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*Brigham Young University*

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“This Whole Journey was Sacred”: Latter-day Saint Parents’ Process  
in Coming to Accept a Transgender Child

Julia Campbell Bernards

A dissertation submitted to the faculty of  
Brigham Young University  
in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

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## ABSTRACT

### **“This Whole Journey Was Sacred”: Latter-day Saint Parents’ Process in Coming to Accept a Transgender Child**

Julia Campbell Bernards  
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Doctor of Philosophy

This grounded theory methodology (GTM) study examines the process of members of the Church of Jesus Christ of Latter-day Saints in coming to accept a transgender or gender diverse (TGD) child. Data comes from interviews with 38 Latter-day Saint parents of TGD children and 130 Facebook posts from the same population. Data was analyzed using GTM in coding and theory construction. A model of Latter-day Saint parents’ process in accepting a TGD child and the factors that impact that process is presented. The results indicate that coming to accept a TGD child tends to engage Latter-day Saint parents cognitively, emotionally, socially and spiritually, and is a developmental process. We identified four stages of parents’ process: assimilation of new perspectives, deconstruction and disequilibrium, reconstruction and accommodation, and acceptance; as well as typical emotional responses in each stage. We found that factors which impacted parents’ process included parents’ pre-process characteristics and contexts, religiously defined meaning making, social embeddedness, external resources, community building, and spiritual autonomy. Additionally, we found that parents’ commitment to their child’s wellbeing and connection with their child (i.e., attachment) motivates their process and that their personal spiritual experiences tend to guide it. Parents in the study expressed that their process was both deeply challenging and profoundly spiritually meaningful. Theoretical grounding, clinical implications and recommendations for working with this population are given, as are future directions for research.

Keywords: transgender, parenting, developmental model, religion, attachment

## ACKNOWLEDGEMENTS

There are many people whose influence on this research I want to acknowledge. My daughter Emma's certainty and bravery in knowing and disclosing her transgender identity prompted my own journey as her mother and inspired this research. Dr. Quintin Hunt's commitment to decreasing suicide among those at risk led to his spearheading the Trans\* Mormon\* Families research project at BYU and paved the way for this dissertation. My husband Sam's unfailing encouragement and support provided me with the physical, mental, emotional and spiritual space to do this research. My committee members, Dr. Jason Whiting, Dr. Angela Bradford, Dr. Loren Marks, and Dr. Deborah Coolhart guided and encouraged the research process. Additionally, Deb Coolhart and many others committed to understanding and serving those who are gender diverse and facilitating their well-being have provided invaluable research that facilitated my personal, professional and research journeys. My dad, Dr. J. Olin Campbell, had a profound influence on my life as a loving, faithful father, dedicated teacher, and academic exemplar. Wanting to be like him led to my commitment at age 13 to someday earn a Ph.D. He passed away in 2014 as I was beginning to prepare for graduate work. I feel his love and joy still. The support and encouragement I felt and the acceptance Emma received from my siblings and mom has also been deeply meaningful and I am so grateful for it.

Most importantly, I acknowledge the parents who were part of this study. I was deeply honored to hear their stories and learn from them. Their willingness to share such intimate, vulnerable experiences inspires me to elevate their voices and share their stories so that they may reach and bless many others.

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**“This Whole Journey was Sacred”: Latter-day Saint Parents’ Process  
in Coming to Accept a Transgender Child**

**Chapter 1: Background, Problem and Purpose**

*This is how it always is. You have to make these huge decisions on behalf of your kid, this human whose fate and future is entirely in your hands. Who trusts you to know what's good and right and then to be able to make that happen. You never have enough information. You don't get to see the future. And if you screw up - if with your incomplete contradictory information you make the wrong call - nothing less than your child's entire future and happiness is at stake. It's impossible. It's heartbreaking. It's maddening. But there's no alternative. -Laurie Frankl, This is How it Always is*

Parenting is challenging; embracing the responsibility to protect, provide for and prepare vulnerable young humans to thrive on their own invariably leads to some failures but also to learning, growth, and with perseverance, to change and successes (Taubman-Ben-Ari, 2012; Westrupp et al., 2022). The crucible of parenthood provides a setting for the humanity of a new generation to be defined and for an existing generation to be refined (Zavala & Waters, 2021). Despite thousands of years of progress as a species, even as technology and health care and life spans make giant leaps forward, the predicament of parenthood has not been “solved.” It remains a humbling, vulnerable experience (Tsfati & Nadan, 2021). As society advances, some structures that have supported parents have grown tenuous. Expectations of immediate and extended family, religious systems, gender and sexual norms, and cradle-to-grave definitions of what a “good” life looks like shift rapidly. As much as most parents long to do what is best for their children, knowing what that is can be a significant challenge (Srivastav et al., 2022). Generation after generation have encountered dilemmas that were not part of parents’ own formative years. Each generation of parents must learn to navigate issues that they struggle to fully understand and for which outcome data seldom exists.

In this generation, one of the dilemmas encountered by a growing number of parents is that of having a child come out as LGBTQ+. Identification with an LGBTQ+ identity has risen

in recent years (Jones, 2021; Gates, 2017) and has challenged many parents. Conservative religious principles may explicitly condemn LGBTQ+ identities or “lifestyles” and warn that outcomes will be dire for individuals and society (Hinckley, 1995). For those of Gen X (born 1965-1980), who are likely to be current parents of teens and young adults, their exposure to individuals who identify as LGBTQ+ was likely minimal and/or negative in their youth. For their Gen Z children who have reached adulthood (born 1997-2002), however, 15.9% report an LGBTQ+ identity (Jones, 2021). Discovering that a beloved child identifies with this population may be deeply distressing for parents. It may pose a threat to their vision of a happy life for their children and for some parents may pose a moral threat. In the case of a child coming out as transgender, happiness, morality and even existential understandings of gender may feel to be at stake. How do parents respond in the face of this crisis? How do they acquire the skills and emotional resources to parent a child who has an identity they do not? How do their responses to their child change over time, and how do parents themselves change?

When kids’ outcomes are poor, parents are easy to point to, even when good faith efforts to protect, provide for and prepare their children were made all along. Children are vulnerable and their childhood and adolescence are formative. Parents are also in the process of formation as people (Westrupp et al., 2022). Parents’ processes in learning to care for their children are an important part of their growth and development (Taubman-Ben-Ari, 2012). Parenting is people making. Having a child come out as LGBTQ+ becomes an opportunity in a parent’s life (Tsfati & Nadan, 2021); it is an invitation for examination of self, of society, of religious beliefs, of knowledge of their child, of what they desire most, and for growth. In writing about the transformative processes of parents with children whose identities differ from their own (i.e., horizontal identities), Soloman (2012), noted that parents overwhelmingly report the experience

strengthens their relationships, refines their priorities and increases their empathy. “Children with horizontal identities alter your self painfully; they also illuminate it” (Soloman, 2012, p. 46). Researchers who have examined parents’ responses to their transgender or gender diverse (TGD) children note the same pattern; the process of coming to accept a TGD child transforms parents in ways they often grow to value immensely (Ehrensaft, 2007; Kuvalanka et al., 2014; Nichols & Sasso, 2019).

### **Problem**

Of the many complications and challenges parents may face, having a TGD child is not one they are likely to anticipate. Current estimates indicate that around 1.4% of the US population identify as gender diverse (Herman et al., 2022), though those with a TGD identity have only recently gained visibility in the public consciousness. TGD individuals are some of the most vulnerable in society, suffering significant challenges often due to their stigmatization. They are at risk of losing key relationships, being rejected by religious institutions, and facing spiritual, mental, and physical hardships (Exline et al., 2021; Flores et al., 2021; Pinna et al., 2022). In addition to mental health concerns, relationship issues, substance abuse and victimization are significantly higher for this group (Flores et al., 2021; Marshall et al., 2020; Peitzmeier et al., 2020). And though TGD individuals seem to benefit significantly from parental support (Seibel et al, 2018) there is often hesitation, especially among those who identify as religiously conservative, in accepting a TGD identity in their child (Alie, 2014; Campbell et al., 2019; Smith, 2017). Research on the experiences of TGD individuals is expanding, with growing clarity about the processes of coming to understand oneself and make decisions about gender expression and transition (Clark et al., 2020). Exploration of parents’ experiences with a TGD child are increasing in the literature as well and some books and articles have shared perspectives

on how to help parents in their process of coming to accept a TGD child, mostly based in clinical observation, but some in qualitative research (Keo-Meier & Ehrensaft, 2018; Kuvalanka et al., 2014; Lesser, 1999; Lev, 2004; Lev & Gottlieb, 2019; Menvielle & Hill, 2010; Raj, 2008; Wahlig, 2015). Additionally, some literature has treated parents' process in coming to a state of acceptance (Lev, 2004; Nichols & Sasso, 2019). Only two articles that we found used qualitative research to examine parents' process or various paths in coming to accept a TGD child, however (Hegedus, 2009; Hill & Menvielle, 2009), only one study looked at Christian parents' experiences with a TGD child (Sieverts, 2019), and none of the research we found focused on conservative religious parents' process in coming to accept a TGD child. Research about this group is deeply important as it is a group which appears to be more likely to reject a child's gender identity (Alie, 2014; Campbell et al., 2019).

This dissertation will examine the problem of understanding the process and the factors that influence conservative Christian parents who identified as members of the Church of Jesus Christ of Latter-day Saints (the Church) when their child came out in coming to accept a TGD child. Latter-day Saint parents have not only scriptural interpretations and social norms that warn against identifying as TGD, but modern and ongoing counsel received from prophets and apostles they believe to literally speak for God in this time. While some Christian denominations are moving towards acceptance of sexual and gender minorities, the Church recently declared restrictions to membership for these groups (Sandstrom, 2015; The Church of Jesus Christ of Latter-day Saints, 2020). Understanding what affects Latter-day Saint parents' acceptance of their child's TGD identity may be of great value in supporting future parents and therapists in this process.

**Purpose**

The purpose of this study is to inform clinicians, researchers and anyone interested in promoting acceptance about the factors that impact conservative religious parents' process in coming accepting a TGD child. We hope this will facilitate efforts to encourage and support parents through this process and thereby diminish their distress, promote their growth, and improve mental, physical and spiritual health outcomes for their TGD children. Nearly universally, parents want what is best for their children and need support in providing it.

**Research Questions**

The questions we will seek to answer in this research are:

1. What is Latter-day Saint parents' process in coming to accept a TGD child.
2. What factors facilitate these parents' process?
3. What factors hinder these parents' process?

## Chapter 2: Literature Review

### Definition of Terms

Language is important; it shapes and reflects our perceptions of ourselves, each other, and the world around us. As a social construct language also changes over time, sometimes quite rapidly. The words that are used by and about the TGD community have evolved and continue to change. The terms used in this study reflect our best attempt to capture the preferred words of the community we are describing at this time, but we recognize both that preferences differ between individuals and that time may render our terminology obsolete or offensive. We also recognize that many who are not part of or involved with the TGD community may be unaware of appropriate terms or what they mean. Considering these factors, we will here define the terms used in this paper and other terms commonly used to describe the experiences of those who identify as transgender or gender diverse. An excellent resource for defining current terminology can also be found in Appendix B of the World Professional Association for Transgender Health (WPATH) Standards of Care (WPATH, 2022, p. 252)

### *Definitions*

**Affirm/Affirmation.** Aligning with and/or asserting the validity of a person's gender identity through words and actions. This requires believing a person's stated gender experience and being willing to support them in it. Gender affirming care can be provided (or not) by mental and medical health professionals. TGD individuals and those around them can affirm their gender identity or not (Leibowitz, 2019).

**Assigned sex at birth (AMAB/AFAB).** The sex, usually designated by a medical professional and noted on a birth certificate, that a child was assigned at birth; typically based on external anatomy (Smith, 2018).



**Cisgender.** Someone whose gender identity matches the sex they were assigned at birth. This term is used to describe anyone who does not identify as TGD and provides a linguistic mechanism to counteract marginalization. The word is derived from the Latin prefix “cis” meaning “on the same side” (Smith, 2018).

**Cisnormativity.** The assumption that everyone is cisgender unless proven otherwise, thereby privileging cisgender identities (Lev & Gottlieb, 2019).

**Gender binary.** An ideological system in which the construct of gender is comprised of two mutually exclusive categories of male or female. Gender identity and expression are expected to align with the sex assigned at birth and fit traditional role expectations (Human Rights Campaign, n.d.).

**Gender dysphoria.** Distress arising from a dissonance between one’s gender identity and one’s body, sex assigned at birth, or current gender expression (American Psychiatric Association, 2013). Previously in clinical settings the term “gender identity disorder” was used; this was changed as it led to pathologizing and stigmatizing transgender individuals. Gender dysphoria can lead to serious mental health challenges.

**Gender diverse; gender expansive; gender fluid; gender nonconforming; genderqueer; non-binary.** Terms for those whose gender identities and/or expression do not fit their sex assigned at birth or the gender binary (WPATH, 2022).

**Gender expression.** How one presents to the world in a gendered way. “Expression of gender through physical appearance may include dress, hairstyle, accessories, cosmetics, hormonal and surgical interventions as well as mannerisms, speech, behavioral patterns, and names” (WPATH, 2022, p. 252). Gender expression may or may not conform to social

expectations associated with masculinity or femininity, or to the person's gender identity (Human Rights Campaign, n.d.).

**Gender identity.** The sense of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same as or different from their sex assigned at birth (Human Rights Campaign, n.d.).

**Gender incongruence.** A condition in which an individual's gender identity is markedly and persistently experienced as incompatible with the gender they were assigned at birth. This term may be used in place of the clinical term gender dysphoria (Claahsen-van der Grinten et al., 2021); it is a diagnostic term in the ICD-11 (WPATH, 2022).

**Intersex.** Intersex refers to a range of congenital conditions in which development of chromosomal, gonadal, or anatomical sex is atypical. More recently some individuals with intersex conditions have adopted "intersex" as an identity label while others without such conditions have used the term to refer to their nonbinary gender identity (WPATH, 2022).

**Queer.** Once a slur, this term has been reclaimed by those with diverse sexual and gender identities to refer to a spectrum of gender identities and sexual orientations. "Queer" is often used as an inclusive umbrella or catch-all term (Human Rights Campaign, n.d.).

**Sexual orientation.** Describes the gender or genders to which one is attracted emotionally, romantically or sexually. "Sexual orientation refers to a person's sexual identity, attractions, and behaviors in relation to people on the basis of their gender(s) and or sex characteristics and those of their partners. Sexual orientation and gender identity are distinct [constructs]" (WPATH, 2022, p. 252)

**Transgender (Trans).** An "umbrella terms used to describe people whose gender identities and/or gender expressions are not what is typically expected for the sex to which they

were assigned at birth. These words should always be used as adjectives (as in ‘trans people’) and never as nouns (as in ‘transgenders’) or verbs (as in ‘transgendered’)” (WPATH, 2022, p. 252). Identifying as transgender does not necessitate a certain gender expression or transition; a person may identify as transgender but continue to express as the gender they were assigned at birth, though this frequently results in gender dysphoria. The word is derived from the Latin prefix “trans” meaning “across.”

**Transition.** A series of gender affirming processes that many transgender people elect to undergo in order to live congruently with their gender identity. This may include social transition, such as changing name and pronouns, manner of dress, hairstyle, voice and other typical gender indicators; medical transition, which may include hormone therapy, and/or gender affirming surgeries; and legal transition, including changing legal name and sex on government identity documents. Transgender people may choose to undergo some, all or none of these processes and the timeline for transitioning varies widely. The World Professional Association for Transgender Health have guidelines that may help those seeking to transition to do so responsibly (WPATH, 2022). Currently many states have laws regulating medical and legal transition (Human Rights Campaign, n.d.).

**Transphobia.** Fear, anger, distress, discomfort, dislike or hatred of ideas and people that challenge the gender binary; rejection of gender diversity or a refusal to acknowledge it as real or valid. Transphobia is a form of prejudice and may take the form of discrimination, aggression, use of non-affirming language, violence, etc. Transphobia is a source of distress and marginalization for TGD individuals, both when it is internalized and when it is expressed by others (WPATH, 2022).

### **A Brief History of Gender Diversity**

Although the term “transgender” was only coined in the mid-20<sup>th</sup> century, the phenomenon of individuals not identifying with the sex they were assigned at birth and crossing over cultural boundaries to present as the gender they identify with has been documented around the world for thousands of years (Stryker, 2009). In many indigenous cultures, gender systems included classifications of third and fourth genders for those who do not fit the gender or sexual identities of the majority (Herdt, 1993). In South Asia, hijra--typically males who dress in traditionally feminine ways and often ceremonially remove their male genitalia--have been recognized as a third gender since ancient times and are referenced in Hindu holy texts (Roy, 2021). Hijra were respected members of the community with ritual roles to perform. In Samoa, fa’afafine and fa’afatama are recognized as third and fourth genders, being those assigned male at birth who present as female and vice versa, respectively (Vasey & Bartlett, 2007). As with the hijra, fa’afafine and fa’afatama have valued roles in the community. On the North American continent, some Native American and indigenous communities term those who blend masculine and feminine identities as “Two-Spirit,” and many tribes have unique terms for their gender-variant members (Jacobs et al., 1997). Two-Spirit remains a preferred term of identity for many queer Native Americans. As European influence and colonialization spread, it led to the stigmatization and sometimes illegalization of third and fourth gender people. Many are now held in contempt by their own communities, poverty-stricken, and forced into degrading work to survive (Srivastava et al., 2020).

In the Western world reports of individuals expressing discomfort with their assigned sex have appeared in medical literature only since the mid-19<sup>th</sup> century. Their experiences were pathologized by most of the medical community as a type of sexual perversion into the mid-20<sup>th</sup>

century (Stryker, 2009). Research on sex-changes in animals in Europe in the early 20<sup>th</sup> century brought new understandings of gender. Doctors and scientists began to posit the concept of universal bisexuality—that males have female features and vice versa—which “challenged a nineteenth century vision of binary sex that saw male and female as distinct, immutable, and opposite” (Meyerowitz, 2004, p. 5). By the 1930s, stories on sex change were told in American media, giving language to those who had had no words for their sense of cross-gender identification. Some began to articulate their desires to change their bodies to doctors in the hopes that there would be an appropriate response. In 1949 the term “transsexual” was coined by a psychiatrist to describe those who hoped to change their sex, and in 1952 a highly publicized sex-change operation occurred which led to further awareness of the term and the condition it described (Meyerowitz, 2004). When the press turned to medical professionals for information, the field was challenged to synthesize ideas of biology and psychology to clarify the concepts of sex, gender, and sexuality. Differences of opinion stymied the effort, though additional terminology, at least, became more widely accepted. “Transsexuals” were differentiated from “hermaphrodites” (which term has been replaced by “intersex”) and “homosexuals” (Meyerowitz, 2004). The term “gender identity disorder” was used to describe a felt sense of disparity between biological sex and gender identity. As these discussions in private societies and medical communities occurred, legal cases 1) petitioning for transsexual individual’s access to medical intervention, and 2) charging individuals and groups who were fighting back against discrimination led to increased visibility of individuals experiencing a TGD identity but did little to reduce social stigma or pathologizing of “transsexuals” (Stryker, 2009).

In the climate of the sexual revolution in the 1960s those in the medical field who studied transsexuality began to organize to better address the needs of the individuals who came to them

for help in transitioning. The transsexual community also began to organize and by the late 1960s and early 1970s they joined in civil rights movements and grassroots organizations advocating for their right to live free from harassment, as their identified gender (Meyerowitz, 2004). Courts were petitioned for help and some in the legal field began to engage in the same challenge doctors had to define gender and sex. Legal efforts to define gender more broadly and include an individual's sense of their own gender identity quickly met with backlash, both from those in the legal community who felt the new definitions changed currently accepted definitions too much and from those in the trans community who felt it did not change the definition enough (Stryker, 2009).

The issue of transsexuality was officially recognized among psychologists and therapists with the inclusion of "gender identity disorder" as a diagnosis in the diagnostic and statistical manual of mental disorders (DSM-III) in 1980 (American Psychiatric Association, 1980). In line with the medical conceptualization of the time, the experiences of individuals not identifying as the gender they were assigned at birth was presented as pathological. The TGD community took umbrage at the continued pathologizing of their experiences and continued to petition for fair treatment in the medical and legal communities (Stryker, 2009). Just prior to the gender identity disorder addition in the DSM-III, the World Professional Association for Transgender Health (née Harry Benjamin International Gender Dysphoria Association) was formed to encourage interdisciplinary collaboration in meeting the health needs of transgender individuals. They produced and published "Standards of Care" (SOC) to "provide health care professionals with clinical guidance to assist TGD people in accessing safe and effective pathways to achieving lasting personal comfort with their gendered selves with the aim of optimizing their overall physical health, psychological well-being, and self-fulfillment" (WPATH, 2022, p. S3). The

SOC have been revised eight times since originally published, with the latest standards released in 2022 (WPATH, 2022).

Through the 1990s, those with gay, lesbian and bisexual identities slowly began to win ground in legal disputes over their rights, and there was also important headway for transgender people (Stryker, 2009). The term “transgender” came into broader use as “a word that ‘encompasses the whole spectrum’ of gender diversity and lumps together rather than splits apart the many subgroups” (Stryker, 2009, p. 154). In the late 1990s and early 2000s scholarly journals and books offering therapeutic guidelines for work with transgender people began to emerge, including, for the first time, guidelines that suggested “that transgender people should not be pathologized for simply being trans” (Lev, 2004; Lev & Gottlieb, 2019, p. 25). When the DSM-V was released in 2013, the term “gender dysphoria,” replaced “gender identity disorder” to describe the psychological distress resulting from an incongruence between one’s gender identity and the sex assigned at birth (American Psychiatric Association, 2013), de-pathologizing TGD identities significantly. Professionals’ knowledge of transgender issues continued to be lacking, however; a survey of psychologists by the American Psychological Association revealed that “less than 30% of psychologist and graduate student respondents were familiar with the issues that transgender and gender nonconforming people experience” (American Psychological Association, 2015, p. 832). Psychologists’ unfamiliarity reflected that of most of society. Despite nearly a century of growing public awareness, social stigmas continue in the United States.

The last two decades have seen tremendous growth in transgender and gender diverse peoples’ representation, medical access, and social acceptance, but legal discrimination, violence and controversy have continued and increased. There has been a pronounced increase in individuals reporting TGD identities in the last decade, with a reported doubling in the last five

years (Meerwijk & Sevelius, 2017; Herman et al., 2022). In that time, bills proposing legislation that would restrict TGD individuals' have increased by eight times (Branigan & Kirkpatrick, 2022) and violence against TGD individuals continues to be considerably higher than against cisgender individuals (Flores et al., 2021). The recent increase in TGD identifying individuals has given rise to controversy and questions, both among advocates and adversaries (Edwards-Leeper & Anderson, 2021; Shrier, 2020; Littman, 2018). Littman (2018) described "rapid onset gender dysphoria" (RODG; a term describing a situation wherein an adolescent expresses a TGD identity without parents having previously noted gender diversity in their child) and she and others asserted this may be evidence of a social contagion or "craze" among young people to assume a TGD identity that does not truly represent their gender identity and which, if treated medically, may lead to irreversible damage to vulnerable youth (Edwards-Leeper & Anderson, 2021; Shrier, 2020). While numerous possible physiological and psychological correlates have been proposed to explain individuals' experiences of not identifying as their assigned gender, there is neither a definitive understanding or "proof" for any etiology (citation). Gender diversity continues to be a complex issue, and many in society continue to deny the reality of TGD identities altogether (citation). Despite the lack of clarity, the concerns about social contagion, and widespread denial of their experiences, TGD individuals and allies continue to campaign for their rights to affirming medical and mental health care, an end to legal discrimination and greater understanding of their lived experiences.

### **Outcomes for Transgender and Gender Diverse Individuals**

Of the many marginalized and vulnerable populations in our society, those who are TGD have some of the poorest health outcomes. Centuries of social stigma continue to play a role in the lived experiences, self-concept and treatment of TGD individuals. Research indicates that



among the TGD population, as many as 80% contemplate suicide, and 40% attempt suicide in their lifetime (Austin et al., 2022; dickey & Budge, 2020; Toomey et al., 2018). TGD individuals' rates of mental health difficulties (depression, anxiety, self-harm, eating disorders, trauma disorders) are also many times higher than those of their cisgender peers (Pinna et al., 2022). In addition to mental health concerns, relationship issues, substance abuse and victimization are significantly higher for this group (Flores et al., 2021; Marshall et al., 2020; Peitzmeier et al., 2020; Pinna et al., 2022). In understanding these outcomes, the most salient social environments of TGD individuals have been most examined. A key factor in determining mental health outcomes is family acceptance and support (Edwards et al., 2020; Pariseau et al., 2019; Ryan & Rees, 2012). Feelings of rejection and isolation are associated with increased suicidality (Hunt et al., 2020). TGD individuals tend to have much better outcomes when their relationships with family members are affirming; parents are key in setting the tone for those relationships.

While the strong relationship between improved mental health outcomes for TGD individuals and familial support is known, ongoing research to clarify the factors that impact parental support, particularly among those least likely to be supportive, is valuable. More than two decades ago, the need for theoretical frameworks to support TGD individuals and their families was identified (Rosenfeld & Emerson, 1998). A decade ago, Blumer et al. (2012), reported that TGD issues have been largely marginalized and ignored by family therapy scholars and research has been miniscule. In the last few years, research about parent's experiences with their TGD children has begun to set the stage for better understanding the process of acceptance (Bhattacharya et al., 2021) and how to promote it in a therapeutic context (Coolhart & Shipman, 2017; Katz-Wise et al., 2020, Wahlig, 2015). Gaps remain in our understanding, however; no

extant models that we found focused on examining conservative religious parents' process of coming to accept a TGD family member or explore how religion plays a part in families' acceptance or rejection of a TGD child, though there are indications it plays a large part (Campbell et al., 2019). Current models are based on observation of those from the general population who present for therapy—a sample that is highly self-selective. In order to promote positive mental health outcomes in TGD people, clarity is needed about factors that lead to familial support and acceptance so we can better promote it.

### **The Church's Historical and Current Stance on LGBTQ+ Issues**

To better contextualize the experiences of the parents in this study it is helpful to review some elements of The Church of Jesus Christ of Latter-day Saints (the Church) and its stance on gender diversity. First, the Church asserts that God speaks through its governing body of a prophet, apostles, and other leaders. It therefore rejects the intimation that the views of gender set forth by those leaders are socially constructed and insists that they are the will and mind of God (Oaks, 2022). Second, members of the Church are taught that they are entitled to personal revelation—direct contact with God to receive answers to personal questions and guidance for their own lives—and that legitimate personal revelation will align with and confirm the teachings of the Church (Renlund, 2022). Third, the Church defines gender as “biological sex at birth,” (The Church of Jesus Christ, 2020, 38.6.23). In 1995 the Church issued, *The Family: A Proclamation to the World*, in its bi-annual general conference which would be used in an amicus curiae brief in lawsuits opposing same-sex marriage (Church News, 1995; *Baehr v. Miike*, 1997). It states that “gender is an essential characteristic . . . of eternal identity and purpose” (Hinckley, 1995). Oaks (2022), the President of the Quorum of the Twelve Apostles and First Counselor in the First Presidency of the Church, speaking to the general membership of the

Church taught that only those who abide God's law will be exalted and live with God and with their families in the eternities, and that:

God's revelation that exaltation can be attained only through . . . eternal marriage between a man and a woman . . . is why we teach that 'gender is an essential characteristic of individual premortal, mortal, and eternal identity and purpose.' That is also why the Lord has required His restored Church to . . . oppose changes that homogenize the differences between men and women or confuse or alter gender. Satan's most strenuous opposition is directed at . . . distorting marriage . . . [and] confusing gender. (p. 103)

Fourth, the Church places policies regarding "transgender individuals" under the category of "moral issues;" current policies specify that any who engage in gender transitioning of any type will have "Church membership restrictions" and that gender-specific ordinances can be received only according to "biological sex at birth" (The Church of Jesus Christ, 2020, 38.6.23). Fifth, the Church encourages its members to "listen and love without judgement" (Cordon, 2020) in supporting individuals who identify as TGD. It currently states "transgender individuals face complex challenges. Members . . . who identify as transgender—and their family and friends—should be treated with sensitivity, kindness, compassion, and an abundance of Christlike love" (The Church of Jesus Christ, 2020, 38.6.23). Sixth, one of the core tenets of the Church, as described in its Articles of Faith, is the belief that God will "yet reveal many great and important things" (Articles of Faith 1:9). Doctrine is established in the Church when "revelation. . . is sustained by the united voice of the First Presidency and Quorum of the Twelve Apostles" (Gaunt, 2013). There is a precedent for changes in Church policy and doctrine including about the LGBTQ+ community (Kimball, 1969; Smith, 1954; Weaver, 2019). Historically the Church has condemned homosexuality and other queer identities unequivocally (Kimball, 1969); there

has, over the last decades, been a softening of those stances in acknowledging that an LGBT identity itself is not a sin or measure of faithfulness and attempts to change it are unhelpful (Church of Jesus Christ, n.d.). Now, those who identify as LGBTQ+ may have full fellowship in the Church if they do not engage in homosexual relationships or any form of transitioning (The Church of Jesus Christ, 2020, 38.6.23). This author has heard from many in the LGBTQ+ Latter-day Saint community and their families that they hope continued revelation will prompt further changes in Church teachings and policies which increase acceptance and inclusion and decrease the harm current teachings inflict on this marginalized population.

### **Theoretical Perspectives**

In doing qualitative research, it is important to position any theory generated in relation to extant theories about similar processes. As this study uses grounded theory methodology, however, it was important to us to allow the data to speak first and for theory to follow inductively. The theories and models presented below are those which were brought to mind as we examined the data used in this study, or which we sought out to better understand and contextualize the patterns we were seeing in the data. They are presented in advance of the data only to satisfy the conventional structure of research papers, and so that when they are referenced in the discussion section the reader will be familiar with them. We did not begin this research with any theories or models in mind, and did not engage in this research with the intent to prove, disprove, or even expand on any particular theories. Following is an overview of some theories and models which provide contextualization for the theory generated in this research, and various lenses through which to understand the many factors that we found to impact Latter-day Saint parents' reception of their child's TGD identity and how they move through the process of acceptance. As we present the theories, we share general ways in which they may apply to TGD individuals and their families rather than specific results from our study.

### *Ecological Systems Theory*

In ecological systems theory (Bronfenbrenner, 1979) human growth and development is conceptualized as being affected by a complex set of interrelated systems. Microsystems are those of which the individual is an integral part (i.e. immediate family, school, church and peer groups or work) and in which there is the most bi-directional influence. The impact on the individual is greatest in this system wherein there is direct contact with others. Personal support and connection here are crucial for healthy growth and development; it is also here that individuals have the most influence on the beliefs and actions of others. For TGD individuals the support and affirmation or rejection and denial of family members, peers, teachers, church groups and coworkers can make the difference between life and death. Studies indicate that the risk of suicide is up to 8 times greater for members of the TGD community who experience their familial microsystem as highly rejecting (Ryan & Rees, 2012).

Microsystems interact within the mesosystem. Parents contacting schoolteachers or siblings getting to know an individual's friends are examples of mesosystemic interactions. When relationships in the mesosystems are positive and cooperative, coordination between the systems furthers the health, safety and growth of individuals. For a TGD individual, having family members not only affirm their gender identity but model, advocate for and insist on its affirmation in other microsystems is deeply validating and can have a profound impact in increasing safety (Wong & Chang, 2019). Conversely, when friends, teachers or coworkers of TGD individuals notice a lack of affirmation at home, they may step in to educate, support, or encourage therapeutic assistance in that sphere. When there is resistance to or rejection of a TGD individual's gender identity in one of the microsystems of which they are a part health and safety

decrease. The microsystems in the mesosystem are also influenced by the larger context of the exosystem.

Those systems which influence and interact with an individual's microsystems but do not include or rarely have direct contact with an individual make up the exosystem (Bronfenbrenner, 1979). This may include extended family, school district administration, general Church leadership, governmental agencies, medical system administrators, media influencers, parents' workplaces and laws or policies which impact the individual's microsystems. These institutions and social structures have a long history in western civilization of discrimination against TGD individuals and concepts, with Christian churches often among the most discriminatory (de Jong, 2017). While some exosystemic institutions have begun to change, it is a slow process as many large systems are governed by rules that privilege conservation over adaptation. This is true about many conservative Christian religious organizations, including the Church, which exerts an important influence on the parents in this study. Findings by the Pew Research Center (Sandstrom, 2015) show that while some progressive churches (e.g. Episcopal, Unitarian Universalist, etc.) have made official statements of inclusion, many conservative Christian churches (e.g. the Church of Jesus Christ, Southern Baptist Convention, etc.) have stated barriers to inclusion. The impact of these exosystemic policies on microsystemic beliefs are evident in additional Pew Research Center (Smith, 2017) findings that show how personal beliefs about TGD issues follow religious affiliation.

Encompassing the various components of the exosystem is the macrosystem—societal and cultural elements such as socioeconomic status, race or ethnicity, geographic location, generation and the beliefs, attitudes and ideologies which go along with those cultural experiences (Bronfenbrenner, 1979). This system tends to fly under the radar, as it were, because

its elements are often such an assumed part of life that they may seem like “truth” until personal experience comes in conflict with them. For many TGD individuals, the beliefs, attitudes and ideologies of the macrosystems of which they are part may lead to internalized transphobia, shame, and self-loathing with destructive impacts on mental health, social connection and other outcomes (Katz-Wise et al., 2020). Unless their more proximal systems (i.e., micro-, meso-, exosystem) explicitly challenge the ideologies of a transphobic macrosystem and model inclusive, affirming messages, the impact of macrosystemic beliefs can cause great harm for TGD individuals. Unfortunately, until families, schools, churches and peer groups come into knowing contact with TGD individuals and/or have extended periods of sensitization they are likely to ascribe to, perpetuate and act on long-standing transphobic beliefs that they see as truth.

Understanding ecosystemic theory improves our ability to conceptualize the influences which may impede or promote positive outcomes for both TGD individuals and their families (Kovalanka et al., 2014). Parents’ initial responses to a TGD child are not formulated in the moment of coming out but have been shaped throughout a lifetime by the systems of which they are a part. Working to change non-affirming responses may require confrontation of multiple levels of systems. The roles and rules of the systems of which parents are part have a role in shaping not only their sense of what is true and moral, but their sense of identity. Having a TGD child come out may challenge parents’ very notions of themselves.

