THE AMERICAN ACADEMY OF CLINICAL SEXOLOGISTS

THE IMPACT ON THE CHILDHOOD SIBLING RELATIONSHIP WHEN A SIBLING IDENTIFIES AS GENDER VARIANT

A DISSERTATION SUBMITTED TO

THE FACULTY OF THE AMERICAN ACADEMY OF CLINICAL SEXOLOGISTS

IN CANDIDACY FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY IN CLINICAL SEXOLOGY

BY

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ORLANDO, FL

APRIL 2018

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DISSERTATION APROVAL

This dissertation submitted by Shannon Camp has been read and approved by her committee members of the American Academy of Clinical Sexologists.

The Dissertation Committee has examined the final copies and the signature(s) that appear here verify the fact that any necessary changes have been incorporated and that the dissertation is now given in final approval with reference to content, form, and mechanical accuracy.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

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ACKNOWLEDGEMENTS

I extend my sincere gratitude and appreciation to my dissertation committee for their encouragement and dedication to helping me finish when I didn't think it could be done. Dr. Granzig, thank you for challenging me in ways no other mentor has. With your wisdom and wit, I have become a better clinician and more importantly, a better person. Dr. Franco, thank you for the decade of camaraderie and thoughtful insight you have shared with me in the years I have known you. I will never forget that you inspired me to pursue my passion to become a Sexologist, and helped show me the way to become one. Dr. Fynan, you have been in the trenches with me during this process, and I am grateful for it. Thank you for challenging my perfectionistic ways, and reaffirming that my best will always be enough.

Grandma and Papa, thank you for being my surrogate parents, friends, and continual source of inspiration. I am honored to be your third daughter.

Kevin, thank you for always believing in me, and reminding me that I am only held back by my own neuroses. I literally could not have done this without your love and support. Thank you.

Barrett and Elle, my sun and stars, thank you for the gift of being your mother and reminding me what unconditional love is.

DEDICATION

Mom, this is for you.

VITA

Shannon Camp is a Licensed Mental Health Counselor, National Certified Counselor, and board member of the Suncoast Mental Health Counseling Association. She earned her Bachelor of Arts in Political Science with a minor in Psychology at the University of South Florida. Originally intending to study and practice law, just prior to entering law school she explored her prospects in becoming a therapist. Ultimately she decided the counseling field was better suited to her professional and personal goals. She then earned her Master of Arts in Mental Health Counseling at Argosy University where she graduated summa cum laude.

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ABSTRACT

The sibling relationship is one of the most dynamic, intimate, and influential relationships one may have in their lifetime. The closeness and camaraderie that builds over the formative years can influence both friendships and intimate relationships. When the bond between siblings is close, it is possible that this connection will turn into a relationship that can outlast their parents, partners, and possibly their respective children. When a child or adolescent identifies as gender variant, the sibling relationship is often impacted. The cisgender child or adolescent may not know how they feel, or understand what is happening to their sibling. Feelings of grief and loss often occur, as do the varying problems that arise when dealing with complicated or ambiguous grief.

In addition to grief responses, preexisting mental health conditions can be exacerbated in the cisgender sibling, further complicating how the family as a whole ultimately copes. The therapeutic community is where many families turn to for support when these types of issues surface, and it is up to clinicians to offer appropriate guidance and support. Current research suggests that what these cisgender children are experiencing in their grief is comparable to what the siblings of disabled or terminally ill children feel, but it has not yet received the level of attention and research it deserves. It is also of upmost importance that negative mental health symptoms of the cisgender sibling are not overlooked, as early intervention outcomes could ultimately impact their long-term health and well-being.

There is great need for extensive research on the impact on the sibling relationships of gender nonconforming children, and how transitioning could ultimately affect the life of the cisgender child. The literature review contains research studies that address what the gender

variant child and parents may feel, but there is limited research on how the sibling in this situation experiences and processes their emotions. This paper will explore the various issues and topics related to gender variance and how current research is limited on the impact transitioning has the long term mental and physical health on both the transgender child and their respective siblings.

This researcher attempted to contact and interview the siblings of transgender youth, however, the task proved unsuccessful. Despite many attempts via the local PFLAG group, several LGBTQ+ community organizations in the Tampa Bay area, other organizations within several major cities in Florida, and referrals from members of the AACS faculty, not a single interview was conducted. Although frustrating to be met with such obstacles, it may shed light on the current climate within these organizations about how outside assistance is perceived within the transgender community. Hopefully, with more time and perseverance, this unique population can be better reached and supported.

CHAPTER ONE

INTRODUCTION

Research into the lives of transgender children and adolescents as well as their parents, has gone from scarce to plentiful in the last 10 years. This increase in literature has paved the way to more research, changes to public policy, and social acceptance. Transgender children now have many more resources, allies, and advocates supporting their choices. Parents are getting the support and information that was once difficult or near impossible to receive from their communities and elected officials. With this shift in the public consciousness, children and adolescents are now equipped to have a better coming out experience, allowing for a healthier and more positive transition.

What appears to be missing from this ongoing positive progress is information on how the siblings of these gender non-conforming children are faring. The information available is limited to only a few books, articles, and studies that have explicitly addressed the impact that a sibling's transition has on the cisgender child. What remains are studies that address the sibling relationship between children and adolescents who have a sibling with a disability or mental health disorder, which are also scarce. Due to the lack of research in all of the aforementioned areas, this paper will be focusing on the observations of research within these realms to draw conclusions that may be applicable to the sibling relationship when one sibling is transgender.

For the purposes of the scope of this paper, as well as clarity, when mentioning the "cisgender" sibling(s) it is to refer to individuals whose biological sex assigned at birth is aligned with their gender identity. Although there is often more than one sibling within the home, for

ease of reading, the singular "sibling" will be used instead of "siblings". The term "gender variant" refers to any individuals who may or may not ascribe to the gender binary and do not identify as cisgender, such as transgender and transsexual. Going forward, "trans" will be used as an inclusive term to refer to individuals who identify as transgender, transsexual, or transcend the gender binary.

In 2017, Meerwijk and Sevelius estimated that the number of transgender adults has significantly increased over the past decade, with a current best estimate of 390 per 100,000 adults surveyed. That is about 1 in every 250 adults, or almost 1 million Americans. As this survey did not take into account the children and adolescents who also identify as trans, the number could be substantially higher than what is reported here.

Sibling relationships are a critical part of childhood and adolescence, and as Aten (2017) notes, "As of 2010, 82.22% of youth lived with at least one sibling. Despite the vast majority of children having at least one sibling, they are often ignored in research and preventive interventions with youth as well as with family interventions" (p. 9). In both childhood and adolescence, siblings spend the majority of their time at home together. Outside of the friends one has in school, the sibling relationship is one of the most influential on how siblings relate and connect to their peers. When this much time is spent with one other person or only a few additional individuals, strong bonds can often be formed. Children become accustomed to expect a sense of familiarity and continuity when being with their siblings.

As children and adolescents grow and develop, they can begin to question their own sense of self in many ways: who they are as people, why they think or act the way that they do, how they relate to others, and in certain cases, how they see themselves as sexual beings in regards to normative gender expression. Since this is still what many in modern society would

consider out of the norm, there can be many conflicting feelings and thoughts while they are examining their self-perception. Siblings can be one of the earliest, if not the first person that these gender non-conforming siblings confide in. This is where a considerable amount of the current research stagnates, as much of the literature then shifts to how the trans child and their parents are processing the change from one gender to another. Unfortunately this seems to be a strong pattern in research, where siblings are simply left out of the discourse and are no longer part of the overall conversation. This phenomenon exists outside of transgender research, as it is also difficult to find information on how siblings cope with having a sibling with a mental health disorder, chronic illness, or disability.

Based on what researchers have discovered about how the family members of children with disabilities, life-limiting illness, and mental health concerns cope with the stresses these situations can bring about, it is important to know that these families often describe their experience as one shrouded in grief and despair. The terms “gut-wrenching” and “devastated” are often used. (Whitehall, 2016, para. 26) Although there has been progress, very few studies are available on the experiences of parents with a trans child, despite numerous studies on their children. One can surmise that gender confusion in a child must deeply affect their parents. Despite wanting to support their children unconditionally, parents and other adult family members often compare the gender non-conforming child’s transition from the natal gender to the preferred gender as a grieving process. The literature available on how children and adolescents grieve is abundant, however, there is little to no research available on how cisgender children mourn the loss of their formerly gendered sibling during and after their transition. Additionally, no information could be found on how the mental health of a cisgender sibling may be impacted due to the transition of their trans sibling. In order to serve the sibling relationship

well, it is imperative that more research is completed so that this important relationship is maintained and remains intact through adolescence and on to adulthood.

While reviewing the current literature, this writer observed that there were many conflicting results reported between each individual study that set out to determine the impact the sibling relationship faced as a result of chronic illness, disability, or a mental health disorder for one of the siblings. Research has shown in some studies that children who have a sibling with a disability experience more positive effects, such as having more patience and understanding for others who are seen as different. For example, according to Sharpe (2002), "depression, anxiety, and other elements of psychological functioning were actually lower for the siblings of chronically ill children when compared to their peer group" (p. 704). However, Wilson, McGillivray, & Zetlin (1992) compared the adolescent siblings of individuals with developmental disabilities, and "found that adolescent siblings experienced more embarrassment, were more concerned about social stigma, and were more worried about being isolated by their peers" (p. 330). Similarly, Begun (1989) "reported that during adolescence, children who had a sibling with a developmental disability reported more conflict and less satisfaction with their sibling relationships once they reached adulthood" (p. 568). In addition, Phillips (2016) "notes that some research has shown that children who have a sibling with a disability experience more stress and anxiety, exhibit more negative behaviors, and have lower self-concept" (p. 8). Bowman et al. (2013) explain that:

> Despite the evidence that working with the family in its entirety is important during early psychosis, siblings have been largely ignored. Developmental theories imply that early psychosis could negatively impact the sibling relationship and their quality of life, effecting personality development and health outcomes. Additionally, the evidence

shows that adolescent physical illness or disability has a significantly negative impact on the sibling's quality of life and increases the risk for the onset of mental health issues (p. 273).

When research yields inconsistent results, it is difficult to draw conclusions that may ultimately guide clinical practice and what type of feedback is given to the families who face such obstacles. With this in mind, it is important to note that being transgender does not equate to having a disability. "However, gender dysphoria, a medical condition that some transgender people have, can sometimes be considered a disability that is protected under laws like the Americans with Disabilities Act (ADA)" (National Center for Transgender Equality, 2017, para. 8). Gender dysphoria is considered to be a severe and pervasive feeling or interpretation by the transgender person that they are in the wrong body. This type of dysphoria is not only psychologically destructive, but can lead to severe suicidal ideology and/or attempts by the dysphoric individual. Discriminating against individuals who do not identify clearly as their natal gender, or are uncertain where they will ultimately be on the LGBTQ+ spectrum should be guaranteed the rights that every human is entitled to. What becomes unclear is how to best advocate for these individuals medically and politically, as well as how to advise equality and respect even in their own homes. For professionals, it can be a somewhat precarious situation when families are in need of counsel. Notwithstanding the political ramifications that labeling these individuals can have, the medical and therapeutic community has not yet reached a consensus on how to properly assist these individuals and their families.

