned, and realisation that full transition was imminent:

"I'm afraid that attitude, 'It's just a phase. You'll grow out of it.' She was in her late 20s or mid-20s or something. And, yeah, I did.” (Joan/mother, #603-605).

“Em, I just told my very close friends, and I really... The truth is, I spent the next few years hoping she'd get over it.” (Joan/mother, #615- 616).

The mechanism of denial as both a positive and negative coping strategy can continue until such time as it may no longer be feasibly maintained. An acceptance of the reality of the situation may then ensue. In fact, sustained denial that any change or loss has taken place can render people powerless and prevent any transformation to acceptance (Boss,

1999). Denial can act as a temporary defence mechanism during a period where a family member cannot tolerate the truth (Kubler-Ross, 1970, p. 58). Parents wish their children to be safe in the world, a factor which is somewhat heightened upon researching trans identities and the vulnerabilities, mental health issues, stigma, and hate crime that often go along with it. This perception can adversely influence the parents' expectation then of their trans child's journey (Pepper & Brill, 2008; McNeill, 2012, 2013). When Joan realised her trans daughter was due to travel for surgery, it forced her to address her avoidance of the situation:

“Now that's the truth. Yeah, but she didn't of course [laughs]. And then the time drew very near for the surgery and I started to panic, em, and, em, I booked a ticket and went as well.”
(Joan/mother, #618- 619).

Stephen (brother), on the other hand, seemed to be struggling to understand his sibling's change in gender presentation since they had been reared together and had enjoyed a close relationship prior to gender-transition. Family members can react to the situation in a variety of ways.

The following series of comments from Stephen underscore his initial experience of shock and denial and his difficulty in letting go of the former gender-identity of their trans sibling:

“I dunno. I suppose...Look, it was very hard to take a grasp of it first. Am, it was 'a bitter pill to swallow', is the way I would describe it.”

(Stephen/brother, # 8894- 8895).

“But I just feel that sometimes, I wonder, and I feel that... and eh, eh, there is a niggling thing in my head the whole time that if and when she fully transitions, is she going to be happy?”
(Stephen/brother, #9169- 9171).

“And I just wonder, and, look, I have never discussed this with her...I just wonder: has she made the right decision in her life? Is it, is she 110% sure that she wants to go through with this? And I suppose, does she realise that if she decides to have the operation in the UK, that there is no more going back”

(Stephen (brother), #9177- 9180).

“She tries to convince me of these various things: that mam caught her with her nails painted or caught her with make-up on. I don't think there is any

truth in it because I would remember it.”
#9221- 9223).

(Stephen/brother,

“I remember her telling me but, how will I put this? Eh, I suppose I will say I was shocked when she told me. Em, I couldn't kind of fathom that somebody could have been so masculine.”
#9235- 9237).

(Stephen/brother,

Stephen's comments articulate considerable ambivalence towards his sibling's gender-transition. Interestingly, his apparent lack of memories of his sibling expressing femininity at a younger age adds to his doubts, and builds barriers to acceptance (Lev, 2004, pp.284-286). Stephen's fear that his sibling may regret transitioning post-surgery was also evident (Landen, 1988; Dhenje, 2011; Judge *et al.*, 2013) and convey emotions oscillating between his experiences of hope and hopelessness (Boss, 1999, p. 24). His comments clearly portray the lack of understanding that families experience when a loved one undertakes gender transitioning (Lev, 2004; Zamboni, 2006). Stephen's comments lend itself to the argument that healthcare professionals should be equipped with the knowledge and understanding of trans issues to enable them to facilitate the needs of both the trans person and their family members during this sensitive and crucial period in all of their lives. One particularly fascinating feature of Stephen's narrative is his sustained use of gender-appropriate pronouns throughout the interview, despite his previous denial of his sister's gender identity. The use of the trans sibling's identified pronouns whilst expressing various degrees of anger and frustration with the situation may have been due to my own presence as the researcher. On the other hand, despite his misgivings, Stephen may have chosen to be respectful of his sibling's wishes. Whatever the reason, his anger was indeed palpable at times, and corroborated that various aspects of traumatic loss may have been experienced during this period.

5.3.3 Anger

“When the first stage of denial cannot be maintained any longer it is replaced by feelings of anger, rage, envy, and resentment.”
1970, p.63).

(Kubler-Ross,

The relationship between denial and time and space was experienced differently between the two sets of participants, as the trans woman experienced forced isolation from the family. However, some family members voiced the need for time and space to try to understand the implications of gender transition within their families. As detailed in chapter 4, the trans woman wanted to be accepted in their identified female gender but

they experienced rejection by their loved ones. Some family members experienced a palpable sense of frustration to the trans woman's need to gender transition, which showed in several family participant interviews due to the residual psychological effects of the loss experienced in the context of gender transition. Some recalled times when they had felt angry during the earlier stages of transition, supporting previous literature on family acceptance (Lev, 2004; Emerson & Rosenfeld, 1996; Zamboni, 2006) (discussed in section 2.11). For instance, when Charlie's father, and only surviving male role model, gender-transitioned during his vulnerable adolescent years, it shattered his assumptions that his father would always present as male (Murray-Parkes, 1988; Beder, 2005; Kaufman, 2013). His only attempt to control the situation during that period was looking at a photograph of his father in a male presentation:

“Yeah, I was angry sometimes. Like, I remember, like, just before my dad separated, I remember getting photos of my dad as a man, because it was, like, the last week or so. I would see my dad as a man, ye know. And I wanted to be able to remember that in years to come.” (Charlie/son, #3893- 3895).

Charlie's comment concerning his recollection of the photo of his dad in male form bore similarities to the comment by Sandra in the previous chapter (as seen in section 4.8) which also alluded to the conflict of time standing still. Charlie wanted to be able to remember his dad in male form, especially just after learning that he may never see his dad in male presentation again. This comment also emphasises Sartre's position of knowing oneself by knowing the Other and may have cast doubt on how Charlie then knew himself in relation to the Other (Sartre, 1984).

Sadie expressed similar anger at the shattered assumption that her mother would have security in her later years and that her parents were destined to grow old together (Beder, 2005; Kaufmann, 2013). While she accepted that her mother's losses were final, she compared her own future and that of her sibling as just beginning, whereas her mother's future was now in doubt:

“So, I do have a bit of anger on that. Where like, that aspect, like, he kind of, whatever about myself, and my sister, we grew up - we're starting a life. And my Mum's life has been completely changed. She's had to start everything from scratch, and that annoys me: that everything my mum had is gone. I had a life with my Dad but it wasn't my future with my Dad. Whereas my Mum had a life progressing to the future with my Dad and its gone, taken from her, and that apart from hurting me it also has ruined my Mums life” (Sadie/daughter, #3445- 3452).

Sadie's comment about her having 'a life with her dad' suggests that, as an adult child, her dependence on her Dad has ended and therefore perceived that she was not as impacted as her mother who had an expectation of ongoing reliance on her dad. Sadie's comment infers her underlying fear for the future of her parents. She especially highlights her resentment towards her mother's insecurity into the future. While Sadie's observations reveal her lingering anger and resentment, there was also another aspect of this interview that warrants mention. At the request of both participants, Olive was present in the room throughout the interview with Sadie. However, this and similar comments about the perceived hopelessness of the mum's current situation were less prevalent during Olive's earlier, solo interview. Although anger, loss, and frustration characterised her earlier narrative, it was nonetheless apparent that Olive felt more hopeful than Sadie perceived she did and seemed to have forged a new life with new friends.

When I became concerned that a continuation of the interview might cause emotional harm to Olive, I changed focus, and soon after brought the interview with Sadie to an early close. I also ensured that all participants were aware of further support networks.

This section clearly highlights the theme of anger in the context of the family participants experiences of their loved one's gender transition and establishes throughout this section that anger fed into their different reactions to loss and grief. This section highlights shock, denial, anger, and betrayal, as an aspect of traumatic loss, in the context of families' experiences of the gender-and their relationship to knowing-the-self by knowing-the-Other. Sensitivities need to be managed carefully to facilitate family members through this period. These findings also establish the importance of having skilled healthcare professionals with relevant insights. They can have an enormously useful impact during this period.

5.3.4 Experiences of grief

Depression forces Dasein back to its thrownness, but in such a way that its thrownness is precisely closed off. Confusion is based upon forgetting. When one forgets and backs away from a factual, resolute potentiality-of-being, one keeps to those possibilities of self-preservation and evasion that have already been circumspectly discovered beforehand. (Heidegger, 1962, p. 326).

There was overlap between the lived experience of loss and grief throughout all sections in this chapter. Grief seemed to present when the resistance to and denial of gender-

transition finally waned and family participants accepted that traumatic loss had occurred in their lives. Not knowing who is *in* or *out* of the family creates the ‘boundary ambiguity’, which is a predictive factor in depression (Boss, 2006, p. 12). The sense of helplessness in the face of their loved-one’s impending gender-transition was evident, with some family members realising that there was no way out of this situation (Kubler-Ross, 1970). Attachment proved a salient factor throughout the analysis, as participants told stories of their loved ones using the previously used name and pronouns of the trans person. It is arguable that clinging to the familiarity of the past in this way endowed them with a small margin of control over this anxious situation. Olive’s comments attest to the impact of this confusing and conflicting type of loss over her life. Her narrative confirms an experience of traumatic grief, which rendered her immobile in conflicting loss (Boss, 1999, 2006):

“...and very hard to...to kind of cope with. I know when I first heard about it I was so, am, I was so devastated. I couldn't eat. I couldn't just function for a long, long time. And just I felt my life had just come to an end...Just am, my partner in life was gone. Eh, if he had of died, at least you can grieve for somebody. But the man that I had married was not in my life anymore. He was still there, but as a different person: a different personality taken over.”
(Olive/ex-spouse, #2028- 2030).

When asked about her feelings about this event, her response reiterated the impact of the loss in her life that occurred at that time:

“Oh, god! Eh, it's just an emptiness there, and ye know...And you'd come in...in the evening, and you'd have someone to share problems with...”

(Olive/ex-spouse, #2306- 2307).

I can attest to the manner in which Olive answered my question: her whole person expressed grief, not just her words. I also experienced a heartfelt response and found it difficult to refrain from shedding a tear, as I was reminded of my own family and how they might have experienced similar hurt. It seemed to me that both Olive and her previous husband had a tightknit and loving relationship and I actually felt it throughout this interview. Although their relationship at the time of interview seemed to have a semblance of friendship, when I asked Olive would she still go meet with her ex-husband as a friend, her reply was interesting:

Not very often em it wouldn't be very often at all because I feel very em self - conscious that I'm out and Steven (ex-husband) because he's broad, he's tall,

he's voice, and probably nobody notices maybe as much as I think they do. Steven would say to me "nobody even notices, they don't even care" I said, I know people don't care, people are so wrapped up in their own lives they don't even care, but I said I know well that your (hesitates) you've transitioned, and he said "they don't even notice" and I said "well I think they do" and of course when the voice now maybe if he didn't talk he might pass in the distance I don't know. Am I'm just very self-conscious when I'm out. I just feel that people are looking, I know I shouldn't give a damn but... and then sometime there's times then I could be with him, I'm saying, well maybe they might think I've transitioned as well" (laughs) the two of us the 2 the 2 of them I wonder maybe they're partners or something (laughs).

(Olive, ex-spouse #2407-2420).

Olive's comment enlightens us with a very important insight into the grief experienced by ex-spouses of trans women. Even though she still seems to enjoy the company of her ex-husband, she seems to perceive that Others make judgements on the trans woman's appearance and ability to 'pass' as a woman. Sartre refers to this concept as 'being-seen-by-another' (Sartre, 1984, p. 345) and, in this instance, Olive's relationship with her ex-husband seems to be influenced by how she is perceived by Others, even though she thinks that she may also be seen by the Other as transgender.

Olive answers this perception herself in this comment by stating, 'I know I shouldn't give a damn'.

Mothers of adult transgender children can experience additional conflict concerning the name of their child and changes in family scripts (Pepper & Brill, 2008; Norwood, 2010b, 2013; James, 2007, p.55). A name is an incredibly salient factor in the understanding of the gender transition process, as infants are often named after beloved family members. During the process of gender transition, name changes can be stressful for all involved, especially during the early stages. Currently, the term being used by many trans people and allies, to refer to a previous name, is *dead-name* or *deadnaming* (Sinclair-Palm, 2017). Using this term can contribute further to the experiences of traumatic loss by the parents and add to the jarring nature of this type of loss, with the term inferring the finality of the name and gender identity that they knew since child-birth for many. This emotive epithet can exacerbate conflict during this sensitive period. While from the trans perspective it makes sense that the previous name is now obsolete and invalidates their new gender identity, from a family perspective the use of the term which so explicitly repudiates their shared past can antagonise immediate family members.

In my experience working with such families, I prefer to speak of the *previous name* or *birth name*, since it is less rejecting for the family members, my main objective being to keep the family intact and prevent potential homelessness. During the early stages of gender-transition, there are sensitivities on both sides to be considered and managed carefully, respectfully, and creatively when addressing the needs of both sides. Moreover, the bond between the love for the child and the name of the child can persevere for an extended period after transition (Thorngren & Betz, 2006; Brill & Pepper, 2008). Ideally, previous names and identities could be collectively changed, and sensitivities creatively addressed, during a family ritual ceremony; the significance of absence of rituals is addressed in more detail in section 5.3.1. In this statement below, the loss of her child's 'pet name' evoked sadness and a real sense of loss for this mother. Throughout the interview process, Joan (mother) used both sets of pronouns interchangeably (Norwood, 2010, 2013), but, noticeably, fell back on male pronouns when she became upset or was recounting her sense of loss:

“Yeah, it was ‘Stickie’ (nickname). Always called him ‘Stickie’. The oldest sister couldn't say his name, so it was always that. There is only a year and nine months between them. Yeah, so...”
(Joan/mother, #752- 753).

“But to me ‘Sidney’ (child’s birth name) was a different person - and that person is gone. I am never going to see him again. There is that part of it. I can't explain it. I know it's like the other half of me knows that it is the same person - but there's one half of me saying, ‘Where is my Sidney? I want him back. I want him back! He was lovely, like...”
(Joan/mother, #735-738).

“Oh yeah, but he's gone. When I think of him, ye know... I bought his clothes! As he grew, all that stuff - it's gone. He's gone, like. I dunno... [crying] Yeah.”

(Joan/mother, #779-780).

It is clear in Joan's heartfelt comments that a traumatic type of loss was experienced as she struggled to understand the loss of her child in the previous gender role, thus perpetuating boundary ambiguity (Boss, 1999, 2006). It is clear that Joan is experiencing ambivalent emotions about 'Sidney/Stickie' the child in their previous gender, and their new female gender, causing her significant confusion and sadness. As she recalls fond memories of her child, such as the family nickname or buying male clothes, the meaning of these connections throw her back to her loved one's childhood and into the sorrow of her frozen grief.

The sub-themes highlighted in this section indicates that ambiguous loss was experienced by family members of trans women in keeping with the limited literature that obtains to ambiguous loss in families of trans people (Norwood, 2013; McGuire, *et al.*, 2016; Kivalanka, 2013). This demonstrates that traumatic loss has been experienced in families of trans women due to the confusing loss of gender-transition. This thesis identifies supplementary factors that contribute to this type of loss, including secrecy as a contributor to the ongoing sense of conflict and confusion. This is due to an awareness that unspeakable gender identity-related issues lay hidden in families, where maintaining this secret can be difficult for all to manage. Thus, on revelation of plans to gender transition, family members may feel bitterness, anger, or betrayal due to the perception that secrecy surrounding their trans status was a binding agreement or contract (Lev, 2004; Erhardt, 2014).

5.4 Confusing and conflicting loss

Being-with-one-another in the they, is not at all a self-contained, indifferent side-by-sideness, but a tense, ambiguous keeping track of each other, a secretive, reciprocal listening-in. Under the mask of the for-one-another, the against-one-another is at play. (Heidegger, 1962, p. 168).