### ***Symbolic Interactionism***

In 1934 Mead proposed that humans and their actions are not simply products of their conditioning, but through self-reflection and in communication with others they can be important determiners of their own lives (Mead & Morris, 1934). Mead set himself the task of establishing an understanding about the development of self in humans. He noted that humans can hold

multiple perspectives by symbolizing things in their minds and that through the ability to think symbolically, humans can “respond reflexively to themselves, treating themselves as objects,” (Stryker, 2008, p. 17). Mead theorized that reflexivity allows for and defines a sense of self, and that “mind and self arise out of ongoing social interaction” (Stryker, 2008, p.17). Social interaction came from the need to cooperate on important tasks and it necessitated communication, which requires the development of common meanings and valuations. These commonalities in turn create society which then mediates individuals’ responses to objects, experiences, ideas, actions and people, including the self.

A student of Mead’s, Blumer (1969) coined the term symbolic interactionism and identified several key assumptions: first, humans construct meaning socially, through communication with others; second, human behavior is motivated by self-concept, or the meaning individuals ascribe to themselves; third, the relationship between individuals and society is unique; each shapes the other. From these key assumptions Blumer (1969) derived three premises: first, the way people act toward things (i.e., people, ideas, actions, etc.) is based on the meanings and valuations they assign to them; second, the meanings and valuations people assign to things arise from the social interactions one has with others and the society; third, meanings and valuations are refined and modified through an interpretive process employed by the individual in dealing with the things they encounter. The term symbolic interactionism is based in the understanding that through social interactions a shared frame of reference is created such that individuals do not respond directly to reality but to their symbolic interpretation of the socially constructed meaning that has been placed on that reality (Blumer, 1969).

The theoretical framework provided by symbolic interactionism is valuable in understanding responses to TGD individuals, their concepts of self and how both might change.



For example, in India hijra were accepted members of the Indian community with specific religious roles to perform; this was possible because in the society's shared frame of reference the gender experiences of hijra individuals were interpreted as neutral. It was the introduction of Western society's meanings and the subsequent valuation of that society that shifted the perception and meaning of hijra for Indian society (Stryker, 2009). Based on long-standing western conceptualizations of gender as binary and permanent, and continuing communication from valued Church leaders reaffirming that meaning of gender, it makes sense for Latter-day Saint parents to ascribe valuations based on those socially constructed meanings and for the TGD children to do so as well. When the socially accepted Latter-day Saint frame of reference values gender congruity, gender-based roles, and gender permanence (Hinckley, 1995), the premises of symbolic interactionism help clarify why Latter-day Saint parents may see gender incongruity, a rejection of gender-based roles, and desires for gender transitioning as harmful and why their children may experience internalized transphobia. Those premises also provide a key for how parents might change the meanings and valuations they ascribe to gender and to their TGD child: through new interpretations based on their communication and interactions with their child and with others who have ascribed different meanings and valuations to the concept of gender and those with a TGD identity. Based on the assumption in symbolic interactionism that self-concept is also an important motivator of behavior, parents may also need to re-evaluate how they understand and value themselves.

Stryker (2008) both valued and evaluated Mead's work. He noted that the patterned interactions and relationships which constitute social structures are durable, resistant to change, and replicate themselves throughout society and across time. While originally shaped by human interactions, social structures now shape humans. This led Stryker to formulate and introduce

identity theory (1968) and structural symbolic interactionism (1980), reframing the relationship between individuals and society to acknowledge that “organized society exists before the existence of all new members,” and therefore “society shapes self shapes social interactions” (2008, p. 19).

### *Identity Theory*

Identity theory examines and explains how individuals choose which role they will fulfill in any situation, given a view of self as composed of many identities and therefore many roles. Identities are defined as “self-cognitions tied to roles, and through roles to positions in organized social relationships,” (Stryker, 2008, p. 20). Internalization of the roles and positions that are assigned by the social structures and relationships of which one is a part is seen as the basis of identity formation. While there are a multiplicity of roles and identities for each individual, some are more prominent than others. The probability that a given identity will be adhered to or expressed in a given situation is hypothesized to be a consequence of the prominence of that identity, i.e. identity salience, which in turn is hypothesized to be a consequence of commitment to that identity (Stryker, 1968; 2008; Morris, 2013). Research using factor analysis revealed that commitment was based on two factors: 1) how many relationships are tied to a certain identity and 2) the cathexis of others who are part of the social structure that forms the identity (Serpe, 1987). Essentially, the level of commitment to an identity reflects the cost to self of relinquishing or losing an identity (Morris, 2013). Many identities or roles in people’s lives are congruous; when roles feel incongruous individuals’ very sense of self can be challenged.

In the case of Latter-day Saint parents and their TGD children, identity theory highlights several prospective issues. Membership in the Church is an intensive commitment. To demonstrate “individual worthiness” of all the privileges of membership in the Church, members

must donate one tenth of their income to the Church, attend Sunday Church meetings, follow high standards for diet, live the law of chastity (defined as engaging only in heterosexual intimacy with a person to whom one is married according to “God’s laws”), sustain Church leaders, not vocally oppose any of the teachings of the Church and align their life with Church doctrines (Nelson, 2019). Congregations (i.e. wards) in the Church are often tight-knit and a very important source of socialization and a sense of belonging for members of every age (Christofferson, 2022). Membership in the Church, adherence to its principles and internalization of the community’s expectations is a key source of identity for faithful members. With a high number of relationships in an individual’s life tied to that identity and strong cathexis in other members and in one’s relationship to God, commitment is high and failure to fulfill the roles pertaining to the identity of “Church member” are likely to have a high cost to self socially, emotionally, and spiritually. Because the Church counsels against any type of gender transition and restricts membership for those who do choose to transition, TGD members must choose between living congruent with their gender identity and maintaining their identity as a faithful Church member (Church of Jesus Christ, 2020, 26.5.7).

For parents of TGD children, navigating the roles of loving parent and faithful Church member may also be challenging. While the Church now teaches that it is inappropriate to treat a TGD child with anything but love and respect it also stresses the importance of adherence to “law” as a sign of faithfulness (Oaks, 2018). Parents may feel they have to choose between fulfilling their role as parent in nurturing their child and attending to their needs, and that of fulfilling their role as a member of the Church by aligning with the Church’s disapproval of acting on a TGD identity. Parents may fear or find that simply having a TGD child may affect their social position in the Church, marginalizing them, which may weaken their commitment to

that identity and its salience. For parents who have fully internalized social and/or religious perspectives about gender, a child coming out as TGD may be their first challenge to previously held beliefs and to their commitment to two salient identities. Whatever the case, having a TGD child seems likely to challenge parents' sense of self and provoke transformations in identity.

### *Stages of Faith*

Faith is an important aspect of many individuals' experiences, and, as is the case with many other facets of human life, it seems to develop over the life-span. Stages of faith have been posited by a number of psychologists and theologians, based on the work of developmental theorists (Fowler, 1981; Peck, 1987). Fowler (1981) based his work on prominent developmental psychologists Piaget (1954), Erikson (1959) and Kohlberg (1976) and first proposed a structural-developmental model of faith to "clarify the dynamics of faith as the way we go about making and maintaining meaning in life" (xii). He saw faith as "a human phenomenon" and "a human universal" (p. 33) and identified six stages of faith: 1) intuitive-projective; 2) mythic literal; 3) synthetic-conventional; 4) individuative-reflective; 5) conjunctive; 6) universalizing. He asserted that predominantly, people attain stage three faith in adolescence and may remain there throughout adulthood. Synthetic-conventional faith is characterized by identification with a religious authority in the form of an institution or belief system, and the development of a personal religious identity. With personal identity tied to a system of authority and belief, it can be hard for people to see outside their own perspective or even recognize they are "inside" a belief system box. In this stage conflicts with or challenges to one's belief system are often ignored because they feel threatening of one's faith-based identity. By stage three, unlike in previous stages, the divine can be experienced and conceptualized abstractly. Fowler proposed that stage four faith does not develop until a person is well into adulthood. Individuative-

reflective faith may be characterized by internal struggle and angst as the individual assumes more personal responsibility for their beliefs and feelings. Religious beliefs tend to become more complex and nuanced as individuals' life experiences lead to cognitive dissonance with real questions of faith beginning to be addressed. Greater openness can instigate potential conflict as previously held beliefs and assumptions are examined and reflected on, and existing authority structures are questioned. Faith may be tumultuous in this stage and some may leave their religious community or institution if their questions are not answered. Stage five faith is as far as the vast majority of adults develop, according to Fowler. In conjunctive faith, which he characterized as the time of mid-life crisis, Fowler posited that people try to integrate their faith perspectives while acknowledging paradoxes and valuing diverse views. There may be reconnection with prior faith traditions or sacred stories and re-integration with a faith community even as the person holds a multi-dimensional, transcendent value system. While some questions may still go unanswered, the individual in the conjunctive faith stage is more comfortable with the ambiguity.

Peck (1987) briefly identified four stages of faith: 1) chaotic-antisocial; 2) formal-institutional; 3) skeptic-individual; 4) mystical-communal. Peck characterizes stage one as childhood faith; adults typically begin and may end in stage two. Formal-institutional faith is seen in religious fundamentalists and "good, law-abiding citizens." Hallmarks of this stage include strong faith in authority figures and reducing the complexities of the world to binary choices of good/evil, right/wrong; us/them. Peck notes that people in this stage exhibit humility and willingness to serve others and their broader community. However, there is also rigidity of thinking and a reliance on institutional structure and the form of how things are done to provide stability. If the forms, beliefs or institutions which provide stability and security are questioned

or challenged, individuals in stage two may become quite upset. Stage two ends as people discover that their personal values differ from the values of their religious culture or institution. Stage three tends to be catalyzed by painful experiences which formal-institutional thinking cannot resolve and characterized by a deconstruction of previous beliefs and sources of authority. It is common to eschew religion in this stage and individuals may be “converted to atheism or agnosticism or, at least, skepticism!” (Peck, 1987, p. 199). Those in this stage who maintain a connection to the spiritual or divine find new, more nuanced ways of understanding doctrines and faith based on internal conscience rather than external structures. Individuals in advanced stage three are “active truth seekers” (p. 192) striving to reconstruct truth; continued seeking is what slowly moves them into the mystical/communal stage. In stage four, individuals have reconstructed enough truth to see the “underlying connectedness between things” and that people are “integral parts of the same unity” (p. 192). They embrace “mystery [and] acknowledge the enormity of the unknown, but [are not] frightened by it” (p. 192). In stage four, individuals move beyond the bitterness and skepticism that may be strong in stage three and embrace forgiveness, generosity and love.

Conservative religious TGD individuals and their parents whose belief systems do not make space for TGD identities may experience significant distress when a queer identity becomes known, if they are in Fowler’s stage three faith or Peck’s stage two faith. The conflict between their religious identity and their gender identity or parental identity may push them into the next stage of faith. Questioning, faith deconstruction, identification of personal values, reliance on personal ways of knowing rather than on religious authorities and institutions, and greater complexity and nuance in faith, if faith is retained, are likely, according to Fowler (1981) and Peck (1987).

### ***Kegan's Model of Adult Development***

Kegan's (1983) constructive-developmental model draws on the epistemological understandings of social constructionism and the developmental theories of Piaget (1954) and Kohlberg (1976) to examine the underlying logic behind how people make meaning at different levels of cognitive complexity. Piaget's model of schema adaptation—the process by which a child adapts their mental models of the world to more closely match how the world actually is—incorporates the cyclical stages of equilibrium, assimilation, disequilibrium, and accommodation. Kegan builds on this mechanism posited by Piaget for the development of cognitive complexity. He asserts humans are engaged in “an intrinsic process of adaptation and growth. . . development toward inclusion, development toward attachment” which continues throughout the life-span (Kegan, 1983, p. 5). The model Kegan proposed examines development as “subject-object shifts”—moving from a viewpoint of “embeddedness” in which one is subject to a construct, belief, moral framework or way of making meaning—to a “disembedded” frame wherein one can treat the framework as an object about which to make decisions (1983, p. 50). Kegan posits that “development does not unfold continuously;” in adulthood there are “periods of stability and periods of change” with three “plateaus” of adult mental development—three increasingly cognitively complex ways of making meaning and experiencing self: the socialized mind, the self-authoring mind, and the self-transforming mind (Kegan & Lahey, 2009, pp.16-17).

In the plateau of “socialized mind,” individuals are embedded in the socially constructed frameworks and ways of making meaning of their communities and they experience the frameworks as reality—they are subject to them. Valuations of self, other, and a wide variety of concepts are based on these socially constructed meanings; seeing self as a faithful follower, aligned with group norms and standards, and seeking direction from socially accepted sources is

valued at this stage. In the “self-authoring mind” stage individuals are able to step back from socially constructed meanings, “to generate an internal ‘seat of judgement’ or personal authority that evaluates and makes choices about external expectations” (Kegan & Lahey, 2009, p. 17). Individuals are intentional about what aspects of a social belief system they align with and “take stands, set limits and create and regulate boundaries” with social belief systems based on personal belief systems (p. 17). When an individual reaches the “self-transforming mind” stage, they are able to step back from embeddedness in their personal ideology or authority, recognize the incompleteness of “any one system or self-organization. . . [hold] contradictions and opposites . . . [and align] with the dialectic rather than either pole” (p. 17). Kegan notes that, as evinced in Piaget’s model of schema adaptation, “the shift from one [level] to the next can be painful, protracted, and life-disordering” (Kegan, 1983, p. 207) because “all disequilibrium is a crisis of meaning; all disequilibrium is a crisis of identity (what is self?)” (p. 240). There may be feelings of self-abandonment, isolation, loneliness, loss of identity, grief and fear. Shifting one’s models of self and of the world can be deeply disorienting.

These stages or “plateaus” of development in adulthood may be applicable for Latter-day Saint parents in the process of accepting of a TGD child. Kegan wrote, “the threat of loss of [one’s] most important relationships is the precipitating experience par excellence for the crisis of the [socialized mind to self-authoring mind] shift” (Kegan, 1983, p. 207). If a parent is in the “socialized mind,” having a child come out as TGD is likely to create a crisis of meaning and identity. Because the meanings that have been made about GD in the Church community are not in harmony with affirmation, parents would have to make a subject-object shift, stepping back from those socially constructed meanings and relying on an internally accessed source of authority in order to affirm their child and maintain their relationship. Alignment with the moral



framework of the society as a faithful follower would have to give way to parents setting limits with that belief system and establishing a personal belief system. Further, if Latter-day Saint parents want to both accept their child and maintain their identity as a member of the Church, they would have to be able to hold the contradictions inherent in being part of an organization that marginalizes their child while they affirm their child. They would need to have the ability to step back from both the moral framework of the Church and their personal belief system and recognize that neither can be complete and the contradictions must be held in dialectical balance. Parents would have to reach the developmental stage of mental complexity of the “self-transforming mind.” The power of a relationship to create such a crisis is in line with Kegan’s assertion that humans’ developmental process is one that leads toward attachment.

### *Attachment Theory*

In seeking to understand why people behave as they do, attachment theory provides a foundational, evolutionarily informed viewpoint that is pertinent to this research. Initially proposed by Bowlby in 1969, attachment theory provides conceptual understandings about how connections with others impact how people think, feel and behave throughout their lifespan. Across the animal kingdom, the young of a species are most likely to survive, thrive and go on to reproduce if they have safe, attentive caregivers who provide a secure base as they explore, learn and grow. It makes sense, then, that species would evolve to have young attach early to their caregivers to best ensure their survival. Bowlby (1969) noticed the propensity of baby animals to seek the safe haven provided by parents and extrapolated that the same evolutionary forces which drive this behavior in animals are at work in humans as well. Seeking proximity to and emotional bonding with a caregiver is an inborn survival mechanism that lasts not only through infancy and childhood but throughout life. Humans are wired to connect (Fishbane, 2007) and

seeking safety in sociality provides a valuable evolutionary advantage in relationships with caregivers, spouses, and communities. In fact, the human brain registers social or relational danger the same way it registers physical danger (Goleman, 2006). Attachment theory focuses primarily on close relationships with specific attachment figures, but the same mechanisms which inform the biological imperative to connect with an attachment figure also shape our broader social sensibilities (Shaver et al., 2019).

Generally, attachment may be defined as “the relationship state of engaging in proximity with an important caregiver who can meet basic safety and survival needs” (Simpson et al., 2021, p. 223). This definition emphasizes juvenile motivations; in adulthood, attachment figures are more likely to meet emotional needs rather than providing for caregiving and safety needs. From infancy, emotional connections are important as well, perhaps because they provide a safeguard that ensures a caregiver will continue to provide essential safety and survival needs. Further, a strong emotional connection may make attachment figures more likely to notice and respond when they are needed: when an individual is experiencing fear, loss, pain, separation, or other distress. These psychic threats signal the need to activate the attachment system; proximity-seeking behaviors and the experience of a safe-haven help individuals regulate their emotions and return to a calm physiological state. Early and ongoing experiences of secure attachment create a sense of safety which empowers an individual to “explore the world and develop greater autonomy, growth and competence, eventually resulting in better self-regulation and psychological development,” (Simpson et al., 2021, p. 223). When attachment figures are not attentive or fail to provide a safe-haven in times of distress, infants adapt by curtailing exploration and/or proximity seeking (Ainsworth et al., 2015), thus impacting their social-emotional development, self-regulation and sense of autonomy. Early attachment experiences

shape individuals' sense of and beliefs about self, others, and the world; this internal working model then shapes thoughts, emotions and behaviors across the lifespan.

Attachment theory includes the understanding that having a secure base is an important “inner resource that can facilitate resilience, whereas attachment insecurity is a vulnerability often associated with poorer outcomes,” (Simpson et al., 2021, p. 224). For many TGD individuals, not fitting social gender norms creates distress. Whether the distress is concern and confusion about their gender identity, dysphoria, experiences with others' transphobia, internalized transphobia, feeling unknown by the people closest to them, or all the above, activation of the attachment system is indicated. Yet TGD individuals may fear that their attachment figures will not provide the emotional and physical safety and support they need, based on other TGD individuals' experiences of rejection, assumptions about parents' ideologies matching those of their macrosystems, or their own experiences of having sought a safe-haven and being rebuffed. In any event, insecurities about attachment responses may lead to greater dysregulation and distress. Because social connections are so essential to human wellbeing, attachment theory provides an essential understanding for why familial rejection of an already vulnerable and distressed TGD child leads to poor outcomes (Ryan & Rees, 2012). Indeed, the evolutionary inheritance of humans seems to be that “exclusion could be a death sentence;” it is therefore deeply distressing (Goleman, 2006, p. 113). When attachment figures are not responsive in a time of need there are predictable responses, including protest, anguish, and withdrawal from the relationship, which serve adaptive purposes of further eliciting connection and seeking to self-regulate if connection is not established.

According to attachment theory, humans not only have innate mechanisms for seeking safe connections but the capacity to develop caregiving behaviors which provide safety,

nurturing and connection for offspring or those who are dependent or in need. The evolutionary purpose of the caregiving system is presumably to increase the likelihood of survival of one's children and close relatives; more specifically, it is to "reduce other people's suffering, protect them from harm, and foster their growth and development" by providing a secure base (Mikulincer & Shaver, 2016, p. 348). As a corollary of the attachment system, the caregiving system is activated in instances when another is experiencing distress or threat and needs or asks for assistance. Additionally, caregiving comes into play when another person needs assistance with or validation for realizing an endeavor of exploration, learning, or mastery (Mikulincer & Shaver, 2016). Thus, caregiving behaviors serve to restore or advance another's welfare. The repertoire of caregiving behaviors is broad and includes serving physical as well as emotional and social needs; attentiveness, assistance, affirmation, affection, advisement, encouragement, advocacy and allowance for the autonomy of the other are all aspects of the caregiving repertoire. Batson (2010) noted that foundational to the effective implementation of caregiving strategies is empathic concern—the ability to take on the perspective of another, experience distress at their distress and pleasure in their pleasure. Empathic concern thus provides the motivation to help alleviate others' suffering and facilitate their growth. To accurately interpret another's experience and needs and respond appropriately requires emotional and physiological attunement. This engenders an experience of "feeling felt" which is a hallmark of secure attachment relationships and powerful purveyor of a sense of safety (Siegel & Hartzell, 2003). Troyer and Greitemeyer (2018) also found that adults with a secure attachment style demonstrated "greater levels of cognitive empathy," (p. 198) and a meta-analysis by Heynen et al. (2021) concludes that parental empathy predicts child's secure attachment. According to

attachment theory, parents who are empathically attuned to the needs of their children have an evolutionary advantage.

While evolutionary advantages are unlikely to be at the top of mind as parents interact with their children, creating an attuned, safe relationship, decreasing danger and facilitating growth are likely to be (Mikulincer & Shaver, 2016). Also, the relationship parents have with their children goes beyond ensuring their survival in childhood; it often continues into adulthood and provides emotional benefits to parents as well as children (Umberson, 1992). The motivation to provide continued safety and support and to protect their relationship may continue even when doing so requires parents to put aside ideologies about gender held in the macrosystem and by many in the parents' own systems. When religion is part of the system, there may be yet another aspect to consider.

In most religions, God is conceptualized as a powerful, loving parental figure who provides safety and support in this life and the next. The relationship religious individuals have with God, then, is well conceptualized by attachment theory (Cherniak et al, 2021). Kaufman (1981) wrote "the idea of God is the idea of an . . . attachment figure. . . God is thought of as a protective and caring parent who is always reliable and always available to its children when they are in need," (p. 67). Just as humans form abstract representations of their attachment figures that allow them to maintain a felt sense of connection even when concrete proximity cannot be attained, believers form representations of God (Granqvist & Kirkpatrick, 2008). Individuals' faith that they can have a safe haven and secure base provided by an all-powerful attachment figure as they navigate the dangers, disappointments and instability inherent to life is a powerful source of comfort and reassurance.

In conservative Christianity adherents are generally taught that obedience to commandments, sacrifice of “worldly” desires, and commitment to shared beliefs and practices are important ways to qualify for the safety and support God could provide. Additionally, personal practices such as prayer provide a way to enhance perceived proximity to God (Granqvist & Kirkpatrick, 2008). Just as humans experience distress when separated from their attachment figures, religious individuals are likely to experience distress about feeling estranged from God. Departing from what is perceived as the way to maintain an attachment with God (i.e., shared religious beliefs) may lead to a sense of attenuation in an individual’s relationship with God and thereby cause distress. Yet this may be exactly what is required by Latter-day Saint parents who are moving toward accepting a TGD child. Additionally, parents’ social attachments with their religious community—their sense of belongingness—may be compromised as they acknowledge and accept a TGD child. Both issues may complicate the process for parents and may be an obstacle to acceptance as they resist the emotional impact of losing attachments.

### *A Neurobiological Theory of Grief*

In explaining the research behind her theory, O’Connor (2022) clarifies that attachment is a key to understanding the neurobiology of grief. As social creatures whose attachments are necessary for safety and well-being, we need to know where and how to contact those who constitute our attachment/caregiving system as “loved ones are just as important to us as food and water” (O’Connor, 2022, p. 8). To help us navigate life safely and efficiently, our brains construct “virtual reality maps”—internal representations of the constructs that are meaningful to us in understanding and navigating the world—and alert us when what is expected based on these internal maps does not match our experience (O’Connor, p. 4). From a neurobiological perspective grief is the brain’s continual alarm alerting us to a dangerous incongruence between

our mental map and our present experience. It is the painful process of “learning to live in the world” without something or someone that is “ingrained in your understanding of the world” (O’Connor, 2022, p. 5).

For Latter-day Saint parents of TGD children the revelation and evidence that their child does not match the conceptualization the parent had can create an experience of disorientation and grief. Reality no longer matches the internal map. And to complicate things, in order to make changes to the internal construct of a beloved child, other constructs that have often been key to parents’ conceptualization of themselves and the world must also be adjusted. Gender, religious beliefs, expectations for the future and definitions of parenting success may need to be deconstructed and reconstructed in parents’ mental maps. That is a lot for the brain to learn. Adjusting the map takes time as “brains are undergoing a physiological transformation” (O’Connor, 2022, p. 48) all the while sending alerts that an attachment figure is not accessible in the form the brain had previously understood. Parents may also need to create new mental maps of themselves—their identity, their value—and of God and their relationship with God as part of their process. Parents may grieve as socially and religiously constructed belief systems must be adapted to make space for parents’ individual belief systems. Understanding the neurobiology of grief provides a frame for understanding why a TGD child’s identity may create a hard-to-resolve experience of grief for parents as reconstructing internal maps is complex.

### ***Ambiguous Loss***

Ambiguous loss is a type of grief experienced when there is not clarity about what has been lost; a “lost” person may be physically present but psychologically absent or psychologically present but physically absent (Boss, 1999, 2004, 2007). The intersection between loss and the stress resulting from its ambiguity can prolong the grief process and

complicate healing and resolution (Boss, 2004; 2007). When a loss is ambiguous, it can be difficult to validate one's own grief. Boss (2007) explained, "Bereft of rituals to support them (because the loss is unverified), families are left on their own. Because of the ambiguity, relationships dissipate as friends and neighbors do not know what to do or say to families with unclear losses" (p. 106). Wahlig (2015) asserts that "parents of transgender children struggle with both types of ambiguous loss. . . ; their child is physically present but psychologically absent [their gender identity is lost], and they are also physically absent [as their previous gender] but psychologically present [in many aspects of their personality and relationships]" (p. 316).

When a child announces their gender identity the sense of loss that many parents feel and want to avoid may impact their process in coming to accept a TGD child (Coolhart et al., 2018). Grief is a near-ubiquitous response. Parent may feel a deep sense of loss without being able to fully articulate what has been lost. To feel that their child has been lost seems wrong when the child is present, but in accepting a TGD identity the parent stands to lose key aspects of the child they knew and love, and ideas, hopes and expectations about and for their child. In theorizing about ambiguous loss, Boss (2004) notes that "shifting one's perception of that event" (p. 239) is the only way to finally resolve the grief. Ambiguous loss parallels typical grief in experiences of denial, anger, sadness/depression, and anxiety, but it may also include conflict, confusion, ambivalence, guilt, family secrets, and repression or silence around the loss (Boss, 2004). Ambiguous loss seems to make it harder for parents to reconstruct mental maps.

### ***Disenfranchised Grief***

Another complicated experience of loss to consider for parents of TGD individuals is that of disenfranchised grief. This type of grief occurs when "a person experiences a sense of loss, but does not have a socially recognized right, role or capacity to grieve" (Doka, 1989, p. 3).



Thus, the loss is voiceless for the person experiencing it and the social support that is often offered to bereaved individuals is absent. The grief may not have a voice because the TGD child may wish their gender identity to remain undisclosed, even to other close family members. The grief may not be given a voice because parents do not feel comfortable disclosing it to others in their social and/or religious groups, fearing rejection for themselves or their child. The grief may also be voiceless due to the lack of understanding of the community about the experience of having a TGD child and the moral stigma associated with TGD transition. When a group perceives an identity or action as immoral there is often a distancing of the group from that experience, which compounds the lack of understanding. Religious parents' grief about losing the child they thought they had may be interpreted or assumed to be grief over the spiritual loss of the child, or grief over their "sins." This may or may not be the sentiments of the parent but the difficulty in disambiguating their true sense of loss from that which is assumed in social situations may also contribute to the disenfranchised nature of the grief.

### ***Minority Stress Model***

Being part of a marginalized, stigmatized minority impacts TGD individuals; experiences of rejection, non-affirmation and discrimination, the expectation of those experiences, and internalization of the beliefs that lead to marginalization affect mental health outcomes (Brokjøb & Cornelissen, 2021; Testa et al., 2017). The minority stress model (Brooks, 1981; Meyer, 2003) clarifies the impact on individuals when their perspectives and values come into conflict with those of the dominant narratives of their society or community. The stress is "socially based—that is, it stems from social processes, institutions, and structures beyond the individual" (Meyer, 2003, p. 676). Stressors may be "distal," in the case of discrimination embedded in the laws, policies and cultural norms of broader social systems and institutions, or "proximal"—individual

experiences of discrimination, internalized transphobia, concealment, and rejection by those in a family or peer group. When a TGD individual and their family is or has been part of a religious community where the dominant social narrative which drives rejection and discrimination is perceived as coming from God and reflecting “truth,” these experiences are all the more poignant, painful and stressful and are more likely to be internalized.

In aligning with, acknowledging or affirming a TGD child and their experiences, parents often come into conflict with the perspectives and values of their faith community and may also experience minority stress (Hidalgo & Chen, 2019). Expectations or experiences of rejection, prejudice, and internalized shame may all increase parents’ stress. For parents of TGD children the minority stress model may clarify some of their stressors as they begin to perceive themselves as a marginalized minority within their religious spheres and some of their fears and grief for their child as they anticipate the impact being TGD will have on their life.

### ***The Relationship Equilibrium Model***

Minnix (2018) proposed the relationship equilibrium model to describe the way therapists who identify with a conservative religion adjust their perceptions about the LGBTQ+ population to facilitate their work with them without jeopardizing their own sense of morality or status of worthiness within their religious community. Latter-day Saint parents who ascribe to the teachings of the Church hold beliefs that are at odds with their child’s TGD identity; adjusting their perceptions is necessary to reach acceptance. Minnix describes the “delicate balance of relational connection, with others and with God, which . . . appeared essential to sustaining participants’ wellness and stability as they moved through the various states of reconcil[ing]” their religious beliefs with being affirming and accepting (p. 121). Maintaining a sense of connection with God, family, friends and their faith community supported the process of

adjustment, while concerns about a loss of connection to their community or God tended to hinder the process. When adjustments were experienced as strengthening their relationships, there was significant progress. Minnix (2018) writes:

(a) Arriving in a community where it felt safer to question, (b) encountering evidence that [LGBTQ+ identification] is innate and not something one chooses (and therefore is “not a sin”), and (c) deepening one's trust in God through spiritual practices (e.g., prayer, scripture study) appeared to convince participants that LGBT affirmation actually supported, rather than jeopardized, their relational equilibrium, thereby allowing affirmation to be explored. Moreover . . . (a) developing a distinctly Christian rationale for LGBT affirmation, (b) using a person-centered approach to diverse relationships, and (c) experiencing ongoing conflict over LGBT affirmation with other Christians, provided further evidence of an expanding relational connection with God and diverse others. As participants moved through the three states of reconciliation, their ever-expanding relational network and deepening trust in God supported and sustained their relational equilibrium while LGBT affirmation was developing. (p. 121)

Minnix describes the importance of reconciling incongruous elements of subjects' sense of morality; this seems likely to be an important part of the process of arriving at acceptance for Latter-day Saint parents as well since continuing pronouncements by Church leaders about gender may further complicate their process. As they seek equilibrium in their relationships with their child and with their religion parents are likely to need to make space for their own views as separate from those officially held by the Church. In its focus on relationships Minnix' model highlights important factors likely to impact conservative parents' process of acceptance.

***The Resiliency Model of Family Stress***

Literature from the medical field about family responses to life-changing situations yields helpful concepts that are pertinent to the experiences of adjustment for parents in coming to accept a child's TGD identity. In their resiliency model McCubbin and McCubbin (1993) indicate factors that contribute to and detract from a family's ability to adapt to a new stressor. Factors that impact resiliency include existing demands on the family, the family's resources (i.e., financial, social, emotional, etc.), and the assessment or meaning the family makes of the stressor (Weber, 2011). For Latter-day Saint parents of TGD children, factors that impact resiliency may contribute to their process in coming to a state of acceptance.

## **Chapter 3: Methods**

### **Epistemological and Methodological Considerations**

In seeking to expand our knowledge through this research it is important to confront the question of how knowledge is created and established. The epistemological paradigm used here is social constructionism. From this viewpoint knowledge is born from the shared assumptions about reality held by a society and reflected in their language. Meaning, values, beliefs and conceptualizations are constructed and maintained or modified through social interactions rather than being isolated to the individual. The focus of social constructionism is on “how people experience and describe the world in which they live” (Slife & Williams, 1995, p. 78). Because of historical, scientific, religious and social influences, social constructs are different over time and space. Cultural differences between countries and time periods are examples of this. What we “know,” how we feel, how we talk, and what we do about certain concepts changes. In the case of the TGD population, socially constructed narratives about the meaning and permanence of gender serve to delegitimize and stigmatize their lived experiences. What we think, feel, say and do about TGD members of our society has been changing slowly over the last few decades but there is a long way to go. Using social constructionism as the epistemological paradigm for this research allows the elevation of experience and knowledge that has long been devalued and underrepresented. Examining and sharing the lived experiences of this marginalized group and their families is essential in changing the narrative, expanding our understandings, decreasing our prejudices and promoting language and actions that can help legitimize and de-stigmatize their existence.

This study uses grounded theory methodology (GTM) in collecting, analyzing, and interpreting data. We use GTM in this research for several reasons. First, as we are coming from

a social constructionist framework, creating knowledge from lived and shared experiences is fundamental if we believe, as Charmaz (2009) asserted, “knowledge rests on social constructions” (p. 130). Second, in reviewing the literature, we have not found integrated, systemic theory about the factors that influence conservative religious parents’ process in coming to accept a TGD child. Those models of the process of parental acceptance which exist (Hegedus, 2009; Lev, 2004; Nichols & Sasso, 2019) are not presented as theoretical models (i.e., they do not propose testable relationships between defined constructs). As Morse et al. (2021) clarified, “Grounded theory is a research method that enables the description and identification of the significant social processes and generates concepts used to document and explain the changes, or ‘what is going on’ in a setting,” (p. 4). Without theory on which to base quantitative research, creating and testing hypotheses is problematic. Third, GTM highlights the words and language of participants. It is important to share the humanity and perspective of those who have expertise borne of experience in this area.

### **Study Context and Prior Research**

This study draws from a larger study examining the experiences of TGD individuals and their families who are or have been members of the Church of Jesus Christ of Latter-day Saints being conducted at Brigham Young University (BYU). The research team that worked on the current study also participated as researchers in the larger study interviewing participants and transcribing interviews. The purpose of the larger study was to examine factors affecting suicidality in TGD member of the Church.

Before beginning this study, the lead researcher conducted a smaller pilot study examining Latter-day Saint parents’ process in coming to accept a TGD child. The pilot study included a subset of the study and podcast interviews used for this study and data analysis was

conducted by the lead researcher alone. The results of the pilot study helped focus the research questions of the current study and produced the conceptualization of acceptance used in this study.

### **Research Questions**

As stated in the Introduction, the research questions that we are seeking to answer in this GTM study are:

1. What is Latter-day Saint parents' process in coming to accept a TGD child?
2. What factors facilitate these parents' process?
3. What factors hinder these parents' process?