It is important to note that with prepubescent children who are still years away from adolescence, there's much controversy about what's best for children who are self-labeling as trans. "Inevitably this is where two seemingly conflicting truths collide: trans people deserve

to have their identities recognized and respected; however, research suggests that most gender-dysphoric kids will, in the long run, end up identifying as cisgender" (Singal, 2016, para. 12). Parents are left with such conflicting information about whether their child will become a transgender adult, it is easy to empathize with the hesitancy that parents often express. While wanting to support their child unreservedly, there are many doubts left behind when even the experts cannot agree on a clear course of treatment. With parents trying to figure out how to best help their trans presenting child, and the child in question is vehemently insisting that they are in fact trans, some family discord is inevitable. How this often unintentionally manifests within the family is to deprioritize the cisgender child, and focus on the trans child. This inevitably can leave the cisgender child emotionally distanced and confused. As Brill, S. (2008), notes in her book, *The Transgender Child*, "some families with gender-variant or transgender children are in a perpetual state of crisis for a number of years. The stress of this affects everyone in the family" (p. 56). She advises that parents be careful not to overlook the stress exhibited by the other children in the family, and to be sure to seek therapy if the stress seems to be turning into distress.

In the scenario above, the only thing that stands out as being clear is that the sibling of the transgender child is often left as confused and frustrated as the transgender child themselves. A parent may question how to explain to a 5 year old that their older brother is now their sister. They may also wonder what measures can be taken to assist the child from feeling displaced within the family. Parents may feel it is difficult to encourage positive unconditional support for the trans sibling if the other siblings are confused by what is happening. Again, it is evident that when families are faced with this type of life altering development, the other children in the family may wind up having difficulties coping with all of the changes taking place around them.

What can occur is the evolution of distancing within the family. Often used as a collective coping mechanism, emotional contact can be cut off by physically cutting a member off from a family or by refusing to emotionally relate to that member. As Aten (2016) describes, "when a member of a family is emotionally cutoff, the rest of the system is vulnerable to developing negative symptoms because there is one less person available to manage anxiety within the family" (p. 7). This is more prevalent in families that have an adolescent or adult family member who identifies as trans, but nonetheless this type of behavior can be devastating not only to the trans child or parents, but to the sibling of the trans person as well.

A study conducted by Koken, Bimbi, & Parsons, (2009) found that "transgender individuals reported less support from their families, as well as greater harassment, discrimination, and violence than their non-transgender siblings" (para. 3). The study focused on adult trans individuals and their non-transgender siblings. A comparable study could not be found for children and adolescents. This study provided valuable evidence regarding the difference in treatment of siblings who are transgender, and illustrated the potential differences in life outcomes as a result. Although the study was on adults who had already transitioned, it isn't far-fetched to see how this type of scenario could transpire in a childhood or adolescent relationship between the trans and cisgender sibling dynamic. If the trans child is feeling unsupported by the adult members of their family, a healthy sibling relationship becomes even more crucial. It is possible the trans child could become resentful of the cisgender sibling and begin to distance themselves. One can speculate that the cisgender sibling may alienate themselves from the trans sibling, instead of being supportive. The lack of support can possibly be traced back to a lack of communication and understanding. Perhaps the sudden change reveals unexplainable feelings of grief or loss they are now experiencing as a result of their

siblings transition. Lastly, the cisgender sibling may view their trans sibling as seeking attention at best or mentally ill at worst. There are so many concerning scenarios that may arise as a result of a sibling transitioning, yet there is minimal information available within the research to help provide any solutions.

There are many questions that need to be researched in order to not only help the trans child, but to help the cisgender child cope, process, and ultimately accept their role as an ally to the trans sibling in their family. If future research enables these types of questions to be asked, one can presume that clinicians will be able to not only help the parents and trans siblings, but they will be able to help the cisgender children involved as well. Should positive interventions be developed as a result, one can speculate that the sibling relationship will not only become more fulfilling and supportive, but it could also strengthen the bond between cisgender and trans siblings into adulthood and beyond.

CHAPTER 2

THE SIBLING RELATIONSHIP

For individuals who have a sibling, many understand how complex the relationship can be. Some siblings argue in their youth and over time grow to become the best of friends. Other siblings may begin as inseparable companions and drift apart, never finding a way to reconnect. These and countless other examples of sibling dynamics are often based on how their bond formed throughout the formative years. Since siblings can sometimes belong to the same peer or social group, or at least generation, it is plausible to have common connections both socially and culturally. Aten (2017) explains that "although parents are typically a child's first source of human connection, sibling relationships are also an important factor in development" (p. 1). In order for the sibling relationship to achieve a strong bond, siblings need to have a trusting relationship with healthy reciprocity. To take this further, it is reasonable to speculate that the sibling relationship can both impact and influence each other's lives in ways that not even parents can. Since they are often peers, it is safe to assume that at least developmentally; their personalities and behaviors may either clash or mesh. Goetting (1986), explains that there are four stages siblings go through that coincide with the family life-cycle. To illustrate the nature of how the cycle works, the following is quoted from *The Developmental Tasks of Siblingship over the Life Cycle*:

> Phase One: The first phase occurs during childhood. During this phase, companionship and emotional support are the primary needs siblings fulfill for each other. Siblings are in need of each other's support during childhood because they are discovering their

worlds; and because they have similar experiences, they serve as ideal companions for each other.

Phase Two: During adolescence, youth are confronted with the tasks of individualizing and separating from their families. Sibling relationships are especially important through those developmental years because siblings are a support system for adolescents who are nearing adulthood and independence.

Phase Three: Adulthood is a stage of life where many new experiences occur, including relationships and the birth of children; however, it is also a time when people experience losses due to the death of older family members. During adulthood, sibling relationships take on a companionship role. Emotional support becomes a central need that is fulfilled by sibling relationships; however, sibling bonds may not be as strong as they previously were because adults typically have spouses to lean on for immediate support.

Phase Four: Sibling relationships become essential again when siblings' parents become ill. From approximately middle adulthood to the end of life, siblings usually become close and supportive, similar to the way they were during childhood. Sibling relationships serve as a way for adults to compensate for other losses, including their parents, spouses and friends. During this time, siblings become nostalgic, discussing memories and often ameliorating sibling rivalry that occurred when they were younger. Sibling relationships continue to be supportive and intimate until one of the siblings passes away. (p. 706)

Considering that people are living longer and more fulfilling lives than they were just a century ago, the sibling relationship may sometimes last decades longer than ever before in

history. Parents typically try and encourage positive bonds between their children so that they will become playmates and friends, hoping that a positive relationship will continue on in adulthood. As children become older, more independent, and trustworthy, the use of redirection will no longer be as needed for parental intervention. Parents and caregivers can then reap and enjoy the benefits of watching their children play, problem solve together, and share secrets. "All family systems have subsystems of people who can be considered allies of one another. Assuming siblings grow up together in the same household; their home environment also serves as a unifying experience. Sibling dynamics are important to understand because they play a role in children's overall development, including identity development" (Bowen, 1978, p.276). Siblings may often confide in one another when facing a difficult life event, often even more so than with their parents or friends. There are countless stories of an LGBTQ+ sibling telling their cisgender sibling first that they are gay, lesbian, etc. The stronger the sibling bond and relationship, the more likely the gender nonconforming child or adolescent will confide in their sibling their true sexual orientation or that they are transgender.

As society has evolved and changed, identifying as gay or lesbian has become more socially accepted and commonplace. Once viewed as a mental health disorder, one's sexual orientation has become fluid and understandable to new generations that tend to be more open minded. The transgender community is still struggling to achieve that level of acceptance. Even though general public awareness is moving towards a more a more positive perspective on being transgender, there is much more work to be done. One's home is typically the first place where the transgender individual feels compelled to live as the opposite gender they were assigned at birth. The parents of transgender individuals often report that their transgender child acted both inward and outwardly opposite their natal gender in many ways while still a very small child.

Although parents are essential to the conversation when describing the family reaction to children transitioning from one gender to the other, siblings are seldom questioned on how they responded to this change. It is important to remember that siblings are there from the beginning where the trans child lives from birth as their natal gender, to then becoming the opposite gender. What is troubling is that these cisgender siblings may be left unheard and unsupported by their families, as they are trying to figure out their new role with their gender nonconforming sibling. The entire sibling dynamic could possibly change before their eyes, leaving the cisgender sibling to process this experience as a stressor versus a positive change for their sibling. While the cisgender child struggles to make sense of their new relationship, they may be getting minimal if any feedback from the rest of their family.

The opposite can be true as well, with the cisgender child embracing the idea of their sibling's decision to live as the opposite gender, yet the parents are struggling with the transition. For some parents, facing the idea of having a trans child is nearly impossible for them to even comprehend let alone accept, for a variety of reasons. When the sibling relationship is strong, the cisgender sibling can become the advocate for the trans sibling and act as an intermediary at times with the parents. Acceptance can often be a slow process for families, as many parents do not believe that their child is trans and see it as a "phase" that the child will grow out of. While parents attempt to comprehend how this will impact their family, the cisgender sibling may be able to assist with the process and be supportive as well. Dependent upon the age of the child in question, it could be as simple as the cisgender child continuing to play with their sibling, thereby showing the parents that if it is not bothering the sibling, perhaps it should not bother them. With an older child they might be able to help their parents and trans sibling research information available to help families cope with this type of change. Children and adolescents

may be more technologically savvy than their parents, so they can assist them in finding online support and information on what being transgender is.

How all of this can shape the way the family moves forward from the initial revelation that a child is transgender depends largely on the natural coping skills already present within the family unit. There are many ways the family is impacted by this type of transition, some negative others positive. For example, when a "family's resources are extended (money, time, physical and emotional presence), multi-tasking is a necessity. Higher stress levels, less attention for the typically-developing child, and societal judgments are more prevalent" (Aten, 2016, p. 7). The family needs to be proactive and seek proper medical and therapeutic support early on. A family with a history of greater discord, poor communication, or negative coping skills could potentially unravel with this great of a change. However, with immense challenges there are often wonderful opportunities for growth and positive change within a family if they are being properly supported and openly communicating. There is the potential for more compassion, understanding, and empathy to all different types of individuals or families going through a difficult experience. This is especially true for children and adolescents, as they are typically more open to new experiences and are already learning about the world around them through education, friendship, and a societal push for equality. To further illustrate what sibling dynamics can look like where one member of the family is not gender normative, has a serious illness, or a mental health challenge, Aten (2016) notes:

> Although children's families play a role in interfamilial relationships, children themselves also influence their relationships with siblings. Even though families can create stressful circumstances for their children, children's individual characteristics can exacerbate the level of distress in a family and lead to tension in sibling relationships.