Depending on the family reaction to the news that their loved-one plans to gender-transition, the coming months and years are crucial for the maintenance of relationships. Family members may feel the need to distance themselves from the trans person or vice-versa, as ambivalent emotions obstruct the development of new relationships. During the tense period of reintegration of the trans person's female identity into the family many barriers may surface. In some situations, the trans-person may be forced to leave the family home and be rejected by the family unit (Lev, 2004; Erhardt, 2014; McGuire *et al.*, 2016). This may result in type 2 ambiguous loss; that is, being psychologically present but physically absent, or leaving without a goodbye (Boss, 1999). Evidence of type 2 in this thesis is nuanced in respect of the physical ambiguity experienced through physical gendered changes (as discussed in chapter 2, section 2.14). Nonetheless, at the time of interview, all participants were physically present to each other in terms of still being in their lives. The experience of type 2 ambiguous loss relating to the separation between the family members and the trans women was comprehensively captured by the trans women's narratives in Chapter 4 and on a personal level in the methodology chapter.

Both types of ambiguous loss (physically present with psychologically absent and psychologically present with physical absence) were evident across this study. Most of

the family members in this study struggled with the confusing and conflicting emotions of gender transitioning by their loved one (Boss, 1999; Norwood, 2013; McGuire *et al.*, 2016). They *knew* they experienced a loss of their loved-one, but the conflicting emotions concerning the type of loss, where the loved-one was still present, but the previous presentation and identity was absent, added to their confusion. One participant was aware of a previous gender conflict within her husband before gender-transition, which correlates with literature (Lev, 2004; Erhardt, 2014; McGuire *et al.*, 2016) (discussed in section 2.11). However, the other 10 family participants claimed they had previously been unaware of prior gender-identity issues. The children of trans-women, particularly, were largely oblivious to pre-existing gender-identity related issues with their gender-transitioning parent (DeCeglie, 1988; Lev, 2004).

The theme of conflicting and confusing loss is pertinent in this study and would suggest further that ambiguous loss was experienced by both adult trans women and their family members, and manifested in a variety of ways.

Trans women's experiences of relational rupture were often suffered in isolation, as they were often outside the collective family and friends. Family members, on the other hand, experienced confusing and conflicting loss within the collective family, and thus internal family support may have been available to them. The themes highlighted in this study suggest that family members faced challenges to understanding physical and psychological changes to their loved one who had not died and who wished to be present in their lives, albeit in a new female gender role. Following the initial impact of traumatic loss and becoming aware their loved-one's plan to present in a female gendered role, most family participants alluded to having experienced conflict, confusion, and uncertainty concerning the type of loss experienced (Boss, 1999, 2006, 2009; McGuire *et al.*, 2016; Norwood, 2010b, 2013). The fact that their loved one had not died, but that a major loss had taken place in their lives, gave rise to the psychological phenomenon of frozen grief (Boss, 1999, 2004). In describing the painful struggle they experienced, both Olive and Sadie underscore the emotional costs of these feelings:

“There were all sorts of sorts of emotions. Between a separation going on in a marriage, plus, am...the man that I thought I had married wasn't the person that I had married.”
(Olive/ex-wife, #2002- 2003).

Olive's comments suggest that she experienced an overwhelming anxiety given that her emotions were exacerbated by a confusing and conflicting loss, whilst also experiencing the separation of the person that she thought was her husband. Similarly, Sadie's narrative suggests a conflicting, confusing, and traumatising loss had been experienced as she recounted the losses that she, her sister, and mother had undergone as a result of gender transition. Her series of comments suggest the absence is always present in her life:

"Oh, yeah, yeah, like yeah [sad laugh]. I wouldn't wish that on anybody...I kind of... the man I grew up with was gone, and this was a whole new person claiming to be my Dad in front of me." (Sadie/daughter, #3265- 3266).

"So, then that was all completely gone. And it's not as if, like, if you're... I've a few friends whose Dads have died - where they're not there. Where my Dads across the road, and it's just hard not being able to go hang out with your Dad, when he's perfectly healthy. He's there, but..." (Sadie/daughter, #3322- 3324).

"Em, I have [sigh]. I don't! [stated strongly] I do not know what you'd call my Dad now [laugh]. I...I,, He's very still there for me, like. I'd never take that from him but he's... [frustrated sigh] I dunno. It's - it's just it's difficult. I kind of...I... I don't know how to explain it. It's not my Dad and it's not a stranger either. It's...it's my Dad in a, in a different body basically. But I... I... don't know how to explain. What you would call it? Like I, I know that my Dad would do anything for me, but it's just, yeah, like. It's just, yeah...it's I dunno what how you'd explain it. In my own head, I know. But I don't know how to put it into references [laugh]."

(Sadie/daughter, #3428- 3434).

While Olive was clearly experiencing confusion regarding what this situation means for her, it was also evident, considering the dialectical presence and absence statements, that Sadie recognised that their parent is still at least somewhat present (Norwood, 2010b, 2013). A salient factor of the above comments from both women allude to the person, who previously presented as their husband and father, is now somehow gone from their lives and devoid of meaning to understand these changes was significant. Both Sadie and Olive's narrative align with Heidegger and Sartre's view of knowing oneself through the Other, and considering the boundary ambiguity that is evident, it reflects the bad faith of the situation.

The theme of conflicting and confusing loss is prevalent in this section and it undoubtedly suggests that some of the family members in this thesis experienced this type of loss. It is evident then that there was no opportunity to say goodbye to the previous identity of their

loved-one and no resolution of this loss on the horizon (Boss, 2006). Moreover, there was an absence of language to adequately articulate their feelings and/or convey the concept (Gadamer, 1978). This section also clearly presents the impact of absence without leaving, or leaving without saying goodbye, on family members of trans women. The family participant comments give voice to the confusing, conflicting, and often traumatising loss that family members may experience, often with barriers to resolving the challenges that can facilitate acceptance.

5.4.1 Absence of time and space

It is evident that this stage of conflict and confusion can be very challenging to navigate and process for all involved, including the trans woman. As such, time and space can be crucial during this very sensitive time (Brown, 2009 cited in Lev, 2004). Without time and space from both sides, there may not be a safe period to process the information, which, in turn, may act as a barrier to adjustment and cause potential fragmentation of family relationships. Stephen was particularly passionate in rehearsing the factors that affected his understanding and acceptance of his gender-transitioning sibling. He advocates for a period of time, where distance, respect, acceptance of ambiguity, and space to form a proper understanding are needed:

“But the fact that I had to process all of this in my head; the fact that she kept harping on – that, ‘You called me, Jimmy, or ‘You said ‘hello boy’’, or there was never... There was never any bit of leeway given for me to get used to the fact or to be afforded the opportunity to make a mistake.” (Stephen/brother, #9257- 9260).

“There is a family picture in the corner which was taken when we were quite young, and there was some smart comment about having that up there. Em, what am I supposed to do? Em, photo-shop long hair and a dress on her and stuff like that? You can't change stuff like that!” (Stephen/brother, #9264- 9267).

This theme of absence of time and space for processing gender change indicates that this void contributed to the experiences of loss and grief by some of the family participants, especially during the earlier stages of gender-transition (Brown, 2009; Dierckx *et al.*, 2016), with one of the participants intentionally distancing from the trans person for some time. This was due mainly to a lack of understanding, control, and increased frustration and anger about their loved-one's transition to female gender presentation. Stephen's comments suggest that, as sufficient time and space were not given, animosity towards the trans person increased, which had the knock-on potential of threatening the

homeostasis of the family. The impact of the use of social media status updates on the trans person's life, included their relationship with their family, via social media and prompted an aggressive response from the brother:

“And there's times when I'd like to ask questions of her, but I'd be fucking afraid to ask, and that's it like. And there is no point saying otherwise. It's...it's difficult, to say the least. It's the constant fear of the social media, like.”

(Stephen/brother, #9377- 9380).

When I asked Stephen about the type of comments on social media he responded:

“Em, nasty enough fucking things. Like putting up you know, ‘hard-hitting’ ... ‘hard-hitting’ crap, like. Em, stuff, em... I see a post, up there lately - about family and shite like this...that they don't want you around. Which couldn't be further from the truth.” (Stephen/brother, #9124- 9126).

Moreover, the fact that the trans woman becomes increasingly excited about finally being allowed to live a life that is being true to herself while family members may be still be coming to terms with and reacting angrily to, must be skilfully and sensitively facilitated during this sensitive period (Erhardt, 2007; McGuire *et al.*, 2016) (discussed in section 2.11). The rawness on both sides can be explosive and the need for time and space is evident in Stephen's comments:

“...but everything seems to be a drama. She's talking about going to the UK for surgery; there is a big drama. It's a fucking huge drama! Fine. She's going for surgery. Grand. Get on with it!” (Stephen/brother, #9150- 9152).

“I couldn't sit her down there in front of me and have the same conversation [as in the current interview] because the first thing you would get is, ‘You're discriminating against me. You don't accept me for who I am or what I am’. And you're not going to get any place when somebody says that to you.”

(Stephen/brother, #9205- 9208).

As is clear from Stephen's frustration, both sides can struggle, and in her eagerness to assume her new gender role, the trans woman may try to force it on to family members and others before they are ready (Erhardt, 2007; Lev, 2004; McGuire *et al.*, 2016). This is indeed a situation where two truths do not contradict each other (Ibn Rashid/Averroes, 1142); since the experiences of both sides are equally valid, both require professional

mediation and facilitation. Other family members further report that when an individual family member attempts to intervene in the sensitive situation, there is concern they are taking on too much:

“She wants to distance herself from it at times, because maybe it's a bit too full on. Maybe it's a bit too intense. It can be a bit too much in your face.”

(Stephen/brother, #9195- 9197).

Time and space need to be managed with care, as these factors can be used to either integrate the trans person's new female identity into the family fold or increase the potential for relational rupture (McGuire *et al.*, 2016). The initial stages of ambiguous loss in gender-transition are vastly important for all and need to be handled by family members, trans people, and practitioners, to ensure homeostasis develops in time. Therefore, there is a central need to ensure that support is lent to family members during this period to help them voice their concerns and attain a better understanding of what the gender changes might mean for them and how to cope with the potential volatility of the situation.

5.4.2 Secrecy

Secrecy within families can contribute to chronic stress as family members attempt to maintain power over the imminent transition. Keeping secrets about gender-transition in families can be difficult, especially when considering the impact of traumatic loss (Boss, 2006, p. 85). Keeping secrets about a father's decision to gender-transition during teenage years can cause prolonged and chronic anxiety, which is compounded by the coincidence of the phase when adolescents start to mature and drift-away from their parents to explore their own personalities and identities. This can be a prickly time for intergenerational relationships as the young person often becomes embarrassed to be with their parents. Kaufmann (2014, p.210) argues that 'traumatic violation', the exposure of what is most private to us, is a form of loss which lessens our control over certain aspects of our intimate lives. Heidegger (1962, p.167) speaks of the concept of 'falling-prey to the world' as we become absorbed by being-with-one-another, this absorbedness contributed to the secrecy surrounding some of the participant experiences of keeping their loved-one's gender transition secret, especially during the early stages of transition.

During the interview with Charlie, he repeatedly mentioned how important his friends were at a sensitive time in his life when he had just moved up to secondary-school and forged new alliances. His reflections imply that he was worried that his parent's gender-transition would influence his new friends' perception of him, particularly in terms of being perceived as transgender by association (Cohen, 2013, pp.156-157):

“So it was good. I had a solid group of friends ...I remember telling them about it, and, like, once they kinda got behind me as well, it was a lot easier to deal with it, ye know. And then going into secondary school a few months later and I had my best friends, so ye know, I kept it secret at the start because I wanted people to get to know me first before they knew about my dad. Because, like, I kinda figured, when people found out straight away oh! they'd think, if his Dad is like that, is he like that? (trans).”
(Charlie/son, #3643- 3648).

Siobhan's parents also decided to keep the gender transition a secret within the home and the family. By not confiding in friends, especially school friends, during the earlier years, sufficient time and space was ringfenced to enable the family to get used to the gender-change (Dierckx *et al.*, 2016). In Siobhan's extended quote, she reflects on the period during the early stages of the gender-transition of her parent:

“Am, probably the fact that they (parents) were so careful about me being safe in terms of, like...in my school. And, like, we didn't ever tell the school. We never told. I never told my friends, but, eh, except until I got older, and, like, decided myself to do it. Em, so that was really tough 'cos Martina (transparent) never went to, like, parent-teacher meetings. And when she came to, like say, in 4th year... she came to my school play, she, like, left before I came down, so as to not make me introduce her to people and things like that. Which was really, really, sad for me,' cos people would ask. like, 'Who was in? Who was that person sitting with your mum and your grandma? And I would just, like, say, 'My Dad', brushing it off real quick, so they thought that they misinterpreting it, or... Eh, just. Like, pretended, you know, like. I just didn't talk about my Dad ever!!...And I can remember a really good friend of mine... em, I think thought that I just didn't have, like, that my Dad had left or died or something as I just never mentioned him. Whereas, like, I talked about my Mum so well, but then when I said Mum I often meant both of them. So, that was, like, weird time 'cos my personal life and my like school life didn't match at all. So that was really strange, yeah.”

(Siobhan/daughter, #2769- 2781).

There are various conflicting experiences expressed by Siobhan in this excerpt. Not being able to introduce her parent to her friends in school and having to maintain the secret of gender-transition, resulted in sadness, with conflict persisting in her life. It is evident that she had unconditional acceptance for her parent but found it challenging to both keep the

secret and openly communicate the love and admiration for her trans parent. In the interview with Siobhan, I was deeply affected by her open love and acceptance of both her parents (as I was with all participants), who decided not to separate. This sense of togetherness is present in the limited literature that currently exists, which suggests positive strategies for addressing gender-transition in families (Diercyx *et al.*, 2016; Wahlig, 2014).

Retaining a secret in isolation can be extremely difficult to manage, especially when the secret remains ‘in-house’ and is perceived as shameful (Cohen, 2013, p. xii). Keeping family secrets can contribute to chronic stress and have a deleterious impact on both psychological and physical wellbeing (Lazarus & Folkman, 1984; Van der Kolk, 2015, p. 21). Monica (stepmother) spoke of the adverse psychological and physical impact of keeping this knowledge secret:

“No, I couldn't say it to no-one. I couldn't say it to my own family - over! (in another part of the town) Because probably they wouldn't... probably understand what I was saying either. And my neighbours round. I couldn't really say it to them, so I had no-one to talk to. So at that stage anyway... at the end anyway, before we all knew... [laughs] Before the father knew, I'd lost a stone and a half weight.”

(Monica/stepmother, #8398- 8401).

Inevitably, some family members cope with the situation better than others, and they may try to smooth delicate situations by creating distractions from others who are finding it more difficult to accept. Monica described one occasion where she needed to use ingenuity to conceal her stepdaughter’s feminine presentation from her father:

“So I used to put a carton of milk in the centre of the table, and something else to block...to block the father's view in case there be something – ‘cos there could be an argument, like.”
(Monica/stepmother, #8371- 8372).

Transgender identities, much like gay identities a decade or so ago, are still plagued by stigmatisation. The oppression of their gender identity, often stemming from childhood, can be debilitating for the trans person. Unfortunately, then, when they become aware of gender-transition within the family, relative’s initial reaction is often to hide the ‘shameful’ secret (Cohen, 2013, pp.230-231; Scott O’Rourke, 2018). Retaining secrets in the family can disempower the family member and contribute to the loss experienced, considering the loss of control of the situation. It can also contribute to the traumatic loss

due to the unmentionable nature of the situation, as the family members grief is disenfranchised as the silence acts as a barrier from speaking about the secret they are carrying. Duffy (2011, p. 211) refers to this as ‘casting a shadow’ in terms of the Other not acknowledging their existence or, in the instance of Monica, casting a shadow over her trans step-daughter’s existence by covering it over so the trans woman’s authenticity would remain unseen and unacknowledged. Stigmatisation of identities can also contribute to ambiguous loss and can hinder resilience (Boss, 2006, p.125; Riggs and Barthelמוש, 2017).

5.4.3 Loss of normalcy

...silence and secrecy are a shelter for power, anchoring its prohibitions; but they also loosen its holds and provide for relatively obscure areas of tolerance. (Foucault, 1978, p.101).