These questions narrow our focus and contain some assumptions. Our focus in this study is only on the outcome of acceptance, though this is not the only possible outcome for Latter-day Saint parents of TGD children. Parents may be somewhat affirming of their child's TGD identity without reaching a state of acceptance, or parents may ultimately reject a child's TGD identity or the child themselves. An assumption we make, then, is that the parent participants in this study are moving towards acceptance if they have not yet reached it. Examining the process and factors that lead to other outcomes is outside the scope of this study. Another assumption inherent in the research questions is that there are general elements or stages of parents' process in coming to accept a TGD child and discernable factors that facilitate or hinder the process. Finally, in designating a focus on parents' process in coming to "accept" a "TGD child," we are narrowing our focus to specific conceptualizations of each term. We clarify those conceptualizations below.

### ***Conceptualizing Acceptance***

It is important to clarify what is meant by acceptance as we study parents' processes in reaching it. Based on research completed in the pilot study it became clear that parents may

demonstrate some level of affirmation or simple acknowledgement of a child's reported TGD identity very quickly; this does not constitute the full extent of the acceptance that we are interested in. A few parents demonstrated what seemed to be a resolution of their process, characterized by calm emotions and a fully updated understanding of their child's gender identity, comfort with their identity as a parent of a TGD child and a resolution of conflicts between the teachings of the Church and their understanding of their child. Acceptance did not mean parents no longer had concerns for their child or that they never missed aspects of their previous understanding of their child.

The acceptance we saw in parents in this study aligns with Coolhart's (2018) concept of attunement in the relationship between a parent and TGD child:

The term attunement implies reaching a level of harmony, understanding, and peace with their child's gender self. This moves beyond the idea of tolerating or accepting the presence of gender diversity as though it is a problem that will not go away. Rather, in reaching attunement, families recognize that gender diversity is a normal variation of humanity and the challenges that families face are due to society's inability to embrace these natural variations. (p. 126)

Our conceptualization of acceptance parallels some of those described in medical literature regarding parents' acceptance of a child's life-changing condition. Milshtein et al. (2010) wrote:

The process of coming to terms with a . . . child[s condition], that is, accepting and feeling resolved with respect to it, is a daunting challenge for most parents. Acceptance and resolution . . . occurs when the parents' internal representations of the child and of the self as a parent, which existed prior to [understanding the condition], are worked



through and integrated with the post-diagnostic internal representations of the self and the child. These new representations are now congruent with . . . reality.” (p. 89)

Krstić, et al., (2016) add another helpful understanding of the process that leads parents to acceptance:

Coming to accept fully the child’s [condition] require parents’ cognitive and emotional processing of the fact that their child has a permanent condition. Cognitively, parents need to understand the meanings and implications of the [condition] for themselves and their child. Emotionally, they need to acknowledge the feelings associated with learning the child’s [condition] and the ongoing experiences of parenting a child with [the] condition. Professionals . . . are aware of the significance of providing support to parents, in coming to terms with the new reality they are facing.” (p. 471)

While a TGD identity is neither pathological nor a disability it is life-changing and acceptance requires changes in parents’ internal representations of the child and often of self, as well as cognitive and emotional work.

Following the completion of our research and our examination of how the model we built fit with other similar models, we found that the final stage in parents’ process which Nichols and Sasso (2019) describe also fit the data from this study and the acceptance we were examining.

They characterize the final stage (which they call “recovery”) as occurring when:

Parent and child are ‘in sync;’ transgender identity is integrated as part of the family identity. . . Parents may state their child’s coming out was net positive, they may still experience grief . . . [Parents] may relate differently [with their TGD child, but] the essential attachment is intact. . . Often the key is mutual empathy. . . The family has created a narrative about the child’s identity and the process . . . to reintegrate

the child in a positive way. . . Parents often uncover new aspects of self, locate abilities to cope, and/or develop new capacities to adapt. (pp. 211-212).

Acceptance as we explored it entails reaching a state of emotional peace with the child's gender identity and updating mental maps about the child, self, the concept of gender, and religion.

While challenges may continue due to social issues, parents moved forward in their relationship with the child and in addressing challenges with calm, clarity and confidence.

### ***Conceptualizing a Transgender or Gender Diverse Child***

For the purposes of this study we defined a TGD child as one who reported a transgender or gender diverse identity at the time of recruitment and who had disclosed that identity to a parent participant. In the larger study, disclosure to a parent was not a requirement for TGD individuals' participation. We are aware that not all individuals who self-identify as TGD persist in that identity through their life, and that identification with a TGD identity does not have a clear etiology and may arise from any number of inter and intrapersonal factors. In assuming that parents are moving toward acceptance of their TGD child we also assumed that the child's TGD identity would persist for the duration of a parent's process. This study does not examine the potential for desistance nor the impact that may have on parents' process.

### **Participants**

Data for this study was drawn from parent participants in the larger study of Latter-day Saint TGD individuals and their families conducted at BYU, from relevant posts on Facebook groups for Latter-day Saint parents of TGD children and from the podcast *Listen, Learn and Love* (LLL) wherein Latter-day Saint parents of TGD children were interviewed about their experiences. Demographic data is not known for parents whose data was obtained from Facebook (n=130 posts) and is limited for those from the LLL podcast (n=11; Female=54%).

Participants who were part of the larger study (n=27) were an average of 50.5 years old (SD=9.5 years), with a majority female (66%), white (96%), married (93%; mean duration=25.4 years; SD=6.6 years), all identifying as cisgender and heterosexual and living in the United States or Canada. All interviewed parents (LLL and Study) reported identifying as Latter-day Saints when their child came out. At the time of the latest interview 82% (n=31) of participants continued to identify as Latter-day Saints, 10% (n=4) identified as unsure about their membership in the Church and 8% (n=3) identified as no longer a member of the Church.

### ***Recruitment***

This study utilized purposive, convenience, snowball, and theoretical sampling. To recruit parent participants the lead researcher of this study posted a digital flier about the study in Facebook groups for Latter-day Saint parents of TGD children. Parents who saw the fliers online and were interested in participating contacted the lead researcher of the larger study.

Participation criteria included 1) present or past membership in the Church, 2) being a parent of a TGD identifying individual, and 3) sufficient English language ability to participate in an interview conducted in English. Potential participants were sent more information about the study, including informed consent forms and the semi-structured interview guide (Appendix 1). If they were still interested in participating, they scheduled an interview with either the lead researcher of the larger study or the lead researcher of this study. Participants were paid \$25/each for their participation. Four participants also completed follow-up interviews two years after their initial interviews, for which there was no monetary compensation.

Following a pilot study which included interviews with 14 parent participants the lead researcher identified a need for theoretical sampling of parents who were not highly affirming of their TGD child to better understand factors that hindered parents' acceptance. Recruitment for

theoretical sampling occurred by word of mouth and by posting a new digital flier designed to appeal to less- and non-affirming parents on a Facebook group for “Concerned LDS Parents of RODG Children.” Less- and non-affirming parents who participated invited other parents from the Facebook group to participate as well. One couple was recruited by word of mouth—a student working in the same clinic as the lead researcher was made aware of the study and suggested contacting family members who were not affirming of their TGD child. This study was reviewed and approved by the IRB at BYU. The IRB number for this study is F2019-328.

### **Data collection**

Semi-structured interviews with participants were conducted in person or remotely (i.e., via a secure Zoom meeting or phone call) beginning in February 2020 and concluding in March 2022. Interviews were either conducted by the lead researcher of the larger study of Latter-day Saint TGD individuals and their families conducted at BYU or by the lead researcher of this study. Prior to beginning the interview parents stated they had read the consent forms and verbally agreed to be part of the study and to be audio recorded. They were given an opportunity to ask questions about information on the consent forms and about the researcher. Interviews were semi-structured with a focus on parents’ experience (“What is it like to be ‘Mormon’ and have a transgender child?”) and their process (“What has been most helpful/hurtful to you in this process?”). Interviews lasted between 60 and 120 minutes. Following the interview, audio files were uploaded to a secure Box drive. Audio files were later transcribed by research assistants, who replaced participant names with participant numbers.

All LLL Podcast interviews which included Latter-day Saint parents of a TGD child and were posted before April 2022 were included in this study. Audio files of the interviews were obtained from the Podcast website (<https://www.listenlearnandlove.org/podcasts>) and uploaded

to a secure Box drive. The interviews were then transcribed by research assistants. Because the podcasts were public, interviewees were not fully de-identified in the transcriptions; initials replaced names. The lead researcher collected Facebook posts that described relevant aspects of Latter-day Saint parents' experience of having a TGD child from four Facebook groups between December 2020 and May 2022. Identifying data for the posters was not captured and all posts were copied and pasted into a document kept on a secure Box drive.

### **Ethics**

There are a number of ethical issues throughout the research process that are important to consider in conducting qualitative research. We have addressed those we know to be most relevant to this study below.

#### ***Participant Confidentiality***

Because of the sensitive nature of the topic and potential social, professional, and religious repercussions for those who participated, confidentiality procedures were an important part of this study. Participant information was kept on a secure Box drive to which only members of the research team had access. Interviews were conducted either in person or via a secure Zoom session. Transcribers removed information which could serve to identify participants and recordings and transcriptions are housed on a secure Box drive. Identifying information was not used in reporting research results. Study participants were given a copy of the informed consent document to review before agreeing to participate in the study (Appendix 2).

#### ***Participant Feedback***

In conducting any qualitative research, participants must have the right to review the material they have contributed, correct errors, and review and respond to the resulting research reports generated by the researchers (i.e. member checking; Charmaz, 2006). Findings from the

pilot study and this study were shared with participants to elicit their feedback. Part of the intent of GTM research is to highlight participant voices and perspectives and failing to do so throughout the process of the research would be neither ethical nor efficacious.

In this study, participant feedback was elicited twice following data collection. First, following initial coding, we invited participants to review the codes, categories and themes and how they were organized. Second, once focused coding was complete and theory construction was in process and a model was developed, participants were asked for feedback on the emerging theory before it was finalized. Member checking was essential to this research to ensure “participants’ views and voices [were] integral to the analysis” (Charmaz, 2009, p. 141). To solicit feedback, interview participants were emailed the information they were being asked to review. Few participants responded to the requests for review; those who did confirmed that our findings fit their experience, suggested minor additions, or made comments about the study as a whole. Feedback was examined and integrated into the coding scheme and theory construction.

### ***Researcher Reflexivity***

Acknowledging the views of researchers in qualitative studies is a key element in promoting trustworthiness of a study. Reflexivity is also essential in “developing methodological self-consciousness” (Charmaz, 2021, p. 161) and in researchers’ understanding of their own viewpoints as they engage with participants and in analysis.

**Julia Bernards, principal researcher.** I (JB, she/her) am a cisgender, heterosexual, white, upper-middle class, able-bodied, married woman, the mother of an adult transgender child, a marriage and family therapist, and a member of the Church. My interest in understanding the process through which parents of TGD children come to accept their child’s identity is both

personal and professional. As a therapist my training included perspectives about TGD experiences and population and required me to adjust previously held religious beliefs. When my oldest child disclosed her gender identity nearly three years ago, I was grateful for the exposure and adjustment that helped me immediately support her; I also became aware of the need for additional adjustments in light of our new situation. Following my daughter's disclosure, I joined a number of groups for Latter-day Saint parents of TGD children and began to see first-hand some of the challenges and joys these parents' experience. As a therapist dedicated to strengthening families, engaging in research that promotes parental processes of acceptance of their TGD children is valuable. Before beginning this research study I was a participant in the larger study from which interviews were drawn. Part of my purpose in researching this topic is also to document valuable transformations in parents' lives. Having my own child come out as transgender was a life changing experience for me. Even with the training that I had received as a therapist and the knowledge that I had about the "right" way to handle my child's announcement, it was challenging and an opportunity for profound growth.

In conducting this study I held several assumptions. My first assumption was that supporting and accepting a TGD family member is in the best interest of the child, the family, and society, it is morally justifiable and not in conflict with the basic tenets of Christianity. Second, I assumed that my process in supporting and accepting my TGD child is not typical--that because of the training and experiences I had as a therapist, my process was an outlier. I anticipated that would make it easier to bracket myself out of analysis as the coding process unfolds. A third assumption I had is that many Latter-day Saint parents have a difficult time supporting or do not support their TGD children, based on perceived religious conflicts. Fourth,

it is important to note that I consider myself fully accepting of my TGD child, I am an active member of the Church and I am currently exploring my faith; this shapes my perspective.

**Cass Henriques, researcher.** I (CH) am a bisexual, mixed-race, middle class, divorced transgender man, and marriage and family therapist who has never been a member of the Church and is not religious. As a therapist, a researcher, and a member of the transgender community, I have a vested interest in understanding the process through which parents of TGD children come to accept their child's identity. A great deal of my research centers around the higher-than-average risk of suicide that TGD adults and adolescents experience. It is my assumption that affirming and loving families of TGD youth protect against suicidality. Another assumption I hold is that it is often difficult for Latter-day Saint parents to affirm their TGD children due to their religious beliefs, which puts their TGD children at greater risk for suicide. However, I also assume that it is possible for Latter-day Saint parents to shift from an initial unaffirming stance regarding their TGD child to a loving and affirming position that strengthens the family as a whole.

**Angie Bledsoe, researcher.** I (AB) am an upper middle class, white, cisgender, heterosexual, married female, with five children. I studied psychology and family studies at BYU and am currently in the MFT masters program there. I classify myself as a cautious supporter of the LGBTQ+ community. I am an active member of the Church of Jesus Christ of Latter-day Saints. The experience of having my child come out as transgender two years ago instigated analysis and adaptation of my beliefs about TGD individuals. I currently believe 1) that some, but not all, people who are transgender are born that way; it may be a combination of nature and nurture; 2) every TGD individual's path forward can look different; they can choose whether they transition or not; I respect that the decision is up to the individual based on what is best for them



and believe others should not judge; 3) I believe that truly Christlike people support and affirm those that are transgender.

Since my son came out I have had more exposure to and experiences with the LGBTQ+ community. Through volunteering, participating as a research assistant and listening to podcasts I have gained a greater understanding of LGBTQ+ individuals' and compassion for their experiences. I recognize that my experiences are not the norm for members of the Church and that they shape my understanding of LGBTQ+ individuals.

### *Trustworthiness*

In GTM research, the reality that researcher perspectives and biases may shape analysis is acknowledged, so strategies to ensure trustworthiness are an important component of the methodology (Urquhart, 2013). Strategies we used to validate the trustworthiness of this analysis included: 1) triangulation—using multiple sources (i.e. interviews, Facebook posts and podcasts) and different theories—to “provide corroborating evidence” 2) member checking; 3) peer review to “provide an external check;” 4) clarifying researcher bias, which allows readers to understand “the researcher’s position and any biases or assumptions that impact the inquiry;” and 5) external audits, in which a consultant who is not part of the research process examines “the process and the product of the account, assessing their accuracy” (Creswell, 2013, pp. 251-252). To provide peer review for the research we reviewed our findings with a veteran therapist who works with Latter-day Saint parents and their TGD children and a Latter-day Saint mother of a transgender son who has supported numerous parents through their processes and been a public face for over a decade. External audits of the research, coding and theory building process were provided by the dissertation committee chair.

## **Analysis**

In analyzing the data, we followed GTM procedures for coding, involving immersion in the data, memoing, reflection and constant comparison to identify constructs and categories, dimensionalizing categories, iteratively refining codes, and identifying how constructs are related to each other as they emerge from the data (Charmaz, 2006; Corbin & Strauss, 2008; Urquhart, 2013). The process of data analysis began with a period of immersion in the data during which all the members of the research team read and memoed about each of the study interviews, podcast interviews and Facebook posts used in this study (Charmaz, 2000). During this immersion period the research team met weekly to discuss the data and what they were noticing, thinking and memoing about. Discussions in the immersion stage included both the details of individual parents' experiences and patterns the researchers noted in the data. Following this immersion period, the lead researcher chose six interviews for the first round of coding (Charmaz, 2006; Urquhart, 2013); the interviews represented parents in various stages of their process and with varying responses to their children. There are a number of terms used for the stages of coding involved in GTM. As our study most closely followed constructivist grounded theory, we here utilize the terms suggested by Charmaz (2006).

### ***Initial Coding***

The first round of coding consisted of a close reading of the six chosen interview transcripts line by line (Charmaz, 2006). Each member of the research team coded the chosen interviews individually using a spreadsheet to keep track of the codes and the "segments of data" which comprised the concept to which the code assigned (Charmaz, 2006, p. 45). Codes were either in vivo or short descriptive phrases that summarized the researcher's analysis of the process or experience identified in the segment of data (Charmaz, 2006). Over the course of the

first round of coding, through a process of constant comparison, codes began to be applied to subsequent segments of data when they seemed to be representative of an idea or process that had been identified before. Also, as members of the research team saw comparisons between codes began to identify categories emerging from the data and group codes into these categories (Charmaz, 2006; Corbin & Strauss, 2008). Initial codes were extensive and there was not an attempt made to standardize codes between members of the research team. During this phase of coding the team met approximately weekly to discuss each interview and compare codes and emerging categories. Discussions included examining overlaps between team members, differences in perspective about what was happening in snippet of data, and what broader category a code might be part of.

### ***Coding Scheme Construction***

Once all six of the chosen interviews had been coded by each team member, the team prepared for the next round of coding by collaborating to determine which codes to limit our focus to, based on how they related to the research questions (Urquhart, 2013) and “ma[d]e the most analytic sense to categorize [the] data incisively and completely (Charmaz, 2006, p. 58). As noted by Charmaz (2006), we found this was “not a linear process” (p. 58). Choosing and organizing codes into categories and themes continued through many research team meetings over the course of nearly two months, and the lead researcher also met with the committee chair and a committee member to discuss the process of organizing the data and identifying what structure was emerging from the data. Through discussion, memoing, mapping and refinement the research team came to an agreement about which codes to retain; how to organize the codes into themes, categories and subcategories; and how to define each code, in a coding scheme. Once the research team generated an initial coding scheme it was emailed to participants and key

knowledge holders for feedback (Creswell, 2013). There was limited response from interview participants and none that indicated they disagreed with how the data was represented. Feedback from a key knowledge holder was incorporated into the coding scheme, helping to further dimensionalize two categories and refine the working conceptualization of “acceptance” that is used in this paper.

### ***Focused Coding***

Next, the research team used the working coding scheme to code the data in NVivo (QSR, 2020). Each member of the team maintained a separate NVivo file. During this period the team met twice a week to compare their coding, ask questions, and iteratively add to and refine the coding scheme by constantly comparing the concepts identified in the data with those in the scheme and discussing where and if they fit. Focused coding was “an emergent process” (Charmaz, 2006, p. 59), and over the course of the three months that the team engaged in focused coding codes were added, rearranged, and combined to in response to the data. Through the process of focused coding the identification of new concepts and category dimensionalization decreased. During the last month of coding, during which 7 interviews were coded, no additions were made to the coding scheme, signaling that an appropriate level of saturation had been reached (Charmaz, 2006). Other than the theoretical sampling that followed the pilot study and resulted in the inclusion of less-affirming parents, no further theoretical sampling was deemed necessary. The final coding scheme is presented in Table 1.

### ***Theoretical Coding***

Once focused coding was complete, the research team began the work of identifying central themes and relating codes and categories to each other and to the theme to develop a theory and “tell an analytic story that has coherence” (Charmaz, 2006, p. 63). Memoing and

review of past memos, theoretical sorting and diagramming, discussion and integration of ideas and concepts were all part of the theoretical coding process (Charmaz, 2006). Once the team identified the core theme (Corbin & Strauss, 2008), prominent codes and categories (i.e., those which were most frequently coded) became foundational theoretical codes and the research team went back to the coded data and continued memoing to make sense of the processes reported and draw inferences about how codes were related. At this point the team also looked at the literature to see how the themes and concepts they were seeing had been conceptualized by other researchers (Urquhart, 2013). Over the course of two months the research team met to discuss and suggest iterative refinement of diagrams representing the relationships between concepts and core themes. This process of engagement led the research team to generate the theoretical model presented in the result section below—a visual depiction of Latter-day Saint parents’ process in coming to accept a TGD child and the factors that influence that process. The resulting model was then shared with participants, key knowledge holders and the committee chair for feedback.

## Chapter 4: Results

The purpose of this study was to construct a grounded theory model which describes and facilitates an understanding of Latter-day Saint parents' process in coming to accept a TGD child, and the factors that impact that process. Below, we will present results from the stages of this study: the coding scheme, the selective coding results, and the theoretical model that emerged from the data.

### Coding Scheme

In organizing our initial codes into categories the research team repeatedly noticed four key elements of parents' experiences: cognitive, emotional, social, spiritual and behavioral. Parents' processes included changes in each of these areas and there was richness in the data for each area as well. As the research team discussed how to use those elements in coding we determined further levels of abstraction would be valuable in categorizing the data in a way that more effectively investigated the research questions and focused on process.

The research team revisited the data and memos from initial coding extensively to investigate what the data might suggest in terms of stages of parents' process, but the differences in parents' accounts of their processes was notable and the research team determined that defining stages or using stages as themes would, at that point, be forcing ideas onto the data. In consultation with the committee chair, the research team decided the idea of "tasks" that parents complete in the process of getting to a state of acceptance fit better. Additionally, the team decided that grouping concepts into themes based on what was associated with moving forward in those tasks or making it easier for parents to move forward, and what was associated with parents not moving toward acceptance or having their journey toward acceptance be harder (i.e. "helps" and "hinders" the process) fit both the data and the research question. In the data, the

research team also frequently noted parents' statement about what was motivating them to act as they were, so "motivation" became another theme. Finally, because the lead researcher wanted to continue to track key concepts which emerged in the immersion and open coding process, and which seemed to be tied to the process without being required in or defining of it (e.g. transformation), the research team agreed to include those other concepts in the coding scheme.

To dimensionalize the themes (i.e., tasks, helps, hinders and motivation) the research team drew from the cognitive, emotional, social and behavioral aspects of parents' experiences identified previously and added others that presented themselves from the data (i.e. internal and external resources). The research team discussed at length how "spiritual" components fit and eventually divided it between cognitive and motivation categories. Subcategories came from groupings of codes identified in the open coding process and discussion, which the research team determined were relevant to the research questions. Figure 1 illustrates the process of constructing and organizing categories and subcategories, showing three levels of coding categories.

Dimensionalization of subcategories began with codes that arose from the data in open coding and continued through the selective coding process as the research team constantly compared what they were seeing in the data with the existing codes. Codes included under Tasks were those the research team identified as being defining of a state of acceptance, along with their opposites (e.g. "capable of knowing" and "not capable of knowing") when both concepts were present in the data and valuable to track parents' process. Through the selective coding process in addition to identifying additional codes the research team noted codes that overlapped or did not fit well in the subcategory they were part of and consequently combined, re-defined, and moved codes.

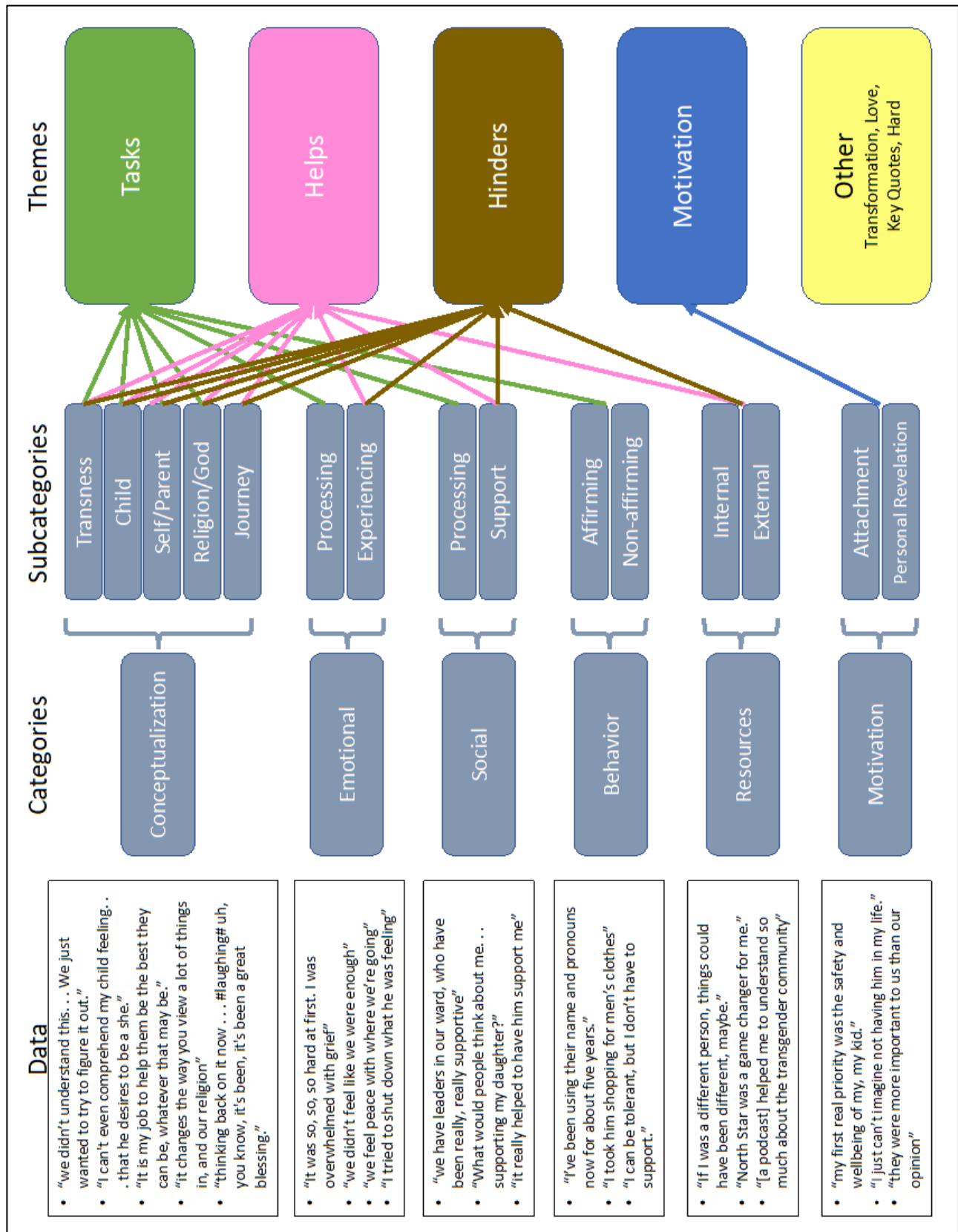


Figure 1. Organization of the Coding Scheme



### Selective Coding Results

The selective coding process highlighted key aspects of parents' experiences and guided theory building. Focused engagement with the data facilitated tracking themes and concepts to determine which were most salient in parents' processes. This helped us focus further in identifying key concepts to include in theory building. Of the 134 codes across four levels of dimensionalization, nine were coded more than 30 times (1 SD above the average) four were coded an average of forty-five or more times (2 SD above the average) and two were coded 60 or more times (3 SD above the average) by the research team. Though these coding statistics were not calculated until after key themes to use in theoretical coding were identified, they reflect the occurrence patterns the research team noted as theoretical codes were chosen. The final codes are presented in Appendix 3 with asterisks designating those that were coded with the most frequency. In presenting the results of selective coding below, we designate which participant a quote came from using "SP#" to refer to a study participant, "PP#" to refer to a podcast interview participant, and "FP#" to refer to a Facebook post. Study participant numbers were those assigned as part of the larger study and for this study include #s 1, 2, 4, 5, 6, 7, 10, 26, 29, 31, 36, 37, 44, 45, 46, 47, 49, 52, 62, 63, 65, 66, 67, 68, 69, 72, and 73. Podcast participant numbers were assigned based on the podcast episode in which they were interviewed. Numbers include 48, 106, 230, 233, 352, and 373. In episodes in which two parents were being interviewed, the episode number is followed by a ".1" or ".2" to designate which of the two parents is being quoted. Facebook post numbers were assigned based on the order in which posts were collected and comprise 1-130.

### ***Conceptualization***

Some categories and subcategories spanned several themes. The category of Conceptualization appeared in the themes of Tasks, Helps and Hinders and encompassed codes related to how parents were thinking about or understanding key elements related to their child's TGD identity. Conceptualization was an important code in itself; many parents reported they "couldn't wrap my brain [around]" what their child was telling them (SP66). One reported "we didn't understand this. And how could this be? We just wanted to try to figure it out. . . I did a lot of searching and reading and trying to understand" (PP233.3). Another parent said, "I didn't know, you know, anything about it. And so, I just started to hurry and start researching. . . I mean, but it is a hard thing to wrap your mind around. It's a very hard thing" (SP10). A mom whose child had come out very recently wrote "I am feeling confused: I feel confused on how to process this" (FP1). How parents initially understood what was happening with their child and what they came to understand was parts of their process and is tracked through the category of conceptualization. The research team identified subcategories of "transness", "child", "parent/self", "religion/God", and their "journey" with their child that came as part of parents' conceptualization. Of those, the first four were deemed relevant as part of Tasks, and all five were part of Helps and Hinders themes.

**Conceptualization Tasks.** Under the theme of Tasks, the conceptualization category was dimensionalized with codes the research team deemed relevant and necessary to acceptance.

***Task of Conceptualizing TGD.*** Under Tasks, the coding team dimensionalized parents' conceptualization of transness with codes that included whether or not they saw gender diversity as possible or acceptable. The research team determined that without conceptualizing gender diversity (GD) as possible and acceptable, no parents in the study came to a state of acceptance

of their TGD child. Many parents reported that, at least initially, they did not see GD as possible or acceptable. In an interview, one parent said that initially she believed, “it couldn’t possibly be that his brain and his biology didn’t match, I-I just, those ideas were so concrete to me that I couldn’t see past that barrier” (SP1). One mom shared, “it just didn’t feel right to me, obviously because initially for religious reasons, I’m like wait, like, she’s an eternal girl . . . when she very first started talking about it, we would read from The Proclamation on the Family. And you know, I, I fully believe and support The Proclamation on the family” (SP65). Another mom also reported depending on religious sources for her understanding of gender: “we brought out the Family Proclamation and I said, okay here’s the deal . . . it’s eternal. Whether you’re a boy or girl, it’s, you will not change my mind on that” (SP66). One interviewee noted “being a member of the Church, you are kinda taught that it’s not ok, and it’s not acceptable” (SP52). Other parents also shared their past or present views that a TGD identity was not acceptable. One mom recounted having told her child “you’re not a dude, you’re a girl like why do you want this stuff this doesn’t make sense” (SP26). A father told us “I shouldn’t support something I don’t necessarily agree with. . . Everybody’s been, like, overboard I think . . . way too accepting” (SP72). While the view that a TGD identity is impossible and/or unacceptable was what many parents reported thinking initially, it was not the current opinion of most parents we heard from. Many reported that their conceptualization changed.

As parents proceeded on their journey with their TGD child, their views often evolved. One mom asserted “I feel at this point, like, he was always a boy, you know, I mean, we believe in the family proclamation . . . to the world that gender is eternal. And, you know, his, his gender just wasn't aligned with, with his biology. And we know . . . that happens. . . and this is not an isolated incident” (PP373.1). Another pointed out, “We tend in English to have this very binary

view of gender. . . you're male or you're female. The biological reality for human beings is a lot more complicated” (PP48.2). In another interview a mom reiterated, “there’s so many, just, different abnormalities amongst all of us humans. . . why couldn’t [a TGD identity] be one of them?” (SP10). Parents who saw or acknowledged the possibility of gender diversity were much more likely to express that their child’s TGD identity was acceptable. In one of the podcast interviews, a mom clarified a view we heard echoed by many parents about their conceptualization of a TGD identity:

There's nothing disordered about [a difference in sexual development or a TGD identity]. It's just a way people come--any more than having blue eyes, rather than brown is a disorder. It's just a difference. . . God is the author of diversity. And I think if we look at the human beings around us and see the diversity of their experiences, we can say God is the author of this diversity, diversity in human beings is beautiful (PP48).

A mom pointed out, “we talk about loving people and accepting people, and [that means] accepting that there’s gonna be differences” (SP73). Parents’ view of a TGD identity as possible and acceptable was a key aspect of accepting a TGD child, and one that required change for many parents.

***Task of Conceptualizing the Child.*** Another dimensionalization of the conceptual tasks parents needed to complete to reach a state of acceptance was whether parents saw their child as capable of knowing their gender identity and whether they agreed. A few parents in the study reported not seeing or not having seen their child as capable of knowing their own gender identity. One dad said he'd initially thought, “maybe he’s not understanding when he feels like, ‘I don’t feel like a girl, I feel like a boy,’ I’d go, ‘Well, how do you know what a boy feels like?’”

(SP2). A mom reported “she um, has no idea even what she’s talking about” about her child’s gender identity (SP68), and a dad said, “I think he doesn’t really know who he is” (SP72). Many parents reported believing that their child was capable of knowing their gender identity. In response to a statement by a Church leader about Satan “confusing gender,” (Oaks, 2018) one set of parents pointed out, “well, [our child]’s not confused about her gender. . . Yeah, there is no confusion. #laughs#. . . she knows exactly that she’s a woman inside” (SP29; SP31). An mom said, “[what my son was telling me about his gender identity] was real and I could believe him because I knew his character” (SP10). Another mom shared how her view changed, “[at first] I didn’t understand [him] wanting to be a boy but I also didn’t understand that he doesn’t *want* to be a boy that, that’s how he feels he *is* and that’s who he is” (SP52). When parents saw their child as capable of knowing their gender identity, it seemed to help them acknowledge it, too. A parent said “we talk about divine nature in our church and my daughter’s divine nature is as a trans woman. That’s who she is, that’s how God made her” (PP233.1). Another said “we know it is not [a phase]. We are sure that he is a he” (PP373.2). Accepting their child’s TGD identity was a key task in parents’ process.