> For example, children who have difficult temperaments tend to have higher rates of relational difficulties, particularly with siblings. Other individual characteristics like chronic illness, disabilities, and emotional/behavioral concerns also influence difficulties and rewards for typically-developing siblings. Difficulties include: internalizing feelings (depression and anxiety), difficulty adjusting, low self-concept, school problems (attendance, truancy), psychosocial difficulties, post-traumatic stress, behavior problems (aggression), emotional instability, maladaptive coping, loneliness, embarrassment, greater likelihood of being bullied. Rewards include: greater resiliency, compassion, empathy, pro-social behavior, greater acceptance of "Others," social competence, kindness, nurturing, positive and stable friendships. (p. 8)

Something parents need to be mindful of when helping their child transition from one gender to another, is how the cisgender child perceives not only their relationship with their parents, but what the relationship is like with the gender nonconforming child. "Because of your discomfort with your child's gender variance, you may unconsciously bond with your other children more than your gender-variant child. By doing this, you inadvertently place the non-transgender sibling in a position of having to choose loyalty to their parent or to their sibling" (Brill, 2008, p. 58). When the cisgender child observes this type of behavior within their family, it can add to the confusion and ultimate understanding of how to act appropriately. Parents typically do not want to admit that they have a "favorite", but in many cases it is hard to hide certain natural tells that children pick up on organically by simply watching and listening to interactions. This phenomenon can be present in any type of family; however it can become more problematic when a child is trans.

A trans child can perceive the differential behavior due to being trans instead of gender normative, when it could actually stem from a lack of common interests, personality mismatches, or many other factors. Koken (2009) describes a scenario where a young transgender male-to-female leaves home as an adolescent due to feeling unwelcome by her parents. She explained that although she had not been forced out of the home, she perceived a lack of warmth and acceptance. She came to the conclusion that her parents preferred that she no longer reside with her family. The young trans woman goes on to describe her perception of her home life, and how it ultimately led to her decision to leave. "One participant related unequal treatment in comparison with her siblings, a material and symbolic deprivation of love and acceptance of her: 'She made sure my brothers and sisters, they all had brand name stuff. But me, I would always have second-hand clothes'" (Koken, 2009, p. 857). When a cisgender child feels as though they are loved more than their trans sibling, it can further alienate the children from one another, causing the breakdown of sibling comradery. Ultimately it is up to the parents to encourage positive behavior between the siblings while still allowing both the cisgender and trans child to express their thoughts and feelings.

The opposite can be true as well, as Brill (2008) notes that some parents may inadvertently become hyper-focused on the gender variant child, neglecting the other children as a result. "It is easy to spend so much time in the early years stressing about your gender-variant child, learning about gender, processing with friends, and researching gender-related topics that your other children can feel less important" (Brill, p.54). Parents of gender normative children often struggle finding the time to make sure that each child is getting sufficient quality time with each parent, so this task could prove even harder for parents with a trans child. Striking a balance is key, as it can be challenging to find ways to ensure that each child is feeling secure,

supported, and loved. During this process it is easy to see how the sibling relationship could become strained, as so much time and energy is sacrificed in ensuring the individual children receive proper attention and the family as a whole is remaining strong and intact.

With all of this to consider, this doesn't even touch on how the sibling dynamic began at a young age. Fostering sibling companionship becomes especially difficult if there was already turmoil in the relationship prior to the trans child revealing that they are not gender normative. Sibling pairs that didn't get along before the transition, will now need to reexamine their relationship. Parents may become hopeful that after the transition, the siblings may be able to reconcile their differences and enjoy a different relationship with their new brother or sister. Should animosity remain, any bullying behavior needs to be dealt with swiftly. As Aten (2017) has found in her research, "healthy children often bear the weight of their family's anxiety and relational discord especially when their sibling is the source of the increased stress level" (p. 7). Although no child wants to be the reason their family may be stressed or strained, it is important to note that having a trans child is considered atypical and every family member feels the emotional impact of this type of situation.

Brill (2008) mentions the stress of having a trans sibling can not only cause discord at home, it can bleed into the school and social life of the cisgender siblings. If a sibling relationship is already strained, the trans child simply declaring they are the opposite gender will not necessarily fix the relationship. Personalities may have clashed from early on between siblings and this will more than likely not make things different between the children. If the older sibling is cisgender and has always viewed the younger sibling as annoying, attention seeking, and someone they loathe spending time with, being trans will more than likely make a minimal impact on their relationship. What can occur is unwanted attention to the cisgender

sibling in this scenario. For example, their former younger brother is now dressing like a girl at school and insisting they be called "Samantha" instead of "Samuel". The older child may not only be socially rebuffed by friends as a result of their younger sibling's transition, they may become bullied and harassed as a result of the change. This can be hypothesized by examining the research of Burke (2010) which states, "siblings of children with a disability may experience different social encounters due to "disability by association" (p. 1685). Having a trans sibling is something that most children will not experience, so peers may treat the cisgender sibling differently as well. Although not a disability, a schoolmate may lump a child who dresses opposite their gender in the same category as a child missing an arm, uses a wheelchair, or has one of the Trisomy's. "When a child has a sibling with a disability, peers may see that child as having a disability as well and interact with them as such" (Burke, 2010, p.1686). Without swift and proper intervention, the relationship between the siblings in this example could become damaged and difficult to restore. If parents are able to manage anxiety and repair relational strain, the children's relationship may begin to improve.

Children and adolescents are bullied for a variety of reasons, and having a transgender sibling is no different. Until schools fully evolve, integrate, and find ways to support trans children, the trans sibling and cisgender sibling can quickly become easy targets for bullies. While it is simple to say that this type of teasing shouldn't be tolerated, it is difficult for children and parents to enforce this within the school system as legal regulations have not yet met the needs of the trans youth community. A perfect example is the ongoing battle as to whether trans children and adolescents are allowed to use the bathroom at school that is opposite their natal gender. While some schools are progressive and it is a non-issue, other schools are fighting within the court systems to force children to use the bathroom that corresponds with their

assigned birth gender. While changing the way society ultimately views the rights and choices of trans individuals, there is also much work to be done within the home to help the trans child nurture their ability to stand up for themselves. In addition to supporting and advocating for the trans child, it is important to ensure that their sibling feels confident not only in their relationship, but in their individual ability to be assertive towards bullies who may be teasing their sibling or they themselves. Brill notes (2008):

> Siblings may participate in teasing because they feel pressure from their peers to ostracize or to be critical of their nonconforming sibling. While siblings must be allowed their full range of feelings, you must absolutely place limits on their freedom to ridicule the trans sibling. Every family member is entitled to a ridicule-free space in their own home. (p. 55)

Additionally, cisgender siblings may act out in an effort to gain attention, potentially in ways that are damaging to the trans sibling. Brill (2008) notes one common way that cisgender children may do this is to "out" or disclose personal information about the gender-nonconforming child at inappropriate times or in a disrespectful manner. This is likely to backfire by generating negative attention in the form of punishment. Dependent upon the age and developmental level of the cisgender child, they may or may not understand the ramifications of their behavior. It is the parents' job to ensure and explain that family members are never allowed to disclose private information about others in the family. Once clear and consistent boundaries have been put in place for the cisgender sibling, it is imperative to listen to that child and find out what may be causing them to not respect their trans sibling. If they are developmentally immature and do not fully understand the changes happening around them, more time needs to be spent with the child as a family explaining what their sibling is going

through in terms they can understand. However, if they understand what is going on and parents discover that the cisgender sibling is in fact being bullied or threatened, parental support and school interventions are crucial to ensuring the cisgender sibling is being heard, understood, and advocated for as well.

While it is important to advocate for both the trans and cisgender sibling both inside and outside of the home, it is important to also ensure that the family itself remains strong, supportive, and intact. While society, the medical community, and the courts debate the ramifications that may occur long term when a child has decided to live as the opposite gender, the family unit needs to find ways to ensure that they remain cohesive and unified. There are many resources and ways parents and adults can be involved and advocate for the trans child. However, children and adolescents are often unable to assist in the ways that adults can, as they have limited ways to influence decisions. This can be problematic when families are attempting to involve everyone in supporting the trans child. Siblings need to be considered when making major family decisions and the reasons behind these types of decisions need to be fully and clearly explained. The more collaboration and transparency a family has within the walls of their own home, the more likely the cisgender sibling will be supportive of their trans sibling.

Phillips (2016) notes that despite the evidence that involving families is important for early mental health interventions, siblings have been largely ignored. Siblings play an important role in development during childhood, adolescence, and early adulthood. Developmental theories imply that early mental health diagnoses could negatively impact the sibling relationship and possibly influence their personality development and health outcomes. The evidence shows that physical illness or disability has a significantly negative impact on the sibling's quality of

life and increases the risk for the onset of mental health issues. While being transgender is not considered a mental health disorder, it is a unique situation that may occur within any family.

Supporting the sibling relationship at an early age is essential to ensuring that the relationship will remain positive going into adulthood. Parents can ultimately shape how children see each other in any family situation. In some cases the sibling relationship will not grow to become one that is supportive and trustworthy, faltering in adolescence and never reconnecting into adulthood. It is typically the hope of any parent that their children will enjoy a meaningful and loving relationship with their sibling throughout their lives. When one sibling is chronically ill, has a serious disability, is mentally unhealthy, or even trans, it takes more effort on the part of the parents to ensure that the sibling relationship is being encouraged and supported from infancy to adulthood. If parents are able to foster friendship and reciprocity at an early age, it is more likely to happen. Conversely, the cisgender sibling may be able to assist the parents in understanding and accepting the transgender sibling's decision to live opposite their natal gender. The most important thing to consider is that the family will need to come up with ways to support each member of the family during the trans child's transition. Every member of the family is equally important to ensuring the family unit remains intact after the trans sibling has transitioned. It is essential that not only the trans child and parents feel as though they have the support they need from one another, but that the cisgender child is assured that same.