Although all family participants at the time of interview were still in contact with their trans loved one, it was the recurring dominant theme of ambiguous loss that emerged from my analysis. As mentioned earlier, Siobhan was extremely supportive of her trans parent, however, there were still various nuanced instances in our interview that highlighted the conflicted nature of the loss experienced. Included among the factors that contributed to loss described in this study (including trans women), was the underlying context of living in a cisgender society, and the loss of normalcy as defined in cishnormative terms. Siobhan speaks about the loss of normalcy she encountered due to her sense of not being perceived as the biological child of her parents. This was mainly due to her parents’ non-cishnormative and non-heteronormative situation, as her parents were living in a same-sex-relationship due to gender-transition (McGuire *et al.*, 2016; Riggs & Barthelמוש, 2017):

“I think it's now actually that I'm older it starts to hit me more. Because when I say, I say I have, like, two mums I know that people will assume that, like, I was adopted or that surrogacy or that, [inaudible] and it's kind of the lack of knowledge around our actual situation, like. I don't want it to seem proud, but like I'm aware that, like. I'm biologically my parent's, and I know that's not the most important thing - but to me it does matter that people sometimes don't think that I am. So that's that just the thing that could kinda be related to grief because I kind of, like, lost what you could call like...it's...it's people assume things about the situational background, that's kinda frustrating. Em, I think, like I said, in terms of loss, it's just loss of the normalcy.” (Siobhan/daughter, #32986- 2993).

Here, Siobhan addresses the loss of normalcy, namely the perception that her family was different from Others, and this affected her sense of loss more than other factors. It seems to be the void of cisnormative language to help Siobhan better understand and be empowered to hold the narrative of her family situation, which increased the disenfranchisement of the loss and cast the meaning of her family into the shadows (Duffy, 2011). Apart from the loss of normalcy, Siobhan's family approached gender-transition in an open and communicative manner, which enabled her to ask questions of her parents from a younger age to better understand the gender transition of her parent. This empowered her in many ways (Pepper & Brill, 2008; Dierckx *et al.*, 2016). Interestingly, the similar approaches to the situations of both the younger children (Charlie and Siobhan) during the period when their parent gender-transitioned, endorses the findings of previous research, regarding strategies for acceptance in children of trans people (DeCeglie, 1987; Dierckx *et al.*, 2016) (discussed in section 2.11).

5.4.4 Loss of the assumptive world

On commencing gender-transition, those closely related to the trans-woman seemed to be assailed by a shattering of assumptions (Murray-Parkes, 1988; Rando, 1993, cited in Beder, 2005). Their hope for the future was threatened due to their loved-one's new female identity, and equally from the distancing from family of origin. In this instance, Olive acknowledges that, while the person that previously identified as her husband was still there, she still had to deal with the loss of her husband:

“Yeah, yeah, yeah. And it's just, you're never going to get that back. I mean, okay you have a relationship, a friendship there, but it's not the same as your husband.”

(Olive/ex-wife, #2336- 2337).

In Olive's interview, she spoke about her friend's comments that her husband was still alive and remained in her life, if indeed she wanted that situation to continue. Charlie's comment below suggests that, as the son of a trans woman, he assumes that there will be a loss experienced concerning formalities at his sister's wedding, considering societal norms suggests that the dad of the bride walks her down the aisle. His comment suggests that there might be a problem with that now (Beder, 2009).

“As well for like things, like for Sonya (sister) and when it comes to her wedding, like. Will it be my dad giving her away? I don't know how it will make her feel, like, ye know, when a woman is walking her down the aisle.”

(Charlie/son, #4063- 4065).

Rituals are important events in the stages of family life, as without them it is easy to lose track of family dynamics that constantly ebb and flow. Cisnormativity also plays a role in this case, where clear rituals do not exist for gender-transition. Indeed, without these rituals for recognising the loss experienced, families may remain frozen in grief (Boss, 1999, 2004). Olive spoke about the loss of the ordinary things in her life; a conspicuous absence that can result in intense yearning for a lost mate (Cassidy & Shaver, 2008, p.50):

“I suppose maybe I'm being selfish too, but when you have your husband and your feeling low and your feeling you might have a cold or a sniffle or whatever, and you go to bed, and you'd say ‘I want a drink brought up’ or something like that...Em, whereas, at least, if you had your husband, and it works both ways, ye know, he'd say, I remember, he'll say, ‘Go to bed. I'll bring up a hot drink to you’ or whatever. And I'd do the same for him, and just little things like that. I know that's very minor.”
(Olive/ex-wife, #2325- 2332).

Here, Olive disenfranchised her own grief, minimising the impact of the loss of what seems to be a very close and loving relationship with her husband. It was the loss of the meaning of being married to her husband and the expectation of mutual support that seemed to affect Olive the most. She also had to deal with additional losses at the same time, as she endured a divorce and lost her home in the context of gender transition. No rituals existed to help recognise or appreciate these losses. Ambiguous loss emphasises the lack of rituals present when one experiences this type of loss; a breach which merely heightens the obstacles to understanding this confusing type of loss in gender-transition (Boss, 1999, 2004).

5.4.5 The absence of rituals

As gender transition in families can be complicated, it makes it difficult to navigate and reach a plateau of resolution due to the ambiguity of rituals for recognising this loss (Boss, 1999, 2004). In the western world, and especially Ireland, we depend on certainty to consolidate our losses, and we rely on friends and family to share the ritual of funerals or wakes to celebrate the life of the person that has died. Some other cultures and religions do not depend on certainty as much as they see life as a spiritual mystery (Boss, 2004, p.

17). When ambiguous loss is present in a family that has experienced the gender-transition of a loved-one, it contributes to the ambivalent emotional experiences of depression and anxiety due to the confusing nature of the loss. The limited literature which pertains to the question of whether gender transition should actually be considered a loss, or whether the loss is due to the cisnormative and heteronormative culture that we live in (Barthelmous & Riggs, 2017; Wahlig, 2014), contends there could be an ambiguous gain, as the person gender-transitioning may be more content (McGuire *et al.*, 2016; Barthelmous & Riggs, 2017), in what is termed ‘dialectic presence and absence’ (Norwood, 2013). Peadar (father) suggested a distinction between the loss through death of a loved one, and the unexplained loss of his child. Interestingly, he alluded to a societal response to bereavement, wherein a process and ritual of support exists (Boss, 2016). In this excerpt, Peadar struggled to explain the current identity of his child:

“Em well! I think the idea of bereavement came into it later, cos it’s ye know, this is like, yeah! You lose a parent - ye know what happened; ye know it’s horrible. But ye know okay. There’s a personal loss, but there’s a society that’s taught you how to deal with that, to some extent. Now you still got to deal with that individually, but ye know, you know, what happened. If somebody dies there’s a process. Em, and okay, and there’s still grief left behind, and you’ve got to learn to manage that yourself. Am, when you’ve lost a child, that you thought was somebody...em, who is now somebody else, or turning into somebody else, you’ve got to manage that process too...” (Peadar/father, #4527-4533).

Peadar alluded to the current customs of Irish society when understanding a loss has occurred and refers to the confusing loss of his adult child. He suggested that in order to accept his child in her new gender-identity, this loss must be addressed. As ambiguous loss defies any notion of closure, and Boss (1999, 2006) argues that ‘closure is a myth’ as resolving this type of grief thus defies resolution. This reinforces Boss’ assertions that finding meaning in the loss is vital for healing:

Because rituals, social and religious, give meaning to loss, our therapeutic task is to help people revise the old rituals to continue without the missing person. Rituals are understandably confusing for families when there is ambiguous loss but this therapeutic work is central in finding meaning. (Boss, 2006, p. 94).

Peadar succinctly centres the discussion in this vital comment that there are rituals of addressing one’s grief in death but no tools available to be able to facilitate those who experience gender transition in the family. Although this chapter has highlighted often the difficult circumstances that family members have had to navigate to enable them to at

least to still have a relationship with their trans loved one, it has not yet highlighted the coping skills or resilience that has helped them to survive and thrive. The next section will show the process in which family members developed resiliency to take the necessary steps to join their trans loved ones on the other side of the bridge.

5.5. The bridge that divides us is only temporary

The one that realises in anguish his condition as being thrown into a responsibility which extends to his very abandonment has no longer anything but a freedom which perfectly reveals itself and whose being resides in this very revelation (Sartre, 1984, p. 711).

Sartre's comment suggests that although the challenges are difficult to navigate and contribute to one's 'anguish' there is a freedom to make one's own choices in taking actions to cope with adversity. Chapter 4 explored trans women's experiences of coping with ambiguous loss. However, it is evident that family members also developed resilience when experiencing the ambivalent emotions caused by ambiguous loss. Therefore, it is necessary to explore the way the family members of trans women navigated the experiences of ambiguous loss (Boss, 2006; McGuire, *et al.*, 2016). Individual differences and roles in family require exploration to understand how family participants used these coping strategies (Boss, 2006). Therefore, this section will highlight the theme of resilience, which acts as a bridge to enable family members to ascertain the new insights to help them reintegrate their loved one's new gender identities back into the family. The sub-themes that emerged through this analysis were as follows: finding meaning; adjusting mastery; reconstructing identity; normalising ambivalence; revising attachments; and discovering new hope.

5.5.1 Finding new meaning

Finding new meaning in a confusing, conflicting, and traumatic situation can be difficult, especially in a situation of gender-transition within families. The findings of this study indicated that two of the three adult children coped well with the new situation, although still experiencing ambiguous loss to a certain degree. Becoming aware at younger ages, being told about the situation by both parents in a calm and amicable way, prioritising truthful and open communication within the family, and both sets of parents lending ongoing support to the children, characterised their experiences. These findings contribute to existing research regarding factors that contribute to positive or negative outcomes within trans families (Valdordale & Griffin, 2014; Dierckx *et al.*, 2016). These

facilitated the process of coping, as they anticipated obstacles, reduced anxiety, and allowed for reasoning and development of new meaning for the family members (Boss, 2006, 2014, 2016; Wahlig, 2014; Norwood, 2013; Diercyx *et al.*, 2016). Charlie succinctly stated how he managed to reframe the challenges he faced as a son, during his parent's gender transition:

“At the time it was a big deal to me, like, ye know. Like, ah, I wanted to be able to remember my Dad as a man, ye know. Wondering what it was like. But it doesn't make as much difference to me now. It's kinda like, ‘Ah, my Dad is still, like, my Dad, like, ye know? Sure she used be a man, but if anything the old photos make me feel uncomfortable now because, like, it's not really my Dad.”

(Charlie/son, #3895- 3899).

Charlie's revised thinking helped him reframe a perceived negative of an ongoing loss. It is, however, interesting that previous photos of his dad in male form now contribute to his discomfort. Finding new meaning by adapting to change helps to reinstall hope and provide a sense of freedom (Boss, 2006, p. 87). During Charlie's interview, he strongly defended the use of the term 'Dad', while also using female pronouns throughout. Charlie's comment suggests that by being creative with new meanings and revising his attachment to his dad decentred cisnormativity and allowed for diversity within his families (Bartholomeus & Riggs, 2017; Wahlig, 2014; McGuire *et al.*, 2016).

5.5.2 Adjusting mastery

Throughout this thesis, there is clear evidence that suggests that a lack of control is a common theme in this study. Gaining control over an uncertain situation can be extremely challenging, and thus counteracting helplessness and regaining control (Boss, 2009; 2016) are useful strategies for reducing anguish and enhancing a sense of freedom. There was some evidence that both sets of participants reframed adverse situations, which enabled them to become more empowered by adopting their own attitude during these circumstances (Frankl, 1961). Decentring cisnormativity (McGuire *et al.*, 2016; Boss, 2016; Riggs & Bartholomeus, 2017) by developing and utilising inclusive and diverse language was a strategy used by Siobhan, who redefined what normality means for her:

“I can't say that, like, that I want a normal family because to me, like, I see situations that are supposedly normal that I would not want to be in, ye know. Whereas I see our situation rather more than positive. So I'm, like, we've got just that. We've got, like, eh, a good situation, so why change it, ye know?”

(Siobhan/daughter, #3023- 3026)

Siobhan's comments underscore the potential control which can be attained over stressful situations in life. In her previous comments, Siobhan alluded to loss of control, given the secrecy that resided in her family. However, her comment above suggests that she has resolved her ambivalence regarding loss of control and acceptance of ambiguity. Siobhan seems to have adjusted or loosened her control over an ambivalent situation and reduced her experience of ambiguous loss. She questioned the cisnormativity of her past situation and now adjudges that normalcy lies in the eyes of the beholder. She took control by acknowledging a sense of gratitude for being in a good situation in terms of a loving, transparent, and together family and questions why she would want to change that. Holding onto hope by accepting ambiguity can allow the person to regain control over their own lives. Seligman (1992) argues that trauma persists if there is uncertainty (cited in Boss, 2006, p. 101). Siobhan recognised that pain could be mastered by reframing what normalcy means for her and her family and turns that control on its head to benefit her meaning of the situation.

5.5.3 Reconstructing identity

The prospect of introducing the newly gender-transitioned loved ones to others or telling stories about them may cause conflict with the family member. Confusion concerning who the family member is referring to may also cause conflict in the conversation (Pepper & Brill, 2008). Deirdre (mother) referred to the challenges she faced regarding restructuring her family identities when speaking about her restructured family identity to others:

“People ask me about my children, ‘How many boys or girls do you have?’ I would say, ‘There's Anna, there's Janice’. I wouldn't say I have four boys and two girls. So now sometimes I do. It all depends who I am talking to a little bit.”

(Deirdre/mother, #344- 346).

This excerpt below suggests that Deirdre is becoming more adept in addressing the new identity as time moves on:

“So yeah, it is, really. A lot, a lot of the time I don't think about it anymore, ye know. And I suppose I always remember, nearly always remember, its

'Orlaith' (trans daughter). Its 'Orlaith' and you use the female pronouns now."

(Deirdre/mother, #352- 354).

Clearly, parents know their children more closely than any other family members or friends and develop attachments with them from before they are even born.

Assigning names to children is often regarded as a special act and many babies are called after other family members, past and present. There is an emotional element to the naming of a child, as it is usually a fixed aspect of identity going forward. Deirdre, although still struggling with the new identity, and residual effect of ambiguous loss, reconstructed the new identity of her adult child and the new role in the family. Boss (2006) recognises this as an observation of who is *in* or *out* of the family and maintains that reintegrating the trans woman in the new gender role back into the family circle can decrease anxiety.

Siobhan's question, regarding the new identity of her parent, was communicated with kindness and openness (Dierckx *et al.*, 2016; Boss, 2006, 2009):

"I asked if I could still say, 'Dad'. I'd still used dad, and she was like, 'Yeah! Of course, dear. I'll always be your dad if you want me to be'. And I was, like, 'Yeah sure.' So that was fine for me." (Siobhan/daughter, #2667- 2669).

When I asked Siobhan what did this mean for her, she went on to elaborate:

"Em I think so! just because I didn't have an alternative ye know. Like, I remember em shortly afterwards and stuff, em, or not really shortly afterwards as the transition kind of went through and I kept using dad in public particularly. Em! it got weird because the visual didn't match a dad so em when I copped that was making things awkward for Cindy (dad) was when I started transitioning to Cindy in public. But then it just felt silly to use dad in private if that makes sense? it just, like it was really slow but natural change so I never, I think at the time if somebody had said like you can't use dad anymore that would have upset me but by the time I got there it was very much my choice and I kinda stopped using dad so".

(Siobhan #2671-2678).

I decided on reflection that Siobhan's comment regarding her dad was appropriate to be used as the title for this study. Although she mentioned that she did not experience much anxiety regarding the loss of her parent in male mode, Siobhan did experience a number of ambiguous losses. How she and her family addressed

those losses was interesting to reflect on, especially in the above comment that she would have been upset if someone had told her to cease using the word 'dad'. Siobhan had time and space to adapt to the new changes and found her own way with support from both parents and family. She empowered herself to adapt to those changes at her own pace, and even in the interview she reflected on comments that she made earlier and revised her attitude towards them.

