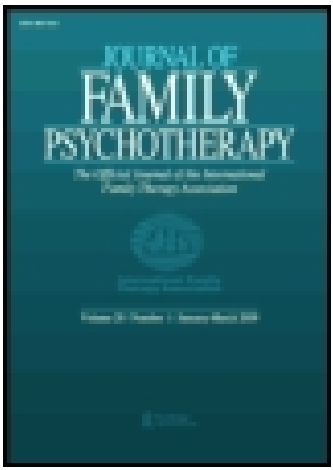

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Stages of Adjustment in Family Members of Transgender Individuals

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Stages of Adjustment in Family Members of Transgender Individuals

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ABSTRACT. While the clinical literature contains descriptions of the families and partners of transgender individuals, a description of the family members' processes of adjustment to a relative's transgender identity has not previously appeared in the family therapy literature. Family members experience different processes from the transgender individual. This article discusses stages that family members may experience and is directed toward therapists who work with any member of the family, as well as toward transgender individuals who may need to understand their families' experience. *[Article copies available from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworth.com]*

INTRODUCTION

While there is much in the literature describing various family dynamics and characteristics, little has been published about the

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process of adjustment that family members experience in relation to a transgender member. The purpose of this article is to present stages through which family members appear to progress when the transgender identity and/or behavior of a relative is revealed. The authors, in working with transgender clients, learned of difficulties with and reactions from clients' family members. When permission was obtained from the client, interviews were conducted with all family members willing to participate. The proposed stages were hypothesized from reports by these family members during the interviews.

Some understanding of transgender individuals is necessary in order to empathize with both the individual, and family members. Counselors working with family members should become familiar with transgender issues in order to assist and educate family members as they progress through their stages of acceptance. A more detailed discussion of transgenderism is available elsewhere (Rosenfeld and Emerson, 1995). The focus of this article is the family of transgender persons.

As noted by Steiner, Blanchard, and Zucker (1985), the novice may be easily confused by the multitude of terms used to describe transgender persons. One may encounter terms such as gender dysphoria, transsexualism, transgenderism, cross-dressing, and transvestism. Transgender phenomena can range from fantasizing about being the opposite sex to the desire to become a member of the opposite sex (Bullough, 1994). Cross-gender behavior can range from episodic cross dressing to hormonal and surgical sex reassignment. The diversity across these individuals contributes to the confusion in terminology.

Peo (1988) defined gender identity as one's internal perception of one's self as either a man or a woman. In our culture, gender identity is assumed to be consistent with a person's genetic sex. An individual's gender role consists of those behaviors considered socially acceptable for one's sex. Gender dysphoria, a term introduced by Fisk (1973), may be defined as discomfort with one's assigned sex and assigned gender role (Denny, 1994).

Transgender Issues in the Family Literature

A search of the current family literature produced little for the practicing therapist who works with transgender individuals and/or their families. Prominent spokespersons in the field assume a nonpathological view of transgenderism (Bolin, 1988; Bullough, 1994; Denny, 1994; Docter, 1988). Our approach to counseling family members, and the individual as well, is to attempt an understanding of the cultural context that gives rise to transgender concerns. As Bockting and Coleman (1992) suggest, an approach that transcends the dichotomous-gender norm and allows the transgender individual to identify with a multitude of gender identities would seem an appropriate stance from which to be most helpful to both the individual and the family.

The existing literature may be said to look more closely at possible etiology, such as mother's pathology accompanied by a colluding father (Lothstein, 1979; Stoller, 1985). Discussions of male-to-female transsexuals' perceptions of their parents (Parker & Barr, 1982), female-to-male transsexuals' perceptions of their parents (Cohen-Kettenis & Arrindell, 1990), treatment for parents (Newman, 1976), a comparison of parental and interpersonal relationships between transsexual and homosexual men (Sípová & Brzek, 1983), and the role of maternal grandmothers in early childhood (Halle, Schmidt, & Meyer, 1980) seem to be the focus of the existing current literature.