CHAPTER 3

TRANSITIONING

The decision to transition, or live as the opposite of one's gender assigned at birth, is not so much a choice for the transgender person, as it is a basic need. Although it is somewhat difficult for people who are comfortable with their natal gender to understand, it is not a new phenomenon. In nearly every society across the globe, there are centuries of documented evidence of inhabitants of each culture living as the other gender. Strong et.al (2002), describes how some cultures openly accept a third gender identity that is not congruent to sexual anatomy. This "third sex" is respected within the Native American "two-spirits", Indian *hijas*, and Burmese *acaults*. They are often believed to possess otherworldly powers due to their uniqueness, and are respected members of their tribes, frequently consulted for their wisdom and spiritual talents. Despite these long standing examples, many in society view ones desire to live as the gender they perceive themselves to be as a choice rather than a valid state of being. It is difficult for some to understand how the body and mind can be so incongruent as to warrant this type of drastic action. A simple yet effective way to encourage empathy for those who are struggling to understand what it means to be transgender, is to have the person imagine themselves as the opposite gender. Once they do so, the person is encouraged to describe as vividly as possible what they see, think, and feel. This allows for the person to begin to understand what trans people feel daily. As more people are able to realize that this isn't necessarily a phase or a choice for young people; society will eventually allow for more compassion towards those that identify as trans.

The concept of identity is multifaceted and varies from person to person. Gender identity refers to a person's "internal perception of their gender and how they label themselves" (Killermann, 2016, n.p.). For children and adolescents who are cisgender, gender identity development likely was not a crisis, but a fairly natural occurrence. Unfortunately, gender identity development may be incredibly stressful for children and adolescents who identify as transgender. "Individuals who identify as gender minorities typically experience crises as they are developing their identity and their families often have a difficult time adjusting as well" (Aten, 2016, p. 2). As Norwood, (2010) points out, a growing number of families include a member who identifies as transgender. As someone begins to outwardly accept their trans-identity, a transition of one identity to another is not only monumental for the trans-identified person, but also for that person's family. "When one engages in such a fundamental change of expressed identity, the person's relational partners are faced with renegotiating who that person is as well as who that person is to them, as a relational partner" (Norwood, 2010, p. 21). Parents and other adult family members are often the focus when offering support to the family of the child who is transitioning. Support for the siblings of the trans child is often lacking or disregarded altogether. The transition process is one of great change and challenges for not only the trans child, but the trans sibling. In one family the siblings could be extremely close, in other families the children may have a poor relationship and the transition is just another part of life, and or another source of discord for the siblings. As LaSala (2000) notes, "Regarding families with an LGBT member, the majority of youth who come out as LGBT to their family members report their families experience stress due to their disclosure" (p. 18).

Every family experiences stress and occasional conflict, however when the interactions are critical, unsupportive, or laden with guilt, it is difficult for even the healthiest or most

confident person to determine how to respond or proceed. Beyond this type of dynamic, other factors need to be considered when both supporting the trans and cisgender children in the home. Arguing over the trans child can create heightened stress, emotional distance, and conflict between family members. As Patterson, (2000) notes, in families who have a child who identifies as LGBT that child is often the scapegoat. This can mean that they attempt to contain the family's anxiety but are unable to due to the sheer amount of stress present and, thus, are blamed for creating the family's dysfunction. The opposite can be true as well, with the cisgender child becoming the scapegoat due to their place in the family dynamic. For example, the cisgender child may have always been more difficult or interpersonally challenging than their trans sibling. The cisgender child now intensifies disruptive behaviors, further lashing out and vying for attention since they are no longer the source of the families focus. The cisgender child in this scenario is now adding to the difficulty of an already tense situation. Even when the transition is seen as a positive change in the family, there are situations that may come up where the trans and cisgender children wind up at odds.

Brill (2008) notes that when a child is, "…allowed to begin the transition process and to outwardly live in accord with their internal gender perception, they often become more social and outgoing" (p. 56). With this new freedom and acceptance towards the trans child, the cisgender child may be left feeing neglected or displaced. It is important to convey that the way the trans child is feeling, acting, and appearing to the cisgender child is more often a better reflection of their true personality. A once temperamental or sullen sibling is now engaging and extroverted, finally comfortable in their own skin. Although potentially a major change, it is one that can be appreciated and perceived as positive as time continues on.

When a child determines that they are not living as the correct gender and wants to transition, parents are often concerned about the process and long-term outcome. Rather than moving forward quickly many parents do considerable research and reach out to mental health providers and the medical community for support. Parents may be concerned that this is a "phase" or a "fad" and are unsure how to support their child or adolescent. Rosenthal (2016) states, "The majority of gender dysphoric prepubertal youth will no longer meet the mental health criteria for gender dysphoria once puberty has begun" (p. 190). With puberty being the biggest factor in whether or not a child will determine if they truly feel as though they were born in the wrong body, parents have good cause to wait and see what will ultimately happen. This could be a difficult decision for any parent to make when they see that their child is suffering. According to Whitehall (2016), various scientific studies have proven that the vast majority of transgender children will leave their transgender notions behind when puberty begins, if parents do little more than gently watch and wait. Should the parents determine this course of action, they are supported by the American Psychiatric Association, as Whitehall explains that dysphoria will more than likely resolve on its own:

> 70 to 97.8 percent of gender-dysphoric male and 50 to 88 percent of gender-dysphoric female children have been reported to "desist" prior to the onset of puberty. This likelihood of "growing out of it" is declared in no less than the current, official *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association (DSM-5), and is supported by a number of independent studies. (para. 3)

Olson, Key, & Eaton (2015) sought out to investigate whether prepubescent trans children actually showed patterns of gender cognition more consistent with their expressed gender or their assigned natal sex, or if instead they appeared to be confused about their gender identity. Although the study was only with 32 participants aged 5-12, the results indicated that:

> …they viewed themselves in terms of their expressed gender and showed preferences for their expressed gender, with response patterns mirroring those of two cisgender control groups. These results provide evidence that, early in development, transgender youth are statistically indistinguishable from cisgender children of the same gender identity. (p. 471)

It is important to note that these children were either prepubescent or just beginning puberty. The DSM-5 states that typically upon starting puberty, the child either desists or persists with gender dysphoria. Interestingly, when either natal sex does not persist with gender dysphoria past adolescence a large percentage of them identify as gay or homosexual. (American Psychiatric Association, 2013)

> For natal male children whose gender dysphoria does not persist, the majority are *androphilic* (sexually attracted to males) and often self-identify as gay or homosexual (ranging from 63% to 100%). In natal female children whose gender dysphoria does not persist, the percentage who are *gynephilic* (sexually attracted to females) and self-identify as lesbian is lower (ranging from 32% to 50). (p. 455)

Allowing a child to socially transition prior to the onset of puberty, or waiting until adolescence has begun, is a difficult choice for any parent. Since the literature observes that most children who present with gender dysphoria will not grow up to become trans adults, it is reasonable to see why parents are cautious. Rosenthal (2016) believes that affirming a child's

gender expression is thought to have a more optimistic mental health outcome rather than encouraging children to accept their natal gender. As depression and anxiety are frequently reported with gender dysphoria, it is understandable that parents would be concerned about their child's state of mind. Should the parents decide that the "wait and see" approach is better, will they now have a child who acts out in their frustration and pain, and may possibly become suicidal? If the parents allow the child to socially transition fearing for their child's life, it may cement in the child's mind that they are in fact the gender they desire to be, and they cannot change their mind later if they in fact "grow out if it". Whitehall (2016) surmises that perhaps fear and despair is driving an increasing number of parents to start socially transitioning their child to the opposite gender before seeking medical help. Once the process of transitioning has begun, further treatment is not just encouraged, but may be expected by the trans child. Soh, (2016) explains that silencing those who oppose the mindset that early transitioning is the only valid and ethical approach for a gender-dysphoric child, is unhelpful to the parents. Pushing children to transition at increasingly younger ages so that they will fit neatly into one of two gender categories is false and unscientific. It is critical that parents are able to explore all options available for their child prior to making the decision to transition.

A prepubescent child who is allowed to socially transition will expect to be able to start hormone therapy at some point, delaying the onset of the natal puberty. After that process has plateaued and they are satisfied with their outward appearance, gender reassignment surgery is available to them after they turn 18. Parents are put in a position where in the span of approximately 10 years, their child will make a decision that will affect their mental and physical health for the rest of their lives. What is especially concerning about this decision, are the lack of long-term studies on the reversibility of side effects as a result of starting and taking hormones

at such a young age. Hembree, et. al, (2009) notes that in transgender women, prolonged estrogen exposure of the testes has been associated with testicular damage. Whether the damage is reversible is unknown at this time, as it has not yet been thoroughly studied. Since this side effect hasn't been explored properly in adult trans women, the use of these types of hormones on prepubescent children or even young adolescents is concerning. Consensus was reached by The Endocrine Society, European Society of Endocrinology, European Society for Paediatric Endocrinology, Lawson Wilkins Pediatric Endocrine Society, and World Professional Association for Transgender Health, that the use of these hormones is not recommended in children (Hembree, et.al, 2009):

> Because a diagnosis of transsexualism in a prepubertal child cannot be made with certainty, we do not recommend endocrine treatment of prepubertal children. We recommend treating transsexual adolescents (Tanner stage 2) by suppressing puberty with GnRH analogues until age 16 years old, after which cross-sex hormones may be given. We suggest suppressing endogenous sex hormones, maintaining physiologic levels of gender-appropriate sex hormones and monitoring for known risks in adult transsexual persons. (p. 3132)

Families may consult with their school guidance counselors or psychologists when they learn that their child identifies as trans. With the amount of training and knowledge many of these professionals have, as well as the access they have to students, it may seem like a natural first choice. Although not every school clinician may have specialized training in working with transgender children, most will have the ability to meet with the child and objectively observe the situation prior to making an outside referral. While this will most often be the case, McHugh, P. (2014) notes that within the school system, some counselors may encourage

adolescents to distance themselves from their families if they oppose having gender confirmation surgery. The trans and possibly even the cisgender children are now placed in a situation where they are receiving conflicting information. The cisgender child is now situated in-between their parents and a mental health professional, all while trying to support their sibling.