This study found that the appropriate trans women's pronouns were currently used throughout most interviews. However, where this was not the case, two factors emerged: 1) anger and unacceptance were still present; and 2) dialectically, previous names and pronouns were used especially when speaking about painful memories. Using the trans woman's new name and pronoun demonstrates that identity was reconstructed by family participants. Even during an angry outburst from a family member during one interview, the correct pronouns were used throughout. This implies that even though gender change is difficult to understand, unconsciously these changes become hardwired (Norwood, 2013). Furthermore, Boss (2006) suggests that dialectical rather than absolute thinking facilitates an understanding of shared values within the family unit.

5.5.4 Normalising ambivalence

Trans people, and especially trans women, have often been the butt of potentially harmful 'jokes' and trans identities reduced to stereotypical caricatures with the objective of disempowerment (Green, 2010). Therefore, engagement with mechanisms of humour in this study must be delineated transparently. It is important to stress that the use of humour to mock or belittle trans identities can be extremely harmful. However, like everybody else, most trans people have a sense of humour, and this periodically enabled loved ones to laugh at delicate or fraught situations, and helped to normalise ambivalence.

The use of humour as a coping mechanism was evident throughout participant interviews. Humour potentially aids a traumatic situation (Kuiper, 2012; Abel, 2002). Or as suggested by Morreall:

Since emotions engage us with the situation we're in and amusement disengages us, they tend to suppress each other. I can't be afraid of you or angry at you – that is, feeling the emotions of fear and anger right now – and amused by you at the same time (Morreall, 2009, p. 33).

Humour can be used to create a sense of perspective and distance for the person experiencing a challenging situation. Normalising ambivalence means acknowledging its existence, which can consequently diminish the tensions being experienced (Boss, 2016, p. 143). Peadar (dad) used humour to make light of a potentially dangerous situation with his adult child:

"So, em, one day Julie (trans daughter) is going into town to meet her friends in the pub one evening... She was all dolled up in a dress and everything, and I was going, 'Well, that looks pretty good' [laughs]. But ye know Jesus!! This is (name of rural town) - it's not the most forward-thinking place for people who don't have issues to handle. And even, eh, I find myself a bit out of place in (name of rural town) So I dropped off Julie at the pub and I actually hung around outside for 10 minutes, waiting for almost, like a cartoon thing, ye know, somebody coming bursting like a Tom and Jerry thing - somebody coming out of the doors, being propelled out..."
(Peadar/ father, #4441- 4448).

Boss (2006, 2009) suggests bringing the issue into the open and naturally discussing it and normalising the conversation, thereby lightening the apprehension of an overwhelming situation (Kuyper, 2012). Below, Siobhan characterised her situation when her trans parent's new female underwear caused confusion as "weird" and was potentially a difficult situation to manage. She regained control by adjusting it to "funny":

"I think, like, as we went along mixing up whose underwear was which, and ye know, like, whose clothes were which, and the fact that Cindy (trans parent) would steal my lipstick sometimes, or I would steal her mascara, ye, know. Like making it, eh! Accepting that it was weird, but then, just making it funny."

(Siobhan/daughter, #3190- 3193).

Joan's remarks also demonstrate the use of humour as a positive coping strategy, consequently facilitating resilience (Kuiper, 2012). Joan struggled to accept her adult child's gender transition and throughout the interview expressed sorrow and confusion. However, post-interview, we informally discussed humour, and she acknowledged that she often falls back on it, especially during stressful situations. To contextualise this quote, during the beginning of her adult child's gender-transition, Joan was very anxious about anyone seeing her trans daughter in female clothes:

"...and her granny was over one day, and she (trans daughter) came down dressed as a woman and in a miniskirt as well. She just looked at her, and she would be well into her seventies, and she [laughs] didn't know [laughs]. She just looked at her and said, 'God, you've a fine pair of legs!, I wish I had legs

like that myself.' That's all she said [laughs]. And I was saying, 'How can they to be so relaxed about this, and, and... I'm not?'"
(Joan/mother, #700-705).

Moreover, for Sadie, who struggled with feelings of betrayal and anger towards her trans parent during periods of the interview, visibly relaxed when speaking of situations that she considered funny. Nonetheless, when directly asked if she ever found anything to laugh at in the situation, she replied that she categorically did not find anything funny about it. During the interview, which was a tense affair for the most part and understandably so, Sadie did make light of a recent event where she did laugh at a surreal incident in their home:

I've noticed when I'm in the supermarket I'm not going to shout out Dad like. Like even when we were getting the house done up there was the plumber and the electrician were up in the landing and I shout up Dad and there all looking around (laughs) to see him like so yeah it's a bit surreal alright (Sadie #3275-3278).

The excerpt below would suggest that people unconsciously use humour as a coping strategy (Kuyper, 2012). For context, this comment was shared by Olive (ex-wife) about her daughter's (including Sadie) experience on returning home after a birthday meal for the trans parent:

"Yeah, everything went fine, and the, eh, the waitress said, 'Can I take your coats, ladies?' and, 'Is everything okay for you ladies?' And this was so funny afterwards, ye know? Dad was delighted with himself" [both laugh].

(Sadie/daughter, #2356- 2358).

Throughout the interview, Charlie shared funny anecdotes in which he consistently reframed challenging situations and experiences by normalising ambivalence (Kuyper, 2012). I conducted this interview in his trans parent's house and met them both beforehand. It was a relaxed atmosphere in which both continued to share funny stories. This quote and other quotes from this section would suggest that normalising ambivalence was extremely useful for facilitating resilience (Boss, 2009, 2016; McGuire *et al.*, 2016):

"I was trying to get through a language barrier and explain a complicated situation, and add to that, the fact that I am also joking, so she [laughs]... 'You know my dad is a woman! She went, 'Ha-ha, you're joking me'. 'No, no, she's really a woman!' 'I don't believe you!' No, she is - I'll show you (laughs out loud).'"

(Charlie/son, #4079- 4082).

For context, Charlie was speaking about his new girlfriend who was from South America and where a language barrier and his dad's gender transition contributed to a surreal situation for him.

Humour is a common theme throughout this study and seemed to be used as a coping strategy which facilitated positive changes by reducing ambivalence by normalising and laughing at it (Boss, 2006). There is some concern that, when the negative side of ambivalence is unrecognised or disregarded, it may lead to a host of negative psychological effects, including PTSD (Boss, 2006, p. 145). The need to decompress the tensions relating to ambivalent feelings can be crucial in facilitating positive change in understanding gender-transition within the family. Therefore, normalising ambivalence by whatever respectful means available, whether by artistic expression, storytelling, or respectful and shared humour, can reduce the stresses associated with gender-transition (Boss, 2006, p. 160).

5.5.5 Revising attachment

Attachments were another common sub-theme in this thesis, as families needed to create new attachments with their trans-loved-one considering their gender transition to another gender.

There are many changes to consider that may negatively affect previous attachments: name, pronoun, and gender presentation changes, all add to secure attachment since the beginning of their previous relationship (Kuvallanka *et al.*, 2014). Boss (2009) suggests that saying goodbye was useful for people with members of the family suffering from Alzheimer's disease. She goes on to indicate that the goal of therapy is to facilitate a "perceptual shift in the relationship-one that accepts the ambiguity of absence and presence" (Boss, 2006, p. 164). What was evident in some of the interviews, however, was the reformulation of attachments to their trans loved one, or as Boss (2009) suggests that celebrating that of the person that is still available to them is vital and which is seen throughout:

"'That's my child'. I said it to the nurse, it was the first thing I said to them in the hospital, 'That's my child you have - don't let any harm come to her. [laugh] You better look after her.' I still feel like that, and I know she is the same person."

(Joan/mother, #723- 725).

"Oh, yeah! I mean, we can talk quite openly now. We're fine with the kids (Mary's grandchildren) there. They are great, ye know. They really are. I have to say. They're all very accepting and even the grand, ye know, my grandchildren, Mona, Colm, and Katie. They're like, 'Aunt Mona' this and 'Aunt Mona' (trans daughter) that."
(Mary/mother, #1571- 1574).

These comments illustrate a perceptual shift by both mothers and provide a change in thinking related to attachment. Joan particularly struggled throughout the interview and admitted that she only recently realised that some form of grieving was an option. Previously, she felt guilty at betraying her trans adult child by expressing emotions connected to grief. Joan's realisation was understood when attending a TENI healthcare training session. This is an important point to make considering that family members can also be healthcare professionals and the facilitator needs to be equipped with the skills to be able to manage this situation sensitively and compassionately. Joan's comment drives home that, during what must have been a difficult situation (on seeing her child rolled down to the operating theatre for gender reassignment surgery), she used the correct pronoun. Mary mentioned the new attachments her other granddaughters had developed and used without prompting. Similarly, in this interview, the trans person's identified pronoun was used throughout, including during informal lunch after the interview.

An important point to make concerning ambiguous loss is 'closure'. Boss (1999, 2004, 2006, 2009, 2016) insists this is a myth, since this type of loss will always have ambiguities which may never be resolved. The understanding exists in the acceptance that the absence remains present and recognises that hope resides in cherishing the ambiguity (Boss, 2006, p. 169). Therefore, facilitating the process of understanding gender-transition for family members is vital in acknowledging that a confusing loss has been experienced but empowering themselves to construct their own narrative of what these changes mean for them as individuals and as family members. Facilitating a grieving process for families of trans people is a crucial aspect of acceptance and reintegration in families and is another area where healthcare professionals could forge a better understanding to help families navigate the process of gender change within the family.

It is important to note that not all families will experience loss or grief but, for those who do, recognition of their loss and being sensitive that their experiences are valid is vital.

5.5.6 Discovering new hope

“For families with ambiguous loss to sustain resiliency over time, there must be a tolerance for ambiguity, and also a comfort with it. In fact, some even come to see benefit in it.” (Boss, 2006, p. 49).

This thesis has shown that hope was evident throughout this study, albeit for some more than others. Hope is suggested as the most critical personality strength for addressing adversity (Goodman *et al.*, 2017) and an essential factor in developing resilience to ambiguous loss (Boss, 2006). Below is a selection of quotes that highlight the contextual element, primarily from Olive who struggled at times through the interview after her husband gender-transitioned:

“I'm still relatively young. I'm going to do as much as I possibly can while I can. I'm not going to be just sitting in. Em, I mean, okay, there's been times, and I didn't really want to go out, but I'd say ‘Right! Ye know - get dressed up, and if you want to go out, then you feel...’, ye know? There's other people that are worse off. Ye don't just..., you get on with life really. Eh, but my friends have been great; my newfound friends.” (Olive/ex-wife, #2580- 2584).

Olive, although the-for-itself was apprehended by anguish, compelled herself to decide the meaning of being, and that for her the for-itself was not going to ‘sit-in’ and give-up, as suggested by Sartre (1984, p. 711). Olive’s ‘newfound friends’ helped her navigate the vacant spaces left in her life in the context of the gender transition of her ex-husband. Peadar alluded to trans validation in Ireland and mentioned the Irish trans advocate organisation, TENI, who lobby on behalf of trans people and their families (McGuire *et al.*, 2016; Boss, 2016). He explained he feels a sense of empowerment due to not being isolated and receiving support. When writing about discovering hope, Boss states, “For the sake of health and resiliency, we need to find something new and positive to look forward to, some other human connection and a cause beyond ourselves that has meaning” (p. 184). This is also evident in this quote where Peadar makes the issue a human one:

“Okay, it also empowers you, doesn't it? Because you're not on your own anymore or you're part of a group, em, and we know through organisations like TENI we got advocates, who are talking at government level. Which is great as well because all you wanted to do is for it to be taken seriously. Ye know you aren't just a bunch of whack jobs who think this is a really good idea. Yeah, and I dreamt it up one-day, ye know. You're trying to deal with a real human issue that applies to real humans, and no doubt has been part of

humanity for a long, long time. Em, so ye know, why not, ye know... those people need to be supported.”

(Peadar/father, #4796- 4802).

As mentioned earlier, funerals can have a very adverse effect on all, especially the trans person who has been excluded from such family mourning events.

However, for Siobhan, it was a positive and validating experience to see her trans parent accepted by the extended family at such an emotional affair, as described here:

“It was surprisingly lovely! Maria (trans parent) was really scared, and I was really scared for her, and then it was like so many people coming up like that and, em, that great aunt, rather, em, came up and gave her a massive hug and pulled her aside to say like how proud she was of Maria and everything. So, em, and everybody learned the correct name, the correct pronoun by that time ‘cos my grandma was sick for a while, and so visiting in hospital and stuff like that. People, like came to learn the appropriate stuff so the actual, like, the actual funeral, the fact that everyone came together - it was really, really lovely.”

(Siobhan/daughter, #3120- 3126).

Siobhan’s eloquent comment alluded to her grandmother’s long-term sickness acting as a bridge of time in which her extended family members made leaps of understanding in relation to her trans parent’s situation. This understanding subsequently led the whole family to share the ritual of her grandmother’s funeral in togetherness, openness, and acceptance.

5.6 Summary

The common theme in the first section of this chapter was that of traumatic loss. This form of loss encapsulates five sub-themes: shock; denial; anger; betrayal; and grief. These emotions seemed to emerge from and contribute to further to the sensitivities that existed within the family. Although models of adjustment to gender-transition in families can be a useful tool for therapeutic interventions in addressing gender-change within families, further developments need to be devised and applied. The lived experiences of the family members to whom I spoke, suggest viewing gender-transition through an ambiguous loss lens may prove useful for practitioners when addressing this issue with family members and trans people alike. Zamboni’s (2006) suggestion of a latent stage existing during all

stages of gender-transition could also be coupled with the experiences of ambiguous loss, providing a better insight into the impact on the fusion of both concurrently.

This initial period where the family become aware that their loved one plans to gender transition can be crucial for families, a period where family members need to take time and process information, talk with others, find information, and ultimately make sense of their loved one's situation. The findings suggest that this period was extremely precarious for families as their trans loved ones began to openly express their felt gender (Erhardt, 2014). An overlap of all the themes in this chapter along with the inclusion of other complex factors such as the introduction of oestrogen therapy and its attendant mood changes, could further fuel an already tense environment for families. The evidence in this study suggests that time and space are vital for family members to be allowed to process the information that gender-transition is imminent.

Overall, this is a crucial and extremely sensitive period for family members. Thus, boundaries need to be identified and agreed between both parties as they consolidate and potentially integrate new changes into their family. The findings in Chapter 4 indicate that trans women encounter more difficulties in accessing support than family members. Other family members have each other to help them process this new and challenging information. The themes presented in this thesis suggest that the intervention of mental health professionals at the earlier stages was not deemed important; rather, the connections between friends and family were held to be more positive and useful for both family members and trans women in this thesis.

Moreover, the ways in which family participants coped with their challenging circumstances were encouraging and especially the manner in which they discovered new hope was evident throughout (Boss, 2006, 2009, 2016; McGuire *et al.*, 2016). Therefore, these findings make a significant contribution to the development of further models of resilience for transgender families going forward.

The theme of resilience was evident throughout numerous comments made by all the participants in chapter 5 (and indeed chapter 4). Both family members and trans women utilised resilience-promoting strategies, even though they may not have been aware that this was the case.

This research study highlighted the importance of extended family events in facilitating a better understanding and acceptance of gender transition. Family events provided an opportunity to integrate the transgender woman's female identity into the family during these events. Major family events, such as christenings, birthdays, communions/confirmation, religious festivals, weddings, funerals, and other rites-of-passage events can be essential occasions. Family and friends together contribute different meanings to the mix of the private family view. As purported by Dierckx *et al.* (2016), communication is a crucial component during gender-transition, which is also evident throughout this study. Therefore, both family events and extended family provide a platform for facilitating dialogue and creating new meanings (Boss, 2009).

Finally, gender-transition within families heralds many challenges for all involved and coping with these potential adversities can be arduous. Obviously, the trans person can never be exactly the same person as before, although there will often be situations where it will be difficult to distinguish the difference. Therefore, it is essential that new hopes, dreams, and revision of family scripts be fostered to ensure that future "hope leads to meaning and meaning leads to hope" (Boss, 2006, p. 184).