Discussion of marital and partnership issues by Steiner (1985), a discussion of cross dressing within relationships by Peo (1988), and a derisive classification of women who become involved with transvestic men as malicious male-haters, succorers, or symbiotes by Stoller (1967), or as moral masochists by Wise, Dupkin, and Meyer (1981), seem to be the limits of the considerations in the literature. While noting indicators of low self-esteem in a nonpatient sample of women involved with transvestic men, Brown and Collier (1989) commented on such pejorative statements and pointed to their likelihood of biasing therapists against these women. Huxley, Kenna, and Brandon (1981) compared the transsexual partnership to a folie à deux based on the extent to which both parties support and share a delusion, for example, that the transsexual male-to-female is a bio-

logical woman. Beyond these diverse and scattered studies, we found no systematic look at the families of these troubled individuals. It is not the position of the present authors to determine the etiology of the individual's situation, nor to suggest treatment for the individual, but to consider the concerns of family members and how family therapists may be of support and assistance to them.

Process Stages

While transgender individuals experience their process of transitioning and adjusting, family members also go through their unique process of "coming out" (Bockting & Coleman, 1992, p. 147). Each individual's experience impacts the family system, and the family system affects each individual's private experience in a reciprocal and dynamic fashion (Becvar & Becvar, 1993).

After becoming aware of the transgender identity or behavior of a family member, others in the family appear to progress through overlapping, nondiscrete stages, depending on their relationship with the transgender individual. It would appear that the process which family members experience is an expected reaction to the culturally-defined dichotomy of gender. While individual family members may need information to aid in the adoption of a more flexible view of gender, therapists must take the family as they are. This includes the family's cultural context with its accompanying beliefs. Approaching the family as an interlocking interactive system does not preclude therapists from becoming advocates for the transgender individual.

The stages presented, like the stages of grief suggested by Kubler-Ross (1969), are seldom progressed through cleanly or in a linear manner. One does not have to finish one stage to find oneself in another stage; one may return to earlier stages, back and forth, over time. The general direction of the stages is suggested here, with the understanding that some stages take longer for some individuals, some are shorter or seemingly skipped. It is a highly individual process, as well as a family system process, and the family as a whole will experience stages which may be similar to or different from each individual family member's experience.

Denial Stage

Individual members may experience shock and denial upon learning of a relative's cross-gender identity or behavior. They may effectively put the issue out of their minds or assume that the relative is going through a phase that will pass. Family members may be successful in maintaining their denial for extended periods of time if the transgender individual assumes the role only episodically and keeps the cross-gender identity secret. If the individual has cut off from the family while transitioning to a full-time cross-gender role, the family members are assisted in maintaining their denial by the individual's absence. Also, when family members are at different points in their own process of acceptance, their relationships may be easier when the transgender individual is absent. Out of sight, out of mind, helps to maintain denial. When family members disagree about support of the transgender individual's process, the absence of the individual allows for further denial and more harmonious relationships among the rest of the family. Even relatives who appear supportive and accepting may actually be in denial, believing the transgender individual will change. However, as noted by Bockting and Coleman (1992), that support may end upon the pursuit of sex reassignment.

The therapist's work at this stage may be mostly giving information, suggesting readings, and gently helping relatives realize that their transgender person is not sick or crazy or going through a phase, and that he/she will not "get over" the gender that he/she is.

Anger Stage

Once denial has diminished or been refuted, family members often realize that their predominant feeling is anger, surrounded by frustration. Scapegoating is likely at this point, and family members may state that everything would be fine in the family except for the transgender individual's crazy notions or behavior. The transgender family member may be blamed for all the problems in the family. Wives of cross dressers may feel angry and betrayed; they may wonder what other secrets are yet to be discovered.

For the therapist working with the family system, the focus at this stage may need to be away from any identified patient and placed on the total system, on the relationships among the members. Care must

be taken, however, not to alienate the family members and invalidate their experience. Particularly when working with parents, it may be helpful to allow them to focus on their son or daughter for several sessions before gently shifting to the dynamics of the marital relationship. Statements such as: "You have both been speaking of your son/daughter for several sessions and appear to argue about this at home. I am wondering what you do to relieve the stress you are experiencing." The focus may then center on how the couple deals with stress. Unfortunately, in some situations, the couple has little between them except the "problem" that may function to keep them together. Healthier avenues of focus that will serve the same function as the "problem" can be explored. At the same time, education about transgender individuals may need to continue, with a therapeutic goal of normalizing the couple's view of cross-gender behavior.