***Task of Conceptualizing Parents’ Role.*** Determining what to do with a child who reported a TGD identity was often a challenge for parents, especially initially. Parents’ view of themselves and their role was another dimensionalization of their conceptual tasks. In interviews, parents told us, “I just didn’t really know what to do” (SP10), “I went to the temple, just with the question ‘what am I supposed to do?’” (FP29) “we were wondering, how do we do this?” (SP4). The need to know what to do often continued through parents’ process with their TGD child as new issues came up. How parents answered this question will be examined in other sections, but one aspect of the answer was whether or not to affirm their child and how that would look. Even

when they felt that affirmation was the answer, parents often struggled. One mom related that when her child asked her to use a new name she “could not [do it]. . . I just couldn’t force myself to do something I wasn’t ready to do. . . my heart was not ready” (SP1). A dad shared a similar struggle, “I couldn’t initially quite bring myself to call him ‘Jack.’ So, but what I could do is I’d address it to ‘J.K. [last name]’. . . And now I think that’s really stupid, but at least it was a step” (SP4). A parent described how their thinking changed, “Is it the end of the world to call him ‘him’? In the beginning it felt like it, now it’s like no big deal” (SP26). Another reported wondering “am I doing something wrong if I call her by [her chosen name] and female pronouns? . . . but I guess we, over time felt like, no, this is being respectful of her as a person” (SP37). A couple of parents reported believing it was their responsibility not to affirm their child, with one parent saying, “what sort of damage am I going to do to her if I affirm, affirm, affirm. . . it’s my responsibility to help her as much as I can to feel comfortable with her body” (SP65) and another lamenting, “affirming and showing love to her is only hurting her. It’s going to hurt her” (SP68).

Parents conceptualizing their role being to affirm their child was a highly coded concept. “Our job is to love and support our children, not shut them down and tell them they’re wrong about who they are,” asserted a parent (FP122). Another said, “some people don’t look at [affirming their child] that way, in lines with maybe religious views and stuff. But ultimately, she’s a child of God. And we’re the custodians of her right now. And how we treat her and how we love her, we’ll answer for that” (PP106.1). A dad said, “I’m her father. And it’s [my job] to support her and to love her. . . I think it’s really important to her to know that her father, uh, stands behind her” (PP233.1). A mother shared her view of her role: “Loving and accepting your child protects your child. No parent’s protection is perfect. But it’s what we all want to do as

parents is protect our children to the degree we can and help them be safe. And accepting your child is one of the things you can do to protect your child and help them be safe” (PP48).

Another father shared, “The real question for me is, can I love her, can I support her, can I be there for her? . . . Jesus Christ walks the path with everybody. . . And if he did that, that’s what I need to do. . . I need to be there to support [my child] throughout her journey, wherever that journey takes her” (SP45). These and many parents reported conceptualizing their role in a way that led to affirming and supporting their child in their TGD identity; this understanding often conflicted with parents’ religious views.

***Task of Conceptualizing Religion.*** We saw that religious perspectives shaped parents’ view of affirming of their child. Because the views of the Church about a TGD identity are not affirming, an important task for parents in accepting their TGD child was noticing and reconciling conflicts between acceptance of their child and the views of the Church. Noticing the religious conflicts in accepting a TGD child and seeking to reconcile those conflicts were two of the eight most coded concepts in our study. The issue was stated succinctly by a mom on the podcast: “it’s important to understand that when your child comes out, you have a big struggle of how your membership in the Church, and being able to love and accept your child, how that meshes” (PP106.1). Another parent echoed that: “there’s a cognitive dissonance, that’s the only way I can explain it, between what I know and believe as a faithful, active member and what I know and believe based on the relationship and the love that I have for my child” (SP46). A father related what it was like for him to come up against that conflict: “my religion that I’ve dedicated everything to . . . suddenly is not accepting my child who, who I feel like is just exactly who he needs to be” (PP373.2). The Church is an important community for most parents we interviewed, and being a member of the Church is an important identity, which can make the

conflict harder. A mom shared her pain that her TGD child “can’t fully be accepted how he is. . . um they won’t recognize um his legal name change or his legal biological sex change or, yeah. And we see him as our son and they don’t” (SP10). Another parent shared how noticing conflicts affected her:

it’s difficult sometimes to sit through lessons when people quote the Proclamation . . . When it reads that gender is an essential characteristic of our spiritual well-being, and I just think, ‘yeah, well what about my kid? You’ve never walked in my shoes. What do I do with this piece of doctrine I don’t understand?’ So sometimes, just sitting through lessons . . . [is] a little painful . . . because [the beliefs are] pretty black and white (SP1).

The conflicts between teachings of the Church regarding TGD identities and parents’ accepting their children necessitated parents determining how to reconcile the conflicts.

Parents shared that trying to reconcile the conflicts was often a difficult, even painful, process. A father shared his experience:

It’s been incredibly hard. . . not because of anything in our hearts—our hearts . . . accept him for who he is. It’s, and this is the sad part to me this is the part that hurts the most, was that we had to really kind of peel off the layers of the onion when it came to our religion, unfortunately, umm that we cherish so deeply that has always been the, the center of our family, you know, the gospel of Jesus Christ (PP373.1).

Some parents alleviated their cognitive dissonance by leaving the Church. One said, “I no longer see any value in organized religion, other than a community” (SP29). Others reported experiencing “kind of just a faith crisis in the organization. . . we’re not like bitter or #sniffs# I don’t know, we’re just kind of right now . . . taking a step back. . . I don’t know that we could



ever be all in [again] unless things change” (SP10). To maintain a relationship with the Church while working to accept their TGD child, parents had to make space to see things from new vantage points. “We’re still active and um covenant keeping . . . although our faith is more nuanced,” said one (SP1). Another said, “I can still have my beliefs, other people can still have their beliefs like so it’s kind of . . .widened my circle” (SP26). As one parent pointed out, “[having a TGD child] changes the way you view a lot of things in, in our religion” (SP37). Another parent’s perspective paralleled many we heard: “the only way that I can get around it, is to believe that there is more to be revealed. . . For me that is the only way I can, I can reconcile any of it” (SP36). Whether they stayed or left the Church, to reconcile their religious beliefs parents reported that they had to give themselves permission not to be confined by currently approved Church teachings about TGD identities. In the next section we will further examine how parents did that and what it looked like for them.

**Conceptualizations that Helped and Hindered.** The conceptualization categories under the themes of Helps and Hinders were dimensionalized with the same sub-categories as was Tasks (i.e. TGD, Child, Parent, and Religion) but also include a sub-category that contains codes about parents’ feelings about their journey as parents of a TGD child. The theme of Helps includes concepts that facilitated parents’ process or that were associated with moving forward toward accepting. Under the theme of Hinders, the category of conceptualization included concepts that seemed to complicate parents’ acceptance of their child’s TGD identity. To maintain narrative flow, the subcategories in this section will not be presented in the same order as they were for the theme of Tasks.

**Religious Conceptualizations.** Most of the religious and/or spiritual conceptualizations we coded were those that were helpful to parents in completing the task of reconciliation. The

most prominent of these was “personal revelation,” or parents’ experiences seeking and/or receiving direction, clarity, comfort or peace through a spiritual channel; this code was among the most coded constructs. Other codes included seeing God as trustworthy and Church leaders as fallible, acknowledging the harm Church teachings were doing to the TGD community, identifying love as central to their religious beliefs, differentiating core doctrines from cultural understandings, and accepting that there are some things they don’t understand which can be “shelved.” While many of those religiously-based codes fit well under the category of conceptualizations, the research team acknowledges that parents may not have categorized their spiritual, personal revelatory experiences as cognitive. These experiences were powerful in changing parents’ hearts and minds. After extensive discussion about where personal revelation fit the team decided to categorize it under conceptualization because their spiritual experiences proved profoundly impactful on how parents thought about things, as shown below.

Caught between the non-affirming teachings of the Church and the needs of their TGD child, parents turned to a spiritual source—one they could access individually and internally—for help to figure out what to do. Parents reported that through their personal revelation, they were guided and felt peace about their process. One mom reported simply, “I had personal revelation and it doesn’t #sniffles# it doesn’t match up with what the Church says. . . I just, felt prompted that we needed to believe him and love him” (SP10). Another said, “my husband and I had been praying and praying but then, . . . some load was taken off, it was palpable as we prayed that night and we just thought okay the time is right. . . The time is here. It’s the season. We’re ready. And, and he needs [our affirmation of his TGD identity]. . . it wasn’t gonna be a phase” (SP1). A dad related a revelatory experience that gave him a sense that he would be held accountable for loving his child unconditionally. He said that after that experience: “I had my

answer. And that was my own personal answer. I wasn't influenced by anything other than my own prayer. And so I received my own personal revelation for my child, and how to love and accept my child . . . and I moved forward” (PP106.1). A mom shared how in the midst of sadness, her personal revelation comforted and guided her: “I was crying in the shower and I was like praying about what to do and it . . . just overwhelmed me that He, God, loves [my child] no matter what um, and that that’s all I needed to do” (SP52). Another mom shared:

I remember one time I was feeling so, so sad and so paralyzed . . . and I prayed and I said, ‘Heavenly Father, what can I do for my child? I really don't know. Please, please tell me.’ And just the feeling of comfort came to me and said . . . ‘The only thing that you can do now is just to listen to him and to love him. Just tell him how much you love him and how much you accept him for who he is.’ And that, that answer came to me came so, so strong, I knew that God was telling me just love him. ‘That's all you can do. You don't need to do anything else just love him.’” (PP373.1)

A parent said, “I prayed and decided to accept my child exactly as he was, with zero qualifiers, and went to the temple with my answer in my mind. Walking into the temple, my fears melted away. My anxiety and doubts shed off of me like an old, tattered blanket, and my soul was instantly lighter” (FP42). Parents looked to personal spiritual experiences for direction and comfort.

Parents noted that spiritual experiences changed the way they thought about things. A dad said in his interview, “I have to acknowledge the hand of the Lord, that He, through some tender mercy, dispelled all of those notions, and half-truths and falsehoods that I hid behind, when I withheld my love from . . . our [TGD] brothers and sisters” (PP230.1). A mom reported that

personal revelation helped her see an aspect of her parenting she had never considered and showed her the need to honor her child's agency; it began her process toward acceptance:

I remember very specifically praying to just help me know what to do . . . I got a straightforward answer . . . 'you do not have the right to take away her free agency, you just have to love her.' And I never once even considered I was doing anything about free agency, as a parent, you just tell your kid what to do and that's what they should do. But . . . I, by holding her back, and by trying to stop this progression, I was forcing my agency on her. And I wasn't allowing her to have her agency, which is a gift from God. . . [so I said to her] 'if you don't want to go to church, I'll support you in that. If you want to stop going to young men, I'll support you in that. If you want to pull out of seminary, I'll support you at that.' Even though it seems so against what we believed. But what it was doing, it was allowing my child to have her free agency to be the person she needed to be. And that's when the change happened for me. And I knew that I was being guided by God and being told just to love her. (PP106.1)

Parents' personal revelation seemed to change their perspectives in material ways.

A notable finding in this code, given the variety of parents' experiences, is that none of the parents reported experiences of personal revelation that lead them to reject their child or their child's TGD identity. One of the less affirming parents (not using chosen name or pronouns at the time of her interview) reported being stopped in her tracks by personal revelation. She recounted that one day her child asked to stay after school so she could participate in a school club for LGBTQ+ kids; the mom had forbidden her child from online interaction with the

LGBTQ+ community and told her she could only have contact with local kids her age. The mom refused her child's request, and shared:

I was screaming at God in my mind. I was so angry and . . . she got in the car and we drove away and um, I was finally quiet and the quiet thought came into my head, 'Isn't this what you've been asking her to do?' And I, it just hit me so hard, it was very quiet but I, and I just had that feeling, you know it just filled up my whole upper body and I knew it was the Spirit and I started to cry and I turned around and I took her back and I said I have to tell you what just happened, I told her the message I'd just received and I said 'You may join GSA, this is what I've been asking you to do.' And it just hit me so hard that God is in this and that God is aware and that God cares and that He's gonna help. He's on her side and He's gonna help me do what she needs (SP65).

Trusting an internal, personal source of truth and perspective seemed to help guide parents' path toward acceptance of their TGD kids.

Parents reported that recognizing the fallibility of Church leaders and trusting in God were helpful in reconciling religious conflicts and progressing in their journey. For some parents, Church leaders' fallibility was not something they had grappled with previously. One couple reported, "I had always thought that what they said across the pulpit was truth (SP29) . . . I had always taken [their words] literally as the gospel . . . [but] they are wrong about [gender diversity]" (SP31). In looking at policies about TGD folks a father noted, "we are . . . frustrated at some of the things that the Church does and recognize that the Church is simply built by people, like us, that are fallible" (SP45). Another parent echoed that, saying, "I feel like leadership kind of just does the best that they can, and then it kind of slowly changes" (SP6). A

highly affirming parent who retained full Church membership stated bluntly, “there are things I don’t agree with the First Presidency on. I just don’t” (SP4). In recognizing leaders’ fallibility parents made space for the authority of their personal experiences.

In contrast, parents reported that trusting in God was key. One dad said, “we really had to rely on the Lord. We really had to turn to the Savior to get us through this. . . And luckily, the Lord is patient . . . He prepares the way. He prepares us” (PP230.1). Another father recounted how trusting God helped him relinquish fears for his TGD child’s safety:

I remember driving into the office one day [and] in prayer being reminded that I’m not the Savior and I don’t have to carry the burden and so I laid it at the feet of the Savior. And I felt the physical lifting of the burdens that I felt as a parent of a trans child. . . I knew two things, one that God loved me and two that He loved my daughter and it was easy for me to feel this physical departure of all the stress and worry . . . God helped me to carry that burden . . . by making it lighter. Um and it was powerful (PP233.1).

Another parent said, “there’s a great deal of trust in the Lord that . . . He will know each of us individually, um, whatever road it’s had to be in this life . . . He’ll make all things right. Which is such a sweet feeling to have” (SP5). A mom who was questioning her child’s gender identity at the time of our interview told of a recurring dream she’d had of being in a man’s body which helped her understand her child’s distress better. “It just reminded me, she’s still going through this on a daily basis and some days are harder than others but [my dreams were] God letting me know that He absolutely understands my daughter and me and that He’s in this with us” (SP65). Believing and trusting in a divine source of support in their journey was helpful for parents.

Just as it was helpful for them to feel safe in their relationship with God, parents' recognition of the lack of safety their kids were feeling at Church and, consequently, with God, was often poignant for them. FP80 wrote, "The choice to remain active in our church or other non-affirming religions comes at a great cost. That, unfortunately is the sad truth. . . the Church of Jesus Christ of Latter-day Saints, its leaders and the way its taught and interpreted by local leadership and members CAN be mentally and spiritually damaging." What one father saw and learned about his daughter's experience paralleled what we heard from many parents:

[going to Church] was really distressing [for her] . . . It's hard to feel the Spirit if you're, uh, feeling that kind of distress . . . what she was going through is the pain that she had experienced for so many years growing up in our Church and feeling like an abomination and worthless and then hearing comments and messages from people who don't really understand the reality of gender incongruence and gender dysphoria and, and didn't know that someone like her was sitting in their classroom. So going to church was like experiencing that pain over and over again. And I've also learned how distressing the gendered aspects of church can be for a transgender person. It can really spike their dysphoria and it's very hard for them. . . If she never steps foot in a church building, I'm okay with that. I just hope that that she can just have that relationship with Heavenly Father and her Savior and, and know that they love her (PP233.2).

Seeing the harm that aspects of church attendance were doing to their children often prompted protectiveness from parents about something they might otherwise have protested. Seeing the harm aligned parents with their children's needs and interests and helped them let go of expectations that may have kept them from acceptance.

In seeking resolution about their religious beliefs, parents reported that focusing on foundational beliefs about the gospel and God was helpful and centered them on learning to love. “The gospel is of love,” said one dad, “And if we can just focus in on that. . . that [is] the direction that I think the Lord would have us go. . . Jesus's prime core message [is] of, you know, loving all and reaching out to those who are marginalized in society” (PP373.2). A mom shared, “the thing that has kept me is just, it’s just concentrating on the Savior. And, and trying to follow His example and going down to those roots in the gospel” (SP36). Another mom echoed that, “the gospel really is about love and progress and unity” (SP44). A dad clarified that having a TGD child had changed his and his wife’s perspectives and recentered them on the fundamentals: “We’ve had to shift in a major way. We’ve had to shift. And um, I think the gospel is about love. That’s just, #laughs# that’s the bottom line, that’s the base” (SP5). Another dad asserted: “[God’s] love is pure and true and so there’s just no reason for us to worry about our trans children . . . not having God’s love. To the extent they’re not feeling it is because we’re doing an inadequate job of sharing it” (PP233.1). A mom related how her personal experience shaped her understanding of and faith in God’s love and vice versa: “God really loves all of His children and Her children who are trans and I think that’s true because uh of how I know that I love my children and I think if I love my children in the way that I do that God must love them in an even greater way” (SP62). Getting back to the basics of their faith and seeing God and the gospel as having messages of love seemed to help parents feel confident in moving towards acceptance of their TGD child.

In reconciling their religious beliefs with their membership in the Church, some parents seemed to find differentiating doctrine from cultural or institutional norms and ideas helpful. A mom shared that interacting with her TGD child and the queer community, “just kind of opened



my eyes to the whole like church vs the gospel. Being able to separate those two things, I believe in and love and have a testimony of the gospel but I just don't have as much faith in the organization, I guess" (SP10). Another mom shared, "there's the culture, and then there's the doctrine, and it's separating the two that's so difficult in this journey. . . I struggle with the culture" (SP1). A couple shared: "I don't have the best opinion of 'Mormonism' as a culture. I have a very high regard for the gospel of Jesus Christ" (SP45), "I have kind of always, like [my husband] said, separated culture and the gospel, and have taught my kids [what] they hear at church may not be in the realm of truth" (SP44). For those parents who continued in the Church, finding a way to let go of some of what was taught seemed to help them reconcile religiously.

Some parents who stayed in the Church reported making space for their path toward acceptance in a conservative religion by allowing themselves not to understand or agree with some aspects of their religion. One father put it succinctly, "It's difficult to kind of reconcile some of our beliefs and where [our TGD child] fits into God's plans, but we just put those things on a shelf for now and keep moving forward. . . I know Heavenly Father loves [our child]. I don't have the answers to why [our child is TGD], but I'm okay with that" (SP2). His wife also shared, "there are things I still don't understand or maybe not agree with but I set them on a shelf . . . I just focus on um Jesus and his Gospel . . . and then other things I don't understand I have to just let slip away for now" (SP1). A mom shared, "part of my spiritual journey was becoming quite comfortable . . . with just, not knowing, and not understanding things," (SP47). Giving themselves space not to engage with some Church beliefs seemed to help parents engage more with their TGD child in ways that felt congruent to them.

The only religious conceptualization that we saw in the data that seemed to hinder parents' progress was that Church teachings were infallible. Parents who expressed strict

adherence to Church teachings were less likely to be affirming of their TGD child. Some non-affirming parents asserted: “Everything that’s done, um today is, is the way, the same way in ancient times” (SP66). “I fully believe and support The Proclamation on the family. . . I believe it is to guide us in how we treat gender dysphoria” (SP65). “[Seeing people be more accepting of LGBTQ+ identities] has gotten me like pretty depressed . . . I [don’t] want the church to be more accepting and to change policies or anything like that, it’s the opposite. It’s that it’s so depressing to see. . . people just give up on. . . the truth. I don’t know that I had a testimony super strong about The Proclamation on the Family before but I can tell you now, I do” (SP68). The belief in the infallibility of Church teachings seemed to make it harder for parents to move toward acceptance of their TGD child.

*Conceptualizations of TGD Identities.* While parents often acknowledged that they did not fully understand TGD identities or know how to make sense of their child being TGD, there were conceptualizations that seemed to be associated with parents being more accepting (helps) and some that were associated with less acceptance (hindered).

It appeared that conceptualizing their child’s TGD identity as having a positive, neutral or nuanced etiology or not being their child’s choice facilitated parents’ process. Some reasons parents expressed that a child might have a TGD identity, included: “they were put on this earth to test the rest of us. . . to see if we could, um, be, um, Christ-like and love unconditionally” (SP10), “there’s something with his eternal spirit that is male, but for whatever set of circumstances, he came in a female body” (SP4). An affirming mom with a nuanced view of her child’s TGD identity shared:

I wanna advocate for her rights . . . to change her birth certificate and. . .at the same time, like, all of this is confounded with mental illness. So, I absolutely believe her

that she feels female and I'm totally fine with physical transition, social transition, everything. But at the same time, I feel like, well what would it be like if she didn't have [other mental health issues] (SP7).

A number of parents in the study specifically asserted that a TGD identity was not something they believed their child was choosing. Parents said: "I never once questioned that this was a rebellious act . . . I knew right away that this wasn't something [he] was choosing" (PP230.2). "Having gender incongruence is really, really hard on the individual. This isn't something that someone signs up for and says 'yes, let me live a life where I get to experience this and be in one of the most marginalized communities'" (PP233.2). "We didn't feel like it was her choice" (SP36). Having a positive, neutral or nuanced view of their child's TGD identity and seeing it as outside their child's control seemed to be associated with parents being more accepting of their child.

Some of the conceptualizations about TGD that parents reported seemed to complicate their process in coming to acceptance. These included believing that identifying as TGD was a choice, was morally dangerous, or was caused by mental health or other problematic situations. One mom reported:

My daughter was sexually traumatized when she was younger and had some bad experiences with guys. Part of me feels that is why she feels uncomfortable with being a girl. . . I am torn between this is who she is and this is who she is choosing to be because of her past and the influence of friends and the culture . . . It's not transgender. . . Sounds like Satan to me. I understand not always liking what your gender is. . . Why can't they be a girl who doesn't fit the stereotype? . . . She is in

therapy and has been for a while. But we are still here, dealing with things that I feel are just Satan's way of destroying us. (FP112).

Another mom shared, “at first I thought maybe it was the friends she was seeing. Maybe it was something she saw on the internet. You know, I, because it was so far out of the blue” (PP106.1) Several parents noted the connection between autism and a TGD identity. One said, “we sort of feel like this is an extension of her autism. She has lots of things that bother her and sensory issues that bother her and her newly female body is one of those things that bothers her,” (SP65). They went on to say, “I did a lot of research on transgender, which used to be, you know, adult males. And all of a sudden there is this explosion of teenage autistic girls and this, this just felt like a reasonable explanation to me for what it was.” A non-affirming mom explained her perception of why her child was identifying as TGD: “[my child] has Asperger's and so he has a great desire to fit in socially” (SP69). A couple talking about their TGD child said, “after she was really bullied in junior high, we saw this kind of mental health change in her. . . Her friends became a couple of the girls who all at the same time . . . just kind of together decided, ‘We should all be gay. We should all be trans. . . There’s some social media influence too’” (SP66; SP67). Another non-affirming mom asserted, “I know what’s going on, I know this [transgender craze] is a social contagion. . . she’s being manipulated. . . we need help saving these girls from this,” (SP68). A non-affirming father reported, “I blame a lot of it on videogames. . . videogames has a huge impact on that choice [to identify as TGD] . . . if [my child] had a testimony [of the Church] I don’t think it would go this direction” (SP72). Some conceptualizations of their child’s TGD identity seemed to complicate parents’ process.

***Conceptualizations of Parents’ Identity and Role.*** Membership in the Church is often a salient identity for Latter-day Saint parents and alignment with that identity sometimes impacted

parents' process and response to a TGD child. One father explained, "to be in disharmony with any aspect of the church for me was just unacceptable," (PP373.2). Another said, "I come from a very long, long line of pioneer heritage . . . the Church is very deeply rooted in our family both on my side as well as my wife's side and . . . because there was some bigotry . . . biases. . . falsehoods . . . I wasn't being, you know, accepting and loving and understanding and wasn't wrapping my arms around [my child]" (PP352.2). Another parent said, "we both were, like, raised in the Church. We both served full-time missions. You know, it's just that's who we are," (SP73). A mom reported how her identity as a member of the Church impacted her process:

Our first concern was, you know . . . is [affirming my child] something the church would say I should do? . . . a lot of it comes down to me feeling like, having to choose between, do I love my child, and I say, feel like I am loving my child, supporting them, and still being a member of the Church. . . it is soul splitting, having, having this child, and then your religious side of you. (SP37)

Another mom explained, "I have two arms, one arm is my faith in the Church and the gospel, my other arm is love for my children. And this group over here wants me to cut off this arm, this group over here sometimes wants me to cut off this arm. And I can't see cutting off either, but sometimes it comes closer than others," (SP5). A non-affirming mom shared, "[my religious beliefs and how I feel about my child are] so interconnected that I can't separate them. . . the fibers of who I am and my religious faith foundation are, are one . . . I don't think I would be [myself] anymore if I didn't have my faith" (SP69). Parents' identity as a member of the Church seemed to impact their process as they had to disambiguate that identity from some of the teachings of the Church if they wanted to continue in that identity and accept their child.

Doing the work of religious reconciliation seemed to help those parents who continued to hold their identity as a member of the Church. Some parents came to conceptualize acceptance of their children as in harmony with their membership. A father said, “surely you’re not gonna react by [rejecting your child] . . . Your faith does not tell you to do that to your own child” (SP63). A mom shared, “I know that the Church is true, but I also know this about my child,” (SP6.) A dad affirmed, “to be the parent of an LGBT child, and somebody who is trying to live the gospel of Jesus Christ . . . in my mind [there’s] just . . . not a lot of difference in the fact that the child is LGBT . . . I am in need, absolute need of learning how to love a person” (SP45). Others emphasized their focus on love as they navigated both identities: “love is always the answer,” (FP8); “Christ taught us to love everyone. Christ also commanded us not to judge, no exceptions,” (FP13); “I, too, have received the answer to love. Heavenly Father actually answered my questions with His own question, ‘Does it matter?’ From that, I decided to leave it all in His hands. My job is to love,” (FP54); “We were able to [affirm our child] and still feel like we were not compromising any of our beliefs, we were loving our child,” (PP352.1).

*Conceptualizations of the Child.* Ways in which parents conceptualized their child seemed to help or hinder their process. Particularly, thinking well of their child’s character or seeing indications of gender diversity in them seemed to facilitate parents’ process. We heard from affirming parents: “[my child] was . . . really highly respected . . . probably one of the most highly respected youth in our stake” (PP230.1); “[our child] is a very bright, talented, and amazing person;” (PP233.1) “a model child” (PP233.2); “he always loved going to church and participating . . . always super obedient . . . we just love and admire him. He’s like, courageous . . . I guess that’s why it made it easy . . . I knew [identifying as TGD] wasn’t a rebellion,” (SP10); “[our child] was a rule follower. . . [and] is good and pure and wonderful” (SP29); “she is the

sweetest, kindest, most loving person on planet earth. She is not deceived by Satan” (SP31); “[my child is] a particularly extraordinary young person . . . she has a lot of, of goodness, of desire to do what’s good and what’s right” (SP44). Prior indications of gender diversity in their child also seemed to facilitate parents’ process. Moms shared about their kids: “he was always interested in doing things like, like the boys. So when we look back . . . we think [those] were the first signs” (PP373.1); “[my child] was, in hindsight, a pretty gender variant kid” (PP48); “[it was] a little bit easier for us to process because we could go back and look at him . . . he was role playing from an early age . . . being ya know a boy and dressing up in boy clothes and costumes and so I think just linking all those things together just kind of, eventually it made sense” (SP10); “we knew she had started wearing women’s underwear . . . we knew kind of some of the things she was, there were some tendencies there,” (SP36); “there’s been a lot of things that I’ve seen in his, like, or that I noticed from when he was younger that it all kind of clicked, cause I like, well that makes sense” (SP52).

We noted that thinking poorly of their child’s character, not having seen signs of gender diversity in them, or having their child’s gender expression fluctuate seemed to complicate parents’ process. Few parents spoke poorly of their child’s character, but all who did were among the least affirming parents we interviewed. A father said his child, “got . . . less and less ambitious, and just totally into these games . . . I think a lot of it’s laziness . . . kind of didn’t have a lot of common sense . . . he’s kind of like a fifteen-year-old in a thirty-year-old’s body” (SP72). The same father reported not being particularly worried about suicidality in his child because: “it also takes some, some bravery, you know? In a way. Some guts, some umph to . . . kill yourself.” Some parents reported not having seen signs of their child’s gender diversity: “I would have seen it!! This is not a true narrative. Somehow false memories have replaced reality”

(FP61); “she would have been the last kid you would expect to be trans” (SP36); “She never had any gender questioning growing up, that I’m aware of. Um, she you know, loved to play dress up” (SP65); “It doesn’t really conform with who he is and um, he’s never really had feminine tendencies throughout his life” (SP69); “he wasn’t really feminine . . . he always seemed like he was, um, fairly normal that way” (SP72). Seeing inconsistency in their child’s gender expression also seemed to make it harder for parents to accept their child’s TGD identity: “She is very concerned about ‘passing’ at school. At home she doesn’t seem to care (takes off the binder as soon as she walks in the door). This is one reason I feel her dysphoria is more social than internal” (FP24); “in the very very beginning, right as um this is all kind of coming out, [our child] is gay, [our child] is now trans, [our child] is going by [chosen name]. . . he refers to himself as him and male and all that but he loves make up and he loves his, his curly colored hair” (SP26); “[my child] changed names and pronouns . . . now identifying as male um names have changed at least twice . . . it’s kind of hard to accept sometimes because just [my child] doesn’t really present as male” (SP49); “[my child] identifies as non-binary but I see, you know she wore dresses to prom, she’s actually pretty girly but she says she non-binary” (SP65); “one of the hardest things is just that . . . if [my child’s TGD identity was] really, you know, completely, who he really wanted to be, and [my child] was really like embracing that . . . if he did a legal name change . . . dressed up like a girl, [I’d] call him [chosen name]” (SP73). Some conceptualizations of their children seemed to complicate parents’ process.

*Conceptualizations of ‘The Journey.’* Many parents expressed that as they saw good coming from their affirming efforts, they began to think of their journey as positive, and that helped them continue to move forward in their process toward acceptance. Parents said they were encouraged by seeing positive outcomes for their child as they were more accepting. One



said, “Now that we've progressed in transitioning, I'm seeing the same personality that we lost several years ago come back in him,” (FP21). Another mentioned, “I see my son doing better when he is affirmed in the gender he identifies as,” (FP127). A mom shared, “social transition really improved his mental health,” (PP48). A couple explained what they saw in their child, “I could see the difference in her when she wore more feminine clothes. . . She stood a little taller. She [is] just . . . a little happier” (SP29); “She just glowed and beamed . . . So, that was great to see that, and seeing her grow into who she is” (SP31). A mom shared, “seeing [my child] come into himself and be happy for the first time in years . . . I just feel. . .it's [Heavenly Father's] way of saying, ‘you're doing the right thing, you're doing enough’” (SP1).

When parents perceived their journey as positive for themselves and others around them seemed to facilitate their process as well. A parent shared, “For my wife and me, our daughter's queerness has unified us and our family. We are even more loving and supportive. We have more open communication with our daughter and other children” (FP125). A father said, “I'm so grateful we've gone through this, these tough years. . . we're now really connected with them” (SP5). A mom shared, “it has brought the spirit into my life so much” (PP106.1) and another said, “our children taught us things this year that we never knew we needed to know” (PP352.1). A father told about how their Church community was blessed by their journey with their TGD child: “I watched the whole stake be transformed by [our child's] courage in coming out and saying, ‘This is who I am.’ I'd have fathers come to me, and tearfully expressed their appreciation. . . for them to see this take place in a family that was held in such high regard, it changed their view” (PP230.2). A mom who was given the opportunity to present to local Church leaders about their child and GD in general reported: “And it was amazing from that first meeting to the following meetings, the countenance of so many of them changed. And some

would just break down and said, ‘I thought that I wasn't a judgmental person. I thought that but I realized through this, I had a long way to go’” (PP106.1). Another dad shared how he felt families’ experiences with their TGD children could bless the whole Church:

“this kind of crisis of faith that we are experiencing, and that I think lots of other people in the church are experiencing, can actually help make the Church stronger by recognizing that a lot of us don't fit in—a lot of us are square pegs fitting in round holes, and, and [the Church can] make that hole, you know, bigger so that we can fit into it. And so I think that's something that is really wonderful that's coming out of all this in our family.” (PP373.2)

A mother shared, “there have been people who have talked to me . . . about their own struggles . . . because they see Liz and how we’re including her and having her present as a boy. It’s just sort of made us feel like more of a safe space, I think” (SP65). Seeing good come from their journey seemed to facilitate parents’ process.

For a few parents, their perception of their experience with a TGD child was negative, and this seemed to be associated with less progress towards acceptance. A non-affirming father said, “I can’t see how [identifying as TGD and living as my child does] would make you happy” (SP72). A non-affirming mom said that having her child identify as TGD hurt their relationship and caused her misery: “we were very, very close until- until this happened . . . She hates me now” (SP68). A negative perception of their experience with their TGD child appeared to be associated with parents not moving toward acceptance.

### ***Emotional Processing***

Parents’ emotions were a huge part of their experience with their TGD child. Parents expressed a wide range of emotions related to their child’s TGD identity. They reported: “I’m

feeling all sorts of emotions. . . sad. . . embarrassed” (FP1); “raw” (FP26); “vulnerable” (SP44); “I just feel like I'm drowning in my confusion and hurt and pain. . . broken and unsure” (FP31); “I felt shattered for so long now with feelings of betrayal” (FP128); “shame . . . so unworthy or inadequate” (SP1); “there’s so many feelings, so many feelings. . . all of it sucked” (SP26).

We identified emotional tasks that parents had to complete as well as emotional experiences that seemed to be associated with facilitating or complicating parents’ processes.

**Emotional Tasks.** As discussed previously, the acceptance we are examining in this study includes emotional resolution such that parents are at peace with their child’s TGD identity, though they may continue to have concerns for their child and miss the child they thought they had. Without exception, parents reported non-peaceful feelings as part of their journey, grief and fear most notably. A few parents also reported some resolution of those feelings.

**Grief.** Parents overwhelmingly reported experiencing grief as part of their process with their child. They reported feeling like they were losing their child as they had known them and as they expected them to be. We found that parents’ experiences with grief were sometimes ambiguous—it was hard for parents to point to what they were losing—or disenfranchised—their experience of grief were not socially validated. SP26 shared, “my heart just hurt.” FP65 wrote, “My daughter is still here, but looks so different and sounds different. It is grief that keeps on coming.” A mom reported, “we just feel so much grief and . . . there’s just so much loss involved. . . the grief is all in private. . .with no real support. Because no one knows how it feels. . . You know, you get no casseroles when you are going through this kind of grief” (SP36). FP23 wrote, “your pain, there is nothing like it in this world. When you lose a loved one, you get to mourn it openly with others, and it isn’t a controversial topic like this one that is further

alienating, adding to the pain.” A parent clarified, “you kind of grieve for the child you feel your mind has lost” (SP52). Another reported, “I mourned the loss of my daughter for quite a while until I realized I had lost nothing but MY perceptions and dreams, my child was still there” (FP20). Another parent pointed out, “it is very much a loss of the future you imagined for your child” (FP35). A father said, “you’ve got to deal with the death of some dreams . . . there was sadness, again, about the dreams envisioned—there's never gonna be this, and this, and this, that had been the markers of a Mormon life or whatever” (SP4). A mom reported, “I did feel, like initially. . . sadness of losing this little boy that I thought that I had in my family” (SP62). A parent said they “grieved the life our child would no longer have, the challenges they are going face. There are still moments that I grieve and it’s been over a year” (FP37). A non-affirming parent lamented, “I feel like I should be having a funeral for my daughter . . . yet I know she is living and breathing . . . [it] seems like I will never be whole again with her on this path. . . I feel hopeless that I will ever have my daughter back” (FP61).