Chapter 6: Discussion

“If there is meaning in life at all, then there must be a meaning in suffering.” (Frankl, 1961, p.76).

6.1 Introduction

This study provides an analysis of the experiences of adult transgender women and the families of adult trans women in relation to grief and loss, from a hermeneutic phenomenological perspective. The study illustrates how adult trans women and their families give meaning to experiences of grief and loss in the context of lifelong gender identity conflict and gender transition. This thesis highlights the different types of loss and grief experienced by both trans women and their families. As a result of the conflicting and confusing nature of the losses experienced, ambiguous loss and shattered assumptions were endured by most participants in this study (Boss, 2000; Janoff-Bulman, 1992; Kaufmann, 2013). This study enhances an understanding of the experiences of the participants in this study, and thus contributes to knowledge in the field of ambiguous loss and associated forms of loss and grief, in relation to trans people and their families (Boss, 2000, 2004, 2006, 2009, 2016; Norwood, 2010b, 2013; Janoff-Bulman, 1992; Kaufmann, 2013; McGuire *et al.*, 2016). Having identified ambiguous loss as a dominant theme in participants’ accounts, I contend that existing models of family acceptance to gender transition (Emerson & Rosenfeld, 1996; Lev, 2004; Zamboni, 2006) should be extended to include ambiguous loss.

This research confirms that gender transition can contribute to the risk of relational rupture in families if not managed and supported appropriately; although the fragmentation of families is not always the case in the context of gender transition (Lev 2004; Erhardt, 2008; Motmans, 2014; Bouman & Arcelus, 2014). The in-depth analysis of participant data highlights the coping strategies used to address the impact of gender-transition on both cohorts.

While this thesis reveals that both sets of participants did experience loss and grief, they experienced them in a variety and varying ways. This thesis shows that the trans women in this study had experienced lifelong confusing and conflicting losses, having been unable to speak about their experiences as children to family members in the context of a

cisnormative society. On eventually revealing to family members their gender identity status in adult life, they experienced relational rupture and further ambiguous loss. This study also reveals that family member participants experienced loss and grief over an extended, but different, period of time, following the revelation that their loved one planned to gender transition. They endured these experiences from the point of becoming aware that their loved one planned to gender transition and most participants were still experiencing loss at the point of the interviews, many years after the initial disclosure. This section will discuss the key themes that emerged in using a theoretical hermeneutic phenomenology lens to analyse the participants' experiences of grief and loss. Sartre (1984) suggests that, whilst we have the ultimate choice in finding our way to freedom, one experiences anguish and abandonment and is compelled to decide their own meaning of being (Sartre, 1984, p711). This thesis reflects those sentiments.

All five trans women participants in this study spoke of their experiences of gender conflict and loss of authentic self in their earliest years as children, which suggests that ambiguous loss can be experienced by trans young people (Boss, 2016; Masen 2016; McGuire *et al.*, 2016). This study retrospectively reveals that, as children, trans-women experienced both types of ambiguous loss simultaneously (type 1: physical absence with psychological presence, and type 2: psychological absence with physical presence) in an ambiguous loss of the gendered self. These experiences continued throughout life, affecting early childhood development, and affecting sexually intimate relationships and marriages. As a result, this study demonstrates that the internalisation of a gendered self by the trans-women contributed to the experiences of ambiguous loss for both trans women and their families in later life.

The research also identifies that the family members in this study experienced traumatic loss (Boss, 2000, 2004, 2006) on learning their loved one planned to undergo gender transition to female identity. This thesis uncovers the manifestation of various responses of shock, denial, anger, betrayal, and grief for most family participants when told that a gender transition within their family was imminent (Kubler-Ross, 1970; Emerson & Rosenfeld, 1996; Lev, 2004; Zamboni, 2006). Heidegger (1962) states that the sense of alarm caused by the unfamiliarity of a character, if perceived as threatening in nature, can create a feeling of horror for the individual (p. 138). This study reveals that even many years after this transition, the family members in this study experienced alarm and still suffered a baffling sense of loss (Boss, 2000), with some family members unable to come

to terms with what had occurred and/or left bereft of a language adequate to explain their conflict and confusion (Vander Kolk, 2014). This thesis found that, as no grief rituals were available to mark the loss of their transgender loved one, many family members remained stuck in a process that did not make sense to them. Namely, their loved-one being absent without leaving (Boss, 2000, 2004, 2006).

The use of hermeneutic phenomenology to interpret participant narratives afforded unique insights via my personal interpretation of the meanings of these experiences (Heidegger, 1962). This chapter is divided into nine sections. In the first section, I will focus on the dominant theme of ambiguous loss and demonstrate how my findings contribute to this theory. Thereafter, I will focus on the relevant Irish socio-cultural context during the given period as an integral grounding to the participant experiences. In section three, I reflect on my own personal contribution to the construction and co-construction of the knowledge that emerges through this thesis. Section four reviews the key findings for adult trans women, with the fifth section revealing the key findings for family members. Although they shared experience of gender transition, and therefore shared themes emerged in the analysis of their experiences, the differing positionality of the trans women and family members was reflected in important differences, in terms of the trans women enduring ambiguous loss throughout their lives and the families enduring it from the period they became aware that their loved one planned to gender transition. Commonalities of experiences were linked to the dominant theme of ambiguous loss by both sets of participants and will be highlighted throughout. In section six, I will illustrate the common theme of resilience experienced by both cohorts in this study. I will then illustrate in section seven the significant contribution of these research findings to existing theoretical models of family acceptance and ambiguous loss. Building on existing theories, the analysis of data suggests that most family participants in this study experienced, loss of rituals, loss of normalcy, loss of control, and loss of the assumptive world. These multiple losses contributed to boundary ambiguity and will be fully presented and explicated (Boss, 2000, 2004, 2006; Janoff-Bulman, 1992; Kaufmann, 2013). Section eight will then identify the practical implication of this thesis in relation to healthcare service provision to trans people and their families in an Irish context. Finally, section nine of this thesis will close with a summative presentation of the limitations of the study and recommendations for further research in this area.

6.2 Ambiguous Loss

Ambiguous loss is defined as an unclear loss which is confusing, conflicting, and which remains unverified and without resolution (Boss, 2000, 2004, 2009). The theory is built on two distinct predicates: type 1) physically absent and psychologically present; and type 2) psychological absent and physically present (Boss, 2000, 2004). Ambiguous loss can occur in a wide range of instances where resolution is ambivalent, and can include cases of, soldiers missing in action or held in containment, foster care and adoption, Alzheimer's disease or other dementia, kidnapping or incarceration, gender transitioning, and various other situations where loss is imprecise, unclear, and/or conflicting (Boss, 2016). The findings of this thesis indicate that *loss of the gendered self* should be included as another category of ambiguous loss, and confirms that trans women experience a retrospective ambiguous loss of their gendered self in terms of their childhood and life prior to revealing their gender identity to Others. Moreover, these women simultaneously endure both types of ambiguous loss due to the psychological and physical absence of a sense of self, which remains conflicting, confusing, and unclear. This loss of gendered self, remained concealed within each of the trans participants until they revealed their gender to loved ones and underwent gender transitioning. This thesis also highlights that, on finally revealing their felt gender identity, the women experienced further ambiguous loss due to impending relational ruptures and the unclear and unresolved loss of family.

These findings align with Wahlig's (2014) proposition that the families of transgender people also experience both types of ambiguous loss simultaneously (along with type 1 and 2). They also confirm the existence of further nuances to type 1 ambiguous loss, as at the time of interview, all family members interviewed in this study still had a relationship with their trans loved-one, although some relationships were frayed. Nonetheless, it was evident that the physically female gendered presentation of the relative continued to cause family members confusion and conflict and thus contributed to type 1 ambiguous loss.

6.3 Socio-cultural context

Over the last decade or so, and predominantly in the West, there has been a marked positive change in perceptions of and attitudes towards transgender people. Increased tolerance and progress have also been seen in Ireland, with trans advocacy groups and key policy and healthcare divisions now working in partnership towards both legislative and policy change (FLAC, 2018). Media sources in Ireland have also supported the more

positive portrayal of trans people in real-life situations in contrast to previously sensationalised images of the transgender community. Nonetheless, trans people continue to experience stigma; indeed, a mere decade of positive representations cannot fully eradicate more than a century of embedded misconception and discrimination. It is apparent that trans-women bear the brunt of such ongoing misrepresentations due to entrenched socio-cultural misogyny (FRA, 2014; NCTE, 2015; Arcelus *et al.*, 2018). This study also reveals the impact of trans women's gender-transitions on their family (FRA, 2014; Motmans, 2014), in the context of a cisnormative culture.

This thesis specifically focuses on the experiences of participants in an Irish context. The majority of the trans women interviewed for the purposes of this research were born during the 1950s and 60s; a period in which Irish mores and conduct were underpinned by a doctrine amalgamation of both Church and State (Kiely & Leane, 2014). The trans women's narratives reveal they felt pressure to comply with the rigid social boundaries of the time due to their secret sense of fear and shame (Brill & Pepper, 2008; Steensma, 2013; Lev, 2004; Cole, 1998). Ireland was a precarious place to identify as a trans woman during this period (Ni Mhúirí, 2014) (as discussed in section 2.10). The majority of the adult trans women participants were born and raised between the post-WWII period and the 1980s, in which it was an unsafe environment reveal any gender ambiguity in Ireland. Hiding diverse identities during this strict period compounded the secrecy of human difference due to the rigid parameters privileging cisgender society (Riggs & Bartholomous, 2016; McGuire *et al.*, 2016).

The study highlights episodes in the trans women's lives where they pushed against gender boundaries within their immediate family. Female presentation and behaviour usually elicited adverse reactions from parents and guardians (Shaeffer & Wheeler, 2004; Ettner, 1999). As the women also recounted the expectation that persistent feminine behaviour could result in incarceration, it follows that fear was a salient factor in their decision to conform, comply, and create personal facades. I further demonstrate that their assumptions were shattered by the need to conform to male facades throughout the early years of their lives (Janoff-Bulmann, 1992). These facades formed external illusions, under which these women submerged their authentic selves: outwardly presenting as male; inwardly coping with a conflicting loss of gendered self. As such, the findings of this thesis must be contextualised to fully appreciate the socio-cultural factors which contributed to the experiences of both sets of participants (Dierckx *et al.*,

2016). Heidegger states that context is essential for understanding people's experiences of being-in-the world (1962).

This thesis delineates the relationship between the stages and the impending ambiguous loss throughout life for the trans woman. Sociocultural and historical considerations are crucial for understanding the impact of ambiguous loss on gender conflict throughout life.

6.4 Contribution to knowledge

The findings of this thesis add to the available literature on ambiguous loss and trans families (Norwood, 2010b, 2013; Kuvalanka *et al.*, 2014; Wahlig, 2014; McGuire *et al.*, 2016; Catalpa & McGuire, 2018), and advance knowledge around the theory of ambiguous loss, particularly considering that both traumatic loss and conflicting loss was evinced to have been experienced by family members across the board. This research also uncovers the experiences of both sets of participants in relation to issues of personal resiliency.

This thesis clearly demonstrates that early childhood experiences were suppressed through secrecy and, despite the imagined surveillance (O'Rourke-Scott, 2018), they contained their authentic gendered self within themselves. The integration of key themes in this thesis suggests that all the stages of loss and grief interacted throughout the life trajectory of the trans women and seeped into adult relationships later in life. These experiences were further problematized by a diversity of contextual, historical, and sociocultural factors. The overlap of experiences highlights the manner in which ambiguous loss manifests throughout the entire lifespan of trans woman. This lifelong process further suggests the potential impact on family members and sexually intimate partners with whom the trans person has relationships.

This research endorses previous literature in the field of family acceptance of gender transition (Emerson & Rosenfeld, 1996; Lev, 2004; Zamboni, 2006) and will contribute to understanding the experiences of families of trans people. Previous research has either focused on the experiences of trans people or family members, whereas this thesis investigates the lived experiences of both. Furthermore, this study brings together the experiences of both cohorts to provide an essential understanding of the holistic picture of gender identity and transition which contributes to previous literature. The use of hermeneutic phenomenology acted as a scaffold to aid the co-construction of knowledge to emerge. Embedding my own reflexive experiences shed a spotlight on my own

positionality and helped me to understand the phenomena through my own lens of gender transition and the loss both my own family and I experienced in the context of gender transition. This research adds to the existing knowledge of the factors which suggest acceptance or rejection for ‘families in transition’ (Dierckx *et al.*, 2016; Motmans, 2018).

The findings of this study highlight the traumatic experiences by trans people and their families (Cole *et al.*, 2000; Lev, 2004), knowledge which is critical to properly understanding the sensitivities surrounding the impact for both trans people and their families. This study adds to current theoretical and practical knowledge concerning therapeutic work with trans people and their families. In the first instance, while these approaches can support clients, both trans women and their families need to interact in any healing process. Moreover, if PTSD is present, practitioners need to approach this issue sensitively by developing trusting relationships with vulnerable clients (Van der Kolk, 2016).

Resilience is key for overcoming adversity, and this thesis shows that these women were both consciously and unconsciously resilient. This thesis shows that factors used in Boss’ (2006, 2009) guidelines for resilience to address the impact of ambiguous loss (Massey, 2016) were present in the accounts of the participants. This thesis revealed that all trans participants instinctively utilised these coping skills to help navigate a conflicting, confusing, and unresolved type of loss. Human beings are inherently creative and adaptive to situations beyond their control (Frankl, 1985), and although these women faced adversity throughout their lives, they pushed through these difficult times, and remained relatively optimistic about their futures.

6.5. Key themes for adult trans women

In this section, I will summarise the key themes that emerged during the interviews with the adult trans women in this thesis. There are five themes: ambiguous loss of gendered self in early life; early childhood and adolescent years; entering sexually intimate relationships and marriages; conflict within marriage; and conflict of time standing still.

1. Ambiguous loss of gendered self in early life

In an innovative analysis in this field, the present study reveals that ambiguous loss can be experienced throughout the lifespan of transgender women. The findings further illuminate the intersections between gender conflict and ambiguous loss (Brill & Pepper,

2008; Ettner, 1999; McNeill *et al.*, 2012, 2013). Gender conflict in childhood amplified internalised confusion, conflict, and unresolved loss during this developmental stage. These conflicting and confusing experiences were exacerbated by the language barriers that existed to explain their experiences, the cisnormative sociocultural context that existed, and the fear of highlighting their cross gender feelings to their parents, all these factors prevented the trans women from grieving the loss of the gendered self during this period (Ettner, 1999; Lev, 2004). In retrospect, these children experienced a loss that was difficult to understand or articulate and which increased boundary ambiguity (Boss, 2000, 2004, 2006).

All five trans women in this thesis reported their experience of sensing difference to the 'norm' from their very early years. Speaking of their desire to express their female gender-identity, they knew, even as very young children, that such feminine behaviour was unacceptable and frowned-upon by their families and society. On grasping that their inherent sense of Dasein and being-in-the-world was largely unacceptable to Others, they repressed their gender identity, created facades, and nurtured relationships founded on inauthentic presentations of the self. These struggles may have increased the risks of adverse childhood experience (Felitti *et al.*, 1998) due to the chronic and sustained nature of this experience.

Understanding the experiences of trans women in this study through a hermeneutic phenomenology approach, I found that all five women endured persistent ambivalence relating to a conflict between their gender identity and assigned sex. Cassidy and Shaver (2013) assert that chronic ambivalence may have impaired personal development and secure attachment relationships with loved ones. Moreover, their experiences threatened to subvert trusting relationships, which, in any event, were often based on facades rather than genuine intimate relationships. Sadly, this meant the trans women suffered a myriad of losses throughout their lives. Once the trans woman revealed the plan to gender transition later in life, it threatened the status-quo of secure attachments, wreaking a form of emotional havoc, which culminated in ambiguous loss for both adult trans women and their families.