Bargaining Stage

During the bargaining stage, family members may make threats or promises to the transgender relative. On the negative side, family members may threaten their transgender relative in an attempt to stop transgender behavior. A wife may threaten to leave a transvestic husband if he does not stop or restrict cross dressing. Parents may threaten to disown and disinherit their child. Family members may form alliances and shun or ostracize the transgender individual. On the other hand, promises may be made. They may offer the transgender individual money to go to college or to start a business if he/she abandons all plans to pursue sex reassignment and "start behaving normally."

In their attempts to bargain with the transgender relative, family members are actively seeking to prevent or restrict the transgender individual's process and eliminate what they still perceive as a problem. The perception of transgender as a problem brings up many issues of concealment for the family. Families who have kept many secrets in the past may bargain with the transgender member to keep his/her identity, behavior, or planned surgery a secret.

Money, Clarke, and Mazur (1975) stated that the transsexualism of one of its members is not easily concealed even if the family resorts to disowning or disinheriting the individual. From their research of adjustments and acceptances by family members of surgi-

cally-reassigned individuals, they concluded that the differences between families who accepted the changed member and those who did not, seemed to depend upon how open or concealed the change was to extended and immediate family, friends, and neighbors.

Depression Stage

As the reality of the transgender experience becomes more definite, family members frequently lapse into depression. This may take many forms, from weeping and grief-type expression, to physical complaints, both minor and severe. This somatic embodiment of strong negative emotions may result in physical illness. If such disability is severe enough, it can take the focus or heat off the transgender person temporarily, while the family system engages in a realignment of loyalties, dependencies, and care-taking.

Sometimes the transgender person becomes physically ill as a way of shifting the attention away from gender. Some family members may act out inappropriately with abuse of substances, withdrawal, loss of employment, and divorce. Suicide is always a possibility in an extremely dysfunctional system, not only for the transgender individual but for other family members as well.

Acceptance Stage

Family members have come to an acceptance of reality when they no longer are determined to change the transgender relative. It is important to note that acceptance does not mean that the family member necessarily agrees with the transgender relative. Rather, it means the individual no longer dwells on how things could be different. Most importantly, there is a realization of loss. Feelings of loss may also occur in family members of transgender individuals who are not living full time in the cross-gender role. Acceptance of any transgender behavior, episodically or partially assumed, may evoke feelings of loss of the person one thought one knew.

At this point, family members may begin to express concern for the individual's welfare. Many who have achieved a degree of acceptance of their transsexual family member express concern over various issues they perceive as difficult for their relative. Some express concern that hormones may adversely affect their relative's

health or that there can be complications from reassignment surgery. Some express concern over their transgender relative's ability to maintain employment, maintain love relationships, and assimilate. While assimilation is not necessarily the goal, the integration of one's transgender status into one's self-identity should be an important objective for the transgender individual (Denny, 1995). It may be necessary for family members to be further educated in this regard.

Case Example

Among the transgender clients encountered by the authors is a woman whom we will call "Stephanie," to preserve her anonymity. She is in her early thirties, attending a university, and employed productively. She was born Stephen, the middle child between an older brother, John, and a much younger sister, Susan. Stephanie reported that "she" had always thought of herself as female, even though she was born with male genitalia, and treated as a male by all around her. She reported that even as a small child Stephen played with dolls, sought the company of female playmates, and shunned rough and tumble "boy" activities with age mates. Stephen dressed in his mother's clothing at an early age, sneaking lacy underwear and skirts, high heels, and other feminine attire whenever he could. At first the parents thought this cute in the little boy, but began to worry about him as he started to school. The father was especially concerned, insisting on a boyish hair cut, even though mother wanted to maintain the long curls.

Father and mother fought over the behavior, dress, and playmates of young Stephen. Father eventually deserted the family. Mother began to keep company with a series of male companions, most of whom teased and tormented young Stephen. Brother John called him a "sissy," and avoided having him around his older male friends, whenever possible. Mother became pregnant by one of her companions and when Susan was born, shifted most of her attention to her "real girl," telling us that she had always longed for a daughter and felt that at last she had one.