In addition to grieving their child, parents grieved the loss of aspects of their faith and identity. A mom shared, “I had a true faith crisis . . . I have just felt very abandoned [by God]” (SP36). FP128 wrote, “it is very difficult for me to accept this new identity of ‘him’. . . that feels like a rejection of me and my femininity . . . over the past few years all the pieces of my belief and faith and religion that used to fit so neatly together do not fit anymore. . . I[ve] felt shattered . . . with loss.” Another mom shared, “I grieved for months, crying in my closet. I had to let go of so, so many things. . . my sense of my identity as a Mom” (FP29). Grieving seemed to be a core part of many parents’ process.

**Fear.** Feelings of fear also seemed to be prevalent for parents. They expressed fear about a range of things for their child—including social rejection, poor outcomes, and violence—and

fears for themselves. A mom said, “I was just scared. I was truly scared. Like, what does this mean for her? How will people treat her? and her health and everything like that. And I just was so scared” (PP106.1). Her husband reiterated, “I didn't know how society will accept her, take her and understand this. And so my fear was for her safety” (PP106.2). Another dad said, “there's a process in the coming out, the individual doesn't come out, the whole family comes out. And there's a little bit of fear that goes along with that” (PP203.2). One parent admitted, “I was pretty much just a bundle of fear” (SP10). A couple whose child experienced depression and suicidality shared, “It was just utter fear . . . I don't think those fears will ever go away (SP1); Yeah, they will always be lurking back there somewhere (SP2).” A less-affirming mom said that for her, the hardest part was “worrying that . . . in the future, I'm not gonna be able to protect her, and that she, she's headed towards a lot of heartache” (SP65). Another parent said, “I don't want hateful people to hurt my child. To beat my child. To murder him for being different” (FP31). A mom expressed, “I worried about their personal security. . . I think we live in a transphobic world and so I, ya know. . . I want my children to be safe” (SP62). Their child's TGD identity caused concern for many parents. Resolving all concerns was not necessary for parents to reach acceptance, but feeling resolved about their child's TGD identity was.

***Emotional Resolution.*** Feeling resolution of the emotional processes tied to their experiences with a child's TGD identity was evidenced by a dissipation of grief and fear, though not necessarily their extinction. A parent said, “I don't know what the future holds; but I'm okay with whatever that is” (FP27). A dad shared, “it just took some adjustment and some time to be comfortable, and then be confident and then joyful and then just, he's another son” (SP4). Another mom said, “it's just kind of come gradually after, you know, a few years of mourning and grieving and then moving into that acceptance phase” (SP1). Another reported, “things don't

feel so rough anymore” (SP26). Some emotional resolution was necessary for parents to reach the acceptance we are examining here.

**Emotions that Helped and Hindered.** In the midst of emotional struggles, some parents reported feelings that seemed to facilitate their process of acceptance, including comfort, gratitude, pride and joy. Emotions that seemed to complicate parents’ processes were often associated with stages of grief (i.e. denial, anger) or feelings of guilt.

**Emotions that Helped.** Some parents reported moments of positive emotions. One mom shared that in the midst of panicking about her child coming out to extended family, she heard her child “bear testimony in a missionary lesson of the plan of salvation and eternal families and. . . at that moment of my panic I just received great comfort” (PP230.1). In seeing her child thriving, a mom reported, “I just feel so much gratitude” (SP1). Another said, “I love that [queer] part of [my child] . . . I’m so grateful that I get to know that part and be a part of her whole journey” (SP29). A parent reported that when their child came out they felt “so proud of him for telling me something so difficult. I feel so proud of him for being true to himself” (FP1). Positive emotions seemed to be associated with parents’ moving forward in the process of acceptance.

**Emotions that Hindered.** Some emotional experiences seemed to be associated with a delay or complication in parents’ movement toward acceptance. A parent who spent years not affirming her child before moving toward acceptance talked about how her feelings of guilt and shame led to avoidance. She said:

When [our child] first came out, I turned the problem on me, and I felt like I was responsible. Like, if our marriage had been stronger, or . . . if I was more feminine, or if his dad was more engaged; and I started looking at places within ourselves to blame. . . so [our child] would be choosing, if it was a choice, he’s choosing it

because we weren't enough in the area of parenting. . . I didn't feel like I could handle the pain of hearing what he really thought about herself, about the world, about the church, so we just didn't discuss anything. And so, being vulnerable meant being open and able to hurt or to feel pain, and I didn't want any of that, so I didn't discuss things with him for a long time. I just avoided it, it was conflict avoidance, kinda. The cognitive dissonance was just alarming, so, we just avoided it altogether for a while. (SP1)

Her husband also shared how his shame manifest: "I let my anger just try to push . . . him to do things. . . [I] got angry with him. Umm, tried to shut down his—what he was feeling" (SP2).

Another father shared his reticence about talking with anyone about his TGD child: "it's almost embarrassing. . . it almost feels like a failure as a parent" (SP49). A mother admitted, "I'm worried about the embarrassment that will be with [my child identifying as TGD]. . . I'm a little ashamed of it" (SP66). Another mom reported, "I was in denial. I just didn't believe it. I thought, you know, that just doesn't happen. . . And then I went through a phase where I just kind of almost felt like if I prayed hard enough I could pray it away" (SP73). A mom who had a TGD sibling (who she had previously conceptualized as gay) and whose own parents struggled with her sibling's queerness shared that her fear led to avoidance of the gender diversity she was seeing in her child: "I kinda shut it out, and, to the point where I didn't even talk to my husband about it" (SP29). Negative emotional experiences regarding their child's TGD identity seemed to complicate parents' process.

### *Social Integration*

We saw an important social component in Latter-day Saint parents process in coming to accept their TGD children. Parents evinced the need for social support as they processed emotionally and cognitively.

**Tasks of Social Integration.** In their process, we saw that parents needed to feel connected to a community that supported their acceptance emotionally and cognitively. Because most parents began their journey in communities which did not demonstrate acceptance of TGD individuals and which held non-affirming conceptualizations of TGD identities, work was often required to create new communities and make new meanings. Parents reported a variety of elements of their experiences that helped or hindered socially.

**Missing Community.** Parents often reported feeling disconnection from the communities of which they had been part prior to beginning their journey with their TGD child. One parent said, “I feel there is no place for my family in the church anymore” (FP47); another shared, “I feel like we are a family in the foyer now. . . we aren’t in the chapel anymore. We don’t fit in. And we feel like we’re just kind of on the outside looking in” (SP63). A mom reported, “I love being a member of the Church of Jesus Christ of Latter-day Saints. I love the sense of community . . . pretty much all of our friends and family are members . . .so I think initially what made [having a TGD child] so difficult, was . . . being like a little bit socially isolated” (SP26). Parents reported discomfort in social settings they had previously felt comfortable in. A couple shared their experience at Church after their child came out: “my ability to want to be there [was shaken] . . . feeling like I had some kind of spotlight on me that I did something wrong . . . you feel like people are judging you, it really does break you down” (PP106.1); “I remember sitting in sacrament meeting and . . . I just burst into tears. And I got angry. And I just stood up and



walked out and walked home. . . we just got in a dark place” (PP106.2). A mom shared, “After [our child] was out for a while . . . we found it very, very hard to socialize. . . I lost a lot of friends. . . I knew that there were some who are not LGBT supportive, and . . . how do you go to a ward party and talk to people when you have this thing weighing so heavily on you?” (SP36). Another mom said, “I don’t want to be around my family. . . My mom is very harsh. . . I just don’t want to give her more ammo to, to hate [my TGD child] . . . none of my family knows because they won’t be understanding” (SP66). A dad related an experience at church: “[the] Sunday School teacher went on a rant about LGB people and how, uh, BYU is being subverted by this movement and . . . one person in the back made a comment about, ‘yeah, and it’s of the devil because these transgender people . . . they’re obviously being led astray by the devil’” (SP4). Feelings of isolation were hard for parents. A dad said, “it’s lonely because you’re going through this process and you don’t know anybody else . . . who has gone through this. . . so you’re just kind of left in this journey alone and not knowing what to do” (SP49). A mom who went on to start and strengthen several support groups explained, “after we figured out that [our child] was transgender it was a year and a half before I met another Mormon mom with a transgender child. And I don’t want any parent to feel like they have to spend a year and a half or any time alone” (PP48). The feelings of marginalization and isolation were hard for parents.

***Building Community.*** Many parents reported it was important for them to find community as they moved forward in their process. A dad said, “as you go through this process, one of the biggest things that helped me was to find people that had experienced similar things and draw from their strength” (PP230.2). A parent shared, “I sought out . . . any parent podcast that I could find where a mother or a father was talking about their journey because I, we, needed help” (PP352.1). A mom reported, “it was just nice to have a community. . . [a] support group

who were going through the same thing, that really understands, because this isn't something you can just post on Facebook and #laughs# ya know, people don't get it" (SP10). A couple shared that when they were really struggling, "we. . . reached out to people . . . finding a community was paramount to our healing. . . I reached out to North Star participants, and that's how we started making connections and a community of help" (SP1). A mom said, "I found, in trying to understand myself, um, the Mama Dragons group. . . I just happened upon that, and . . . have learned from that," (SP6). One mom reported, "I found a lot of help from parents [in online groups] . . . I just devoured other people's post and all the comments and that feeling of support" (SP46). In addition to support groups, some parents shared the value they found in talking to friends who shared their journey or offered insight. One mom told of two friends she reached out to who helped her on her journey—a gay friend and another mother of trans kids:

[I] messaged [my gay friend] on Facebook. And he called one night and . . . I asked him a lot of questions . . . it just kind of helped me . . . look at things from a different perspective. . . it wasn't 'till after talking to my friend that I was able to even, you know, wrap my head around [my child's TGD identity]. . . [A] lady I work with, has two kids that are trans . . . she and I just talk about it. . . [that] helped me a lot . . . it's a journey for all of us." (SP73).

Another mom shared how a friend helped her: "she kinda drug me into Mama Dragons [support group] . . . and so, that's been helpful. And she's a sounding board for me" (SP7). Finding social support and creating community seemed to be an important part of parents' process.

**Advocacy.** We noted that community building through advocacy seemed to be associated with parents reaching a state of acceptance. A mom who has spoken extensively about her family's process with a TGD child in her Church community shared, "now I'm one of those

‘those mothers’ that . . . will accept you and love you and I’ll be that mama bear for everybody. . . once we accepted [our child], we wanted to go further, and now the work we’re doing is not even just about [our child] it’s about all LGBTQ youth, adults and parents out there” (PP106.1).

A dad shared:

I’ve been very vocal and outspoken. . . about who our family is. . . I wear a transgender flag on my lapel at the office every day. . . and [at] church. . . I got involved in an LGBTQ charity because, for me, it was important that my daughter see, and other LDS uh gay and trans people see, that my um support wasn’t just because my daughter was part of the community, but that every child um deserves love and respect. (PP233.2)

Another couple shared, “we need to be the safe place. [SP31] wore a rainbow tie every week, to church . . . That’s the kind of people we want to be. . . we wanna be a safe place” (SP29); “We definitely want to show up for our queer brothers and sisters that are in the Church that are struggling that maybe don’t have anyone to talk to” (SP31). Advocacy seemed to signal parents’ acceptance of their child.

**Social Factors that Helped and Hindered Parents’ Process.** There were social aspects of parents’ experience that seemed to facilitate their process and others that complicated it.

***Social Factors that Facilitated Parents’ Process.*** Spontaneous support from parents’ existing social network seemed to facilitate their process. One mom shared how meaningful her social network had been:

I have had phenomenal . . . supportive um friends and family and church leaders. So that has helped me um because they have just shown so much love and acceptance to us and so that just creates more acceptance on my end for my son . .

. I haven't had to defend anything . . . [our] Bishop kept saying over and over, 'let him dress how he wants. We want him here in any clothing. We just want him here.' . . . [when our child was suicidal] we consulted our bishop, you know, we're in this quandary, and our bishop . . . said, 'I would rather have a transgender son than a dead daughter. You do what you need to do to keep him alive.'" (SP1)

A parent wrote, "once I 'let' our son come out socially and to family it all fell into place. I was shocked how easily they accepted him as himself" (FP28). Another said, "our ward was very supportive and loving" (SP52). A mom shared, "one of my best friends . . . just reached out in love . . . she said 'send me any information you have, I wanna understand this with you' . . . she has been, um, just solid and not ever dumping in, but just always, like, willing to listen. Yeah. So, that's been the most helpful" (SP10). A dad said, "our bishop, our stake president . . . have been very compassionate and have told us what we need to do is love your child, and make sure they know we love them" (SP37). One mom said she, "wrote a letter to [the] ward council, and just kind of said what was going on. And the ward council was very loving and, like everybody who had read the letter came up in church. . . greeted [child] . . . called her [chosen name] and gave her a hug, and I really appreciated that" (SP44).

Being on the same page as their spouse in their journey also seemed to facilitate parents' process. Parents said, "Through this whole process. . . we went through . . . that roller coaster together . . . on days that, you know, I was having a struggle or I was upset about something he would come and . . . it really helped to have him support me and vice versa" (PP106.1); "We're pretty equally yoked where all this is concerned and so that's been a true blessing" (SP1); "I could see how this would be really hard on a couple if they felt very differently . . . We've had each other through our challenges with . . . [being] angry or grieving . . . [with] religion and

doctrine and leaders and extended family and everything, we have been very together on it, so that is probably one of the biggest blessings that we have had” (SP37); “We’ve just been one all these years. Have we had disagreements? Oh yeah . . . we’re two different people, but we’re connected [about our TGD child]” (SP5). Parents also reported appreciating support from their TGD child: “she was very gentle with us . . . She kind of gave us time to get used to the idea before she was kind of hoping that we would call her by female pronouns” (SP37); “[My child] is understanding of my struggle with they/them pronouns” (FP3); “I mostly learned from, from [my child] . . . because their, their anxiety and depression . . . caused them to research and self-educate . . . So, then, that’s how I’ve come to learn more” (SP6); “[My child] has done many things to make it less hard than it might be” (SP62). Support from people in their social circles seemed to facilitate parents’ process.

Parents reported resources created by or for the broader TGD community and helping professionals also impacted their journey. A dad said, “everybody has to go through this journey. You can’t take out any piece of the journey . . . but you can shorten the journey . . . due to loving people that are surrounding you [and] education. And actually just knowing resources, knowing who to go to and where to go to and who to talk to” (PP106.2). A couple talked about reading a book written by a member of the Church about supporting queer family members:

I walked . . . right up to the book. I brought it to [SP5], he did the reading, and by the time we got home, we knew for sure the direction we needed to go . . . [the author’s] vision of, um, circling the wagons around our youth, our family members. And, uh, we felt pulled to that. That that was the right answer, to, in our case, circle the wagon around our child, but also, do it from within the context of the Church to whatever degree we could. (SP4)

A mom shared, “after they came out to me, we went to a gender conference . . . and they even had a class on trans people of faith . . . [that] really stuck out to me . . . just them being able to, uh, kind of share some of their thoughts and interpretations of the Bible and how it relates to them was really interesting to me” (SP6). Another mom reported, “I read uh books that people posted. I read articles that people posted um and I got a lot of enlightenment from that, a lot of comfort . . . [and] beginning to feel like um there was a level of acceptance for the change that was beginning to happen in my heart, to believe that my child was created this way” (SP47).

Parents mentioned podcasts they appreciated: “Listen, Learn, and Love . . . is a fabulous podcast . . . it helped me to understand so much about the transgender community—religious aspects are shared” (FP56); “the podcast Gender: A Wider Lens by two psychotherapists who work with teens with gender dysphoria. They are not religious, but they have so much helpful information for parents” (FP51). Parents also said: “I finally got a therapist for myself. It helped tremendously” (FP73); “professionals that we talked to . . . gave us a new perspective just to kind of help us . . . look at what [our child] was seeing” (SP2); “it took a really good therapist to kind of sit down with both of us and, and pretty much lay it on the table that what do you have to lose from accepting him?” (SP52). Parents shared that resources in the community facilitated their process.

***Social Factors that Complicated Parents’ Process.*** Some social elements appeared to complicate parents’ process. Not having support in their social sphere and non-affirming resources seemed make parents’ process harder. A parent wrote, “just this weekend my mom, who doesn’t know about my daughter, talked about ‘the gays’ and how she doesn’t like certain things . . . It’s so hard” (FP41). Another wrote, “A friend . . . stopped coming over to our house. She is in our same ward. We just found out the reason is because they don’t want her around my

[TGD child]’s influence of name change, dressing like a boy, etc. . . I can’t help but feel sad and hurt about this” (FP64). A mom reported not having spousal support was hard:

I have recently felt like maybe it is time to use my child’s preferred name . . . but I’m afraid my husband will feel like I’m leaving him alone in this - he is not ready to do that and might not ever be, and I’m afraid it will damage their relationship even more if he’s the only ‘holdout’. . . I just am struggling feeling like someone is inevitably going to feel like I’m not on their ‘side’ (FP102).

Another mom shared that after telling her extended family about her TGD child, “they sent an email that said that they were gonna do a fast for [my child] and . . . I know that their fast is . . . for her to change, you know? To be [dead name] so that’s, like, the opposite of supporting someone” (SP7). A less affirming mom shared resources that made her slow to give affirmation to her child: “I found a . . . YouTube channel. . . for parents who have . . . kids with rapid onset gender dysphoria . . . [also, I] read, um, Irreversible Damage by Abigail Shrier. . . [and] another book . . . about how to parent a child with ROGD” (SP65). Another said, “when we first started looking up . . . transitioning . . . then de-transitioning came [up]. So, I guess we have probably looked up a lot of de-transitioning” (SP66). Some social elements seemed to complicate parents’ process.

### ***Behavioral Tasks***

Affirming behaviors were necessary for parents to be at a state of acceptance, but not sufficient. While many parents struggled to show affirmation through behavior at the beginning of their process others were affirming long before they had completed conceptual, social, or emotional tasks. In talking about their behaviors, parents typically conceptualized them as

reflecting internal processes and noted that changing some behaviors was very hard in and of itself. We did not code concepts that helped and hindered affirming behaviors specifically.

**Non-affirming Behaviors.** Many parents reported non-affirming behaviors early in their process. A mom shared, “I had a hard time with . . . pronouns. . . To me it was like ‘No, that’s a no’” (PP373.2). Another mom said, “I could not mouth the word. I couldn’t say [new name]” (SP1). SP26 reported, “he wanted men’s shampoo and I was like ‘you cannot use men’s shampoo!’” SP65 shared, “we took away the binder [a friend had given our child] . . . we call her [by the name we gave her at birth], we call her female pronouns. . . At church initially. . . I wouldn’t let her wear a white shirt or a tie. I said. . . ‘no, that’s the uniform of the priesthood. We’re not gonna pretend that you think you get the priesthood’” SP66 related: “I said, ‘there’s no way [I’ll remember new pronouns]. . . so don’t ask me to get it right, it’s not gonna happen.’ . . . I’m not gonna affirm.” A parent from Facebook wrote, “we will help her cope with her distress and anxiety, validating her feelings but not affirming a different identity” (FP24). Many parent reported not affirming their TGD child initially.

**Affirming Behaviors.** Over time, parents reported exhibiting more affirming behaviors. A dad shared that although it was hard, he tried to be affirming: “I’ve never prayed so hard in my life to show love and, and to respect his new name and respect the pronouns” (PP373.2). A mom shared, “previously, he’d communicated that, um, he needed to wear different clothing. And so, we went shopping right away and I just let him pick whatever he wanted and he’s like, ‘I need to get a binder.’ And I said, ‘okay.’ And he researched it and, um, told me what to get, and so, I, I got it” (SP10). SP26 related, “I bought a couple different . . . men’s deodorants and a couple different like men’s shampoos . . . and I put them all in a bag and I took it upstairs to his room and I said ‘I don’t know what kind you like, I’m not sure you know yet so here’s some things to



try.” A mom noted, “we put up a rainbow wreath and a rainbow doormat . . . [When] she noticed some changes in her body that were coming because of the estrogen, and she was really excited about that, I rejoiced in that with her” (SP44). Many parents reported that over time they became more affirming.

### *Parents’ Contexts and Characteristics*

We noted some contexts and characteristics of parents’ lives impacted their process, sometimes helping and sometimes hindering.

**Internal Resources that Helped Parents.** Some elements of parents’ lives that may have been present prior to a child coming out seemed to facilitate their process. We noted that prior exposure to TGD identities, some personality and parenting traits, and strong attachment relationships seemed to facilitate acceptance. One mom shared: “I grew up with a transgender brother. I didn't have the word for it . . . but I saw how he struggled, and . . . I would talk with my sister, and she has a child who is definitely gender questioning, and . . . I think that helped me to be more loving toward [my child] when she did come out. . . when she told us, I said ‘okay . . . we love you, we accept you, this is a thing’” (SP29). A mom with prior exposure to GD and personal experiences with TGD individuals reported: “we started using [our child’s chosen] name and pronouns that night [that she came out] . . . [and] in private when . . . [it was] just the two of us we used she/her. . . that took maybe a week . . . but it was hard” (SP44).

Some personality traits also appeared to be positively associated with parents’ process. A mom shared, “[my husband] is way more mellow and way more easygoing where I tend to be a little more high strung. Um so he’s the kind of personality that is like ‘okay!’ and rolls with it, with everything . . . his ability to just adapt . . . he accepted a lot of those little things that just like freaked me out” (SP26). Moms shared, “I just, uh, grew up kind of very accepting of those

who [exhibit gender diversity] . . . I've always had a problem with gender roles and stereotypes . . . I was always accepting of my children” (SP6); “I, um, never fully identified with my own gender. . . I feel like I don't fit the mold . . . I always found parts of the Proclamation offensive . . . I just don't agree with it” (SP7).

Parenting traits that seemed to be exhibited by more accepting parents included taking emotional responsibility for self, humility, and honoring a child's autonomy or agency. A parent remarked, “it's . . . not okay to unload on [a TGD child] or blame them for what we are going thru [sic]” (FP45). A father said, “[having our child come out] was crushing. . . although we never showed that to him” (PP373.2). Another father noted, “we were willing to learn, willing to not stand on that ground and die on it, that we were right” (SP4). A mom said “you gotta love them and let them make their own choices . . . that's the great challenge of parenting, right?” (SP49). Another mom echoed: “Give them their space . . . we talk about agency in the church, but as parents, it sure is hard to allow it . . . it was difficult for me” (SP5). A parent wrote, “[my child]'s feeling rejected by the church and doesn't want much to do with it anymore, which makes my wife and me pretty sad, but we're not forcing church on him as that seems contrary to God's will of respecting our agency” (FP2).

We also noted some connection between parents' attachment relationships and acceptance. A dad said, “there are a lot of things along [our life] journey that, that influence us. And I came to the realization that I have two very loving parents. And I want [my child] to have two loving parents” (PP352.2). A mom shared, “I called and spoke with each of my children and my in laws and my brothers and sisters in laws and my siblings and I just told them right out [about my TGD child] . . .and I was pleasantly surprised at how positive . . . the reaction was” (SP46). Another dad shared, “I'm grateful . . .that that I have [my wife] . . . as a dad and as a

man, I mean, who [else would I] cry to? . . . the key for me was . . . I am responsible to keep my family together.” Feeling securely attached was a construct we discussed being associated with parents’ acceptance of their TGD child. Activation of parents’ attachment/caregiving system also seemed to motivate parents’ movement toward acceptance, which we will address later.

**Contexts and Characteristics that Hindered Parents’ Process.** Some elements of parents’ lives that may have been present prior to a child coming out seemed to complicate their process. We noted that a lack of exposure to TGD identities, some personality and parenting traits, low emotional energy, and poor attachment relationships seemed to hinder acceptance.

Many parents reported that their lack of prior exposure to the idea of gender diversity (GD) was an initial complication to their process. One said, “trans visibility and understanding is really lacking in our lives so many of us lack the knowledge or tools for how to help and how to cope . . . I worse case scenariod 24/7 the heck out of the first two weeks” (FP45). Another explained, “we’ve been raised being SO ABSOLUTELY taught that Male, Female and Heterosexual are the ONLY possibilities of being, not even been aware of other variations and terminology” (FP130). A mom shared, “when [our child] initially came out, it didn’t go well. . . when [they] said, you know, I identify as non-binary, we . . . [didn’t] even know what that term is or what it means” (PP352.1). Another said, “I had never met somebody that was transgender. I didn’t have . . . an understanding of what that meant, of what that looked like. Um why, why would people be transgender? Why would you want to . . . there was a lot of unknowns. Um I think that was probably a really hard part,” (SP26). A lack of exposure to GD meant parents’ had to do the work to understand it before moving forward in their process.

Some traits appeared to complicate parents’ progress toward acceptance, including homophobia and rigidity. A mom shared, “I think the hardest part for me [was] . . . I’d been

raised to be homophobic” (SP10); another mom said, “we were pretty homophobic before we started this journey with [our child] . . . my sister’s gay, and we made a decision that her girlfriend wouldn’t be allowed here with family parties because we didn’t want to normalize that lifestyle. . . our old thinking [was] so awful and black and white,” (SP1). SP68 said, “I was . . . like okay, if we read the scriptures every day and we have our family night and we get to church and we get our eagle scouts . . . [nothing bad will happen]. . . [Now I’m] like wha- what's the point?” (SP68).

Parenting traits that seemed to be exhibited by less accepting parents included expecting a TGD child to manage parents’ emotions and not honoring a child’s experience or agency. Parents expressed: “I feel like the whole situation [of being expected to support and accept my TGD child] is one sided, there is no reciprocity” (FP66); “when we first started this journey, it was more about me feeling to be heard than [my child] needing to be heard (PP352.2); “I think it’s okay to cry . . . and let [your child] know how much their choices really are having an effect on you” (SP69); “[what] set the tone for the whole family, um, is [our TGD child] recognizing that this wasn’t just her journey. That, that she needed to let us do what was comfortable for us” (SP65). A non-affirming mom of an adult TGD child shared:

all through the summer he was saying, ‘it’s not safe for me at home’ . . . he ran away . . . he actually said I could not pick him up . . .and I said no . . . I’m picking you up . . .there’s no room for discussion for this. . . [when he’d been home for a while] he said nothing has changed and we said ‘well we all know that you’re dressing different, do you want us to make fun of your padded bra?’ Well no. ‘Do you want us to flip your bra and tease you about it?’ Well no. ‘How do you want us to treat you different?’ (SP69)

Some parenting traits seemed to be associated with less acceptance.

We noticed that when parents had low emotional energy (i.e. low “resilience”)—when they were already struggling with other emotionally intensive situations when their child came out—they were slower to move forward in their process with their TGD child. A mom who became affirming later shared that when her child came out she was in the midst of a crisis with another child who’d just been diagnosed with schizophrenia. She reported feeling: “really of all the times you had to finally like decide all this and we have all of this terrible stuff going on like are you kidding me? . . . I didn’t have the emotional capacity at all. Like I just, I couldn’t”

(SP26). One mom shared:

we’ve always lived in very tiny homes and I have lots of kids . . . I’ve always got someone in my face . . . both my husband and I are fighting our own demons with some, you know, depression and stuff like that . . . just before [my child came out] when she was in 7th grade, um both of my husband’s parents had died. Um, [my child’s] favorite teacher, her 6th grade teacher had died . . . we’d had 9 deaths in 16 months. . . And we’d moved 5 times in that period. . . I probably was like the world’s worst mother at that time. But I had so much going on. (SP66)

Another non-affirming mom shared:

My [other children] have all kind of imploded . . . it was the same situation that I’m feeling right now [with my TGD child] . . . my first experience with one of my kids, just completely falling off the rails . . . it was just really terrifying . . . it’s so scary . . . it really hasn’t stopped for the last three years . . . it was just boom, boom, boom, every year, another thing happened and that’s all been in the last three years . . . I

just feel . . . suicidal. . . what's the point? . . . she's my youngest, I got nobody else who needs me. (SP68)

Low resilience seemed to make it harder for parents' to move toward acceptance of their TGD child.

We also noted some less-accepting parents seemed to have challenging attachment relationships. One non-affirming mom said, "I get why I'm so screwed up now . . . I don't feel loved by my Mom. . . I don't have a good relationship with my parents" (SP66). A dad shared not feeling close to his TGD child: "to date I've never had my [TGD] kid directly tell me [about their gender identity] . . . she told my wife but not me directly . . . the fact that it was never actually directly told to me makes it harder for me to even accept it" (SP49). Another dad shared, "Men are kind of competitive or whatever, I don't know. . . it's probably my upbringing with my dad, you know, influences and whatever that [my TGD child] wasn't particularly close to me" (SP72). A mom said "I don't know why I- why I got married, why I had kids, like I've just, these are not people that I want to be with forever" (SP68). Poor attachments seemed to be associated with non-affirmation.

### ***Parents' Motivation: Attachment***

Parents' motivation for engaging in the process that led them to accept their transgender child seemed to come from three sources: their desire for their child's wellbeing, their desire for a close relationship with their child, and their desire to align themselves with God's personal instructions (as noted earlier in the section on personal revelation). In discussion the research team determined that each was about parents' engagement of attachment/caregiving systems.

**Desire for Child's Wellbeing.** Parents overwhelmingly reported concern for their child's wellbeing, and that this concern led them to engage in the acceptance process. FP12 said, "I just

want my kids healthy and happy and know they need to do what is best for them.” FP21 shared, “Our trans son has been [hospitalized] at least 6 times for suicidal ideation. I had to make the conscious decision that having a live son is better than burying a daughter.” A father shared, “my first real priority was the safety and wellbeing of my, my kid . . . when we see that our actions and our behavior or how we are treating our own child, hurt her, and then you can physically see and feel the pain, how can you do anything else, but correct yourself?” (PP106.2). A mom reported, “[my child] seemed like he was really sad and depressed . . . and I thought about it so much. And it was like, Okay, I don't want my child to be to be sad. If I have to [change pronouns]. . .(you have to make an enormous effort to be grammatically incorrect), I'm going to go ahead and I'm going to start calling, calling them they” (PP373.1). A couple shared:

When he wanted to start on testosterone, we were adamantly and morally opposed to that. But his depression just spiraled, it was really scary . . . he would be writhing in a fetal position on the floor just clawing at himself, pulling his hair out, just, ‘I hate my body, I hate my body, I can’t look in the mirror.’ You know, it was just always, these meltdowns about how much he just loathed being in his body. (SP1); And so, I just, I came to the conclusion for myself and for us that, umm, if putting him on testosterone can resolve this, you know, if it helps with this depression, then [we’d do it]. (SP2) It doesn’t matter what other people think. (SP1)

SP36 said, “We did feel like she was trying to survive . . . she had been through so many years of depression and had been so miserable and so much self-loathing that it’s really not as hard to make that transition to a different name and pronouns when you have seen the dark side of it.” A mom reported, “probably the biggest concern. over . . . church, or you know, people’s judgments or anything like that, is just safety . . . my stance is, you know, regardless of what the church

believes, I'm going to keep my child alive" (SP6). SP72 said, "if I thought the best thing for [my child] would be to embrace his [gender identity] and celebrate it, I would do that. I would do that. . . if, you know, transitioning is really, an expression of who they really are, and that they can go forward and be that person, and be happy—I mean that's what I want".

For some parents, significant safety and wellbeing concerns arose prior to their child coming out; this seemed to stimulate parents' motivation so when their child came out their willingness to adapt was already strong. A father shared:

We started to notice some signs of depression . . . it got worse and worse . . . I was saying okay there's something going on . . . it was really getting pretty bad and we were really really worried about her. And um the only thing that she said was there's no hope for people like me. And that really concerned me. I thought what does that mean, people like me? And and why no hope? . . . I didn't know what was going on. . . We saw a text message that she had sent to a friend that showed that she was possibly . . . having suicidal thoughts . . . We read an email that she had sent to her older brother who was on a mission at the time. And she opened up to him [about being TGD] . . . [We thought] how could we let our child navigate something so complex by herself without bringing to bear our experience, resources, talents, all the things that we have to offer to try to help her . . . [before we talked to her about what she'd written to her brother] not only did we talk to a counselor, we started researching. [Many] trans youth attempt suicide . . . I was gonna try to get out in front of it and try to uh communicate with her because that that number goes [way down] when you have the acceptance of parents. And so, I could reduce the likelihood of suicide . . . I would have to be an idiot to not try to get in front of it .



. . [so when we let her know we knew about her being transgender, we told her] ‘we love you, we don’t think you should have to do this alone.’” (PP233.2)

A mom related:

When [my child] went through puberty, that was very hard for him . . . I was seeing, over time, his distress with that . . . [He] began having what he called crashes . . . I was seeing my bright verbal child just shutting down when he had one of those crashes, and they were very concerning. . . it was a scary time for us . . . [once my child identified that he is transgender] he came and shared it with me and he was lit up. That’s the only way I can describe it. There are parents who have a hard time getting on board when they find out their child is transgender but for me that made it very easy to get on board . . . because I had been seeing [my child] plummeting, as his crashes got worse and more frequent. For me the experience was getting my child back. Yes, my child came back with a different names and different pronouns. But I got my bright, happy, wildly creative, [child] back. (PP48)

Seeing their child’s distress was motivating to parents to adapt for the sake of their child’s wellbeing.