2. Early childhood and adolescent years

This study observes that all the trans women in this study were able to recall a time during their very early years where instances of cross-gender expression were enjoyed, but also

feared and ultimately guilt-ridden, as they became increasingly conscious that their gender-identity was different to that of Others. As such, I argue that current theoretical models of family acceptance to gender transition should include ambiguous loss of gendered self, especially considering the significant evidence that these women felt retrospectively compromised, conflicted, confused, guilty, and cut-off from society by their sense of being (Boss, 1999; 2004). In addition, during these years, these women experienced an ambiguous loss of gendered self, prior to their later decision to gender transition. In fact, the adult trans women participants easily tapped into their experiences of gender conflict throughout their young lives and into their adolescent years and early adulthood (Erhardt, 2014; Lev, 2004). This tallies with existing literature which purports that trans people can feel gender conflict throughout their lives (Ettner, 1999; Lev, 2004).

Finally, the gender segregated schools of Irish education system exacerbated the inner turmoil of these young women, as they were compelled to attend single sex boy's schools. The process of learning in an all-male environment intrinsically felt alien to them, proved immensely challenging, and gave rise to chronic anxiety based on gender conflict and ambiguous loss of the gendered self. This chronic anxiety further reinforced barriers to information retention and added yet another layer of worry to their ongoing difficulties, and threatened their hopes for the future (Eysenck, 1998; Neary & Cross, 2018).

3. Entering sexually intimate relationships and marriages

This study illustrates that in repressing the shame and guilt yoked to their gender identity, and under severe pressure to conform to societal norms, most trans participants entered sexually intimate relationships (Erhardt, 2014). This thesis clearly reveals that fears of highlighting their gender identity would jeopardise the relationship, and this fear drove their initial decision to hide it from their partners. In essence, then, the present findings echo contentions in extant literature that trans women enter such relationships in hopes of being 'cured' of their transgender longings (Erhardt, 2014; Lev, 2004). In effect, most of the participants entered relationships burdened by a fundamental and all-encompassing secret that would eventually cause the pain of further conflict, for themselves, their partner, and in any new relationships in their lives.

All four of the previously married trans women chose to hide their felt gender-identity before marriage and the subsequent revelation of this secret invariably compromised and imbalanced the relationship. Bowen (1966) suggests that emotional cut-off, risked by

individuation of the self on the part of trans-woman (cited in Knauth, 2003), effectively resulted in the trans woman withholding a fundamental part of their authentic sense of self from the Other in bad faith. On being told the truth, this gave rise to spousal feelings of betrayal.

This thesis reveals that when a gender identity secret was revealed within the relationships, the majority of trans participants openly declared a desire to express femininity in their relationships. This study documents how trans women and their spouses bargained to negotiate a mutually acceptable degree of gender expression or permission for the spouse to undergo oestrogen therapy, on condition this was not made public and remained a secret between them (Lev, 2004).

4. Conflict within marriage

This study highlights that conflict erupted in relationships when the trans woman either revealed, or it became public knowledge, that they were planning to gender-transition. The findings also confirm that some of the spouses had been aware of their husband's gender conflict prior to gender transition. However, once the plans to gender transition were announced, or the 'secret' became known by Others, family members experienced a sense of betrayal (Bowen, 1966; Knauth, 2003; Cohen, 2013). This research demonstrates how dangerous it was at the time to reveal plans to gender transition for all concerned. Nonetheless, prior agreements to not present as feminine were often compromised during this period, as the excitement of gender transitioning and the desire to present in the female gender-identity proved to be overwhelming at this stage (Lev, 2004; Erhardt, 2014). The findings underscore that this enthusiasm was not shared by the family members or partner, who often regarded the breaking of prior agreements as final betrayal of trust and the relationship deal-breaker (Erhardt, 2014). In four of the five cases described by participants, relationship fragmentation ensued, driven, at least in part, by the threat of public knowledge of the gender-transition.

5. Conflict of time standing still

All five of the trans participants in this study revealed experiencing a conflict of time standing still given that their loved ones were not in their lives in a meaningful way. As barriers continued to obstruct resolution to the relationship conflicts, all trans women participants reported conflicting feelings due to the absence of their children from their

lives (NCTE, 2014; Fagan & Pillenger, 2013). All four women with children expressed grief due to the loss of control over the, now compromised, relationship with their children and alluded to the use of a perceived threat of psychological harm to the child to justify barring them from access to children; a fear that is completely unfounded (DiCeglie, 1998; Diercyx. *et al.*, 2016).

Ultimately, all five trans-women experienced further ambiguous loss due to their conflicting, confusing, and unresolved grief concerning fragmented relationships with loved ones. While for some, these relationships had improved somewhat over time, the residual effects of ambiguous loss remained unresolved. Some trans women still encountered barriers to seeing their children which further exacerbated the numerous difficulties they faced. However, true to the human spirit to survive, these women had developed strategies of resilience which enabled them to cope with their experiences of ambiguous loss.

6.6 Key themes from family members of adult trans women

In this section, I highlight the initial impact of gender transition on family members when they became aware that gender transition was imminent. This section highlights the subsequent impact of ambiguous loss (Boss, 2000, 2004, 2006, 2009, 2106; McGuire *et al.*, 2016) and shows the types of loss endured by the family members of adult trans women. Due to boundary ambiguities, no clarity or rituals were available to facilitate grieving this type of loss (Boss, 2000, 2004, 2006, 2009). It is worth noting that not all family member participants seemed to endure the same level of ambivalence. This may have been due to variations in the range of contributing factors: namely, the history of the relationships with trans loved-ones; how and when the information was relayed; the level of understanding of trans issues (on both sides); and the prevailing socio-cultural attitudes at the time of gender transition (Bockting *et al.*, 2013; Wahlig, 2014; Diercyx *et al.*, 2016).

The key themes that emerged indicated that family members, ranging from mothers, a stepmother, fathers, daughters, a son, a brother, and an ex-spouse, also experienced ambiguous loss due to the gender-transition of their loved one. The key themes include; traumatic loss, consisting of sub-themes of shock, denial, anger, betrayal, and grief (Boss, 1969, 2004, 2006, 2009, 2016; Lev, 2004); conflicting loss; loss of control; loss of normalcy; loss of the assumptive world; and the absence of rituals.

1. Traumatic Loss

These findings contribute to the knowledge of ambiguous loss (Boss, 2000, 2004, 2006), as it is evident that family members' traumatic loss was due to the emotional ambivalence brought about by the gender transition of their loved one. It was also observed that families underwent a staged approach, although not necessarily linear or descriptive. Initially, family members' experiences ranging from shock to grief were often experienced concurrently.

This thesis revealed that family members' initial reactions were that of shock as the family members recalled the period in which their loved-one revealed that they planned to gender-transition. I agree with Sartre (1984) who suggests that the being-for-itself is distinctly understood through another, and this view casts doubt on how the family participants previously perceived themselves given that the Other that they thought they knew was in bad faith, contributing to an initial shock reaction. One participant stated that although she had known about her husband's gender conflict, she was still stunned that her husband would take practical steps to undertake medical and/or surgical gender transition. The psychological ramifications of gender-transition for family members, documented in this thesis further contributes to existing literature which explore the struggles experienced by former spouses (Erhardt, 2008; Lev, 2004; Emerson & Rosenfeld, 1996; Zamboni, 2006; Wahlig, 2014; Diercyx, 2016).

This thesis attests that the determination to create barriers between the trans parent and the child may have been misconceived as protection for the child (DiCeglie, 1998). These barriers often adversely affected the child and the potential for a future relationship with their trans parent. Therefore, if not supported by professionals and family alike, the spouse's response to their initial shock runs the risk of compounding negative experiences.

This research foregrounded denial as a contributing factor to traumatic loss, since denial is a typical psychological reaction to an 'abnormal' event (Turnbull, 2002; VanderKolk, 2016). It was also observed that certain family members distanced themselves from the gender transitioning parent in the earliest stages of gender transition.

The sub theme of anger was clearly expressed by both the trans person and the family member. Anger escalated to negative fallout as both parties tried to process what gender

transition meant for them. While the anger stage represented a crucial period for family participants trying to deal with such boundary ambiguity, this thesis confirmed that the availability of a ‘cooling-off’ window of time and space was key to ultimate acceptance. Grief was also evident among family members, but with most of the family member participants exhibiting different kinds of grief to each other which they attributed various meanings, such as the loss of their husband, their father, or son. Moreover, each adult child participant knew their parent only in a male gender role, with each trying to come to terms with the change to female gender identity. Their narratives underscored the sensitivity of this period and emphasised the time and space needed by family members to create new meanings or indeed intensify animosity, conflict, and relational rupture.

2. Conflicting loss

This thesis contributes to the limited knowledge of ambiguous loss among/within trans families and concurs with the literature in identifying the conflicting type of loss experienced due to gender transition (Norwood, 2010b, 2013; Wahlig, 2014; McGuire *et al.*, 2016). Many of the participants referred to conflict and confusion concerning a loss they struggled to understand thereby endorsing the ambiguous loss experienced by family members (Boss, 2000, 2004, 2006, 2009, 2016; Wahlig, 2014; Norwood, 2013; McGuire *et al.*, 2016). This study confirmed that the family participants experienced both types of ambiguous loss, although, the experience of type 1 ambiguous loss (psychologically present, physically absent) was further conflicted, considering the person was still physically present in the life of the family participant but in a female gender role. Furthermore, the conflict caused was due to the ambivalent feelings which further contributed to the risk of relational rupture.

The option to undergo counselling or psychotherapy was declined by two of the three adult children of the trans women. They preferred to seek support from family and friends during this period rather than seek professional help. Indeed, the study recognised that the involvement of family and friends was crucial during this sensitive and often volatile period; helping family participants make sense of this confusing situation (as discussed in chapter 2, section 2.14) in the presence of Others. The positive input of friends and family was also experienced by the ex-spouse in this thesis, who recounted her feelings of frustration, conflict, and ambiguous loss in the context of gender-transition. This participant attested that ‘new friends’ helped her create a new life with new meaning. There was also evidence that relationship wounds could start to heal when given time and

space. Throughout this study, it emerged that time, space, patience, and sensitivity were crucial throughout the process of gender transition, although ambivalence towards a loved-one's female gender presentation may never be fully resolved. The fact is, with ambiguous loss, there is no resolution: only a realisation of new meaning concerning the loss (Boss, 2000, 2004, 2006, 2009, 2016). Boss (2006) states that, for therapists to understand the personal meaning of the client, they need to assess their internal and external contexts, and that helping clients to find meaning requires the perspective of phenomenology, which values the subjective (p. 77). It was observed that some family participants withheld their grief to accept their children in their new gender, especially if there was a pressure from others in the family to accept it. As such, it is vital that families do not perceive grieving as wholly negative or feel that they betray their loved one by expressing grief or showing emotion. In any event, it is crucial that supports for family members coming-to-terms with gender transition be further developed in Ireland.

3. Secrecy

It is clear that family members felt they had to maintain the secret of the trans persons' gender identity and plans to transition. Family members in this study experienced loss of control before it became widely known that their trans loved one's gender transition was imminent. For two of the three adult children, it felt imperative to keep their parent's gender transition secret from classmates throughout their school years.

The impact of loss of control was a salient factor throughout this thesis, as all participants attempted to hide an identity which was simultaneously inherent to the person and stigmatised by society. As such, living in a cisnormative society contributed to a chronic loss of control and anxiety that went hand-in-hand with the maintenance of the secret. I therefore posit that the dismantling of a cisnormative society would circumvent the need to maintain these secrets and the need for some to hide their gender identity (McGuire *et al.*, 2016; Bartholmeous & Riggs 2017). However, moving to improve societal attitude towards trans people by altering gendered structures and systems, including language, may divide trans persons and non-trans people still further. In the interim, robust health service development for trans people and their families is clearly needed to help them understand the changes within their families and reintegrate their trans loved ones into the family.

4. Loss of normalcy

'Ambiguous loss also provides an important framework for understanding the transitions that occur in families when cisnormativity is challenged' (McGuire *et al.*, 2016, p383).

The hegemony of heteronormativity was found to contribute to the loss of normalcy, in that parents decided to remain in marriages irrespective of the trans parent's decision to gender transition to female. This thesis underscores that parents felt the need to maintain secrecy from those outside the immediate family during the early stages of gender transition. When parents decided to remain in a same-sex relationship following gender transition, loss and grief was experienced by a child due to the perception that others might doubt they were the biological offspring of both parents. This emphasises that dismantling a cisnormative/heteronormative culture could contribute to a space where all people would feel they equally belonged to a society that cherished human diversity (McGuire *et al.*, 2016; Barthelmous & Riggs, 2017; Catalpa & McGuire, 2018). Therefore, I agree with McGuire *et al.*, when they argue '... if cisnormativity were dismantled, changes in gender would not represent a challenge to existing structures that organise gender' (2016, p. 383).

5. Loss of assumptive world

This thesis shows that living in a cis/heteronormative society also played a role in some family participants' experiences of the shattering of their assumptive world (Kaufmann, 1989). This thesis shows that family members felt conflicted when contemplating future family events in which gender roles might be compromised in the context of gender transition. Previous loving friendships were also threatened due to pending gender transition. Although conventionality can often restrict us from looking 'outside the box', the dismantling or restructuring of the cisnormative society may facilitate a positive change relating to perceptions of trans people in society (McGuire *et al.*, 2016; Barthelmous & Riggs, 2017).

6. The absence of rituals

Neither group of participants could avail of rituals to support the process of the loss experienced; there were no established rites of passage or funerals to help them celebrate or mourn the changes that they experienced (Boss, 2006) (as discussed in section 2.14). In the much the same way, there is no family manual for navigating such changes, and the adaptation of pronouns, names, feminine behaviour, feminine presentation, and

gender-roles, presented further challenges. This study reveals that family members struggled to negotiate these changes, while also struggling to understand the complicated type of loss being experienced. As such, the findings contribute to the literature relating to the loss of rituals, when one suffers ambiguous loss (Boss, 1999, 2004, 2006). The study reveals how ambiguous loss hindered the grieving process and locked frozen grief in place (Boss, 1999, 2004). The ambiguity of the loss associated with gender-transition in the family, created obstacles to understanding the loss, making peace with the changes, and moving-on in partnership with the trans woman in her new gender role while reintegrating her female gender-identity into the family.

This research suggests that, although mental health professionals had a role to play during the transition process, it was evident that extended family and friends were also crucial during this period. Trans women's invitations to family events such as weddings and funerals were highlighted throughout this thesis, since such gatherings facilitated acceptance and reintegration within the family by normalising ambivalence (Boss, 2006, 2009, 2016). Some trans women were deliberately not informed of the death of loved ones within the family to prevent them from attending the funeral service. Meaningfully including extended family and friends in workshops focused on resilience development is vital for acceptance of the changes that gender-transition brings among important support and kinship networks.

6.7 Resilience

A common key theme in this thesis for both cohorts, all participants deployed coping strategies to address the challenges faced. These were interpreted through an ambiguous loss lens in terms of guidelines for resilience concerning ambiguous loss, which showed similarities to contemporary models of resilience (Boss, 2006, 2009; Masten, 2016, p. 287). Consciously and unconsciously, the trans women survived pain and adversity, including occasional suicide attempts and self-harming, by using coping strategies to aid recovery. Professional mental health supports played a significant role in providing care for these women during this difficult time in their lives (Ettner, 1999; Bockting & Goldberg, 2006; Bockting *et al.*, 2013), and all five trans women participants reported primarily positive experiences of counselling, psychotherapy, and peer-to peer support during their gender transition.

This demonstrated an understanding that training in trans and trans family awareness were vital. Indeed, it is my contention that all mental-health workers who intend to provide a service to trans-people, should be trained and experienced in the needs of trans-people and their families (Lev, 2004). Moreover, the findings of this thesis support the assertion that relevant mental-health worker should also be conversant with theories of ambiguous loss.

This thesis revealed that despite having limited control over their situation, both sets of participants externalised the dysfunction associated with the loss (Boss, 2006, 2016) by utilising coping skills which resonated with Boss's six guidelines for resilience: 1) finding meaning; 2) adjusting mastery; 3) reconstructing identity, 4) normalising ambivalence; 5) revising attachment; and 6) discovering new hope. It is evident that both sets of participants found new meaning in their situations, both consciously and unconsciously. I agree with the words from Viktor Frankl when he states that 'Man is capable of changing the world for the better if possible, and of changing himself for the better if necessary' (1984, p. 133). Reframing cognitive experiences can facilitate changes in perceived stress and allow for therapeutic changes (Carver & Scheier, 2004).