Although the research is scant, it is important to address that there are children who ultimately wind up regretting their decision to transition. These children and adolescents may have fared better with their parents utilizing the "wait-and-see" approach rather than a full social transition. When children who transition ultimately decide that they are in fact the original sex assigned at birth, the process to revert back to their natal gender is called de-transitioning. A complicated series of processes both socially and emotionally, children and adolescents are placed in an awkward predicament where they are anxious and embarrassed to explain themselves to their peer group, siblings, and parents. Steensma et. al, (2011) conducted a study to follow up with and interview adolescents who were gender dysphoric as children. Out of the 25 teenagers interviewed, two females expressed distress as a result of their transition:

> Two girls who had undergone social transitioning to boys—by taking on male-typical appearances—regretted it and struggled to detransition. One wanted to begin wearing earrings, but said she couldn't because she "looked like a boy." The other, hoping for a fresh start with high school, hid childhood photos at home that depicted her time living as a boy. Both feared teasing from their peers. (p. 503)

The watch and wait approach is not only limited to children and adolescents. Adults are now increasingly being asked by the mental health and medical community to postpone permanent physical changes to their bodies. Duišin, et. al (2014), conducted a study on the comorbidity of gender dysphoria and personality disorders, and as a result of their research, the

authors of the study, "stressed the great importance of including personality assessment in standard gender identity disorder diagnostic procedures, as presence or absence of personality disorder **c**omorbidity is one of the contributing factors to the successful or unsuccessful sexual reassignment surgery outcome" (p. 7). Sexual reassignment, or gender confirmation surgery, is often one of the final steps transgender individuals seek out after they have completed their hormonal, cosmetic, and feminization treatments. Newsweek reported in 2017 that Dr. Djordjevic, one of the most prominent sexual reassignment surgeons in the world has stated that 14 of his male-to-female patients have undergone the process to have their penis reconstructed. According to this report, Dr Djordjevic has "seen an increase in "reversal" surgeries among transgender women who want their male genitalia back. The urologist explains those who want the reversal display high levels of depression, and in some instances, suicidal thoughts" (para. 2). Treating gender dysphoria is a complicated and complex issue facing clinicians in the wake of these circumstances. Therapists, physicians, and surgeons are ethically obligated to advise their patients on their options to treat gender dysphoria. Since the current treatment to provide relief may eventually bring the symptoms back they were combating in the first place, they are in a difficult position to properly advise their patients. Any parent armed with this information is likely to be tremendously concerned about the long-term effects of letting their child begin any physical transformations prior to adulthood.

By the time adolescence is reached, many gender dysphoric children persist with their belief that they are indeed the other sex. Parents are still entitled to feel concerned that the trans child may ultimately change their mind and decide that they are in fact more aligned with their natal sex. The choice to then de-transition may come as a relief to parents who only socially allowed their child to transition, rather than allowing hormonal interventions such as puberty

blockers or hormone replacement therapy. Although this may be socially uncomfortable to the trans child and cisgender sibling, de-transitioning is far less damaging than the alternative, living in the wrong gender indefinitely. The gender normative sibling watching their trans sibling now de-transition is surely confusing not only to them, but to their peers. They are now in a position where they yet again need to defend or at least explain their trans sibling's motives. The malleability of gender is further expanded and may be left unexplained, as they are again bystanders within their own family. While these life altering decisions are being debated or made around them, the cisgender sibling is observing and interpreting for themselves what their family may ultimately look like and how they will respond to the situation.

CHAPTER 4

GRIEF, LOSS, AND ADJUSTMENT

While the process of transitioning can be viewed as the beginning of realizing one's true self, the family of the trans individual may interpret the change as something entirely different. The moment you are born, you are assigned your natal gender: male or female. Parents now have the ability to know what gender their child is while still in the womb, as early as 6 weeks into the pregnancy. Wall color, clothing style, and even future interests are discussed and joyfully considered when the gender of the future child is known. Some parents even have "gender reveal" baby showers, allowing their family and friends to find out what gender the baby will be, further influencing the importance gender plays early on in life. This desire to know even before the baby arrives whether or not they will be male or female is incredibly important to some parents. First time parents may be hoping to carry on the family name with a male heir, while second time parents may be longing to get the opposite gender of the firstborn, giving the family one of each sex. "Thus, when a person comes out as transgender or transsexual, parents often experience a profound sense of loss and confusion about their child's new identity and role in the family" (Wahlig, 2014, p. 26). This sense of loss is tangible for most parents, as they see their son or daughter changing right before their eyes. How the transition impacts the cisgender sibling is equally important, as the relationship is unique in its own way, with the loss often being felt just as strongly as the parents.

Grief and loss is a natural part of life, and it impacts the person grieving at every stage of life. Infants are able to recognize loss when a parent or caregiver is gone and will respond to the

loss by crying, agitation, or decreasing their milk or food intake. Once children reach toddlerhood, they are able to understand object permanence and will protest vigorously when a parent goes missing, even temporarily. As children age, they begin to understand more about death and dying by observing the world around them, and at a certain point, losing someone they are close to. By adolescence, children are grieving much in the same way as adults, and will process the loss in similar ways. There has been some research done on ambiguous loss and parents with trans children, however, there is minimal corresponding research on how it impacts the siblings. When the cisgender sibling is watching their brother now become their sister, or vice versa, they are quite literally observing the death of the person they once knew. What further complicates things is the cisgender sibling is expected to feel happy for the trans sibling, as this is their true self finally being revealed. While being able to comprehend the need for supporting their trans sibling at a logical level, emotionally they may be left with many conflicting feelings. "Often, this process leads to the experience of ambiguous loss in which family members feel grief over a person who is still living" (Norwood, 2010, p. 24).

Wahlig (2014) explains that culturally, gender is an organizing principle that is felt in such a way that it explains our understanding of who we are as individuals. It is a blueprint for not only who we are, but is a way to guide us in how we act within our relationships. Within family relationships this is felt strongly within the bonds of fathers and mothers with their daughters and sons. "Often, family members experience transition as a living death, wherein the trans-identified person is perceived as somehow present and absent, the same and different, at once" (Norwood, 2010, p.24). What is overlooked is how this is also strongly felt within the sibling relationship. Siblings of trans children and adolescents may grieve in a process similar to their parents. "For some siblings, the grief is even stronger than their parents'. The grief can be

confusing to the child and can be protracted. This grief can easily turn into depression so professional support may be helpful during this time of transition" (Brill, 2008, p.55).

As peers, siblings frequently share the same hobbies, interests, friends, and social circles. When a sibling identifies as trans, depending on the age, bond, and level of understanding of the cisgender sibling, they are now facing possibly one of the greatest losses of their young lives. The sibling dynamic may irreversibly change, as there is now a new person inhabiting the family home and their former sibling is gone. They are no longer allowed to refer to their brother or sister by their former name. If now opposite gender siblings, changing in front of one another is taboo. There are so many changes that will ultimately occur as a result of the transition, there is no question that the change will be perceived as a loss. Osterweis, Solomon, & Green (1984), explain that loss can be so profound and impactful; it can cause complications in life far beyond the early childhood years:

> Psychiatrists and others have generally been struck by how often major childhood loss seems to result in psychopathology. Studies of adults with various mental disorders, especially depression, frequently reveal childhood bereavement, suggesting that such loss may precipitate or contribute to the development of a variety of psychiatric disorders and that this experience can render a person emotionally vulnerable for life. This special vulnerability of children is attributed to developmental immaturity and insufficiently developed coping capacities. Children's reactions to loss do not look exactly like adults' reactions, either in their specific manifestations or in their duration. (p. 100)

Adolescents may be able to handle the transition of their sibling in ways that adults can, but for prepubescent children, it can be exceptionally powerful and traumatic. According to Osterweis et. al (1984), losses are so painful and frightening, many young children are only able

to endure strong emotions for brief periods, alternately acknowledging or avoiding their feelings so as not to be overwhelmed. Because these emotions may be expressed as angry outbursts or misbehavior, rather than as sadness, they may not be recognized as grief-related. (p. 100)

Grieving children often display behavioral issues or act out as a result of their loss. Parents may be so overwhelmed with the needs of the transitioning child they are unaware that the negative behavior of the cisgender child is stemming from grief.

Parents are placed in a situation where they want to support both the trans and cisgender child, but may be uncertain how to accomplish this. They may feel as though they need to protect the cisgender sibling from the transitioning process, so as to not disturb their relationship with their sibling. Children are often hyperaware of their environment and are continually observing what is around them. If parents do not discuss changes that are taking place in front of them, they may have difficult and resistant children on their hands. While preparing children for what may happen during their siblings' transition may seem difficult, it is a better approach to give information to the child rather than hiding it. When children are made aware that the sibling they have will no longer remain their natal gender, they have the acute awareness that they will be experiencing a loss. Black (1998) explains how important this information may be when losing a child or a parent to illness; and it is plausible that this would also translate to a child or adolescent losing their sibling via the transition process:

> Children are rarely prepared for the death of a parent or a sibling, and yet we know from studies of bereaved adults that mourning is aided by a foreknowledge of the imminence and inevitability of death. Children who are forewarned have lower levels of anxiety than those who are not, even within the same family. (p. 932)

By taking measures to ensure the cisgender sibling is aware of what is happening, parents may be able to alleviate some of the more challenging or difficult emotions the child is feeling. If the child is informed and part of the process, the loss may be lessened and the transition may be accepted more quickly.

CHAPTER 5

A NEW NORMAL

The transition process is a complex and intricate journey that the entire family of the transitioning child embarks upon together. While one that is joyous and incredibly validating for the trans child, it may evoke other, more complicated emotions from family members. Parents and siblings may have a mix of feelings towards not only the process of transitioning, but towards the child or adolescent themselves as a result of starting the transition. It is difficult for many parents to understand their child's perspective when they do not identify with their natal sex. For this and many other reasons, explaining the situation to other adults may be difficult, and to their other children, nearly impossible. While transitioning at home is one of the earliest ways that children can safely explore their gender identity, socially transitioning is a much more intensive process. Whitehall (2016) explains that when parents first allow their child to transition at home, they are typically dressing and entertaining the child as the opposite sex, applying new pronouns, and a allowing the child to pick out a new name. (para. 23) When doing these things at home, the child is supported and allowed to live the way that feels most authentic to them. Parents often do this as a result of wanting to keep their trans child safe from the self-esteem, self-loathing, and self-harm tendencies that trans kids often exhibit. Rogan (2017) explains in her studies how prevalent and dangerous this type of situation can be for trans children and adolescents.

> Some in the scientific community advocate against affirming a young child's stated gender if they exhibit dysphoria. But many front-line physicians treat transgender kids with hormones and surgery because they believe that not affirming contributes to

> increased rates of suicide, addiction, self-harm, and homelessness. One survey of 3,700 Canadian teenagers revealed that 74 percent of trans students had experienced verbal harassment at school. Another survey, which looked at 433 trans youth in Ontario, found that 20 percent had been physically or sexually assaulted for being transgender—and that almost half had attempted suicide. (para. 17).

In order to allow the child or adolescent to feel safe and secure, parents have to be especially careful with what they say initially to people outside of their families. Safety often becomes a concern for the parents of these children, in addition to worrying over their emotional health. In order to protect the trans child and ensure that they are transitioning in a way that is not only comfortable for them, but also makes sense for the siblings involved, it is imperative for the family to clearly know what is to be shared outside the home and with whom. For example, if the child is transgender, multigender, or gender-variant in other ways, it is essential to clarify what part of their personal life, if any, is to remain private. The need for privacy is no different from issues of privacy between siblings of any kind. (Brill, 2008, p.57)

Younger siblings especially may struggle with this, as keeping secrets, or tactfully declining to withhold information is not often a strength at a young age. A comment an 8 year old makes in passing about their trans sibling to a friend may easily wind up as not only curious gossip that is shared, but malicious teasing that can ultimately harm the trans child. This can be especially true for trans children or adolescents who have only begun the transition safely at home and are not yet publicly out at school or in the community. Brill (2008) notes that in some families, the transgender child may prefer to keep their gender expression or eventual identity private from others. Dependent upon the age of the sibling, it can be difficult for the cisgender child to grasp the importance of this need for privacy. Children like to discuss their lives,

activities, and families with their friends. There is a fine line between keeping something a secret, and respecting ones privacy. It is the parents' job to ensure that all family members learn the difference between the two in order to keep the trans child safe.