**Desire for Connection with Child.** Parents also reported valuing a strong relationship with their child, and that this motivated adaptation. FP53 wrote, “Keep the communication open. I don’t think there is anything more important than our relationship with these kiddos.” FP102 posted: “[my child] just texted that their therapist recently approved hormone treatment and asked if I was willing to go with them to the consultation . . . The answer in my head is hell no, I don’t want to be a part of it but I always want to be a part of you, so I guess I’m going.” In response to another parent sharing their struggles about whether or not to affirm their child,

FP126 wrote: “just walk beside your child fully while she figures all of this out for herself just because what is going to matter most at the end of the day is the relationship.” A father shared, “at some point I had to say okay, how much do I wanna push back on this? What, what battle do I wanna fight here? . . . What’s the cost? . . . [it] just kinda came down to that, it’s, do I wanna push my child away? . . . I just cannot imagine not having him in my life” (SP2). A mom said she’d found out from a friend a while after her child came out, “[my child] legitly thought when he came out as transgender we were going to kick him out of our home. Like he legitly had a plan B of where to go. . . And that horrified me. . .there’s a lot of regret on my side for sure . . . I think [how I responded] in the beginning it really hurt our relationship” (SP26). SP44 shared that when her child came out:

She said ‘I know you will always love me, but I know you can’t accept me.’ . . . I vehemently objected [even though I felt conflicted]. . . [because if she thought she] could be too much, like my capacity to love and accept was limited where my child was concerned, that that would be a wedge that would come between us. And it was horrible. . . I felt really scared. Because, I thought, if something could come between us it would be her thinking that we couldn’t accept her. #Tight voice, tears  
# I think that was the most scared I felt of losing her.

SP6 shared, “I was also careful in my response and probably more supportive, um, than I was maybe in my head. Because I wanted to make sure that they felt like they could still come to me.” Many parents shared that their desire to preserve their relationship with their child prompted them to adapt and motivated their process of acceptance.

### *Transformation*

Parents overwhelmingly reported that their process in moving toward acceptance of their TGD child was one of growth and development; the process was difficult, but it broadened and nuanced parents' understandings, engendered the capacity to make choices about beliefs they previously felt subject to, and increased their confidence in personal perspectives and feelings of closeness to God.

**A Challenging Process.** As a developmental process, parents' journey toward acceptance was seldom quick, easy, or straightforward. Parents on Facebook wrote: "It really is so, so hard. It took me years to accept it" (FP28); "It took me about 18 months to get to the point that I could say my amab trans daughter's preferred pronouns all the time . . . It is really, really hard, but you will get there with time" (FP33); "I had a really hard time with their name change but I knew that I needed to love and support them. It's been 6 months for us and I still struggle sometimes" (FP52); "This road is full of questions, worries, frustrations and sorrows" (FP77); "It's taken time and energy to shift things" (FP101); "[My child's experience is] challenging my perspectives, making me see the raw pain that my child is in, knowing that it isn't something that I can really understand, and thus leaving me in that most uncomfortable state of cognitive dissonance" (FP129). Parents offered advice to other parents on the journey; we heard: "It's difficult. . . Stay close to Heavenly Father . . . look for those Heavenly moments . . . really bring the spirit into your life because it's a time in your life when you're going to need [it]" (PP233.2); "give yourself some grace, because it is not pretty um it is not um easy" (PP352.1); "it's been incredibly hard . . . This [is] the most tremendously painful process that you can imagine going through . . . Spiritually, emotionally, as parents learning to accept our child, I do not want to

make it seem like this has been easy,” (PP373.1); “this is a very challenging path that you’re on and its going to be hard and you’re going to need to be strong” (SP52). A mom said:

It’s surprisingly difficult . . . to navigate as a parent . . . [I needed] time. . . the growth and the marinating with those hard spaces is just what I needed . . . it just took time for me to actually to let go of . . . preconceived expectations for him and what I wanted his life to look like and what I thought was right for him, letting go of that and, and just saying, ‘what is it going to take to help?’ This is what it is. Acceptance. (SP1)

Other parents shared: “You can either get on board and go along for the ride or not . . . everything got so much easier once I hit a point where I was more accepting and I think, I think that was huge. I think the whole process . . . it’s really hard” (SP26); “it’s excruciatingly painful, because it challenges every aspect of your life. It challenges your, your friends, the Church, your extended family, your family, your beliefs” (SP36); “I think it’s hard to know how to say what the process is because I feel like . . . it sorta fits and starts” (SP62). We heard from many parents that their process was challenging, messy and took time.

**A Process of Growth.** Parents reported that through their process they developed as people; their perspectives became broader and more nuanced, they increased their capacity to evaluate beliefs they previously felt subject to, they came to trust their personal perspectives, and felt closer to God through an expanded capacity to love. FP10 wrote: “I have learned . . . each of us is ok. I’ve learned that my personal authority is the most important authority to listen to, besides god. I’ve learned that the way I live and express my values doesn’t have to look like anyone else’s. Just because the expression of my values isn’t the ‘prescribed’ way, doesn’t make them any less righteous.” FP12 posted: “It’s been 6 years for me since my son came out. I have

seen some beautiful changes in myself. . . I feel more intentional in my beliefs.” FP27 shared, “I know God made [my child] this way for a reason. I believe part of that reason was to teach us to love like he does. I have learned and grown so much on this journey.” FP29 wrote, “[having a TGD child] is an opportunity . . . a calling to reach out and join Christ in ministering to [the marginalized] and be challenged and changed in the process. It is a brutal, beautiful invitation.” FP47 posted: “I feel so much like Eve. Like I have tasted of the tree of knowledge. For years I had my rose colored glasses on as an active member of the church . . . [now my kids have] come out. As I’ve pondered and prayed, researched and listened . . . My eyes have been opened.” FP49 responded:

Eve is my hero. She was given an impossible task. Commandments that were opposing. She had the courage to rely on personal revelation, think outside the box and do what she felt was right . . . I go to church and mourn the simple days with simple faith. My faith is so much MORE now. I, like Eve, see the paradoxes in the church. I walk by my personal revelation... instead of by every word that is taught at church. Like her I am both shamed and applauded for my beliefs. But I’ve come to know that God is proud of me and is beside me. If I’m good with God; I’m good.

PP230.2 shared: “Once those barriers [of non-affirming beliefs] were torn down, suddenly, I felt so much closer to the Savior. I began to understand so much more how perfect His love is. And there was nothing I would do to ever give up who I have become through this journey. It's been a humbling, tear-filled process. But in that process, there's been great quantities of tears of joy.”

A wife and husband said:

I’ve had to really let go of . . . tightly held opinions . . . which I guess I didn’t realize at the time were opinions . . . But the more I have let go of that and the more I had

an open mind and heart, the more I've been able to have um Heavenly Father really help me to understand . . . it's taught me more about the Savior's love that He has for His children but also taught me more about how I can love as the Savior did (PP233.1) . . . It's easy to love people as long as they follow all the commandments and follow all the rules. We're really good at that as members of the Church. . . [Now] just accepting people where they're at, for me that's become one of the great things. (PP233.2)

Another mom shared: "The things that [our child] . . . taught us have increased our level of knowledge and our level of understanding and truly Christlike love" (PP352.1). A father shared:

Before this groundbreaking, earth shattering event in our family . . . the Church was working for me . . . But I didn't grow at all, spiritually . . . and then [my child] comes out, and . . . I really feel my heart grew. . . when I got rid of my homophobia, which I'll admit, I had . . . [Now I see] if I have a feeling like, of judgment towards another person, I am the one condemning myself. And I am the one separating myself from God, by separating myself from that person and saying . . . he's not right. . . I feel like my heart has just really been set free . . . And I'm just so grateful for that . . . I just feel so free, finally. It's just wonderful. (PP373.2)

A couple reported, "Our paradigm has shifted, definitely," (SP2); "having a trans child in our lives, the world has more color than it ever has had before" (SP1). In a later interview, SP1 reiterated: "our faith is more nuanced. . . [I'm] not being as black and white as I used to. I used to have everything in neat boxes where my faith is concerned . . . but understanding [my child] . . . and accepting him has opened my eyes to much more beautiful parts of [life] than I ever imagined." Another couple shared: "I know this is hard, and I wouldn't wish it on myself or

anybody, but I wouldn't have it any other way either" (SP29); "Recognizing your homophobia and your transphobia is where you have to start to be able to overcome that" (SP31); "To deconstruct that" (SP29). A mom expressed, "when you see [the pain your TGD child experiences] your lens changes . . . you have different eyes" (SP36). SP46 shared, "I think it's been a lot of growth and a lot of change and a lot of maturity and understanding things and then uh seeing things in a less rigid way and then understanding that maybe some of the things that I had been taught . . . even within church doctrine, no longer resonate with me as true." We found that parents' process was one of growth and development; it was a transformation.

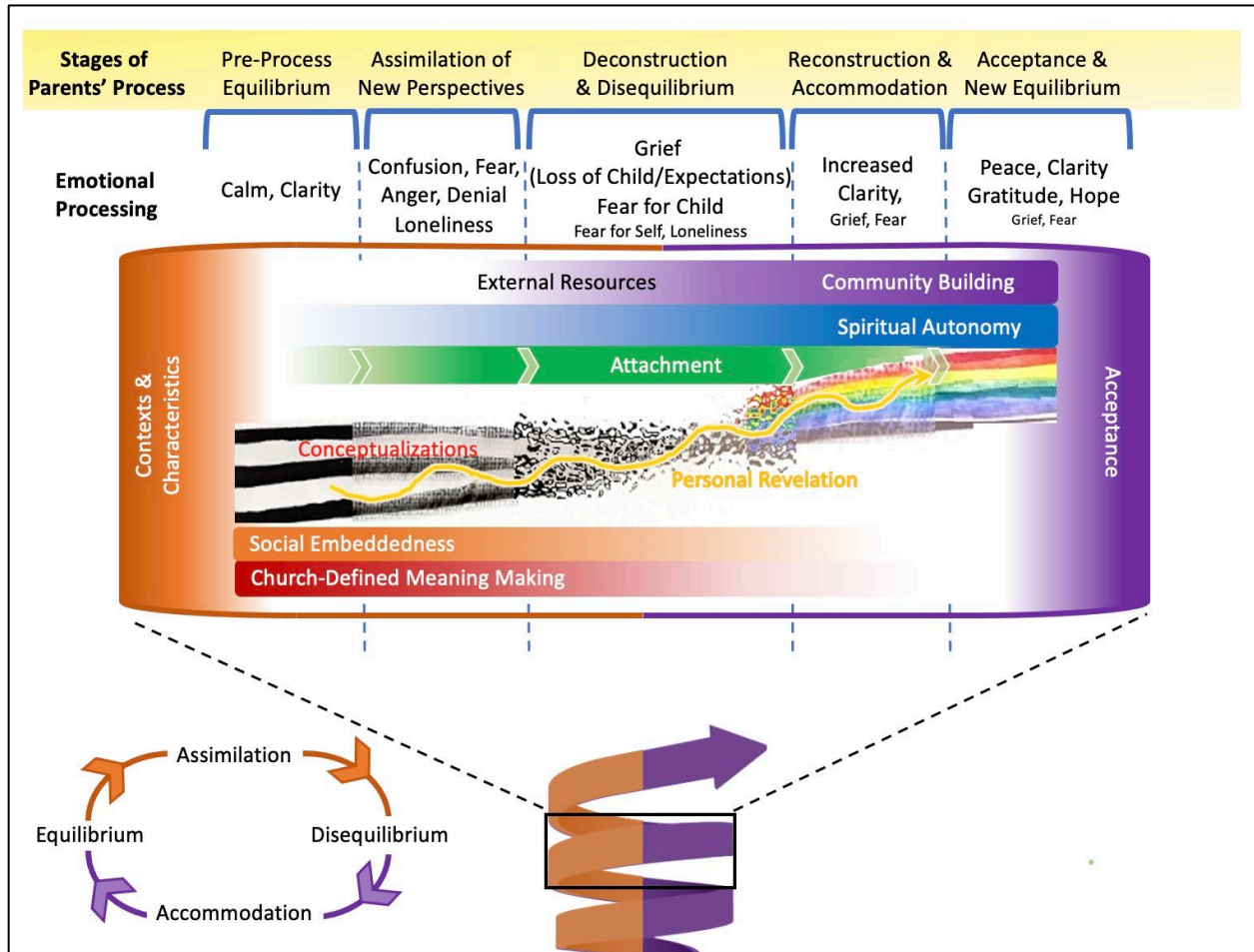
### **Theoretical Coding Results**

We identified "transformation" as the core theme of our study. That code contained pertinent information about parents' process overall and was among the most coded constructs. In fleshing out what was happening in parents' process we also drew from the code "it's been hard." Extensive reflection on the data, memoing and diagramming led to a crystallization of stages in parents' process, with a focus on conceptual development. We then examined parents' social, emotional and religious/spiritual processes in terms of those stages and found salient themes for each. While behavior may seem to be the most overt marker of acceptance, our results indicated that it was peripheral to parents' process, and is therefore not included in the model.

Codes and categories from selective coding did not translate directly into a model. In examining how constructs were related to each other and how they developed during parents' process we regrouped and simplified some categories and codes and separated others. For example, in selective coding, we categorized religious and spiritual aspects under conceptualization, but in the model we made them their own category. In reviewing data and beginning theoretical modeling we determined that parents' emotions seemed to be reflective of

the point they were in their process more than impacting it, while social and religious/spiritual factors did seem to influence parents’ process meaningfully.

*A Model of Latter-day Saint Parents’ Process in Coming to Accept a TGD Child*



**Figure 2. A Model of Latter-day Saint Parents’ Process in Coming to Accept a TGD Child.**

Our research indicates that the process of coming to accept a transgender or gender diverse (TGD) child tends to engage Latter-day Saint parents cognitively, emotionally, socially and spiritually, and involves growth and development. Additionally, our results suggest that parents’ deep desire for their child’s wellbeing and connection with their child (attachment) motivates parents’ forward movement in this process and that their personal spiritual experiences tend to guide it. The model (Figure 2) depicts stages of parents’ developmental process,



conceptual changes, and the contexts and factors which impact that process. Below, we will explain the model in greater detail.

**Stages of Parents' Process.** By presenting the model in this format we do not mean to imply that parents' processes were necessarily straightforward or that stages were strictly consecutive. Humans are multifaceted and may have a variety of feelings and perspectives at the same time. Parents might jump around to some degree in this process, depending on which constructs they are considering, the contexts they are in, or their personal resources at the moment.

***Pre-Process Equilibrium.*** Prior to their process with a TGD child parents were often in a state of "equilibrium" wherein their conceptual understandings worked for them and they felt calm and clear about how they saw things (themselves, their child, religion, gender, etc.) Their understandings are often in line with those of their social community and with religious teachings. When this was not the case—when new perspectives were already being assimilated by parents before becoming aware of their child's TGD identity, this became part of the parents' contexts and characteristics we discuss later.

***Assimilation of New Perspectives.*** At some point, parents start to get new information or have experiences that don't fit with or cannot be explained by their current understandings. The new experiences or information may begin with having a child who has been happy, capable and aligned with Church become depressed, suicidal and withdrawn; it might be a child not fitting gender norms; or it might be a child coming out as TGD, etc. The more information a parent is presented with and must assimilate that challenges current understandings, the more likely it is to discomfit the parent. Parents may look for explanations that fit their current understandings. There is inertia in current understandings—changing them (especially when they are reinforced

by religious teachings) may seem impossible, morally wrong, and/or deeply distressing. There are usually no other clear understandings to take their place at this point. Parents may deny, be angry about, fear, and feel confused by the new information. They may begin to seek resources to help them understand it. They may begin to feel socially isolated because of their new experiences and seek communities with similar experiences.

***Deconstruction and Disequilibrium.*** When a preponderance of new experiences and information has come to parents from: the child, external resources, personal spiritual experiences, and their own experiences, old conceptualizations begin to break down. Conceptualizations that may break down for parents include: gender constructs, understandings of their child's gender and expectations based on that gender, religious teachings, and ideas about themselves. During this process of deconstruction parents often experience powerful feelings of grief and fear. They may feel they are losing their child, aspects of their faith, and aspects of themselves. In this stage of deconstruction and disequilibrium, Latter-day Saint parents often reported finding foundations to hold on to—their understanding of God as loving and trustworthy, personal revelation, and their attachment with their child. For highly religious parents, finding stability in a personal relationship with God and gospel fundamentals seemed to help even as Church teachings about gender were deconstructed. As old conceptualizations were broken down, new understandings slowly began to take their places.

***Reconstruction and Accommodation.*** New understandings begin to come together into a new mental map of the child, gender, religion/spirituality, and the parent. Often feelings of grief and fear persist, and there may be concepts that parents still aren't sure how to understand. Parents no longer feel so subject to (bound/constrained by) prior beliefs and may recognize more nuance, a broader perspective, and find they have more ability to evaluate and make decisions

about what they believe. They may also see the value of their journey for their child, themselves, and others.

*Acceptance (New Equilibrium).* Parents' new understandings and mental maps are integrated into their lives; the process of conceptual reconstruction no longer requires so much mental energy. Parents are likely to feel peace, clarity, calm, gratitude and hope. There may still be moments of grief or fear, but parents' emotional process has largely resolved. Parents have also typically found social spaces in which they feel comfortable and integrated.

**Change and Development in the Model.** In parents' process, as mentioned, we saw changes in parents' understandings as well as growth and development. Conceptualizations that we generally saw change were understandings of gender diversity—its existence and meaning (i.e. is it morally wrong? Is it evidence of Satan's work?); understandings and expectations of their child's gender; understandings of their role as a parent in affirming their child; and understandings of how to honor and incorporate their identities. Areas of development we often saw in parents were in increased complexity in their perspectives and increased ability to exercise their personal authority in choosing what they believed, especially in regard to Church teachings. Also, parents reported that their concept of love broadened and deepened and they seemed to develop greater capacity to feel and demonstrate love in situations that might have previously challenged them.

**Factors that Impacted Parents' Process.** A variety of factors seemed to impact parents' process of acceptance. Some were part of parents' lives and experience prior to their child coming out. Other factors came into play in the course of parents' process.

*Contexts and Characteristics.* Every parent started their process with their TGD child with a set of cognitive understandings, spiritual experiences, past and present emotional contexts,

attachment relationship, and individual characteristics. These contexts and characteristics were part of parents' pre-process equilibrium and formed the parents' internal resources. Some seemed to make aspects of the process easier for some parents and more complicated for others. Parent characteristics and contexts that seemed to hinder their process included low resiliency due to pre-existing demands on mental and emotional energy, poor attachment relationships, thinking poorly of their child's character, not having a close relationship with the child, and not respecting a child's autonomy or ability to know their gender identity. Parent characteristics and contexts that seemed to facilitate their process included strong attachment relationships, activation of attachment/caregiving instincts due to evidence of the child's distress, thinking positively of the child's character, prior positive exposure to GD, respecting their child's autonomy and believing in their child's ability to know their gender identity.

***Factors that Hindered Parents' Process.*** Nearly every parent we talked to said their process was challenging. There were some elements of the process that seemed to make it more complicated, though. These constructs are represented at the bottom of the model, with their salience decreasing as the process progresses: social embeddedness and Church-defined meaning making.

Parents' social contexts seemed to complicate their process in two ways: 1) meaning making and 2) the threat of isolation and rejection. Being strongly embedded in a conservative community's [lack of] understandings about gender diversity tended to hinder parents' process of acceptance—it made it harder for parents to conceive of any other understanding or make any other meaning of a child's TGD identity initially. What made it complicated for parents was both *what* the community's understandings about GD were (i.e., morally wrong), and that they were reinforced socially. Being embedded in conservative social communities also complicated their

parents' process because of the threat of isolation and rejection. This seemed to increase the emotional energy required for parents to engage in their process and sometimes created counter-pressure

Having understandings about gender diversity reinforced not only socially but in the teachings of a valued religion complicated the process of coming to accept a TGD child for parents. It attached current understandings to an important identity for parents (member of the Church) and to a moral framework which condemned as unacceptable any other understanding. Conceptualizations of gender were not only reified, they were "deified." Consequently, parents' identity as a member of the Church and the moral framework had to be deconstructed to some degree, which complicated parents' process.

*Factors that Facilitated Parents' Process.* In coming to accept a TGD child, Latter-day Saint parents' process was guided, motivated and facilitated by several factors, including personal revelation, attachment, spiritual autonomy, community building and external resources.

In the midst of this journey, in confusion, fear and grief, parents turned to personal revelation to guide them. Parents reported overwhelmingly that they felt inspired to love their child, to support them, to walk the journey with them. Personal revelation did not seem to be about changing parents' understandings of particular concepts as much as an a guide for how to engage in the journey with their child qualitatively: with love and faith instead of fear and doubt. In the model personal revelation is depicted as a golden thread woven through the process. It seemed to help remind parents of and ground them in some things they already believed (i.e., God's love for them and their child; their injunctive to love others; their privilege to have direct guidance from God) while other things were being deconstructed.

If personal revelation was the guide, attachment seemed to provide the power. Nearly every parent talked about how their desires for their child's welfare and for a relationship with their child motivated them to engage in the process. Parents' relationship with a God they conceptualized as loving and trustworthy also motivated them to follow guidance they received through personal revelation. Parents whose children were obviously suffering seemed to experience intensified attachment motivation.

As parents relied on personal revelation throughout their journey with their child, they also seemed to increase their spiritual autonomy, gaining trust in their own ability to assign moral meanings and make decisions about what was right and wrong rather than relying on the authority of the Church organization. Parents reported developing more nuanced understandings of a variety of concepts and, with their new perspectives, were able to make decisions about ideas they had previously felt subject to.

Parents' process in assimilating new information; deconstructing their understandings of gender diversity, their child, religious beliefs and themselves; and reconstructing a new mental map (conducive to acceptance) was facilitated by connections with other people (i.e., community building) and ideas (i.e. external resources) that imparted understandings and experiences the parent did not have yet and/or supported the parent in affirming their child. These were sources the parents sought out-- support groups, books, podcasts, helping professionals, etc. Building community and accessing resources also helped parents find social spaces in which they did not feel lonely, isolated or marginalized, as some did earlier in the process. As they came to a new equilibrium many parents also became advocates for other parents and TGD children.

**The Cyclical Nature of Development.** In this model we have contextualized parents' process using an ascending spiral and a circular diagram to indicate that this process of

development seems likely to be one of many experienced in a parents' life. The new equilibrium of acceptance parents may reach would become part of their context and a characteristic which provides the baseline for future growth.

## Chapter 5: Discussion

This study sought to understand Latter-day Saint parents' process in coming to accept a TGD child and the factors that affect that process in order to provide relevant insight to clinicians about how to facilitate that process. We found that Latter-day Saint parents' process is developmental—they noted valuable personal growth across several domains in their lives. Our research indicated that parents' process was 1) motivated by their drive to protect their children and preserve their relationship, and 2) guided by “personal revelation”—promptings to love and support their child they conceptualized as coming directly from God to them. We identified four stages of parents' processes, which were usually preceded by a state of equilibrium. The four stages were: 1) assimilation of new perspectives; 2) deconstruction and disequilibrium; 3) reconstruction and accommodation; 4) acceptance—a new equilibrium. Parents' emotional processes included experiences of confusion, anger, denial, loneliness, fear, grief, along with or followed by peace, comfort, gratitude and hope.

Factors that seemed to hinder parents' process were 1) embeddedness in a conservative Christian social setting, which often produced negative perceptions of and limited exposure to gender diversity (GD) and led to some parents feeling isolated and rejected; 2) religiously-based meaning making, which conceptualized GD as “Satan's” work and conflated Latter-day Saint parents' identity as a member of the Church with non-affirmation of GD; 3) parental characteristics and contexts including a) low resiliency, b) negative conceptualizations of their child's character, c) a poor relationship with the child and/or other attachment figures, d) a lack of respect for child's autonomy, and e) disbelieving their child's stated gender identity. Factors that seemed to facilitate parents' process included 1) spiritual autonomy, which involved parents trusting in their own ability to assign moral meanings based on personal spiritual experiences; 2)



community building and external resources—support and strength derived from parents’ affirming social connections as well as books, podcasts, helping professionals, etc.; 3) parental characteristics and contexts including a) strong attachment relationships, b) a positive conceptualization of the child’s character, c) elevated prior concern for their child’s health and wellbeing, d) prior evidence of GD in the child; e) prior positive exposure to GD, f) respecting their child’s autonomy, and g) believing in their child’s ability to know their gender identity.

### **Theoretical Grounding**

The model of Latter-day Saint parents’ process we identified and component elements of what helps and hinders in the process fit with and sometimes expanded existing theories. Our model also added to the literature examining parental processes in accepting a TGD child.

Our finding that parents’ process is developmental fits with other conceptualizations of parents’ process in coming to accept their TGD child, and the stages we identified are similar to those posited by other scholars (Hegedus, 2009; Lev, 2004; Nichols & Sasso, 2019). Lev (2004) noted that “the family members of gender-variant people . . . experience developmental processes . . . [which] involves a complex interaction of developmental and interpersonal transactions” (p. 280) and identified four stages of family’s process: 1) discovery and disclosure; 2) turmoil; 3) negotiation; 4) finding balance. Hegedus (2009) examined parents’ experiences and described disclosure, mourning, adjustment, and acceptance processes. Nichols and Sasso (2019) focused on how a child’s TGD identity impacted parents’ identity. They wrote “being a parent is a major aspect of one’s identity. . . When a family includes a [TGD] child. . . the parents’ identities invariably change. Those who ultimately come to accept their child’s identity . . . deconstruct and reconstruct their own identities in order to integrate and accept their child’s” (p. 201). They conceptualized parents’ process as being “a process of grief: letting go of the

image the parent had of their child . . . and accepting a new reality” (p. 201); and proposed the phases of parents’ process as 1) disclosure and disbelief; 2) deconstruction and distancing; 3) reconstruction and reconciliation; 4) recovery. No theoretical grounding was provided by other scholars who proposed stages of parents’ process, but we found the stages we identified aligned closely with Piaget’s model of schema adaptation, which describes the process of modifying an existing cognitive map and gaining a greater level of cognitive complexity. In naming the stages in our model we looked to *en vivo* codes and to terms from that model.

The developmental transformations we saw in parents fit conceptually with those described in Kegan’s (1983; 2009) constructive-developmental model. Parents described their development as going from “black and white” to “more color,” gaining “nuance,” seeing with a new “lens,” being “set free” from past beliefs, “thinking outside the box,” being more “intentional” about beliefs, experiencing a “paradigm shift,” and reflecting on what does and does not “resonate with me as true.” Parents seemed to be moving from a state of being subject to and embedded in social and religious frameworks about gender and morality (socialized mind) to one in which they were able to step back from those frameworks and evaluate them (self-authoring mind). Parents typically described relying on a higher authority (i.e. God) rather than personal authority, but their access to the higher authority came personally and provided a seat of judgement that empowered them to evaluate and set boundaries with the social/religious belief system in which they had been embedded. Parents faced a crisis and engaged in a process of development, assimilating new information, deconstructing current meaning making systems, constructing a new framework, and regaining equilibrium with a “self-authoring mind.” A profound part of many parents’ process was notable in how they described their love expanding, becoming more inclusive, and more like God’s. This shift fit with Kegan’s idea of “development

toward inclusion . . . [and] attachment” and that “development occurs in the context of interactions between [a person and their system] rather than through internal processes of maturation alone” (Kegan, 1983, pp. 5, 7). Parents described their increased capacity to love as resulting from their new perspective, unconstrained by the meaning making of the social/religious belief system. And though parents’ process was “painful, protracted, and life-disordering,” as Kegan posited (1983, p. 207) parents overwhelmingly asserted it was worth it.

We also saw evidence of faith stage transitions in Latter-day Saint parents in accordance with those stages described by Fowler (1981) and Peck (1987). Parents’ developmental process included faith-based elements. Many parents described how having their child identify as TGD and receiving personal revelation about accepting and supporting their child engendered conflicts with their previously held belief system. This led to greater nuance and complexity in their faith for some, rejection of Church membership for others, and greater reliance on personal ways of knowing as parents sought to make sense of their new experiences. Parents described examining prior assumptions, “peel[ing] off layers” (PP373.1), and no longer relying on the Church institution and its authorities to define God and truth. Parents’ processes in coming to accept a TGD child seemed to include transitioning from Fowler’s stage 3, or Peck’s stage 2 (synthetic-conventional and formal-institutional respectively) to Fowler’s stage 4 or Peck’s stage 3 (individuated-reflective or skeptic-individual respectively). Those who retained their membership in the Church seemed to do so by finding peace with paradoxes and mystery, valuing diverse viewpoints, and finding a greater sense of connection with others, which may indicate transitioning to Fowler’s stage 5 or Peck’s stage 4 (conjunctive faith or mystic communal, respectively). For example, the comment by FP127 that: “sometimes instead of seeing God as expressed by authorities, I have [come] to see God as expressed deep in the eyes

of the ‘least of these.’ I think that’s actually where God resides” seems to be indicative of Peck’s mystic-communal faith stage.

In noting parents’ development entailed transcending a socially constructed system of meaning, we did not feel the theory of symbolic interactionism was invalidated. In fact, parents’ continuing need to be connected socially and to integrate with a community that shared their new perspective and had likewise evaluated and discarded some old beliefs reinforced tenets of symbolic interactionism. In being intentional about their beliefs and setting boundaries with old belief systems, parents did not transcend the need for a shared system of meaning making. Though personal revelation seemed to enable parents to step back from embeddedness in one framework and recognize it did not constitute reality, it did not seem to spontaneously create a new framework. Parents still looked to others for perspective, resources, and understandings about gender and morality. They needed community support as much as ever.

Ecological systems theory (Bronfenbrenner, 1979) was also reflected in parents’ process. Like Kegan’s, Bronfenbrenner’s theory asserts that growth and development happen in systemic contexts. We saw parents choosing to tailor their mesosystem and exosystem to better support growth and development in their microsystem. Though parents hoped for change in their macrosystem, affecting change there was beyond their capacity. By adapting their mesosystem and exosystem to include others who shared their affirming perspectives, parents were able to decrease dissonance. Parents reported that participating in support groups (mesosystem) and seeking out resources from the exosystem that felt aligned with and supportive of their development was instrumental in their process. Intentional community building strengthened parents’ sense of belonging and fulfilled attachment needs. This element of our findings also paralleled Minnix (2018) relationship equilibrium model. Minnix found that strengthening

relationships within their community (and with God) helped provide stability through change for religiously conservative therapists.

The motivation we saw in parents to protect their child and preserve an attachment/caregiver relationship, especially when they saw their child suffering, fit well with attachment theory. The human drive toward connection with and protection of children is a basic instinct and a core aspect of parenthood. While we noted that poorer attachment relationships seemed to attenuate parents' motivation toward acceptance, even those parents who were least affirming reported wanting the best for their child. Attachment seemed to moderate acceptance, not mediate it. Other research has shown parents with secure attachments to their children are more likely to be accepting of their child's TGD identity (Wren, 2002) and that a child coming out with a queer identity seems to activate attachment systems (Mohr & Fassinger, 2003). Mikulincer and Shaver (2016) noted that caregiving tends to be activated by another's need for assistance with or validation for realizing an endeavor of exploration, learning, or mastery. Empathic concern, attunement, affirmation, advocacy and allowance for the autonomy of the other are all aspects of the caregiving repertoire (Batson, 2010) and were all noted in the data. Attachment theory provides a valuable theoretical grounding for our model. This research may also indicate the value of expanding our examinations of attachment theory to include more about caregiving relationships. Originally, attachment theory focused primarily on the importance of the presence of an accessible, responsive, engaged caregiver in childhood (Bowlby, 1969); it was later expanded to acknowledge adults' need for an attachment figure and even more recently examined in light of adults' caregiving drive (Mikulincer & Shaver, 2016). Expansion of our understanding of how attachment and caregiving relationships impact how people think, feel, behave and develop throughout their lifespan is indicated by this study.

As Nichols and Sasso (2019) noted, and Kegan's (1983) model anticipated, we found that grief was core to parents' process in coming to accept a TGD child; key elements of their mental models (e.g. their child's gendered self, religious frameworks, aspects of their identity) were lost. Mental models are fundamental to a sense of safety and stability, according to O'Connor's (2022) neurobiological theory of grief, and losing them can register in the brain in the same way physical pain does. Parents in our study reported significant experiences of grief as they renegotiated their understandings of their child, their religion, and themselves. In offering support to another parent, FP59 wrote "You're going to feel [like you lost your child]. But just remember that you haven't lost her. You are just losing [your] ideas about her . . . It could be helpful to get to know her as her new self, to do things with her . . . that can help you understand and appreciate her journey . . . [and] open up opportunities for you to grow together and understand each other in new ways." Indeed, parents' process required time and new experiences as models were deconstructed and reconstructed anew in the brain. The process was painful and often prolonged as parents experienced the complications of ambiguous loss and disenfranchised grief. Feeling confused and/or alone in their grief seemed to necessitate more of parents' mental energy.

As may be expected in a process of growth and development, parents' mental and emotional resources were tapped in adapting to their TGD child; when there were already other stressors taxing those resources parent's ability to adapt to the stressors of their process (i.e., resilience) seemed to be compromised. As predicted by the resiliency model of family stress, the meaning parents made of their child's GD also impacted their resilience in adjusting and adapting to a stressor (McCubbin & McCubbin, 1993; Weber, 2011). As parents stepped back from social belief systems and made new assessments of their child's TGD identity, their

adaptation process proceeded with more facility; when parents believed their child's GD was not a choice or evidence of a moral failing, and when they saw GD as part of normal human diversity, there seemed to be less resistance in the acceptance process. Another stressor that may have impacted parents' resilience was minority stress. This relationship was unclear in our study—while some parents noted feeling marginalized proximally (i.e., by friends and family) and/or distally (i.e., by Church policies, society), those who reported these experiences had varying outcomes. Two mothers who reported feeling marginalized and who both seemed particularly emotionally fragile in their interviews were in very different places regarding acceptance; one was very affirming and the other was one of the least affirming parents. Most others who reported having experienced elements of minority stress did not note those experiences having impacted their processes particularly. If anything, parents' experiences served to build compassion for and a desire to protect their child. As one mother noted:

It actually takes for you to have those experiences [of being ostracized and bullied] . . . to really . . . have that empathy for others. And this is how we become like Christ, because Christ went through all of this. And that's how He can understand us. And that's why Heavenly Father gives us these trials, because He wants us to be like Christ, He wants us to experience these things so we can understand that we can love and that we can have more empathy for other people who are going through these trials.” (PP373.1)

Parents' resilience impacted their process; the impact of their experiences of minority stress was unclear.

### **Spirituality in Parents' Process**

A key part of the process of acceptance we saw in Latter-day Saint parents that was not reflected in any of the literature we found about parents and their TGD children, and which seemed particularly important in conceptualizing the process of a highly religious population was the value of their spiritual experiences. As SP47 said, “this whole journey—it was sacred. I mean, it was . . . one of the most spiritual parts of my life.” Many parents echoed this sentiment, noting how they felt closer to God and more like God in their love because of their journey with their TGD child. While there are decades of extant, if not extensive, literature about spirituality and change (Penman, 2021; Wortmann & Park, 2009), about incorporating spirituality into family therapy (Butler & Harper, 1994; Coyle, 2022; Doherty, 1999), and more recently about the spiritual lives of TGD individuals (Lekwauwa et al., 2022; Kaufman et al., 2022; Kocet & Curry, 2011; Yarhouse & Haldeman, 2021), this study adds to the literature in looking at spirituality in parents' process of coming to accept a TGD child.