It is evident that family members whose trans loved one's gender transitions were sudden, were most likely to experience conflicting emotions. Conversely, transparency, communication, space and time, patience and evidence-based trans information promoted acceptance (Wahlig, 2014; Dierckx *et al.*, 2016). Family members' attempts to make new meaning required the space and time to reflect and make sense of the new situation. It was observed that when the trans person pushed too hard, or too soon, for acceptance of their new gender identity, it backfired to compromise and threaten the relationship. Therefore, the trans person's acceptance of the limited control available over these changes is key to understanding. Regaining some control over the confusing and conflicting situation by reframing negative experiences can help to minimise anxiety, as gender-transition can contribute further boundary ambiguity, given that attachments to the original gender of the person are now compromised.

This study shows that children of trans-women can have a difficult time realigning the identity of the former male role model with a female identity and describes the various ways some adult children have addressed this issue. Two of the three adult children in this thesis reconstructed the male identity to a female one and were all equally creative in their methods. In other cases, it took longer for acceptance to ensue. Thus, patience and

care should be shown during this sensitive and potentially volatile period, as adding another layer of guilt during this stage is counterproductive and may cause irreparable damage to the relationship.

This study observed that, within both sets of participants, normalising ambivalence was facilitated by using humour (Kuyper, 2010). Although, all participants underwent extremely traumatising situations, many of them consciously and unconsciously engaged with humour to deflect the pain by laughing at their situations (Kuiper, 2010). This use of humour was an original finding, and further exploration may unearth a potential contribution to resilience models.

It is evident that both revising attachments and reconstructing identity which bore similarities to the male gender role had to be reconstructed, with attachments revised as a result. However, if gender transition can be managed carefully, with sufficient time and space allowed to process the changes, positive outcomes can ensue. A word of caution here however: as emotional sensitivities can be extremely high during many stages of the gender-transition process, it is difficult to accurately predict a timescale for acceptance, and the individual dynamics and complexities of each family system must be considered (Bowen, 1978; Knauth, 2008). This study concluded that extended family and friends were crucial facilitators of positive change and this finding may be useful to explore in further research.

In terms of resilience, this thesis showed that both the trans women and the family members in this study bounced back from their experiences of loss and grief, but also showed enormous courage in fighting back against oppressive systems that incarcerated them in a cisgender society. Ultimately, for trans people to experience a world where gender transition is not perceived to be negative, there needs to be a change in dynamic in terms of an understanding that trans identities are not a threat but a vital component of humanity and therefore, cherished rather than demonised. It may take considerable time to change this perception and it requires a resilience that is sustainable and unflinching in a world that battles trans identities continuously. In the meantime, to address the everyday societal pressures endured by trans people and our families, everyday coping is vital for survival to enable us to live in a world that often threatens our existence. Therefore, I define resilience as two fold for the purpose of this thesis: 1) the ability to live every day in a world that lacks validation or understanding of trans identities, and to face the negative stereotypes and transphobia by withstanding adversity and bouncing back even

stronger than before; 2) to have an understanding that societal norms do not include gender variance but to be defiant of this opposition and take the opportunities, to educate ourselves and to educate Others, to withstand the invalidation of trans identities by climbing the scaffolds of so called societal norms and pulling each bar down, one at a time until finally society is re-structured to include gender variance.

Finally, this study found both trans women and family members reported the discovery of new hope as key to sustaining them: most particularly, in respect of the high suicidality rates among the transgender community. The early stages of gender transition can be harrowing for families, and trans women can feel exposed and isolated during these stages when struggling family members' choose to keep their distance can be interpreted as non-acceptance. This draws attention to human sensitivities and the importance of using the appropriate approaches to support both trans people and their families. Indeed, working with both during this period is crucial for navigating gender transition successfully and generating new hope. This study has consistently revealed that hope is vital. All sixteen participants attested that hope helped them on their journey by helping believe there was light at the end of the tunnel of gender-transition. It is therefore crucial that hope is encouraged and maintained, while at the same time, unrealistic expectations are adjusted and managed (Frankl, 1985; Boss, 2006, 2009, 2016; Goodman *et al.*, 2018).

6.8. Summary of practical implications

The findings of this study can help inform the further development of therapeutic models of resilience aimed at families in transition. While previous studies also suggested theoretical approaches to clinical practice with trans family clients, the complexities of developing therapeutic based workshops clearly requires further research. In fact, the findings of this study suggest various complex factors that need to be considered and integrated with existing guidelines and approaches (Boss, 2006, 2009, 2016; Norwood, 2010b, 2013; McGuire *et al.*, 2016). The potential benefits of further researching the development of educational and practical resilience workshops are vital in applying these theoretical findings when devising workshop-based practices.

6.9. Recommendations for future research

This study was conducted on a small but important cohort of people with trans identities and family members, and as such following limitations and resultant suggestions for further research emerged over the course of the research:

- Since only one of the participants in this thesis was a sibling of an adult trans woman, a limited view of the experiences of siblings was elicited. Nonetheless, the experiences reported by this sibling highlighted particular factors affecting the challenges for the understanding and potential acceptance and reintegration into the family. As such, further research could be instrumental in unlocking the experiences of siblings, which may inform enhanced models of family acceptance.
- This thesis revealed that extended family and friends played an important role in the process of gender-transition in families. There were various comments by both sets of participants alluding to the benefits of the extended family playing supportive roles to aid the reintegration of the trans persons gender identity into the family. However, this study also highlighted how extended family can negatively influence family members to distance the trans person from the family of origin. Further research into the extended family and friends' influence on gender transition could reveal crucial information regarding family acceptance to gender transition.
- It would be useful to explore the experiences of people with other trans identities and their families in respect of the impact of ambiguous loss. Although some research had been undertaken in this area (Norwood, 2010b, 2013), further investigations may further contribute to this theoretical model of family acceptance when experiencing gender transition in the family.
- Since many trans women experience adverse childhood experiences (Felliti *et al.*, 1998), they can be more susceptible to the onslaught of serious health issues as they age. As the potential impact of dementia or other degenerative conditions may be heightened due to the lifelong traumatic events experienced (Boss *et al.*, 1988), I therefore urge further research to be undertaken in the context of the older Irish trans community in order to develop specific and targeted guidelines for healthcare practices and provision.
- Finally, since they have gender transitioned at younger ages than the participants in this study, it would be instructive to explore the experiences of younger trans people concerning ambiguous loss in order to explore their experiences of loss of gendered self. Specifically, it would be useful to examine how trans aware/inclusive families help young trans people to cope with the loss of the gendered self. A vital piece of this research lies within the coping strategies utilised by trans youth and identifying any notable divergences to those used by

participants in the present study. Exploring this issue further could yield invaluable information to combat the unfortunate adverse occurrences of mental ill-health, self-harm, and suicide ideation within this younger cohort.

6.10 Final remarks

This thesis presents a novel insight into the lives of adult trans women and families of adult trans women in an Irish context. The study focused on the experiences of 5 trans women and 11 family members. Using the theoretical framework of hermeneutic phenomenology, I have platformed the voices of the participants in this thesis. The process was an iterative one, as I came to understand the lived experiences of participants in a holistic manner by going backward and forward using the hermeneutic circle to gain a holistic understanding that both cohorts of participants experienced loss and grief. The theoretical underpinnings of Sartre (1984) and Heidegger (1962) provided a scaffold to aid the understanding of the meaning of the participant experiences, and which led to the identification of ambiguous loss as the dominant theme in this thesis (Boss, 1999, 2004, 2006, 2016).

Throughout history, transgender people have attempted to adapt to and cope with an untenable culture (Lev, 2004, p. xix). In the same way, families' systems have struggled with understanding the concept of gender transition in societies which eschewed trans identities. Family members, often experiencing shame and embarrassment at being related to a trans person (Lev, 2004; Erhardt, 2014; Judge *et al.*, 2013), and may cut links with trans loved-ones due to the largely negative perception of the trans community (Lev, 2004; McGuire *et al.*, 2016; Catalpa & McGuire, 2018). Since trans women's gender identity frequently develops at an early age (Pepper & Brill, 2008; Olsen-Kennedy *et al.*, 2015; 2015; Edwards-Leeper *et al.*, 2016), they may grow up in an environment where any expression of their felt gender is deemed negative, and the child's gender identity can be hidden to forestall the potential emotional rejection by their family (Bowen, 1966; Knauth, 2003; Cohen, 2013). Significant gaps in peer support for both transgender people and their families consolidate feelings of isolation and frustration (Coleman *et al.*, 2012; Motmans *et al.*, 2018). Trans women have been shown to experience more discrimination and mental ill-health than their trans male counterparts (NCTE, 2014); to date, limited research focuses on the growing needs of these women and their families when entering the later years in life. As of writing, there are no guidelines available to

assist professionals to meet the needs of trans women and their families in an Irish context.

Whilst this study is just one interpretation of the experiences of adult trans women and families of adult trans women, it gives meaning to the experiences of both cohorts in relation to grief and loss in the context of gender transition. I have been transparent in giving my own experiences of gender conflict throughout my life and the impact of these conflicts on my past relationships, and reflected upon how these experiences contribute to the interpretation of participant data. It has been an absolute privilege to have been allowed into the lives of the participants and I hope that I have provided both an individual and holistic account of their lived experiences as close to how they understood them to be. I found my own path, opened myself up to possibilities of my own being-in-the-world, and for that I better understood and appreciated the experiences of others (Dibley *et al*, 2020, p.169).

While this study revealed that adult trans women participants endured intense psychological trauma, it also provides evidence that they managed to transcend these negative situations. Discovering new hope was a key factor for these study participants; all strong, resolute women and family members who have found meaning in reframing their suffering (Frankl, 1984). These women presented a strong sense of self, despite the ambivalent feelings of an unclear loss they still endure. The women's strategy of adjusting one's attitude resonates with Boss' (2000, 2004, 2006, 2009, 2016) assertion that 'closure' is nothing more than a myth. Clearly, there were still ambiguous losses present; but they have learned to live with them by seeing them differently.

While the current literature delineates various conceptual models of family acceptance (Emerson & Rosenfeld, 1996; Lev, 2004; Zamboni, 2006), I contend that ambiguous loss should also be included in this capacity. The findings uphold the view of Zamboni (2006) who suggested that a latent stage be included in a model of family acceptance. I would further argue that any latent stage encompasses ambiguous loss. The perception that this form of loss can be resolved is problematic since closure cannot be attained when one experiences ambiguous loss (Boss, 2006). Since one can experience ambivalent feelings regarding the loss of a loved one in a previous gender role, these feelings have the potential to cause harm and pressure on family members to accept the changes, which could be counterproductive. Thus, it should be handled sensitively. To this end, mental health professionals also need to be familiar with the theory of ambiguous loss in relation

to gender transition when working with family members of trans people. In the same way, it is crucial the health professionals working with trans people and their families remain mindful that both may have experienced traumatic life circumstances and treat both groups with equal caution and care.

This thesis shows that strategies which spoke to six of Boss's guidelines for resilience (Boss, 2006, 2009, 2016) were utilised both consciously and unconsciously, by family member participants in this study. This suggests that sharing these guidelines with families experiencing gender transition could help to offset the impact of ambiguous loss (2006, 2009, 2016). Finding new meaning where there is a void of meaning can facilitate a change of mindset in respect to a challenging situation (Frankl, 1984). This study confirms that the reframing and reconstructing of identities did just that; as illustrated particularly clearly by one of the adult children interviewed, who used the terms 'dad' and 'she' to refer to the same trans woman, his parent, as he creatively adapted to an unusual situation. There was also significant evidence that humour was used to normalise ambivalence, further contributing to existing knowledge on guidelines for resilience (Boss, 2006, 2016).

In conclusion, this study clearly demonstrated that both adult trans women and family members of adult trans women experience ambiguous loss throughout the process of gender transition. I have clearly highlighted the experiences of trans women and family members of trans women within this thesis, and although the trans woman experienced conflicting and confusing loss concerning their families, that the families also were suffering a similar effect of ambiguous loss. The teachings of Ibn Rashid (Averroes 1126-1198) propose that "*two truths cannot contradict one another*". I also concur with this view, that in respect to gender transition, both the trans person and their family members can experience their own truths, and their truths do not contradict each other. While this remark ostensibly concerns matters of philosophy and religion, I believe it to be equally true in the case of gender transition within a family: the double truth that ultimately remains is never contradictory. There can be no doubt after reading this thesis that trans women's truths speak to a lifelong suffering that they endure, and learned to cope with. There can be no doubt that their truths were shrouded in secrecy, which was maintained to defend the reputation of their families and aid them in the survival. However, there can equally be no doubt that the truth of their families spoke to the struggles in trying to comprehend gender transition, especially in their early stages, and

often needed time and space to process what these changes mean for them. We all abide by our own truths in life; truths which are mainly built from our experience of the world and the people in it. All too often our experiences and worldview, our '*truth*' as it were, opposes that of another. In a cisnormative society, specific supports are needed to help trans women and their families understand and respect each other's truths.

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Appendices

Appendix A: Participant Letter

Participant Letter

Vanessa Lacey

Limerick Institute of Technology

Vanessa.lacey@lit.ie

085-1477166

Dear Potential Participant;

I am contacting you in relation to a PhD in research that I have recently begun with Limerick Institute of Technology. The title of the study is *'Transitions: An exploration of loss and grief experienced by families of Transgender people in Ireland'*. The aim of this study is to explore the experiences of grief and loss within the family members of Adult Transgender people in Ireland, especially the experiences of ambiguous loss experienced by family members.

As you may know there has been an amount of work carried out over the last 3 years or so in regard to supporting families of younger Transgender people especially since the formation of TransParenCI. The amount of work that has been invested in this group could be perceived as very beneficial for all involved. Therefore I aim to investigate the experiences of family members of adult Transgender people (30+ years) to establish if there may be an opportunity to support family members of older Transgender people which in turn may benefit the Transgender person themselves.

Unfortunately many older Transgender people may have lost contact with their families when undergoing a gender transition and because of a gap in understanding at the time may have posed a number of challenges for family members and Transgender people

alike. Recently there has been a seismic shift in the perception of Transgender people and this is benefitting families in many societies throughout the world however those gaps of understanding may still remain with older Transgender people and their families especially if the Transgender person has transitioned later in life.

I aim to interview 8 family members (Sisters/Brothers, Parents and Children of Transgender people), and 4 transgender adults, interviews will be an hour in duration and at the moment I have received ethical clearance from LIT. I have attached the consent form that I will use, I have also attached the plain language statement that will be given to the participant prior to the interview.

If you are interested in partaking in this study, please contact Vanessa Lacey on 0851477166 or Vanessa.lacey@lit.ie

Thank you for your given this letter your attention.

Warm regards

Vanessa Lacey.

Appendix B: Plain Language Statement



Plain Language Statement

Introduction to the Research Study:

To the potential participants: A research study is being undertaken as part of a Masters Programme at Limerick Institute of Technology.

The programme is entitled:

***“Transitions: An exploration of loss and grief experienced by families of adult transgender people in Ireland.*”**

Researcher: Vanessa Lacey Vanessa.lacey@lit.ie

Supervisor: Jennifer Moran Stritch Jennifer.stritch@lit.ie

Participants will be sourced and randomly selected through the family support group TransParenCI and through Transgender Equality Network Ireland.

This project will begin in November 2015 and hopes to be completed by May 2017. In the first phase of the project the researcher will conduct an extensive review of national and international literature on the project topic.

Phase two of the project will focus on individual interviews with a minimum of (12) of transgender people and adult family members who have experienced a loved one transition to their preferred gender. The family members interviewed will not be related to the transgender people who are interviewed.

Explanation of procedures

The aim of this research is to interview transgender people and adult family members of trans people who may be experiencing or have experienced grief or loss in the context of a loved one undergoing or having completed a gender transition. The research is being conducted to learn more about the experiences of transgender women and their families, as little research currently exists in Ireland at present.