Adjusting to how life will now be due to the transition can be challenging at times, especially for the cisgender child. They may feel increasing stress at home due to the change in gender presentation of their sibling, they may be struggling at school both socially and academically, and all the while they are attempting to sort out their own problems and challenges in life. Trans children face similar issues, and Budge (2013) explains the need for clinicians to introduce interventions that will help to reduce avoidant or negative coping strategies so as to improve mental health for trans children. This applies to both the trans and cisgender child since being trans is only one part of their identity. Undoubtedly they are foremost children with other complex childhood problems. If they are also struggling with the various issues of childhood that naturally occur as part of the maturation process, it is safe to assume that the gender confirming child would benefit from this type of education or intervention as well. The presence of continual stressors has the potential to bring about negative coping mechanisms if not handled quickly and compassionately by the parents. All children are faced with difficult situations at times, and they are tasked with developing adequate coping skills in order to make appropriate choices when faced with hardship. Although being transgender is not considered a disability, it is certainly a hardship for both the trans child and the rest of their family. There are many parallels that have been drawn between the two communities due to comparable challenges both groups face. When children have a disability, the disability affects the non-disabled child, similar to the way a cisgender child is affected by their trans sibling. Phillips (2016) explains:

> Having a sibling with a disability may be associated with inadequate coping strategies that may be related to dealing with everyday family stresses and becoming sensitized to everyday stresses. This suggests that siblings of children with a disability experience more negative emotion in response to various types of conflict that involve family matters than children who do not have a sibling with a disability. Growing up with a sibling who has a disability may bias a child's expectations about the process of social interactions through sensitization to conflict and stress, causing a skewed view of how others are to be treated and how problem situations are to be handled. (p. 8)

Should the cisgender sibling use and/or develop appropriate coping skills to empower themselves during their trans siblings transition, the process will less likely be detrimental to their well-being. Cisgender siblings often find themselves in a situation where none of their friends can relate to their experience. Since being transgender consists of such a small percentage of the population, the likelihood that they find others to connect with in their peer group is negligible. The most supportive and understanding friends may not have the ability to empathize with their unique situation. Similar circumstances are true with the siblings of children who have a terminal illness. Their siblings' sickness and side effects of treatment may be distressing and anxiety producing, but the social stressors are often just as important. Since children are developmentally enmeshed with their peer group, having a family member with a long-term or terminal illness can be an isolating experience. "It is not only the illness and treatments that can cause anxiety in children with a terminal illness, but also the changed relationships with friends and family. Helping them connect to family, friends, and their outside social settings will allow them to feel like they still belong" (Brower & Peart, 2010, p. 2).

It is important for cisgender children and adolescents to continue to invest in their friendships and peer relationships after their trans sibling expresses their gender variance. The need for support and understanding from their social group is especially important while the transition is taking place, as it will enable them to communicate their feelings about their sibling in a place outside of the home. Curiosity is a hallmark of childhood and has the potential to present in both positive and negative ways. If the cisgender child is getting positive feedback and respect from their peers, it will more than likely empower them. The converse is true as well, as they may also receive negative and hurtful attention. Brill (2008) illuminates the common ways children inquire about the trans sibling to the cisgender sibling, "How does the sibling answer to her friends about what happened to her sister? Why is she dressed that way? Who is this brother they never knew about? How do they refer to the past without mentioning the former gender of their sibling, if it has changed?" (p.57). These are important questions that cisgender children need to be prepared to answer so as to deflect unwanted attention and promote positive understanding. These types of questions are difficult enough for adults to navigate; for children it can be even more problematic.

Equipping children with responses for inquisitive inquiries from others is not the only problem parents may need to focus on when supporting their cisgender children. Regardless of how well-intentioned another child's questions may be, the sibling may feel obligated to defend their trans sibling. Children may feel as though they are being bullied or threatened by others when they are consistently asked about their trans sibling. Cisgender siblings may also feel frustration or anger towards not only their peers, but their family and the trans sibling as well. Impulse control is essential to hold children accountable and promote safety. Although some conflict is expected during childhood, physical aggression should not be tolerated, and the

corresponding consequences should be severe. A cisgender sibling who displays emotional regulation strengths will fare better socially than those who do not. Reacting appropriately to emotionally charged situations is a skill that needs to be practiced and encouraged in order to enable the child to feel in control of their own feelings. "When comparing the reactivity to conflict in siblings of children with a disability and siblings of children without disabilities, results indicate that siblings of children with a disability have greater concerns about family-related conflicts when looking at emotional, cognitive, and coping responses" (Nixon & Cummings, 1999, p. 278). Within families there are many opportunities for conflict, and how it is addressed in the home is often key in predicting how the child will ultimately go on to interact with others. Children who feel supported and understood at home are better prepared to handle conflict when faced with adversity.

Much like children who have severe learning disabilities, trans children are not an intentional burden to their family. However, due to their rejection of natal gender, their persistence in transitioning can create difficulties for the family as a whole. "Research has shown that children with a learning disability can have a wide range of effects on their families such as additional family stress, parenting discrepancies, and typically developing siblings having difficulty in social settings such as school" (Dyson, 2010, p.48). Although learning disabilities can be extremely challenging to overcome, there are many resources available to children and families within the school system to provide the help needed. Learning disabilities have over time become socially acceptable so as most people will not ostracize the child, but engage with sympathy and understanding.

Transitioning from one gender to the other is a relatively new phenomenon in children, and society has yet to reach mainstream acceptance of the process. Parents are faced with a

multitude of choices when determining how to allow their child to transition. At home it is often easier to navigate the process, as no one outside of the family is involved unless they have been specifically informed. Cisgender siblings are shielded from the attention that comes from a transitioning child when it is still private to those outside of the family. Once they do decide to socially transition, there may suddenly be substantial attention from their immediate environment. Conversations, arguments, and frustrations are not public knowledge when the transition is limited to the home. The cisgender child may feel as though their family will never be the same again once their sibling has transitioned socially. Unfortunately this type of attention may negatively affect the entire family, creating strain and exacerbating conflict. According to McHale (2012), children who have a disability, much like trans children, create a different environment for their siblings when compared to children who do not have a disability. One of the environmental changes that occur in families where one child has a disability, specifically autism, is increased divorce rate. Other environmental differences include isolation from extended family members and social groups. (p. 920) While this information is based on studies done with children who have disabilities, it is not impossible to conclude that any of these environmental changes could result within the family of a transgender child.

The stressors of family conflict take a toll not only on the parents of the transgender child, but on the cisgender sibling as well. The cisgender sibling is in a position where they are struggling to understand why their environment has changed. Healthy coping skills are critical to ensure the cisgender sibling is able to properly process what is occurring within their family. When the siblings of trans children are faced with adversity due to their sibling's transition, it is important that they continue to thrive and function. Some cisgender kids who lack adequate coping skills may focus on trying to maintain a normal routine, and others may express their lack

of control over their stress in harmful ways. Phillips (2016) discovered, "some typically developing siblings may take on a caretaking role for troubled friends and begin to engage in self-destructive behaviors themselves, such as cutting, as a way to deal with the anxiety of family conflicts triggered by having a sibling with a disability" (p. 9). Self-harm is often an indicator of anxiety, stress, depression, and a sense of feeling out of control of one's life. A child with a gender variant sibling will often face similar circumstances that the siblings of disabled children do. In both situations, the sibling is part of a family that may be given extra or unwanted attention due to the sibling experiencing dysphoria or disability. Finding appropriate ways to cope and deal with their feelings of helplessness or frustration can be difficult at a young age. When the cisgender child is displaying self-harm or other destructive behaviors such as drinking, drug use, risky sex, petty crimes, etc. it is apparent that they need additional help and support not only from their family, but from professionals. Clinicians need to not only be competent, but properly educated on how to treat these types of children and their families. When a child identifies as trans, the focus is often shifted to their needs and potentially treating their gender dysphoria. It is essential that parents do not overlook the impact that their siblings' transition may have on the cisgender child, as they may need therapeutic assistance as well.

CHAPTER 6

HOPE FOR THE FUTURE

While the decision to transition is never one to take lightly, it is important to understand how much relief and contentment it can cause for the transgender child and their family. Gender dysphoria is often so powerful that children and adolescents feel as though they are literally trapped in the wrong gendered body. They do not simply want to be the other gender; they actually feel they are the other gender. The DSM-5 specifically mandates this sentiment be present in order to qualify for the gender dysphoria diagnosis, "…a child needs to exhibit six of the eight symptoms, and the first is mandatory: 'a strong desire to be of the other gender or an insistence that one is the other gender" (p. 458). The ability to socially transition in childhood has been shown to provide respite of the symptoms of dysphoria, while validating the internal feelings of the trans youth. Although studies are still scarce in regards to monitoring the progress of younger socially transitioned trans youth, it does provide hope for families who are open to allowing their child to transition. Allowing trans children to live as their preferred gender while they are still in childhood, may enable them to determine if they are in fact the opposite of their natal sex. Siblings are still in a position where they will be affected by the transition; however, they may now begin to have an entirely different and potentially more positive relationship with their sibling. As the trans child is able to outwardly become the person they feel they are internally, their attitude and outlook on life may change to one that is more optimistic, engaging, and happier than before. As Olsen et. al. (2016) explains in their studies:

> Socially transitioned, prepubescent transgender children showed typical rates of depression and only slightly elevated rates of anxiety symptoms compared with population averages. These children did not differ on either measure from 2 groups of controls: their own siblings and a group of age and gender-matched controls. Critically, transgender children supported in their identities had internalizing symptoms that were well below even the preclinical range. These findings suggest that familial support in general, or specifically via the decision to allow their children to socially transition, may be associated with better mental health outcomes among transgender children. In particular, allowing children to present in everyday life as their gender identity rather than their natal sex is associated with developmentally normative levels of depression and anxiety. (para. 18)

Family support is essential to allowing the trans child to explore their own gender in a safe and loving environment. By permitting these children to dress, act, play, and embody the gender that they feel they are, it is possible that they will better emerge from puberty with a clear understanding of their gender identity. Children who desist may now become comfortable in their natal gender, realizing that identity does not dictate sexual orientation and gender fluidity is not to be feared but embraced and explored. Adolescents who persist may now potentially have years of experience living opposite their natal gender, and are comfortable in requesting the ability to begin chemical and/or hormonal therapies to affirm their experience. Dysphoria is now something that can be treated more assertively, rather than simply tolerating the depression, anxiety, and other mental health issues that are typical of gender dysphoric children. Olson, et. al. 2016 found via parent surveys that children who were socially transitioned and supported by their families had similar levels of mental health distress when compared to others in their age

group. The results provide clear evidence that transgender children have levels of anxiety and depression no different from their nontransgender siblings and peers. As more parents are deciding to socially transition their children, continuing to assess the mental health of socially transitioned children will be of utmost importance" (para. 25).