The parents in our study primarily conceptualized their journey in spiritual terms. For them, their transformation wasn't consciously about achieving greater cognitive complexity, re-writing mental maps, or transcending socially constructed meanings; it was an opportunity to develop as a human being and make progress in their life's purpose—to better understand and become more like God. Even though parents' process was often messy and miserable, the meaning they made of it transformed it. They said, “you will pass through [this process] and come out with a greater capacity to love and a greater understanding of God” (FP59); “[this process] is a good thing, it's a wonderful thing, it's, it's a miracle” (SP10); “on this journey . . . [we] have experienced immeasurable personal and spiritual growth,” (FP123); “it has brought the Spirit into my life so much . . . there is nothing that has blessed my life more” (PP106.1). As



parents aligned with personal spiritual experiences and made new meanings based on those experiences, shame and fear turned to hope and confidence. Even one of Latter-day Saint parents' most profound fears—losing their child spiritually, (which in Latter-day Saint theology means not getting to be with them after death) through “Satan . . . confusing gender” (Oaks, 2022, p. 103)—was allayed as they sought spiritual answers. A mom explained:

the message we receive [in the Church] is that . . . Satan's deceiving our LGBT brothers and sisters into . . . being transgender. And so I really had to examine what is his role in [my child's TGD identity is] . . . And what I've discovered is that [Satan] doesn't cause gender dysphoria any more than he causes depression. He's just there though, so that when we're in our darkest moments, he can tell you that you're worthless. You don't have a place in the Church of Jesus Christ or in the Gospel of Jesus Christ. And that's where I think he was at that time [when my child was suffering]. . . Satan is succeeding not because [individuals have] been deceived, and are now gay/trans. He is succeeding because he is keeping us from coming together as the body of Christ and loving with pure Christ like love. (PP230.1)

Spirituality is about making meaning of and finding purpose in life and creating connection with self, others, and the divine (Penman, 2021). It helped parents make meaning of their experiences of minority stress in a way that increased resilience. It provided a transcendent way of knowing (through personal revelation) that allowed parents to take a step back from Church teachings. It also gave parents the ability to remain connected with God—a key attachment figure and source of safety and stability for Latter-day Saint parents—as they were navigating the loss of other mental models. Spirituality has often been conceptualized as a valuable resource; we found Latter-day Saint parents' spirituality was a great strength in their process.

## **Clinical Implications**

Part of the purpose of this study is to facilitate clinicians' efforts to support conservative religious parents' process in coming to accept a TGD child. There are a number of clinical implications that that may be of value in working with this population, including incorporating spirituality in therapy, using models of family therapy which have been adapted to serve the TGD population, increasing parents' resilience and connecting parents with appropriate resources.

### ***Using Spirituality in Therapy***

A primary clinical implication is that in working with Latter-day Saint parents of TGD children, and potentially with other conservative religious parents, incorporating spirituality into therapeutic work could be of great value. This may initially seem challenging for many clinicians as using spirituality in family therapy is not widely taught (Coyle, 2022), so we will give several examples below of spiritually-based interventions that could be tailored to work with these parents. We also recommend that clinicians who will work with this population inform themselves on the use of spirituality in therapy more broadly, attend to spiritual self-of-the-therapist issues that may need to be addressed, and obtain competent supervision as appropriate. In therapy, "the therapist's role is to nurture the growth-producing function of spirituality . . . Spirituality in these therapeutic relationships is not about religious preferences, but about beliefs and meanings that clients assign to their spiritual experiences" (Coyle, 2022, pp. 20, 23).

**Asking Spiritually-Based Questions.** Asking questions is a core skill of any therapist and one that is easy to adapt to include clients' spiritual perspectives and experiences. By asking questions which include spiritual components the therapist gives permission to clients to address that area of their lives and invites reflection. Questions do not necessarily need to reference

“spirituality” in name. Spirituality can be inherent in ways clients make meaning, find purpose, connect with others, find comfort and healing, experience growth and development, and identify values (Doherty, 1999). The following questions may offer valuable openings for further exploration:

- What does it mean to you that your child is identifying as [gender identity label]? How do your spiritual beliefs/values impact the meaning you make?
- When you are feeling [fear/grief/confusion/shame] how do you get comfort?
- What do you see as the purpose of your parenting? What constitutes success? Failure?
- What are your values as a parent? In life? How do you live those values?
- What has helped you grow as a person? As a parent?
- Do you have spiritual ways of knowing? Something beyond what your senses offer?
- What kind of experience do you want your child to have with you?
- What impacts your sense of your [child’s] worth or worthiness?

Parents in our study also reported the following questions were helpful to them in therapy:

- What do you stand to lose by affirming your child’s identity? By not affirming it?
- Are there ways you can compromise without going against your values? (Nickname, clothing, haircut?)

**Accessing Spiritual Resources.** Religious parents are likely to have practices for feeling attuned to a higher power or otherwise accessing spiritual resources. In the crisis of processing their child’s TGD identity, they may or may not be keeping up on these practices. Asking about and encouraging clients to engage in these practices or try new ones may provide them a source of strength and guidance. These do not need to be religious practices, though they may be. As parents are deconstructing various mental maps, they may (or may not) feel apathetic or even

antagonistic toward religious practices that connected them with spirituality in the past. Taking time to be in nature; practicing mindfulness; safe-space imagery; creating art; compassionate service; connecting with loved ones; gratitude journals; reflecting on past experiences of love, safety and connection; and more can help parents access spiritual resources. As parents engage in spiritual practices they can also reflect on their questions and/or concerns about their child and be open and curious about what comes to them.

**Including “God” in the Therapeutic System.** As systemic therapists, we believe in including all the members (or as many as we can get) of a system in therapy, but “God” may seem like a stretch. This may be because of our own self-of-the-therapist issues with or conceptualizations of God, or because even if we trust ourselves to handle all the chaotic elements of a family in session, “God” adds an element that we do not know how to deal with. Yet for many religious parents, God is an important a part of their system, as an attachment figure, a stern authoritarian, or a transcendent source of love and peace. Getting to know a client’s [conceptualization of and relationship with] God can be exceptionally pertinent information. Whether clients’ relationships with God are sources of support or in need of repair, they are likely to have a big impact on religious clients’ process with their TGD child. Including God in the therapeutic system may be straightforward, (e.g., asking clients what their relationship with God is, and how their child’s coming out has affected it), experiential (e.g., an empty chair exercise with God), or reflective (e.g., reliving a memory of a time they felt close to, supported, or loved by God.) If a client’s relationship with God seems problematic or unhelpful, reflecting that and being curious about the experiences that led to that conceptualization and relationship may be valuable.

### *Using Appropriate Models of Family Therapy*

In working to promote the health and well-being of TGD individuals and their families it is valuable to use models which have been build or adapted for that purpose (Lev & Alie, 2012). Though there has been limited research on the models presented and none that we have seen in the research which focuses on a religious population, those presented below may offer clinicians a valuable start.

**The Gender-Affirmative Model.** Keo-Meier & Ehrensaft (2018) note that for generations TGD individuals have suffered great harm due to social constructs which have pathologized and condemned their gender identities. They assert that clinicians’ “are bound by the oath. . . [to] do no harm” and propose the Gender-Affirmative Model (GAM) to help clinicians who are working with TGD individuals and their families, “promote individual *gender health*, defined as freedom to explore and live in the gender that feels most authentic” (pp. 13, 14). Fundamentals for clinicians include 1) not pathologizing GD or gender expression; 2) cultural sensitivity regarding gender presentations; 3) acknowledging that “gender involves an integration of biology, development and socialization, and culture and context;” 4) recognizing gender is fluid and may change over time; and 5) that presenting pathologies are likely to be affected “by cultural reactions to gender diversity (e.g., transphobia, homophobia, sexism)” (Keo-Meier & Ehrensaft, 2018, p. 14). Tenets of the GAM include: 1) doing the self-of-the-therapist work necessary “to reevaluate our social constructs of gender and sexuality within our cultural context and the positions we impose on children;” 2) seeing that “gender identity and expression [are] a basic human right;” 3) acknowledging gender fluidity and “listen[ing] closely to children’s best attempt to explain themselves and respond in affirming way;” 4) “helping parents cope with the ‘not knowing’ and moving forward to deal with what is known;” 5) making

“use of the countertransference and manag[ing] our own biases;” 6) differentiating between “gender dysphoric stress and something else and treat in a triage and harm reduction fashion, as well as go deep into the psychological and social experiences of the children we treat in the context of the[ir] family, community, and culture;” 7) “increase[ing] our capacity to not know, be curious, and celebrate human diversity” (Keo-Meier & Ehrensaft, 2018, p. 15).

Coolhart (2018) noted that in doing family therapy, it can be challenging for a gender affirmative clinician to find a “delicate balance” as they “must find ways to support and validated parents’ emotional processes while simultaneously creating safety and support for the child” (p. 125). She recommends some sessions with parents alone and child alone to address intense emotions, support the child’s gender identity, and build rapport. Coolhart (2018) also noted that the clinician needs to be clear with parents that they will take an affirmative stance in sessions with the child; if parents are uncomfortable with this, initial sessions may need to be with the parents alone until sufficient trust and rapport are built. A GAM therapist can also help parents differentiate between topics to address with their child and those which they can receive support and information about elsewhere. Providing educational materials to parents regarding gender diversity is also an important part of supportive therapy as the therapist “functions as a teacher and coach” (Coolhart, 2018, p. 127). Sessions can provide, 1) “a space to explore, deconstruct, and expand family’s beliefs about gender” (Coolhart, 2018, p. 129); 2) the invitation for parents to “unlearn the idea that is it [their] role to keep [their] children on the straight and narrow [gender] path prescribed by society” (Ehrensaft, 2011, p. 41); 3) help managing parents’ difficult emotions, “particularly loss and fear” (Coolhart, 2018, p. 130); 4) coaching for parents to listen to their child’s experiences and emotion; 5) increasing attunement and facilitating

conversations about gender identity and expression. Coolhart (2018) also notes the importance of facilitating community connections for families.

**Attachment-Based Family Therapy.** Parents' desires to protect and connect with their child emerged as a key motivator in Latter-day Saint parents' process of coming to accept a TGD child. Other research has also pointed to the link between attachment and parents' acceptance of queer children (Mohr & Fassinger, 2003; Wren, 2002). Additionally, family acceptance is a key factor in outcomes for TGD individuals (Edwards et al., 2020; Pariseau et al., 2019). Therefore utilizing a therapeutic model which focuses on attachment theory to understand change, and which includes the family system seems appropriate. Attachment Based Family Therapy (ABFT) "is an empirically supported treatment designed to capitalize on the innate, biological desire for meaningful and secure relationships . . . [and it is] process oriented in nature" (Diamond et al., 2021, p. 287). ABFT has been demonstrated to be effective in improving attachment relationships and decreasing suicidality in queer adolescents and young adults (Diamond et al., 2022; Russon, Smithee et al., 2021; Russon, Morrissey et al., 2021).

According to attachment theory, interpersonal interactions (e.g., family relationships) shape individuals' internal working models of self and other, and changes in these relational experiences can modify the internal model (Diamond et al., 2021). In ABFT family interactions become in vivo, experiential learning opportunities. Within the relatively safe environment of therapy, family members receive support and guidance to engage about issues that have previously been problematic (i.e., a child's TGD identity) in responsive, validating ways. In vivo conversations give TGD children and their parents an opportunity to practice these new ways of interacting and create "corrective attachment experiences" (Diamond et al., 2021, p. 288). Conversations are preceded by individual sessions in which emotion-regulation and conflict-

resolution skills are learned. As a TGD child is able to stay emotionally regulated while directly and honestly “express[ing] painful thoughts and feelings, and parents remain available, responsive, and emotionally attuned,” both the parents’ and child’s views and expectations of self and other can be challenged and changed (Diamond et al., 2021, p. 288). TGD individuals may come to see their parent as capable of listening and validating and parents may begin to “view [their TGD child] as autonomous people needing respect, love, and support” (Diamond et al., 2021, p. 288). ABFT also addresses the need for emotional processing as modifications in parents’ and children’s working models of self and other are made. According to emotion theory, productive emotional processing entails acknowledging, connecting to and expressing vulnerable emotions. Diamond et al., (2021) write:

When adolescents express vulnerability in family sessions, it activates caregiving instincts. As parents connect to their worry or fear, as opposed to their frustration and anger, they respond in a softer, more caring, and attuned manner. Accessing these primary, vulnerable, adaptive emotions provides adolescents and parents with better information about their needs and activates healthier, more effective, interpersonal exchanges. (p. 288)

Using the powerful biological imperative of attachment, ABFT works to create attuned connection, facilitate emotional processing, modify internal working models, and facilitate new interaction patterns.

**Ecological Framework.** Edwards et al., (2019) adapted their ecological framework for TGD inclusive family therapy from Bronfenbrenner’s Ecological Systems Theory. The model highlights how individuals’ and families’ intersecting identities and contexts across their various systems impact their health and resilience. Clinicians using this model are encouraged to



recognize that 1) the microsystem (i.e., family, friends) can be both an “important source of support for transgender individuals. . . and for some, there is more harm than good staying connected with families of origin” (Edwards et al., 2019, p. 266); 2) their “clinical environment and protocols may reinforce cisnormativity” (p. 269) and pathologize gender diversity; 3) community systems, which have the potential for great harm, may also provide valuable support and clinicians should maintain a referral list of inclusive organizations and resources; 4) “many concerns that transgender clients bring to therapy result from society-based inequity that is institutionalized as policy” (p. 271); 5) gender affirming therapist “should operate as advocates within larger society based systems to effectuate change at the societal level” (p. 271) as outlined by Coolhart & MacKnight (2015).

### ***Increasing Resilience***

One of our findings was that parents’ contexts and characteristics can facilitate or complicate their process. In working with parents of a TGD child who are struggling, assessing for and addressing existing stressors which may tax parents’ mental and emotional energy can be of value (Malpas et al., 2018). Parents may need skills to help with their own mental health, information about accessing community resources, and lots of compassion from the therapist. Parents will need to do their own emotional processing within a safe support system, which may include the therapist as well as other adults in their social sphere. As parents’ own resilience increases, they are more likely to be able to address their child’s gender identity in healthy, helpful ways, and move forward in the process of acceptance. Malpas et al., (2018) suggest a number of resilience-promoting factors which therapists can help families address. They include: (a) access to material resources; (b) supportive relationships with significant others; (c) a sense of identity that fuels a sense of satisfaction or pride and purpose; (d) experiences of power and

control; (e) cultural adherence, which fosters a connection to community; (f) social justice, or a sense the things are fair and equitable; and (g) a sense of social cohesion, which is often found through a connection to higher purpose or spirituality (Allan & Ungar, 2014).

Malpas et al. (2018) noted that attending to family's basic needs and building resilience is essential, as it will be difficult for them to engage in any process of growth and development if their basic needs are not met.

### ***Connecting Parents with Appropriate Resources***

Two important tasks for parents in coming to accept their TGD child were understanding gender diversity and creating community. As noted previously, connecting parents with resources that help them in those tasks is a valuable therapeutic intervention. Therapists who work with this population would do well to compile resources that fit with the parents' religious beliefs. This can be accomplished by reaching out to other clinicians who work with this population, attending conferences, asking other parents of TGD children, and doing google searches. Media such as books, podcasts, and YouTube videos were helpful for the parents in our study. Also, support groups, either online or in person, synchronous or asynchronous, can be of value. Online asynchronous groups (like Facebook groups) may be the most accessible, if less personal. Parents can also attend conferences where they are offered both resources and the chance to meet with other parents of TGD children and TGD individuals, to hear and share perspectives and build community.

### **Limitations and Directions for Future Research**

This study had several limitations. First, while the data (38 participants interviewed, 130 Facebook posts) was generous and saturation was reached, it was largely a convenience sample of mostly affirming white parents. The almost total lack of racial diversity (96% white) among

those parents whose race was known made this essentially a study of white people, which limits generalizability as both conservative Christian and Latter-day Saint populations include considerable racial diversity. Second, the interviews and Facebook posts offered parents' point of view from a certain moment in time, and though parents did report on past elements of their process, more longitudinal data may have added richness and depth. Third, though viewpoints of non-affirming parents were obtained through theoretical sampling, the study may have benefitted by getting data from more of these parents. Because all study participants volunteered to be interviewed, it makes sense that those who were least comfortable with or most denying of a child's TGD identity would not participate. Additionally, the study may have benefitted by hearing from more parents who have left the Church. We do not have data on what percentage of accepting Latter-day Saint parents of TGD children stay in the Church and how many leave, so it is unclear whether our sample was reflective. Fourth, the assumption we made in conducting this research that participants were moving toward acceptance and that their TGD child would not desist was incorrect in at least one case. In response to one of the member checks, SP68 reported that her child "has desisted and is embarrassed about what she was manipulated into believing." She asked if there was "any research going on . . . looking at what helps or hinders a child towards accepting their biological reality" and expressed her belief that examining parents' process with the intention of helping parents be accepting was "harmful and manipulative." Fifth, given the teachings of the Church about the binary nature of gender, it is possible that having a child identify as non-binary may present additional challenging for Latter-day Saint parents. Although there were parents of non-binary children in our sample we did not examine them separately or look for potential differences in their process.

Generalizability to the Latter-day Saint population may improve with the aforementioned inclusion of more diverse and non-affirming parents and possibly with more parents who left the Church. It is unclear how generalizable this study is to the broader population of conservative religious parents because of the paucity of research on conservative religious parents' process in coming to accept a TGD child. The one phenomenological study we identified which looked at Christian parents' experiences with a TGD child included some similar findings which may indicate generalizability with other Christian denominations, at least (Sieverts, 2019).

In future research it would be valuable to test the model that emerged from this study. Some variables (e.g., attachment, resilience, religiosity, social support) have already been operationalized and there are instruments available to test them. Other variables would require operationalization and instrumentation. It would be valuable to have an instrument to assess where parents are in their acceptance process across various dimensions. According to our model in order to reach acceptance, parents typically need to make a number internal and external adjustments (e.g. conceptualizing TGD, being part of a supportive community, resolving grief) as part of their process. Assessment of parents across a variety of dimensions could be valuable for clinicians in determining where to focus with parents. As an intervening step, continued qualitative data collection and research could focus on asking questions using the model that emerged to further define variables and their relationships to each other.

Additionally, it would be valuable to begin or continue testing models that have been put forth for use with families of TGD individuals. In our review of literature, we only found evidence of empirical testing for ABFT, and that was still nascent. So far only pilot and case studies of ABFT for queer youth and their families have been published; continued research is

needed. As was apparent in the discussion above, additional models have also been suggested; they need further validation.

Future research on what percentage of accepting Latter-day Saint parents of a TGD child stay in the Church and what factors most influence that decision may also be of value. The parents we interviewed noted significant conflict between their religious beliefs and accepting their TGD child; finding a way to reconcile their membership in the Church with accepting their child was a significant struggle for parents. Because religion and spirituality can be valuable sources of resilience and losing a religious identity can be another source of stress and grief for parents, it may be valuable to better understand why and how some parents retain that identity and others do not.

### **Conclusion**

Far too many TGD individuals are currently suffering marginalization and condemnation in society, leading to tragic outcomes for this vulnerable population. Sadly, it is often those who purport to care most for the marginalized (i.e. Christians) who perpetuate the persecution of TGD people (Campbell et al., 2019; Smith, 2017). This study examines how parents from the Church of Jesus Christ of Latter-day Saints, a religion which currently takes one of the most rigid stances on gender diversity, come to accept their TGD children. Understanding Latter-day Saint parents' process is valuable because it 1) can inform the work of clinicians with conservative religious parents to promote acceptance and thereby the well-being of their TGD children; 2) reveals similarities and differences between highly religious parents and those that have already been studied, and 3) demonstrates the valuable personal (spiritual, mental, social) growth and development that parents can experience in coming to accept a TGD child.

This study highlights that for Latter-day Saint parents, personal revelation was a key factor in guiding them to acceptance and that because of their process parents felt closer to and more like God in their love. Further, attachment and resilience, finding an affirming community, having access to affirming resources, and gaining trust in personal access to a higher authority were important factors that promoted acceptance. On the other hand, embeddedness in religiously-based meaning making and non-affirming social perspectives, along with low resilience, poor attachments, and belief in the infallibility of Church leaders seemed to hinder parents' acceptance.

We hope this research will elevate and amplify the voices and experiences of Latter-day Saint parents and reveal the value of their spiritual, mental, emotional and social work to love and accept their TGD children. We believe their report that those efforts benefitted them and blessed their children, and that through their journey they were challenged and changed. By their account, it was a sacred journey.

### References

- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. N. (2015). *Patterns of attachment: A psychological study of the strange situation* (1<sup>st</sup> ed.). Psychology Press.  
<https://doi.org/10.4324/9780203758045>
- Alie, L. M. (2014). Parental acceptance of transgender and gender non-conforming children [ProQuest Information & Learning]. *Dissertation Abstracts International: Section B: The Sciences and Engineering* (Vol. 75, Issue 2–B(E)).
- Allan, R., & Ungar, M. (2014). Resilience-building interventions with children, adolescents, and their families. In S. Prince-Embury, D. H. Saklofske, S. Prince-Embury, & D. H. Saklofske (Eds.), *Resilience interventions for youth in diverse populations* (pp. 447–462). Springer.  
[http://dx.doi.org/10.1007/978-1-4939-0542-3\\_20](http://dx.doi.org/10.1007/978-1-4939-0542-3_20)
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3<sup>rd</sup> ed.).
- American Psychological Association (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, 70(9), 832–864.  
<https://doi.org/10.1037/a0039906>
- Austin, A., Craig, S. L., D’Souza, S. D., & McInroy, L. D. (2022). Suicidality among transgender youth: Elucidating the role of interpersonal risk factors. *Journal of Interpersonal Violence*, 37(5-6), 2696-2718. <https://doi.org/10.1177/0886260520915554>
- Baehr v. Miiike, Supreme Court of Hawaii No. 20371 (1997). AmCuBr 06: Mormons (Civil No. 91-1394-05). <http://www.qrd.org/qrd/usa/legal/hawaii/baehr/1997/brief.mormons-04.14.97>

- Batson, C. D. (2010). Empathy-induced altruistic motivation. In M. Mikulincer, & P. R. Shaver (Eds.), *Prosocial motives, emotions, and behavior: The better angels of our nature* (pp. 15-34). American Psychological Association.
- Bhattacharya, N., Budge, S. L., Pantaloe, D. W., & Kats-Wise, S. L. (2021). Conceptualizing relationships among transgender and gender diverse youth and their caregivers. *Journal of Family Psychology, 35*(5), 595-605. <https://doi.org/10.1037/fam0000815>
- Blumer, M. C., Green, M. S., Knowles, S. K., & Williams, A. (2012) Shedding light on thirteen years of darkness: Content analysis of articles pertaining to transgender issues in marriage/couple and family therapy journals. *Journal of Marital and Family Therapy, 38* (Suppl 1), 244–56. <http://doi:10.1111/j.1752-0606.2012.00317.x>.
- Blumer, H. (1969). *Symbolic interactionism: Perspective and method*. Prentice-Hall.
- Boss, P. (1999). *Ambiguous loss*. Harvard University Press.
- Boss, P. (2004). Ambiguous loss. In F. Walsh, & M. McGoldrick (Eds.), *Living beyond loss: Death in the family* (2nd ed., pp. 237–246). W. W. Norton & Co.
- Boss, P. (2007). Ambiguous loss theory: Challenges for scholars and practitioners. *Family Relations: An Interdisciplinary Journal of Applied Family Studies, 56*(2), 105–111. <http://doi:10.1111/j.1741-3729.2007.00444.x>
- Bowlby J. (1969). *Attachment and loss: Volume I. Attachment*. Basic Books.
- Branigan, A., & Kirkpatrick, N. (2022, October 14). *Anti-trans laws are on the rise. Here's a look at where and what kind*. The Washington Post. <https://www.washingtonpost.com/lifestyle/2022/10/14/anti-trans-bills/>



- Brokjøb, L. G., & Cornelissen, K. K. (2021). Internalizing minority stress: Gender dysphoria, minority stress, and psychopathology in a Norwegian transgender population. *Psychology of Sexual Orientation and Gender Diversity, 9*(3), 272-286. <https://doi.org/10.1037/sgd0000480>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Brooks, V. R. (1981). *Minority stress and lesbian women*. Lexington Books.
- Butler, M. A., & Harper, J. M. (1994). The divine triangle: God in the marital system of religious couples. *Family Process, 33*, 277-286.
- Campbell, M., Hinton, J. D. X., & Anderson, J. R. (2019). A systematic review of the relationship between religion and attitudes toward transgender and gender-variant people. *International Journal of Transgenderism, 20*(1), 21–38. <https://doi.org/10.1080/15532739.2018.1545149>
- Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. In N. Denzin, Y. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 509–535). Sage.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Sage.
- Charmaz, K. (2009). Shifting the grounds. In J. M. Morse, P. N. Stern, J. Corbin, B. Bowers, K. Charmaz, & A. E. Clarke (Eds.), *Developing grounded theory: The second generation*. (pp. 127-154). Routledge.
- Charmaz, K. (2021). Genesis of constructivist grounded theory. In J. M. Morse, B. J. Bowers, K. Charmaz, A. E. Clarke, J. Corbin, C. J. Porr, & P. N. Stern (Eds.). *Developing grounded theory: The second generation revisited* (2nd ed, pp. 153-187.). Routledge. <https://doi.org/10.4324/9781315169170>

- Cherniak, A. D., Mikulincer, M., Shaver, P. R., & Granqvist, P. (2021). Attachment theory and religion. *Current Opinion in Psychology, 40*, 126–130.  
<https://doi.org/10.1016/j.copsyc.2020.08.020>
- Christofferson, D. T. (2022). The doctrine of belonging. *Liahona, 27*(11).
- Church News (1995, March 4). *Church opposes same-sex marriage*. Church News: The Church of Jesus Christ of Latter-day Saints.  
<http://www.ldschurchnewsarchive.com/articles/26604/Church-opposes-same-sex-marriages.html>
- Church of Jesus Christ of Latter-day Saints (2020). *General handbook: Serving in the Church of Jesus Christ of Latter-day Saints*. Published online:  
[churchofjesuschrist.org/study/manual/general-handbook?lang=eng](http://www.churchofjesuschrist.org/study/manual/general-handbook?lang=eng)
- Church of Jesus Christ of Latter-day Saints (n.d.) *Same-sex attraction – Church of Jesus Christ of Latter-day Saints*. Retrieved October 10, 2022, from  
<https://www.churchofjesuschrist.org/topics/gay?lang=eng>
- Claahsen-van der Grinten, H., Verhaak, C., Steensma, T., Middelberg, T., Roeffen, J., & Klink, D. (2021). Gender incongruence and gender dysphoria in childhood and adolescence—current insights in diagnostics, management, and follow-up. *European Journal of Pediatrics, 180*, 1349–1357. <https://doi.org/10.1007/s00431-020-03906-y>
- Clark, B. A., Marshall, S. K., & Saewyc, E. M. (2020). Hormone therapy decision-making processes: Transgender youth and parents. *Journal of Adolescence, 79*, 136–147.  
<https://doi.org/10.1016/j.adolescence.2019.12.016>

- Coolhart, D., & MacKnight, V. (2015). Working with transgender youths and their families: Counselors and therapists as advocates for trans-affirmative school environments. *Journal of Counselor Leadership and Advocacy*, 2(1), 51-64.  
<https://doi.org/10.1080/232671X.2014.981767>
- Coolhart, D., & Shipman, D. L. (2017). Working toward family attunement: Family therapy with transgender and gender-nonconforming children and adolescents. *Psychiatric Clinics of North America*, 40(1), 113–125. <https://doi.org/10.1016/j.psc.2016.10.002>
- Coolhart, D. (2018). Helping families move from distress to attunement. In C. Keo-Meier, & D. Ehrensaft (Eds.), *The gender affirmative model: An interdisciplinary approach to supporting transgender and gender expansive children*. (pp. 125–140). American Psychological Association. <http://dx.doi.org/10.1037/0000095-008>
- Coolhart, D., Ritenour, K., & Grodzinski, A. (2018). Experiences of ambiguous loss for parents of transgender male youth: A phenomenological exploration. *Contemporary Family Therapy: An International Journal*, 40(1), 28–41. <https://doi-org.erl.lib.byu.edu/10.1007/s10591-017-9426-x>
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Sage Publications, Inc.  
<https://doi.org/10.4135/9781452230153>
- Cordon, B. (2020). *Supporting others*. The Church of Jesus Christ of Latter-day Saints. Retrieved December 11, 2020, from <https://www.churchofjesuschrist.org/topics/transgender/supporting?lang=eng>
- Coyle, S. M. (2022). *Spirituality in systemic family therapy supervision and training*. Springer Nature Switzerland AG. <https://doi-org/10.1007/978-3-030-92369-3>

- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3<sup>rd</sup> ed.). Sage Publications, Inc.
- de Jong, D. H. (2017). Letter to the editor: The truth behind “gender ideology.” *Social Work & Christianity, 44*(3), 135–140.
- Diamond, G., Diamond, G. M., & Levy, S. (2021). Attachment-based family therapy: Theory, clinical model, outcomes, and process research. *Journal of Affective Disorders, 294*, 286–295. <https://doi.org/10.1016/j.jad.2021.07.005>
- Diamond, G. M., Boruchovitz, Z. R., Nir, G. O., Gat, I., Bar, K. E., Fitoussi, P., & Katz, S. (2022). Attachment-based family therapy for sexual and gender minority young adults and their nonaccepting parents. *Family Process*. <https://doi.org/10.1111/famp.12770>
- dickey, l. m., & Budge, S. L. (2020). Suicide and the transgender experience: A public health crisis. *American Psychologist, 75*(3), 380–390. <https://doi.org/10.1037/amp0000619>
- Doherty, W. J. (1999). Morality and spirituality in therapy. In F. Walsh (Ed.), *Spiritual resources in family therapy* (pp. 179–192). Guilford Publications.
- Doka, K. J. (1989). *Disenfranchised grief: Recognizing hidden sorrow*. Lexington Books/D. C. Heath and Com.
- Edwards, L., Goodwin, A., & Neumann, M. (2019). An ecological framework for transgender inclusive family therapy. *Contemporary Family Therapy: An International Journal, 41*(3), 258–274. <https://doi-org.byu.idm.oclc.org/10.1007/s10591-018-9480-z>
- Edwards, L. L., Torres Bernal, A., Hanley, S. M., & Martin, S. (2020). Resilience factors and suicide risk for a sample of transgender clients. *Family Process, 59*(3), 1209–1224. <https://doi.org/10.1111/famp.12479>

Edwards-Leeper, L., & Anderson, E. (2021, November 24). *The mental health establishment is failing trans kids*. The Washington Post.

<https://www.washingtonpost.com/outlook/2021/11/24/trans-kids-therapy-psychologist/>

Ehrensaft, D. (2007). Raising girlyboys: A parent's perspective. *Studies in Gender and Sexuality*, 8(3), 269-302. <https://doi.org/10.1080/15240650701226581>

Ehrensaft, D. (2011). *Gender born, gender made: Raising healthy gender-nonconforming children*. The Experiment.

Erikson, E. (1959). *Identity and the life cycle*. Norton.

Exline, J. J., Przeworski, A., Peterson, E. K., Turnamian, M. R., Stauner, N., & Uzdavines, A. (2021). Religious and spiritual struggles among transgender and gender-nonconforming adults. *Psychology of Religion and Spirituality*, 13(3), 276–286. <https://doi-org.byu.idm.oclc.org/10.1037/rel0000404>

Fishbane, M. (2007). Wired to connect: Neuroscience, relationships, and therapy. *Family Process*, 46, 395-412. <https://doi.org/10.1111/j.1545-5300.2007.00219.x>.

Flores, A. R., Meyer, I. H., Langton, L., & Herman, J. L. (2021). Gender identity disparities in criminal victimization: National crime victimization survey, 2017-2018. *American Journal of Public Health*, 111(4), 726–729. <https://doi.org/10.2105/AJPH.2020.306099>

Fowler, J. W. (1981). *Stages of faith: The psychology of human development and the quest for meaning*. Harper.

Gates, G. J. (2017). LGBT data collection amid social and demographic shifts of the US LGBT community. *American Journal of Public Health*, 107(8), 1220–1222.

<https://doi.org/10.2105/AJPH.2017.303927>

Gaunt, L. P. (2013). How is doctrine established? *Ensign*, 43(9), 38-39.

- Goleman, D. (2006). *Social Intelligence: The new science of human relationships*. Bantam Books.
- Granqvist, P., & Kirkpatrick, L. A. (2008). Attachment and religious representations and behavior. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment*. (pp. 906-933). Guilford Press.
- Hegedus, J. K. (2009). When a daughter becomes a son: Parents' acceptance of their transgender children [ProQuest Information & Learning]. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 70(3-B), 1982.
- Herdt, G. (Ed.). (1993). *Third sex, third gender: Beyond sexual dimorphism in culture and history*. Zone Books. <https://doi.org/10.2307/j.ctv16t6n2p>
- Herman, J.L., Flores, A.R., & O'Neil, K. K. (2022). *How many adults identify as transgender in the United States?* The Williams Institute.
- Heynen, E., Simon, E., van der Helm, P., Stams, G. J., & Assink, M. (2021). Parents' empathy and child attachment security: A brief review. In D. Jolliffe & D. P. Farrington (Eds.), *Empathy versus offending, aggression and bullying: Advancing knowledge using the basic empathy scale*. (pp. 30-42). Routledge/Taylor & Francis Group. <https://doi.org/10.4324/9780429287459-4>
- Hidalgo, M. A., & Chen, D. (2019). Experiences of gender minority stress in cisgender parents of transgender/gender-expansive prepubertal children: A qualitative study. *Journal of Family Issues*, 40(7), 865-886. <https://doi-org.erl.lib.byu.edu/10.1177/0192513X19829502>
- Hill, D. A., & Menvielle, E. (2009). "You have to give them a place where they feel protected and safe and loved": The views of parents who have gender-variant children and adolescents. *Journal of LGBT Youth*, 6(2-3), 243-271. <https://doi.org/10.1080/19361650903013527>

Hinckley, G. B. (1995). Family: A proclamation to the world. *Ensign*, 25(11), 102.