As a participant in this study you will be asked to attend one interview of approximately 1 hour duration. Audio recordings will be made of all interviews. The time and venue will be by mutual agreement and they will be conducted in a confidential location.

Benefits

They may be indirect benefits to you as a participant in this study. You will have the opportunity to express your views and you will be listened to respectfully. Your views will be documented and the findings potentially published thereby informing professionals and the academic literature and raising awareness of the experiences of transgender family members. Confidentiality and anonymity practices will be adhered to at all times throughout and after completion of this study.

Withdrawal without prejudice

Participation in this project should be completely voluntary and without persuasion. You may withdraw from this project at any time during the interview itself, and any material you share as part of the interviews can be withdrawn from the project up to 30 days after the interview is completed.

Confidentiality and Anonymity

As a participant in this research your anonymity will be completely maintained and the information you have shared will be strictly confidential. Your identity will be protected at all stages throughout the project. In the final document you and all the other participants will remain anonymous. Your real names will not be used and any other potentially identifying information will be changed in the final thesis to protect your identity. A summary of the findings will be made available to you on request.

All data collected throughout this project will be held in a secure location to which the researcher will have sole access. On successful completion of the work all notes, recordings and interview transcripts will be held in a secure location for a period of seven years and will then be destroyed in line with best practice for the disposal of confidential material.

The results and findings of the research will be presented in a PhD Thesis and some of the material may be published as for example, articles in professional academic journals and may be presented at seminars or conferences.

Limitations to data confidentiality will be guided by counselling ethics in this research. Under Mandatory Reporting Guidelines if you disclose an incidence of harm or intention to harm a child it must be reported. Confidentiality cannot be maintained if you disclose an incidence of harm or intention to harm yourself or others.

Further questions and follow up

You are welcome to ask the researcher any questions that occur to you during the interview. If you have further questions once the interview is completed, you are encouraged to contact the researcher or the supervisor using the contact information provided below. If, as a result of participating in this study you feel the need for further, long-term support, you are welcome to contact:

Phone support TENI 0851477166 or TransParenCI (Family support) 087-0637933 or LGBT Helpline 1890 929 539

Web based support www.teni.ie www.lgbt.ie

One to One Support: Information for peer support groups and one to one support can be located on www.teni.ie or www.lgbt.ie

Pieta House 01-6010000

Samaritans 116 123 (free phone)

My Mind 076-6801060

If you have other questions or concerns about this research, you can contact the supervisor of the research project and researcher, Jennifer Stritch. Email: Jennifer.stitch@lit.ie

If you have any concerns about this study and wish to contact an independent person, please contact:

The secretary, Limerick Institute of Technology Research Ethics Committee, c/o Graduate Studies, Limerick Institute of Technology, Moylish Park, Limerick. Tel: 061-293526.

Appendix C: Informed Consent Form



Limerick Institute of Technology

Informed Consent Form

1. Research Study Title:

Transitions: An exploration of loss and grief experienced by families of transgender people in Ireland.

The principal investigator of this project: Vanessa Lacey

Research Supervisors: Jennifer Moran Stritch; Dr Amanda Haynes; Dr Frank Haughton.

II. Clarification of the Purpose of the research:

The research is being undertaken as part of a PhD Programme at Limerick Institute of Technology.

III. Confirmation of particular requirements as highlighted in the plain language statement:

As a participant in the research you will be required to engage in an individual interview with the researcher of one hour's duration. An audio recording will be made of all interviews.

Participant- please complete the following (circle yes or no for each question)

Have you read or had read to you the plain language statement? Yes/No

Do you understand the information provided? Yes/No

Have you had an opportunity to ask questions and discuss the study? Yes/No

Have you received satisfactory answers to all your questions? Yes/No

Are you aware that your interview will be audio-recorded? Yes/No

IV. Confirmation that involvement in the Research Study is voluntary:

Participation in this research is voluntary and you may withdraw what have I said in the methodology.

There will be no penalty for withdrawing before all stages of the Research Study have been completed.

V. Data protection and confidentiality:

Participant please note;

All data related to this research will be confidential except in circumstances where it is apparent there may be danger to a child, to the participant or to others.

Data confidentiality will be protected within legal limitations.

All reasonable measures will be taken to ensure that all data, written, electronic or other will be kept in a secure location to which the researcher has sole access.

VI. Any other relevant information:

The time and venue of interviews will be arranged by mutual agreement

VII. Signature:

I _____ (name; block capitals) have read and understood the information in this form. My questions and concerns have been answered

by the researcher and I have a copy of this consent form and Plain Language Statement explaining the study. Therefore I consent to take part in this research project.

Participant's signature; _____

Date:

Name in Block Capitals _____

Date: _____

Check those that apply:

_____ I would like a copy of my interview transcript

_____ I would like a copy of the research once completed

_____ I would like a copy of the recording or transcripts (or both)

Please provide contact information below:

Write you address clearly below. Please also provide an email address if you have one.

Mailing address:

Email address:

Researcher contact information: Vanessa.lacey@lit.ie 0851477166

Appendix D: List of Trans Terms

(Taken from Transgender Equality Network Ireland, 27/5/2017)

TENI offers these general descriptions to help in the understanding, respect and inclusion of transgender identities and experiences.

This list was developed through research into current best practice on terminology internationally and consultation with transgender (hereafter trans) people [1]. However, language is dynamic and these descriptions should not be seen as exhaustive or complete. There is ongoing discussion within trans communities about the usage, meanings and the implications of certain terms.

If you know or are working with a person who is trans we suggest that you speak to them directly about what words or terms they use to describe themselves and their experiences. For more information contact us: info@teni.ie

Introduction to Sex and Gender

It is important to clarify the distinctions between sex, gender identity, gender expression and sexual orientation.

Sex: The designation of a person at birth as male or female based on their anatomy (genitalia and/or reproductive organs) or biology (chromosomes and/or hormones).

The phrase “sex assigned at birth” (replacing “biological sex”) is a more accurate and respectful way to acknowledge the process of sex assignation that occurs at birth through a perfunctory look at external anatomy. It might not be possible in all cases (e.g. intersex) to identify an individual as male or female at birth. For trans people, assigned sex may differ considerably from gender identity (see definitions of Transgender and Intersex).

Gender Identity: Refers to a person’s deeply-felt identification as male, female, or some other gender. This may or may not correspond to the sex they were assigned at birth.

Gender Expression: The external manifestation of a person's gender identity. Gender can be expressed through mannerisms, grooming, physical characteristics, social interactions and speech patterns.

Sexual Orientation: Refers to a person's physical, emotional or romantic attraction to another person. Sexual orientation is distinct from sex, gender identity and gender expression. Transgender people may identify as lesbian, gay, heterosexual, bisexual, pansexual, queer or asexual (see definition of Transgender).

Main Glossary

Androgynous or androgyne: A person whose gender identity is both male and female, or neither male nor female. They might present as a combination of male and female or as sometimes male and sometimes female.

Bigender: A gender identity which can be literally translated as 'two genders' or 'double gender'. These two gender identities could be male and female, but could also include non-binary identities.

Cisgender: A non-trans person (i.e. a person whose gender identity and gender expression is aligned with the sex assigned at birth).

The term cisgender acknowledges that everyone has a gender identity (i.e. a non-trans identity is not presented as normal or natural which stigmatises a trans identity as abnormal or unnatural).

Cissexism: The assumption that a cisgender identity is more authentic or natural than a trans identity. The belief that a person's sex assigned at birth always remains their real gender (e.g. suggesting that a trans woman is 'really a man' or a trans man is 'really a woman').

Coming out: The process of accepting and telling others about one's gender identity, gender expression or sexual orientation. Many trans people will 'come out' as a different gender to the sex assigned at birth and may begin a social or physical transition (see definition of Transition).

Some trans people choose to 'come out' or be 'out' about their trans identities to raise visibility or acknowledge their experiences. Others do not want to 'come out' as they

feel this implies that their gender identity is not valid or authentic (e.g. a trans woman who comes out as trans may be perceived to be less of a woman).

It is important to never out someone as trans without their permission. Forced outing – whether intentional or unintentional – is a form of transphobia (see definition of Transphobia).

Crossdresser: In North America, the preferred term for transvestite is crossdresser. It is intended to sound less medicalised. It refers to a broad spectrum of experiences and there are numerous motivations for crossdressing such as a need to express femininity/masculinity, artistic expression, performance (e.g. drag queen/king), or erotic enjoyment (See also 'Transvestite').

Demigender: A gender identity that involves feeling a partial, but not a full, connection to a particular gender identity. Demigender people often identify as non-binary. Examples of demigender identities include demigirl, demiboy, and demiandrogyne.

Disorder of Sex Development (DSD): A generic definition encompassing any issue noted at birth where the genitalia are atypical in relation to the chromosomes or gonads. Since 2006, this is the preferred term for intersex by some, but not all, medical practitioners in the area.

DSD has been contested because it presumes an underlying 'disorder' and that there is something intrinsically wrong with the intersexed body requiring it to be fixed as either male or female (see definition of Intersex and Variation of Sex Development).

FTM: A female-to-male trans person (see definition of Trans man).

Gender Identity Disorder (GID): In DSM-IV[2], GID is the psychiatric diagnosis used when a person has (1) a strong and persistent cross-gender identification and (2) persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex, and the disturbance (3) is not concurrent with physical intersex condition and (4) causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

This diagnosis was removed from the DSM-V and replaced with Gender Dysphoria.

In the current Irish context, in practice a diagnosis of GID or Gender Dysphoria is required to access hormones or surgery through the public healthcare system.

Gender Fluid: Is a non-binary gender identity. Gender fluid individuals experience different gender identities at different times. A gender fluid person's gender identity can be multiple genders at once, then switch to none at all, or move between single gender identities. Some gender fluid people regularly move between only a few specific genders, perhaps as few as two.

Genderqueer: A person whose gender varies from the traditional 'norm'; or who feels their gender identity is neither female nor male, both female and male, or a different gender identity altogether.

Gender variant: People whose gender identity and/or gender expression is different from traditional or stereotypical expectations of how a man or woman 'should' appear or behave.

Hormone Replacement Therapy (HRT) or Hormones: The use of hormones to alter secondary sex characteristics. Some trans people take hormones to align their bodies with their gender identities. Other trans people do not take hormones for many different reasons (see definition of Transition).

Hermaphrodite: Generally considered derogatory; has been replaced by the term intersex (see definition of Intersex).

Intersex: Refers to individuals who are born with sex characteristics (such as chromosomes, genitals, and/or hormonal structure) that do not belong strictly to male or female categories, or that belong to both at the same time.

A person with an intersex variation may have elements of both male and female anatomy, have different internal organs than external organs, or have anatomy that is inconsistent with chromosomal sex. These variations can be identified at birth (where there is obviously ambiguous genitalia), at puberty (when the person either fails to develop certain expected secondary sex characteristics, or develops characteristics that were not expected), later in adulthood (when fertility difficulties present) or on autopsy.

Most individuals who are intersex do not identify as transgender or do not consider themselves covered by the transgender umbrella.

MTF: Male-to-female trans person (see definition of Trans woman).

Multigender: Refers to individuals who experiences more than one gender identity. It can be used as a gender identity in its own right, or can be an umbrella term for other identities which fit this description. Multigender identities include **bigender** (two genders), **trigender** (three genders), **quadgender** (four genders), **quintgender** (five genders), **polygender** (many genders), **pangender** (all genders) and **genderfluid** (variable gender).

Neutrois: A non-binary gender identity which is considered to be a neutral or null gender. It may also be used to mean genderless, and has considerable overlap with agender - some people who consider themselves neutrally gendered or genderless may identify as both, while others prefer one term or the other.

Non-binary: An umbrella term for gender identities that fall outside the gender binary of male or female. This includes individuals whose gender identity is neither exclusively male nor female, a combination of male and female or between or beyond genders. Similar to the usage of transgender, people under the non-binary umbrella may describe themselves using one or more of a wide variety of terms (See definition of Androgynous, Gender Fluid, Genderqueer, Gender variant).

Sex Change: Generally considered derogatory; has been replaced by the terms 'transition' or 'surgery' (see definition of Transition and Surgery).

Surgery: A set of surgical procedures that alter a person's physical appearance or the functioning of their existing sexual characteristics. Other terms include Gender Confirmation Surgery, Gender Reassignment Surgery, Sex Reassignment Surgery, Genital Reconstruction Surgery, Sex Affirmation Surgery and so on.

Some trans people undergo surgery to align their bodies with their gender identities. Other trans people do not undergo any surgery for many different reasons.

Some trans people define themselves by their surgical status such as post-operative (post-op), pre-operative (pre-op) or non-operative (non-op). However, these terms

place emphasis on genitals as a marker for gender identity and may be rejected by people who do not see their gender as related to surgical status.

Tranny: A slang term for many different trans identities. Some find this term highly offensive, while others may be comfortable with it as a self-reference, but consider the term derogatory if used by outsiders. It is recommended to avoid using this term.

Transgender: Refers to a person whose gender identity and/or gender expression differs from the sex assigned to them at birth. This term can include diverse gender identities.

Not all individuals with identities that are considered part of the transgender umbrella will refer to themselves as transgender. For some, this may be because they identify with a particular term (such as transsexual or genderqueer) which they feel more precisely describes their identity. Others may feel that their experience is a medical or temporary condition and not an identity (for example they feel they have gender identity disorder but are not transgender).

TENI advocates the use of transgender or trans as an umbrella term as it is currently the most inclusive and respectful term to describe diverse identities. However, we acknowledge and respect each individual's right to self-identify as they choose.

Trans or trans*: Commonly used shorthand for transgender. Avoid using this term as a noun: a person is not 'a trans'; they may be a trans person.

Transphobia: The fear, dislike or hatred of people who are trans or are perceived to challenge conventional gender categories or 'norms' of male or female. Transphobia can result in individual and institutional discrimination, prejudice and violence against trans or gender variant people.

Transition: A process through which some transgender people begin to live as the gender with which they identify, rather than the one assigned at birth. Transition might include social, physical or legal changes such as coming out to family, friends, co-workers and others; changing one's appearance; changing one's name, pronoun and sex designation on legal documents (e.g. driving licence or passport); and medical intervention (e.g. through hormones or surgery).

Transvestite: A person who wears clothing, accessories, jewellery or make-up not traditionally or stereotypically associated with their assigned sex. This generally refers to a male to female transgender person who does not wish to transition or change their assigned sex but prefers to live "dual role".

Transsexual: A person whose gender identity is 'opposite' to the sex assigned to them at birth. The term connotes a binary view of gender, moving from one polar identity to the other. Transsexual people may or may not take hormones or have surgery.

Use of the term 'transsexual' remains strong in the medical community because of the DSM's prior use of the diagnosis 'Transsexualism' (changed to "Gender Identity Disorder" in DSM- IV).

The term 'transsexual' is hotly debated in trans communities with some people strongly identifying with the term while others strongly rejecting it. Moreover, for some, 'transsexual' is considered to be a misnomer inasmuch as the underlying medical condition is related to gender identity and not sexuality.

Trans man: A person who was assigned female at birth but who lives as a man or identifies as male. Some trans men make physical changes through hormones or surgery; others do not.

*Trans man is sometimes used interchangeably with **FTM** (female-to-male). However, some trans men don't think of themselves as having transitioned from female to male (i.e. because they always felt male). Some people prefer to be referred to as **men** rather than trans men while others will refer to themselves as **men of transgender experience**.*

Trans woman: A person who was assigned male at birth but who lives as a woman or identifies as female. Some trans women make physical changes through hormones or surgery; others do not.

*Trans woman is sometimes used interchangeably with **MTF** (male-to-female). However, some trans women don't think of themselves as having transitioned from male to female (i.e. because they always felt female). Some people prefer to be referred to as women rather than trans **women** while others may refer to themselves as **women of transgender experience**.*

***Variation of Sex Development (VSD):** Another term for 'intersex' preferred by some medical practitioners and intersex people in place of DSD as it removes the stigma of 'disorder' from the nomenclature (see definition of Intersex and Disorder of Sex Development).*