Gender dysphoria, previously gender identity disorder, was once viewed as a psychiatric disorder in the DSM. "The psychiatric diagnosis of Gender Identity Disorder was introduced in the DSM-III in 1980. Some sources have characterized the addition as a political maneuver to re-stigmatize homosexuality" (Zucker & Spitzer, 2005, p. 31). While this is no longer the case in regards to homosexuality being considered a psychiatric diagnosis, the gender variant community has not yet been accepted to this extent. Currently there are various changes occurring within the educational, legal, and political spheres that are further helping bring awareness and acceptance to the trans community.

Within the educational realm, there has been a reversal in the progress that had been made under the Obama administration to protect the rights of transgender students. Previously under Title IX protections, children were allowed to use the restroom of their identified gender within American public schools. This monumental victory for the trans community was reverted after the education secretary under the Trump administration determined that it was a state's right and individual school district issue. According to The Washington Post (2018), the Education Department believes that Title IX protection offered under the Obama administration was incorrect, as Title IX prohibits discrimination on the basis of natal sex, not identified gender. "Where transgender students are penalized or harassed for failing to conform to sex-based stereotypes, that is sex discrimination prohibited by Title IX. In the case of bathrooms, however, longstanding regulations provide that separating facilities on the basis of sex is not a form of

discrimination prohibited by Title IX" (para. 8). This change in policy has led the Education Department to no longer investigate civil rights complaints brought forth by students and their families, and the U.S. Supreme Court to no longer hear these types of discrimination cases. The effects of this change are being felt all over the country, and trans children and their families are suffering as a result. Cisgender siblings are faced with the decision to adhere to protocol put in place by schools and the government, or continue to advocate for their trans siblings by protesting this decision and others like it. Becoming politically active in one's youth encourages civil discussion and critical thinking from the children and adolescents who engage in this form of political action. The Library of Congress hosted a webcast in 2009 by civil rights activist Tracy Sugarman, who followed the lives of children and adolescents who fought for civil rights in Mississippi in the 1960's. She believes that the movement completely transformed the lives of young activists who participated. "Many of them went on to great success as lawyers, professors, politicians, and leaders of their own communities and other social justice movements. They joined the struggle to not only shape their own futures, but to also open the possibilities of a more just world for the generations that came behind them" (para. 6). This type of involvement encourages not only empathy and understanding for the trans child from the trans sibling, but the sentiment spreads throughout the community they belong to as catalyst to combat ignorance and intolerance.

Within the political and legal realm, the battle for transgender rights may have just begun, however, the future is looking optimistic. While identifying as transgender is currently not considered a protected population under Title IX, gender dysphoria appears to be making strides to be protected under the ADA. The National Center for Transgender Equality highlighted in 2017 Under the Americans with Disabilities Act how gender dysphoria cannot be excluded. It is

now possible for some trans people to get a wider range of protections rather than only focusing on sex discrimination laws. The reasoning being that the ADA covers some places—public accommodations and government services—where federal sex discrimination laws may not apply or may not offer clear, strong protections. Barry, K. & Levi, J. (2017) explain both the legal and medical explanations given by the court to support the ruling:

> In sum, the court in Blatt recognized two discrete but sometimes related experiences—one of being transgender, the other of having gender dysphoria. Being transgender is, standing alone, akin to being gay or lesbian; it is not a medical condition and, therefore, does not by itself bring a person under the ADA's protections. Gender dysphoria, however, is distinct; it is a quintessentially stigmatized medical condition characterized by clinically significant distress associated with being transgender. Importantly, the court recognized that no principled reason exists for excluding transgender people who experience a medical condition associated with that identity from securing protections under the ADA. (para. 21)

The implication behind this ruling is the start of victorious path for the transgender community. Each victory brings the general public a step closer to understanding how identifying as gender variant does not equate to being deviant. Olson, et. al. (2015) explains how their findings indicate that transgender children are not experiencing psychopathology by not validating their natal sex, but are in fact just as congruent with their belief that they are transgender as their gender normative siblings are cisgender. Olson goes on to state, "…our findings refute the assumption that transgender children are simply confused by the questions at hand, delayed, pretending, or being oppositional. Instead, the data reported here should serve as evidence that transgender children do indeed exist and that their identity is a deeply held one" (p.

7). Validation through research studies, social activism, and encouragement from the medical community allow families to feel more secure knowing that allies and advocates are present and supportive at every level of society. Trans kids are able to become more optimistic about their future and continue their self-exploration of gender identity. Parents are able to believe the legal system is on their side if they need to fight for the rights of their child. Siblings are encouraged to be more empathetic and accepting of their trans sibling's choices, knowing that they are one step closer to leading a normal, full, and enjoyable life.

CHAPTER 7

CONCLUSIONS

Gender dysphoria in children has the potential to become a treatable condition that is addressed at the clinical level by mental health professionals and pediatricians with careful treatment planning and parental involvement. The potential for children "outgrowing" this disorder and ultimately becoming a "desister" is highly probable, as the research quoted here has shown that most instances subsided with the onset of puberty. Alternatively, unless further research is conducted and explored, this phenomenon has the potential to not only psychologically scar children, but to physically harm them as well. Family relationships are at risk of becoming strained, unnecessarily stressed, and potentially disassembled as a result of poor communication, lack of knowledge, and insufficient understanding. Trans children are in a predicament where they are not able to live life as their true selves, parents are concerned for their child's future well-being, and siblings are often left out of the discourse entirely. It is imperative for the ultimate health and growth of the family unit as a whole that they are provided with unbiased, scientifically sound information so that they may ultimately come to the conclusion that best suits their family.

Although being gender variant is not considered a symptom of underlying psychopathology, it is important to note, with children especially, that gender dysphoria is something that may resolve over time. There has been little research on environmental factors that may contribute to a transgender person's gender dysphoria. Currently, the medical community believes it to be something that develops in utero and outside influence on gender

dysphoria is minimal to nonexistent. It is also intriguing that gender dysphoria appears to be on a spectrum or scale, affecting some people minimally, and others to the point of becoming debilitating. While in-utero development is certainly the most plausible explanation as to why trans individuals eventually identify as gender variant, it is important to consider that being transgender is inherently different than identifying as homosexual. There are realistically only four orientation categories a person can fall into when it relates to copulation: heterosexual, homosexual, bisexual, and asexual. However, one's sexuality is a fluid concept when it comes to who you are attracted to, what you are interested in sexually, and ultimately who you pair with romantically. Identifying as transgender means that the individual can belong to any of the sexual categories listed above. A member of those categories can also identify as transgender, cisgender, or something in between. Identifying as homosexual, bisexual, or asexual is no longer seen as a form of sexual deviance and one's sexual orientation is not pathological. There are no empirical studies that have proven that being anything other than heterosexual constitutes being sexually deviant. However, it is often true that being a member of the LGBTQ+ community lends to a predisposition of disproportionate depression, anxiety, self-harm, suicidal ideation, and substance abuse than their heterosexual counterparts. The higher numbers within the LGBTQ+ community are often explained as being due to the societal, family, and gender-role stress placed on them due to social and family acceptance factors. Mental illness as perceived in the terms stated above are frequent in the heterosexual community as well, so for the purposes of this paper, the researcher will be focusing on how studies have linked a connection between gender dysphoria and personality disorders.

Families who seek treatment and counsel for their gender dysphoric child are often desperate to rule out any other explanations as to why their child identifies as trans. Currently,

trans children are diagnosed with gender dysphoria through parental reports which are then matched up with diagnostic criteria. Clinical interviews with the children may occur, however they are highly subjective as the clinician is relying on the information given to them by a prepubescent child. To be considered transgender, a child needs to also meet the criteria, yet they do not necessarily have to be dysphoric to a level of distress as often seen in transgender adolescents and adults. The child simply needs to possess the self-image, play behaviors, and interests as opposite their natal gender. The American Psychiatric Association (2016) explains the distinction as follows, "For children, cross-gender behaviors may start between ages 2 and 4, the same age at which most typically developing children begin showing gendered behaviors and interests. Gender atypical behavior is common among young children and may be part of normal development" (p. 455). With the vague parameters shown in this diagnosis, it is understandable why parents may be reluctant to move forward with transitioning their child.

There are few studies that have explored the presence of personality disorders in people with gender dysphoria. Since personality disorders are viewed as lifelong conditions that begin in infancy or childhood, it is important to consider how a child with gender dysphoria in childhood may fare later in life in relation to personality disorders. Although the studies have been conducted on transgender adults, the development of personality disorders begins in childhood and persist through adolescence and onto adulthood. Duišin, D., et. al (2014) conducted a study set out to determine if there was a link between gender dysphoria and personality disorders. They found that there are significant differences in the presence of personality disorders in people who have also been diagnosed with gender dysphoria, as compared to gender congruent heterosexuals. Another finding is that there are also substantial differences in the presence of a specific personality disorder in relation to biological sex. A high

percentage of comorbid personality disorders in persons with gender identity disorder could be a consequence of overlapping of DMS-IV diagnostic criteria for personality disorders.

> With gender identity disorder, significant difference was found regarding presence of paranoid personality disorders in the male biological sex as follows: MtF persons 9 (42,9%) (P = 0,011) compared to 1 (6,7%) in male heterosexuals. Significant difference was found regarding the presence of schizoid personality disorder, present in 4 MtF persons (19,0%) (P = 0.031) versus male heterosexuals with 0 (0%). There was a significant difference in the presence of borderline personality disorder related to male biological sex. This was present in MtF persons with GID in 38,1% (P = 0,001) compared to 0 (0%) in male heterosexuals. Significant difference regarding presence of personality disorders in relation to female sex was found in paranoid personality disorder. This was present in 4 FtM persons with gender identity disorder (44,4%), while it was present only in one heterosexual female (6,7%). (para. 27)

Although this is only one study, it raises an important question. If a person is diagnosed with gender dysphoria, are there any other comorbid diagnoses involved mimicking symptoms, or is it possible that the person is struggling with another disorder all together? This is where medical and mental health professionals struggle to confidently and ethically treat children presenting with gender dysphoria. As so little research is done in this particular area, misdiagnosing a patient as trans may likely occur. The high number of eventual “desisters” once adolescence is reached further enforces that caution is key. Also, any request for gender reversal surgery raises the importance of proper evaluation and assessment to be completed prior to any surgical endeavors.