Human Rights Campaign (n.d.) *Glossary of terms*. Retrieved October 8, 2021, from

<https://www.hrc.org/resources/glossary-of-terms>.

Hunt, Q., Morrow, Q., & McGuire, J., (2020). Experiences of suicide in transgender youth: A qualitative, community-based study. *Archives of Suicide Research*, 24(Sup2), S340–S355.

<https://doi.org/10.1080/13811118.2019.1610677>

Jacobs, S. E., Thomas, W., & Lang, S. (1997). *Two-spirit people: Native American gender identity, sexuality and spirituality*. University of Illinois Press.

Jones, J. M. (2021). *LGBT identification rises to 5.6% in latest U.S. estimate*. Retrieved from:

<https://news.gallup.com/poll/329708/lgbt-identification-rises-latest-estimate.aspx>

Katz-Wise, S. L., Godwin, E. G., Parsa, N., Brown, C. A., Pullen Sansfaçon, A., Goldman, R., MacNish, M., Rosal, M. C., & Austin, S. B. (2020). Using family and ecological systems approaches to conceptualize family- and community-based experiences of transgender and/or nonbinary youth from the trans teen and family narratives project. *Psychology of Sexual Orientation and Gender Diversity*, 9(1), 21-36. <https://doi.org/10.1037/sgd0000442>

Kaufman, G. D. (1981). *The theological imagination: Constructing the concept of God*.

Westminster.

Kaufman, C. C., Mohr, O., & Olezeski, C. L. (2022). Spirituality, religion and transgender and gender nonconforming affirmative care with youth and families: Guidelines and

recommendations. *Journal of Clinical Psychology in Medical Settings*. [https://doi.org](https://doi.org/10.1007/s10880-022-09892-7)

[/10.1007/s10880-022-09892-7](https://doi.org/10.1007/s10880-022-09892-7)

Kegan, R. (1983). *The evolving self*. Harvard University Press.

- Kegan, R., & Lahey, L. L. (2009). *Immunity to change: How to overcome it and unlock the potential in yourself and your organization*. Harvard Business Review Press.
- Keo-Meier, C., & Ehrensaft, D. (2018). *The gender affirmative model: An interdisciplinary approach to supporting transgender and gender expansive children*. American Psychological Association. <https://doi-org/10.1037/0000095-000>
- Kimball, S. W. (1969). *The miracle of forgiveness*. Deseret Book Company.
- Kocet, M. M., & Curry, J. (2011). Finding the spirit within: Spirituality issues in the LGBT community. *Journal of LGBT Issues in Counseling*, 5(3–4), 160–162. <https://doi-org./10.1080/15538605.2011.629165>
- Kohlberg, L. (1976). *Collected papers on moral development and moral education*. Center for Moral Education.
- Krstić, T., Batić, S., Mihić, L., & Milankov, V. (2016). Mothers' reactions to the diagnosis of cerebral palsy: Associations with their educational level. *International Journal of Disability, Development and Education*, 63(4), 467–483. <https://doi.org/10.1080/1034912X.2016.1142068>
- Kuvalanka, K., Weiner, J., & Mahan, D. (2014). Child, family, and community transformations: Findings from interviews with mothers of transgender girls. *Journal of GLBT Family Studies*, 10(4), 1-26.
- Leibowitz, S. (2019). Walking a tightrope: A child and adolescent psychiatry perspective on the spectrum of affirmation and pathologization with gender diverse youth. In A. I. Lev & A. R. Gottlieb (Eds.), *Families in transition: Parenting gender diverse children, adolescents, and young adults*. (pp. 136–149). Harrington Park Press.



- Lekwauwa, R., Funaro, M. C., & Doolittle, B. (2022). Systematic review: The relationship between religion, spirituality and mental health in adolescents who identify as transgender. *Journal of Gay & Lesbian Mental Health*. <https://doi-org/10.1080/19359705.2022.2107592>
- Lesser, J.G. (1999). When your son becomes your daughter: A mother's adjustment to a transgender child. *Families in Society*, 80(2), 182–189.
- Lev, A.I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families*. The Haworth Clinical Press.
- Lev, A. I., & Alie, L. (2012). Transgender and gender nonconforming children and youth: Developing culturally competent systems of care. In S. K. Fisher, J. M. Poirier, & G. M. Blau (Eds.), *Improving emotional and behavioral outcomes for LGBT youth: A guide for professionals*. (pp. 43–66). Paul H. Brookes Publishing Co.
- Lev, A. I., & Gottlieb, A. R. (Eds.). (2019). *Families in transition: Parenting gender diverse children, adolescents, and young adults*. Harrington Park Press.
- Littman, L. (2018). Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. *PLOS One*, 13(8). <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330>
- Malpas, J., Glaeser, E., & Giammattei, S. V. (2018). Building resilience in transgender and gender expansive children, families, and communities: A multidimensional family approach. In C. Keo-Meier & D. Ehrensaft (Eds.), *The gender affirmative model: An interdisciplinary approach to supporting transgender and gender expansive children*. (pp. 141–156). American Psychological Association. <https://doi-org.byu.idm.oclc.org/10.1037/0000095-009>

- Marshall, E., Glazebrook, C., Robbins-Cherry, S., Nicholson, S., Thorne, N., & Arcelus, J. (2020). The quality and satisfaction of romantic relationships in transgender people: A systematic review of the literature. *International Journal of Transgender Health, 21*(4), 373–390. <https://doi-org.byu.idm.oclc.org/10.1080/26895269.2020.1765446>
- McCubbin, M. A., & McCubbin, H. I. (1993). Families coping with illness: The resiliency model of family stress, adjustment, and adaptation. In C. B. Danielson, B. Hamel-Bissell, & P. Winstead-Fry (Eds.), *Families, health, and illness: Perspectives on coping and intervention* (pp. 21–63). C. V. Mosby.
- Mead, G. H., & Morris, C. W. (1934). *Mind, self, and society from the standpoint of a social behaviorist*. University of Chicago Press.
- Meerwijk, E. L., & Sevelius, J. M. (2017). Transgender population size in the United States: A meta-regression of population-based probability samples. *American Journal of Public Health, 107*(2), e1–e8. <https://doi-org.byu.idm.oclc.org/10.2105/AJPH.2016.303578>
- Menvielle, E., & Hill, D. B. (2010). An affirmative intervention for families with gender-variant children: A process evaluation. *Journal of Gay & Lesbian Mental Health, 15*(1), 94–123. <https://doi-org.byu.idm.oclc.org/10.1080/19359705.2011.530576>
- Meyer, I.H. (2003). Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*, 674-697. <https://doi:10.1037/0033-2909.129.5.674>
- Meyerowitz, J. (2004). *How sex changed: A history of transsexuality in the United States*. Harvard University Press. <https://doi:10.2307/j.ctv1c7zfrv>
- Mikulincer, M., & Shaver, P. R. (2016). *Attachment in adulthood: Structure, dynamics, and change* (2<sup>nd</sup> ed.). Guilford Publications.

- Milshtein, S., Yirmiya, N., Oppenheim, D., Koren-Karie, N., & Levi, S. (2010). Resolution of the diagnosis among parents of children with autism spectrum disorder: Associations with child and parent characteristics. *Journal of Autism and Developmental Disorders, 40*(1), 89–99. <https://doi.org/10.1007/s10803-009-0837-x>
- Minnix, G. M. (2018). Reconciling counselors' Christian beliefs and lesbian, gay, bisexual, and transgender affirmation: A grounded theory. *Counseling and Values, 63*(1), 110-128. <https://doi.org/10.1002/cvj.12076>
- Mohr, J., & Fassinger, R. (2003). Self-acceptance and self-disclosure of sexual orientation in lesbian, gay, and bisexual adults: An attachment perspective. *Journal of Counseling Psychology, 50*(4), 482-495.
- Morris, R. C. (2013). Identity salience and identity importance in identity theory. *Current Research in Social Psychology, 21*, 23-26. <http://www.uiowa.edu/~grpproc/crisp/crisp.html>
- Morse, J. M., Bowers, B. J., Charmaz, K., Clarke, A. E., Corbin, J., Porr, C. J., & Stern, P. N. (Eds.). (2021). *Developing grounded theory: The second generation revisited* (2nd ed.). Routledge. <https://doi.org/10.4324/9781315169170>
- Nelson, R. M. (2019). Closing remarks. *Ensign, 49*(11), 120-122.
- Nichols, M., & Sasso, S. (2019). Transforming the identity of parents of transgender and gender nonconforming children. In A. I. Lev & A. R. Gottlieb (Eds.), *Families in transition: Parenting gender diverse children, adolescents, and young adults*. (pp. 196–219). Harrington Park Press.
- Oaks, D. H. (2018). *Truth and the plan*. *Ensign, 47*(11), 18-20.
- Oaks, D. H. (2022). *Divine love in the Father's plan*. *Liahona, 27*(5), 101-104.
- O'Connor, M. (2022). *The grieving brain*. Harper Collins.

Pariseau, E. M., Chevalier, L., Long, K. A., Clapham, R., Edwards-Leeper, L., & Tishelman, A.

C. (2019). The relationship between family acceptance-rejection and transgender youth psychosocial functioning. *Clinical Practice in Pediatric Psychology, 7*(3), 267–277.

<https://doi.org/10.1037/cpp0000291.supp> (Supplemental)

Peck, M. S. (1987). *The different drum: Community making and peace*. Simon & Schuster.

Peitzmeier, S. M., Malik, M., Kattari, S. K., Marrow, E., Stephenson, R., Agénor, M., & Reisner,

S. L. (2020). Intimate partner violence in transgender populations: Systematic review and meta-analysis of prevalence and correlates. *American Journal of Public Health, 110*(9).

<https://doi.org/10.2105/AJPH.2020.305774>

Penman J. (2021). Cognitive and behavioral changes arising from spirituality. *Journal of*

*Religion and Health, 60*(6), 4082–4096. <https://doi.org/10.1007/s10943-021-01321-7>

Piaget, J. (1954). *The construction of reality in the child*. Basic Books.

<https://doi.org/10.1037/11168-000>

Pinna, F., Paribello, P., Somaini, G., Corona, A., Ventriglio, A., Corrias, C., Frau, I., Murgia, R.,

El Kacemi, S., Galeazzi, G. M., Mirandola, M., Amaddeo, F., Crapanzano, A., Converti, M., Piras, P., Suprani, F., Manchia, M., Fiorillo, A., & Carpiniello, B. (2022). Mental health in

transgender individuals: A systematic review. *International Review of Psychiatry, 34*(3–4),

292–359. <https://doi-org.byu.idm.oclc.org/10.1080/09540261.2022.2093629>

QSR International Pty Ltd. (2020). NVivo (released in March 2020),

<https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home>

Raj, R. (2008). Transforming couples and families: A trans-formative therapeutic model for

working with the loved-ones of gender-divergent youth and trans-identified adults. *Journal of*

*GLBT Family Studies, 4*(2), 133–163. <https://doi.org/10.1080/15504280802096765>

Renlund, D. G. (2022). A framework for personal revelation. *Liahona*, 27(11).

<https://www.churchofjesuschrist.org/study/liahona/2022/11/14renlund?lang=eng>

Rosenfeld, C., & Emerson, S. (1998). A process model of supportive therapy for families of transgender individuals. In D. Denny (Ed.), *Current concepts in transgender identity* (pp. 391–400). Routledge.

Roy, S. (2021). Hijras and toranzus: Comparative study of transgender in India and Japan. In S. Chandra (Ed.), *Reengagement of transgender persons: Challenges and opportunities*. (pp. 71–82). IP Innovative Publication Pvt. Ltd.

Russon, J., Smithee, L., Simpson, S., Levy, S., & Diamond, G. (2021). Demonstrating attachment-based family therapy for transgender and gender diverse youth with suicidal thoughts and behavior: A case study. *Family Process*, 61(1), 230-245.

<https://doi.org/10.1111/famp.12677>

Russon, J., Morrissey, J., Dellinger, J., Jin, B., & Diamond, G. (2021). Implementing attachment-based family therapy for depressed and suicidal adolescents and young adults in LGBTQ+ services: Feasibility, acceptability, and preliminary effectiveness. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 43(6), 500-507. <https://doi.org/10.1027/0227-5910/a000821>

Ryan, C., & Rees, R. A. (2012). *Supportive families, healthy children: Helping Latter-day Saint families with lesbian, gay, bisexual & transgender children*. Family Acceptance Project, Marian Wright Edelman Institute, San Francisco State University.

Sandstrom, A. (2015). *Religious groups policies on transgender members vary widely*. The Pew Research Center. Retrieved from: <https://www.pewresearch.org/fact-tank/2015/12/02/religious-groups-policies-on-transgender-members-vary-widely/>

- Seibel, B. L., de Brito Silva, B., Fontanari, A. M. V., Catelan, R. F., Bercht, A. M., Stucky, J. L., DeSousa, D. A., Cerqueira-Santos, E., Nardi, H. C., Koller, S. H., & Costa, A. B. (2018). The impact of the parental support on risk factors in the process of gender affirmation of transgender and gender diverse people. *Frontiers in Psychology, 9*.  
<https://doi.org/10.3389/fpsyg.2018.00399>
- Serpe R. T. (1987). Stability and change in self: A symbolic interactionist explanation. *Social Psychology Quarterly, 50*, 44–55.
- Shaver, P. R., Mikulincer, M., & Cassidy, J. (2019). Attachment, caregiving in couple relationships, and prosocial behavior in the wider world. *Current Opinion in Psychology, 25*, 16–20. <https://doi.org/10.1016/j.copsyc.2018.02.009>
- Shrier, A. (2020). *Irreversible damage: The transgender craze seducing our daughters*. Regnary Publishing.
- Siegel, D. J., & Hartzell, M. (2003). *Parenting from the inside out*. Penguin.
- Sieverts, J. E. (2019). The lived experience of Christian parents of transgender children: An exploration of the relationship between faith and parenting through the framework of family systems theory [ProQuest Information & Learning]. *Dissertation Abstracts International Section A: Humanities and Social Sciences* (Vol. 80, Issue 7–A(E)).
- Simpson, J. A., Rholes, W. S., Eller, J., & Paetzold, R. L. (2021). Major principles of attachment theory: Overview, hypotheses, and research ideas. In P. A. M. Van Lange, E. T. Higgins, & A. W. Kruglanski (Eds.), *Social psychology: Handbook of basic principles*. (3rd ed., pp. 222–239). The Guilford Press.
- Slife, B. D., & Williams, R. N. (1995). *What's behind the research?: Discovering hidden assumptions in the behavioral sciences*. Sage.

- Smith, G. A. (2017). *Views of transgender issues divide along religious lines*. The Pew Research Center. Retrieved from: <https://www.pewresearch.org/fact-tank/2017/11/27/views-of-transgender-issues-divide-along-religious-lines/>
- Smith, J. F. (1954). *Doctrines of salvation, Vol. 2*. The Church of Jesus Christ of Latter-day Saints.
- Smith, L. (2018, November 20). *Glossary of transgender terms*. Johns Hopkins Medicine. Retrieved from <https://www.hopkinsmedicine.org/news/articles/glossary-of-terms-1>.
- Soloman, A. (2012). *Far from the tree: Parents, children and the search for identity*. Scribner.
- Srivastava, A., Sivasubramanian, M., & Goldbach, J. T. (2020). Mental health and gender transitioning among hijra individuals: A qualitative approach using the minority stress model. *Culture, Health & Sexuality, 23*(6), 757-771.  
<https://doi.org/10.1080/13691058.2020.1727955>
- Srivastav, A., Nelson, K. L., McRell, A. S., Wilson, A., & Purtle, J. (2022). What social norms are associated with parenting programs? *Child & Adolescent Social Work Journal*.  
<https://doi.org/10.1007/s10560-022-00875-z>
- Stryker S. (1968). Identity salience and role performance: The relevance of symbolic interaction theory for family research. *Journal of Marriage and Family, 30*(4), 558–64.
- Stryker S. (1980). *Symbolic Interactionism: A social structural version*. Benjamin-Cummings/Blackburn
- Stryker, S. (2008). From Mead to a structural symbolic interactionism and beyond. *Annual Review of Sociology, 34*, 15–31. <https://doi.org/10.1146/annurev.soc.34.040507.134649>
- Stryker, S. (2009). *Transgender history*. Seal Press

- Taubman-Ben-Ari, O. (2012). Becoming and developing: Personal growth in the wake of parenthood and grandparenthood. In P. R. Shaver & M. Mikulincer (Eds.), *Meaning, mortality, and choice: The social psychology of existential concerns*. (pp. 163–181). American Psychological Association. <https://doi.org/10.1037/13748-009>
- Testa, R. J., Michaels, M. S., Bliss, W., Rogers, M. L., Balsam, K. F., & Joiner, T. (2017). Suicidal ideation in transgender people: Gender minority stress and interpersonal theory factors. *Journal of Abnormal Psychology, 126*(1), 125–136. <https://doi.org/10.1037/abn0000234>
- Toomey, R. B., Syvertsen, A. K., & Shramko, M. (2018). Transgender adolescent suicide behavior. *Pediatrics, 142*(4). <https://doi.org/10.1542/peds.2017-4218>
- Troyer, D., & Greitemeyer, T. (2018). The impact of attachment orientations on empathy in adults: Considering the mediating role of emotion regulation strategies and negative affectivity. *Personality and Individual Differences, 122*, 198–205. <https://doi.org/10.1016/j.paid.2017.10.033>
- Tsfati, M., & Nadan, Y. (2021). Between vulnerability and resilience: Parents of transgender young adults. *Family Process, 62*(2), 926-940. <https://doi.org/10.1111/famp.12678>
- Umberson, D. (1992). Relationships between adult children and their parents: Psychological consequences for both generations. *Journal of Marriage and the Family, 54*(3), 664–674. <https://doi.org/10.2307/353252>
- Urquhart, C. (2013). *Grounded theory for qualitative research*. SAGE Publications, Ltd. <https://www.doi.org/10.4135/9781526402196>



- Vasey, P.L., & Bartlett, N.H. (2007). What can the Samoan “fa'afafine” teach us about the Western concept of gender identity disorder in childhood? *Perspectives in Biology and Medicine*, 50, 481-490. <http://doi.org/10.1353/pbm.2007.0056>
- Wahlig, J. L. (2015). Losing the child they thought they had: Therapeutic suggestions for an ambiguous loss perspective with parents of a transgender child. *Journal of GLBT Family Studies*, 11(4), 305–326. <https://doi.org/10.1080/1550428X.2014.945676>
- Weaver, S. J. (2019, 4 April). *Policy changes announced for members in gay marriages, children of LGBT parents*. Church News: The Church of Jesus Christ of Latter-day Saints.
- Weber, J. G. (2011). The resiliency model of family stress, adjustment, and adaptation. In *Individual and family stress and crises* (pp. 171-196). SAGE Publications, Inc. <https://doi.org/10.4135/9781452274720.n8>
- Westrupp, E. M., Macdonald, J., & Evans, S. (2022). Developmental gains and losses during parenthood. *Current Opinion in Psychology*, 43, 295–299. <https://doi.org/10.1016/j.copsyc.2021.08.014>
- Wong, W., & Chang, S. C. H. (2019). Social transitioning for gender dysphoric children: A practical guide for parents. In A. I. Lev & A. R. Gottlieb (Eds.), *Families in transition: Parenting gender diverse children, adolescents, and young adults*. (pp. 356–373). Harrington Park Press.
- World Professional Association for Transgender Health. (2022). *Standards of care for the health of transsexual, transgender, and gender nonconforming people [8th Version]*. WPATH. <https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>

- Wortmann, J. H., & Park, C. L. (2009). Religion/spirituality and change in meaning after bereavement: Qualitative evidence for the meaning making model. *Journal of Loss and Trauma, 14*(1), 17–34. <https://doi.org/10.1080/15325020802173876>
- Wren, B. (2002). “I can accept my child is transsexual but if I ever see him in a dress I’ll hit him”: Dilemmas in parenting a transgendered adolescent. *Clinical Child Psychology and Psychiatry, 7*(3), 377–397. <https://doi.org/10.1177/1359104502007003035>
- Yarhouse, M. A., & Haldeman, D. C. (2021). Introduction to special section on current advances in the intersection of religiousness/spirituality and LGBTQ+ studies. *Psychology of Religion and Spirituality, 13*(3), 255–256. <https://doi.org/10.1037/rel0000438>
- Zavala, C., & Waters, L. (2021). Coming out as LGBTQ +: The role strength-based parenting on posttraumatic stress and posttraumatic growth. *Journal of Happiness Studies: An Interdisciplinary Forum on Subjective Well-Being, 22*(3), 1359–1383. <https://doi.org/10.1007/s10902-020-00276-y>

## Appendix

### Appendix 1. Semi-structured Interview Guide

#### Questions for Family Member

- What is it like to have a family member be trans and Mormon?
  - What are some of the things that are hardest?
- If you could speak to someone in your shoes, say that has a child questioning their gender, what would you tell them?
- How did they come out to you?
- What has been most helpful for you in this process?
- What events have been most impactful to you?
  - In a good way
  - In a bad way
- Did you reach out to anyone in your faith community (or other community)?
  - What was helpful?
  - What was not helpful?
- Were there any specific moments when someone did something that helped you?
  - Was there a friend or family member that helped you?
    - What did they do to help?
- Where there any specific moments when someone did something that really hurt your feelings?
- Did you ever seek help from a therapist?
  - Individually, as a family/couple?
  - What was helpful?
  - What was not helpful?
- Sometimes, trans folks are estranged or distant from their family members. Has this ever been the case for you?
  - If yes, can you talk about how this happened?
    - Can you tell me a time when you felt particularly distant from your trans family member?
  - Can you tell me a time when you and your trans\* family member were:
    - particularly close (emotionally)?
    - particularly distant (emotionally)?
  - Are you still estranged?
    - If yes, what keeps them estranged from you?
    - If no, how did you reconnect?
- Where there any specific moments when someone did something that was really meaningful or helpful?
  - Can you tell me a time when your partner/parent/family was helpful to your journey?
  - Can you tell me a time when you noticed a difference in the way family/friends interacted with you after the suicide death/attempt?
- Has this journey (of having a transgender family member transgender) impacted your relationship with your partner/friends/family?

- Has there ever been a time when you felt like a burden or like a liability in your relationships (with your trans\* family member or in things relating to them)?
- There has been a lot of press about the LDS faith and suicide in sexual- and gender-minority youth, can you talk about your thoughts or experiences relating with suicide?
  - Have you lost friends to suicide?
    - If yes, how does that impact you?
- Some trans folks have thoughts of suicide; has there been a time when you have had suicidal thoughts of your own?
  - Have you observed these thoughts in your family member?
- What is your relationship with the Mormon faith now? How do you describe yourself?
  - Can you tell me about a specific time when you felt a conflict with your faith?
  - Can you tell me about an experience/time that it became apparent leaving the church was right/needed for you?
  - Can you tell about a time when you felt like staying?
- Within Mormonism there is a specific belief that gender is eternal aspect of identity, how does this fit with you or impact you?
  - There is a November 2015 policy, can you talk to me about what it was like for you when this was announced?
  - What was it like for you when this November 2015 policy was reversed?
  - Recent changes in the LDS Handbook?
- If you could speak to the leaders of the LDS church about Trans\*/Mormon\* issues, what would you say?
- What else would you like to share?

## Appendix 2. Adult Informed Consent

### The Experience of Trans\* Mormon\* Families: Adult Consent to be a Research Subject

**Introduction:** This study is being conducted by Quintin Hunt, PhD., an Assistant Professor at Brigham Young University ([quintin\\_hunt@byu.edu](mailto:quintin_hunt@byu.edu)). You are invited to participate in this study to better understand the experiences of what it is like to be trans\*and Mormon\* OR to be a family member of someone that is trans\* and Mormon\* and things that help or hinder this process. For our purposes, trans\* means transgender, genderqueer, non-binary, transmasculine, transfeminine, genderfluid or any other gender minority status. Similarly, for our purposes Mormon\* means currently or formerly a member of or affiliated with the Church of Jesus Christ of Latter-day Saints (LDS). You may participate in this study even if your family members do not.

**Procedure:** If you agree to be in this study, we will schedule individual interviews with you at a place of your choosing. We will ask you to participate in an interview that will focus on what it is like to be (or be a family member of someone that is) trans\* and Mormon\*. Specifically, we will ask you about how specific tenets of the LDS faith may or may not be related to your experience. We are also very interested in your family relationships and how family members may have been helpful or harmful to you along the way. This interview will be audio recorded for later transcription.

**Time Required:** The interview is anticipated to take 45–60 minutes.

**Risks of Participation in this Study:** The questions may touch on topics that are private and personal and may set off strong feelings. If at any time during or after your participation in this study you need help, you can call 1-800-273-8255 or text 741-741 to reach a national crisis hotline.

**Benefits of Participation in this Study:** There is no direct benefit to you in participating in this study; however, participants in similar studies have often reported enjoying telling their story. Your participation in this study will help to build understanding about how Trans\* Mormon\* families can better be helped.

**Compensation:** Upon completing the interview you will be given a \$25 Amazon gift card. In order to receive compensation you must complete at least 80% of the interview (18 questions as a family-member participants and 16 as a trans\* participant).

**Confidentiality:** Loss of confidentiality is a risk of participation in this study, though we will minimize this risk through keeping all original recordings, researcher notes, and electronic copies of consent forms on a secure password-protected computer, to which only research personnel will have access. All information gathered in this study will be kept completely confidential. While we may quote or summarize what you say, we will change specific identifying information (like age, locations, or professions) so that nobody will be able to recognize you from demographic information. These data will be stored in a highly confidential password protected Box folder that only Dr. Hunt and his research team will have access to. You may also

choose to not give your name or any identifiable information during the interview. Digital copies of the interviews might be shared for use in a future study; should this take place all researchers involved in a future project are also required to maintain your confidentiality.

**Participation:** Participation in this research is voluntary and you may withdraw at any time without penalty. You may also decline to answer any question you do not wish to answer. You can request a research assistant (or friend) to be present in the room if you desire; you may also request any research assistant (or friend) to leave the interview if you desire. It is required for participation in this study that the interview is audio recorded. You must also be 18 years old or over to participate.

**Questions about the Research:** If you have questions about this study, you may contact Quintin Hunt, Ph.D. at 801.422.0785 or [quintin\\_hunt@byu.edu](mailto:quintin_hunt@byu.edu).

**Your Rights as a Subject of this Research Project:** If you have questions about your rights as a research participant contact the BYU IRB administrator at 801.422.1461 or [irb@byu.edu](mailto:irb@byu.edu)

**Statement of Consent:** By signing this form you agree that you have read, understood, and received a copy of this consent form and desire to participate in this study. You agree to understanding that the interview will be audio recorded. After you have signed this form, Dr. Hunt will start the audio recording and you will be asked to verbally consent to participate in this study by:

- stating your name
- the date
- that you agree to participate in this research study
- that you agree to be audio recorded

The signed copy of the form is yours to keep.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Table 1. Coding Scheme, Definitions and High Frequency Codes**

Tasks	Codes	Definition
Conceptualization	Transness	How something/someone is understood. Ends of the spectrum are included in Tasks.
	Gender diversity	Belief a person's gender identity (GI) may not align with their assigned gender: this is part of human diversity
	No gender diversity	Belief that it is not possible for GI to differ from assigned gender
	Acceptability	The child being TGD is acceptable
	Unacceptability	TGD identification/transition not acceptable
	Child	Believing the child is able to accurately know themselves, including their GI
	Not capable of knowing	Believing the child is not able to or does not accurately know their GI
	TGD	Belief the child is TGD; has come to terms with child's GI
	Not trans	Belief the child is not TGD; Non-acceptance of child's GI
	Changed expectations	
	Parental role = affirm	Affirming child is key to role as parent
	Parental role = non-affirmation	Not affirming child is key to parental role
	I don't know	Parent doesn't know what to do re: kids GI
	Capable of affirmation	Seeing self as not subject to social/ cognitive/ religious constraints to affirming
	Not capable of affirmation	Seeing self as subject to social/ cognitive/ religious constraints to affirmation
	Parent of TGD child	Accepting of new self-identity
	Reconciliation	[non] Identification with religious beliefs which are consistent with [non] affirmation (can include leaving the Church) **
	Noticing conflict	acknowledging conflict between religious doctrine/policy and well-being of TGD child **
Emotional Processing		Having worked through the emotions that come with this experience to the point of feeling calm/comfortable
Grief	Dreams/ Expectations for child	Pain over loss of expected trajectory/roles *

	Child's past identity	Pain over loss of what their child was like (physical/psychological) for them	*
Fear	Social rejection	Child and/or self being marginalized	
	Poor outcomes for child	Child will be worse off or regretful of TGD GI because of mental, spiritual or physical health outcomes	
	Violence to child	Child may be recipient of violence	
	Losing child	Inrepairable rupture in relationship (in this life and/or the next)	
	Peace	Feeling calm, correct, lack of conflict about steps toward acceptance	
	Social Integration	Feeling comfortable/confident in identity as parent of TGD child within relevant social groups	
	Isolated/Marginalized	Feeling separate from original social groups (i.e. family, ward, etc.) as a parent of a trans child	
	Building Community	Getting support, guidance, direction from chosen/sought community	**
	Advocate	Offering support to child, others, in a social setting; creating community	*
	Behavior		
	Affirming behaviors	Affirming behaviors such as using the kid's chosen name and pronouns, buying the kid clothes and transition-related items, etc.	*
	Non-affirming behaviors	Behaviors that do not affirm child's TGD identity (not using correct name and pronouns, refusing to let child dress/present how they desire, etc.)	

**Helps**

Conceptualization

	Transness	Positive (God's hand is in this); Neutral (normal human diversity); or nuanced etiology	
		Believes child's gender identity is not something they chose.	
	Prior positive LGBT exposure	Having prior experiences with LBGTO issues or individuals that shaped affirming beliefs	
	Child	Respect for child's autonomy/agency (joining child on <i>their</i> journey)	*
		Seeing child as moral, well-meaning, trustworthy, principled	
	Parental role/self	Sense that the child's assigned gender wasn't a perfect fit	



	Dual identities	Able to hold identities of affirming parent and church member simultaneously; making space for self	
Journey as positive	For child	Improvement in mental, emotional, social health	
	For relationship	Feeling more connected to child	
	For others	Seeing how path blesses/improves others' lives	
	For self	Valuable, formative changes in perspective, understanding of self and others, God, subject/object shift, etc. *	
Religion/God/Spirituality	Putting things "on the shelf"	Being okay with not knowing/ understanding how religious teaching and TGD child fit	
	Fallibility	Leaders/doctrine/teachings are capable of making mistakes/being subject to limited understanding	
	Harm	Seeing some aspects of the LDS belief system/culture actively harm child	
	Personal revelation	Seeking and/or receiving direction, perspective or peace through spiritual channel **	
	God = love	Seeing child/self as <i>they are</i> as lovable to God	
	God is trustworthy	Trusting God to handle things outside parents' control	
	Gospel = love	Gospel teaches to love each other and child	
	Culture vs. doctrine	Distinguishing between what comes from God vs. Social beliefs	
	Hope for change	Hoping/believing current Church stances could become more inclusive	
	Emotional Experiences		
Social Support	Pride	Admiration for child particularly in regards to TGD GI issues	
	Joy	Happiness in life and/or about the trans situation	
	From Child	Specific instances of <i>receiving</i> support/affirmation from others. (passive reception)	
	From Spouse	Receiving patience, perspectives, information from child	
	From Family/Friends	Being on the same page with intimate partner	
	From Church Community	Family/friends providing support for parent, path and/or child	
	From Local Leaders	Church community providing support for parent, path and/or child	
		Church leaders providing support for parent, path and/or child	

Parent Characteristics	Evidence of parent traits that seem to help them be quicker/better at accepting of their TGD kid (humility, empathy, etc.) *
Resources	Books, podcasts, articles, etc. Therapist/doctor providing support for parent, path and/or child
Media Medical community	
Hinder	
Conceptualization	
Transness	Child is claiming different gender identity due to mental illness, autism, socialization *
Non-affirming Etiology	Child's choice
Child's choice	Belief that the child is making a choice to have a different gender identity
Lack of exposure	Having grown up in a culture that did not address TGD identities
Dangerous	Believing that TGD GI is immoral, going to destroy society/families/individuals
Child	
Heteronomous	Lack of respect for child's autonomy/agency or seeing child as incapable of autonomy
Poor character	Lack of trust/faith in child's character
Gender static	Not having previous indication that the child was TGD until they came out
Inconsistent GI	Parent's perception of child identifying or presenting inconsistently with their stated GI (may depend on parent's expectations of gender expression)
Parental role/Self	Does not believe they can identify as affirming parent and church member simultaneously
Journey as negative	
For self	Seeing negative impact on self from child coming out
For child	Decline in mental, emotional, social health following child coming out
For relationship	Feeling less connected to child because of TGD identity
For others	Seeing negative impact in others' lives

Religion	Infallibility	Leaders/doctrine/teachings are True; not capable of making mistakes/being subject to limited understanding
Emotional Experiences	Shame/guilt Anger Avoidance Denial Bargaining	Feelings of inadequacy/ self-blame/ failure Upset with the situation, the child, the church, self Ignoring the child's TGD identity Refusal to accept the child is identifying as TGD Trying to find solutions to make transness go away
Lack of Social Support	Spouse Family/Friends Church Community Therapist God	Not receiving support/affirmation from others. Spouse not providing support for process and/or child Family/friends not providing support for parent, process and/or child Church community not providing support for parent, path and/or child Therapist not providing desired support for parent, path, and/or child Feeling separated from or abandoned by God
Parent Characteristics	Low emotional energy	Traits of parents that seem to hinder them from accepting their TGD kid (rigid thinking, low energy, etc.) Significantly limited emotional bandwidth to apply to this process
Non-affirming Resources	Media Medical community	Exposure (intentional or not) to non-affirmingl resources books, podcasts, articles, etc. that hinder acceptance. Therapist or medical provider not providing desired support for parent, path, and/or child
<b>Motivation</b>		
Attachment	Desire for child's wellbeing Desire for connection Disconnection	My role as a parent is to keep my child safe My role as a parent is stay connected to my child and keep our relationship strong Parents' feeling of distance in their relationship with their child
Social Pressure		Feeling social pressure to be accepting/affirming

\*\*\*

\*

Other

Transformation

It's been hard

Formative changes in perspective, meaning making, understanding of self, others, God \*\*\*

Parent's reflection on the journey/process itself \*