Stephen left home before finishing high school, taking to the streets in what is now seen as a self-destructive and dangerous manner. He used and sold drugs; he prostituted himself; he engaged

in many illegal activities which Stephanie declined to describe to us, only commenting, "You don't want to know. I was desperate for money." The money was for sex change surgery, a very expensive procedure, for which no insurance was available. Stephen obtained illegal hormones and began taking them. As he developed the secondary female sex characteristics (including smoother complexion after electrolysis, breasts, more feminine body contours, and a very feminine wardrobe), he became a much higher-paid prostitute. Stephanie explained that "There are men out there who get turned on by a transsexual in transition." When enough money had been saved, Stephen went to Europe and returned as Stephanie.

In the meantime, the mother, whom we will call "Phyllis," had little contact with her son, except an occasional call or postcard, with no return address. He assured her he was well and doing fine. Phyllis was very willing to talk with us, and open about her reactions. She described them as typical of any mother whose son had run away and about whom she was terribly worried. She worried not only about his safety, but about "what she had done wrong," especially as the cards and letters began to indicate that Stephen was a woman in a man's body. She denied the possibility for several years, actually, as she said, going back to his early childhood, when all the signs were there, but she refused to see them. She discussed the situation with the other son, John, who also denied, then expressed anger for Stephen's "doing this to us." Both John and Phyllis reported lots of guilt at what they might have done to cause this. Phyllis even located Stephen's father, but he refused to believe any of it, and hung up on her. When it became clear that they could not talk Stephen out of his intended surgery, Phyllis said she "found her church" again, talked with her priest and prayed hard. Her priest sent her to counseling, which Phyllis reported was a disaster, as the counselor told her Stephen must be psychotic, and she had probably driven him that way, and she had better concentrate on keeping Susan normal, as Susan still lived at home. Phyllis said she "bargained with God," that if Stephen was made normal, she would never miss mass again in her life.

Phyllis became physically ill, almost an invalid for several years. Susan had to remain at home and care for her, and John admitted to us confidentially, his resentment of the money her illness cost, and

the time he had to spend looking out for her and being "the man" in her life now. He blamed Stephen for their father's desertion and for the subsequent abandonment of all their mother's men, who wouldn't stay with a woman with a pansy for a son. About the time of Phyllis' illness, he joined the military–saying he was drafted and couldn't avoid it. Actually, there was no forced draft during those years, but we did not contradict him.

After the successful sex-change surgery, Stephanie contacted her mother by telephone, and Phyllis asked her to come home. With fear, but determination, Stephanie made a visit. Many tears and lots of talk later, as Phyllis told us, "I realized I had lost a son. I learned that I had to grieve and bury that son. Now I have a beautiful daughter. I love her just as much, but I still miss my son." Her voice choked and her grief was painfully visible as she described the changes in her family.

Sister Susan, only eight when Stephen left home, hardly remembered him except as one more person who had abandoned her, starting with her father, followed by the series of mother's male companions, all of whom had left. She reported that having an older sister "is great." They both report a good relationship which is growing closer. Susan wonders if Stephanie will desert her too.

John, in a separate interview, talked of his continuing denial, which ended abruptly when he and Stephanie went to the mall. John said he was genuinely surprised when Stephanie went into a ladies' shop, tried on a garment, and paraded for his admiration. He said, "It finally hit me: This is my sister, not my brother. I still think it's nuts, but hey, she's a cool sister–and good looking, too!"

CONCLUSION

To many, the very idea of someone expressing a gender identity opposite one's genetic sex, or even assuming the opposite gender role episodically, is foreign and bewildering. Family therapists are perhaps in a unique role to assist in the process of adjustment to change, normalizing behavior previously incomprehensible, and establishing or re-establishing communication among family members who might otherwise remain estranged indefinitely.

The case synopsis presented here is offered only as an illustra-

tion of some of the difficulties families face when attempting to understand and support their transgender relative. It is by no means all inclusive. Each family is different, and the general adjustment will depend on the family's level of healthy functioning prior to a transgender disclosure. Suggestions offered here are, therefore, quite general and must be used with discretion by the counselor as needed by the individual and the family. These suggestions, and the general information about transgender, are limited, but are presented in an effort to encourage therapists to examine their prejudices and remedy their ignorance in order to understand a family's process, and from that understanding, model acceptance of "what is" while working with all family members toward a harmonious future.

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