The emotional, physical, social, and familial ramifications of the decision to transition need to be weighed heavily before even the social transition takes place. Parents want to support their children in any way they can, and not doing harm to them is of upmost importance. Child safety locks, infant swimming lessons, car seats, and other methods to allow for their physical safety to be protected as much as possible has become the norm. Additionally, parents are now pressured more than ever to not only enrich their scholastic achievement, but their social and emotional experiences as well. Learning Mandarin, attending charter schools, and private therapists are becoming more and more common. This shift in the way parents view their responsibility for providing a sound childhood foundation has improved the lives of children in countless ways, allowing for children to become more well-rounded, empathetic, and better citizens. What is important to not forget is that there is a need to preserve the parent – child – sibling relationship within the home as much as outside as well. When a child identifies as trans, parents need to be as prepared as possible to handle the stressors that this declaration makes not only on themselves, but for the other children in the home as well. Cisgender siblings are in a unique situation where they are often not initially thought of when their respective sibling comes out at trans. They are often the observers of the situation, unsure of their relationship with their trans sibling or how to relate to them.

As discussed in Chapter 1, Goetting (1986) outlined the developmental tasks that siblings have over their lifetime together. During phase one, companionship and emotional support are the primary needs siblings have for one another. When children are faced with hardship at this age, they will often unite and become closer; however it is possible for the alternative to take place dependent upon the situation. Prior to adolescence, logical reasoning skills are still developing and children may interpret stressful situations differently and blame each other for

problems facing the family. When one child continually misbehaves, has developmental disorders, disabilities, or illness, the sibling faces these issues as well. The sibling is now dealing with these stressors not only from their own perspective, but from their parents as well. A "problem child" in any form can greatly hinder the family's ability to socialize, travel, or have financial security. A transgender child could be interpreted by their cis gender sibling as the reason they are not able to participate in life as fully as they want. The opposite can be true as well, and in the face of adversity the bonds grow deeper and more meaningful to both children.

In phase two, children enter adolescence, "…youth are confronted with the tasks of individualizing and separating from their families" (Goetting, 1986, p. 706). It is at this stage of development in regards to being transgender, that teenagers are now more confident and insistent that they are indeed gender variant. Cisgender siblings that may have suspected or thought there was something different about their sibling in regards to their gender identity, are now having these feelings confirmed. Children and adolescents are becoming more and more invested in their peer relationships and less focused on their families. When this process is occurring at the same time that their sibling is socially transitioning as transgender, it can alter the way these social relationships are formed and maintained. A cisgender sibling who once was confident in having friends over to their house may grow more hesitant to do so, concerned by what friends may think of their trans sibling. The trans sibling may now have an ally in their cisgender sibling against bullying, whereas prior to the transition they did not share a close relationship. It is difficult to determine how the transition process will impact the siblings' relationship in childhood and adolescence, and how they move into their adult phase of life may be determined by this earlier phase.

Seltzer, M., Orsmond, G., & Esbensen, A. (2009) conducted a study on adolescents with autistic siblings and followed them into adulthood. Their findings indicate that professionals who work with families of individuals with autism, have a special role in encouraging family connectedness. Clinicians should make the family aware that although frequency in shared activities may decline from adolescence to adulthood, the relationship is unlikely to decline in quality. "The importance of parental involvement in supporting the sibling relationship well into adulthood should be highlighted in professionals' interactions with parents" (Setlzer, M. et. al, 2009, para. 47). When the intimacy of the sibling bond is positively reinforced by the parents, they are then naturally taught from a young age to respect and value one another. If these skills are learned and practiced during childhood and adolescence, the sibling relationship may thrive into the adult and end of life stages.

CHAPTER 8

DISCUSSION

There is great need to study transgender issues scientifically and without bias to ensure the community is getting the best treatment and support possible. It is incredibly important for research to be conducted and analyzed as objectively as possible to ensure findings are shared and understood by society as a whole. This is more important now than ever, as children are transitioning at a younger and younger age. Prior to 40 years ago, if a child claimed they were the other gender; they would more than likely be labeled as a "Tomboy" for a girl or "Sissy for a boy. Even family members would be inclined to use these monikers due to ignorance on the subject, not realizing how harmful these terms can be perceived. Men and women wouldn't often attempt to live as the other gender until well into adulthood. Within the current societal climate, children as young as 2 are being allowed to socially transition if they wish. There needs to be a considerable amount of research continued in order to ensure that these are the appropriate ways to support these children. Allowing children to feel heard, understood, and loved goes a long way in achieving that goal in and of itself.

Soh (2016) highlights an example of an explorative study by sex researcher and psychology professor J. Michael Bailey, who published "The Man Who Would Be Queen," in 2003. His book countered the idea that male-to-female transgenderism is innately tied to gender identity; he believed the attraction is related to a sexual fantasy of being a woman. Due to transvestites' desire to take on the appearance of women, going even as far as augmenting their bodies to appear more feminine, it is not out of the scope of possibility to theorize that some of

the men who identify as transgender may actually be transvestites. "Dr. Bailey was quickly accused of transphobia and sustained several years of vicious public attacks. The episode left a lasting impression on sexology: Science that doesn't align with prevailing attitudes can be dangerous" (para. 5). When the scientific community is threatened, silenced, or otherwise debilitated by members of the transgender community by accusing researchers of being transphobic, the community as a whole is being paid a disservice.

Another example of this phenomenon is prominent child and adolescent transgender researcher Dr. Zucker's recent decent into disgrace. He became a target of the LGBTQ+ community after some accused him of practicing conversion therapy in his Toronto clinic. Whitehall (2016) explains that transgender activists were enraged that Zucker supported the idea that parents of transgender children may be able to influence a child's orientation towards their natal gender. Declarations by Zucker that, "if the parents are clear in their desire to have their child feel more comfortable in their own skin, and would like to reduce their child's desire to be of the other gender, the therapeutic approach is organized around this goal" became nails in his cross" (Whitehall, 2016, para. 71). Many in the transgender community thought that this approach would lead to parents into forcing their children to accept their gender assigned at birth, leading to children suffering at the hands of the medical advice perpetuated by Dr. Zucker. What Dr. Zucker claims he was attempting to do was give the family options to explore, prior to going on any type of puberty blockers or hormone replacement therapy, all of which were offered at his clinic to his patients.

While research and progress are instrumental to ensuring the most up to date and effective methods are being used to treat any type of medical or mental health malady, it is also important to ensure that quality work is being conducted within the research being presented. In

2003, Dr. Robert Spitzer published findings from his research into whether homosexuals could be cured by reparative therapy. The study was mercilessly attacked by other researchers, his colleagues, and most of the general public. Carey (2012) interviewed Dr. Spitzer nearly a decade later and quickly realized that, "Dr. Spitzer in no way implied in the study that being gay was a choice, or that it was possible for anyone who wanted to change to do so in therapy" (para. 38). What was made clear to Dr. Spitzer in the years to come was that he was basing the information on whether the interviewees were being honest not only with him as the researcher, but with themselves. As many recruited were already interested or involved with some type of conversion therapy, or fundamentally believed through their religious beliefs that being homosexual was morally wrong, he came to understand that the methodology was rife with errors. Dr. Spitzer ultimately apologized to his readers and the transgender community for the study. "You know, it's the only regret I have; the only professional one," Dr. Spitzer said of the study, near the end of a long interview. "And I think, in the history of psychiatry, I don't know that I've ever seen a scientist write a letter saying that the data were all there but were totally misinterpreted" (Carey, 2012, para. 52). What is important to note is that research, particularly in the social sciences, needs to be looked at as trying to not only answer a question, but to ask a question. Not all questions are popular or will be received well, but it is still acceptable for the question to be asked.

This researcher set out to interview not only the siblings of transgender children and adolescents, but to speak to the trans child and other family members as well. What occurred was surprising and disheartening. The researcher was able to sit in and observe three private community social groups for transgender youth under the age of 18. They were facilitated by paid undergraduate or graduate school students who identified as gender fluid themselves. The

groups varied over the three weeks, and included children as young as 8 and as old as 17. The researcher was forthcoming with academic credentials, the purpose of witnessing the groups, and how they are observed. The youngest members appeared to be very open and supportive of the various observers they had met during the course of their group attendance. The tween and younger teenage members of the groups were somewhat apprehensive but welcoming overall. The older teens and facilitators were openly apprehensive and politically aggressive. Rather than focusing on the experiences of each member of the group, the older teens and facilitators continually redirected the conversation towards their feelings of allies and advocates. Most of the discourse focused on wanting the withdrawal of the advocates and allies support, as well as distain for cisgender people as a whole, including members of their own families. When the younger members would begin to speak about how supportive they perceived their mothers, fathers, siblings or families to be, they would be cut off and reminded of negative experiences they once had and expressed to the group.

One facilitator spoke at length about their personal distain for the, “It gets better” videos that various people in the LGBTQ+ community have recorded and posted to offer support and hope for the younger generation of LGBTQ+ youth. The facilitator spoke at length about how hope was “misleading” and “dangerous” since things will probably not get better for most of the members of the community, trans individuals especially. Many of the older teens echoed this sentiment and advised younger members of the group to “toughen up” and “stick with other trans people” if they want acceptance. It is interesting that the facilitator and older teens who shared the opinion of wanting to distance the transgender community from their allies, were all born female and identified as male or gender fluid. As Duišin, D., et. al (2014) found in their studies, paranoid and avoidant personality disorders were higher in FTM trans people who were

diagnosed with gender identity disorder. "These personality features strongly influence cognition and behavior of GID persons, and therefore can be clinically relevant for eligibility and readiness for SRS" (para. 35). With 44% of the FTM sample studied meeting the diagnostic criteria for either of these personality disorders, it certainly is compelling to wonder if these individuals are viewing their allies or advocates through this lens. Natural suspicion from outsiders would be magnified in this case, further alienating these trans individuals from a potential support system.

It is important to note that this researcher was able to discover that these were not advertised as "support" groups, but merely "social" groups. As a result, none of the facilitators received any type of specific training or techniques on how to properly run a group of this nature. At every group meeting, the topic of suicide was discussed at length but there was minimal feedback given to the group on how to seek help for any of these types of thoughts or behaviors expressed by group members. Concerned by the toxicity and misinformation presented to the group, this researcher spoke, and attempted to speak to members of the administrative staff to inform the organization as to what was going on within the group setting. The answers provided were unsatisfactory to this writer, and despite continued attempts to reach senior staff, all communication ceased from the organization and no additional follow up was given. After this experience, the researcher reached out to several other local organizations to connect with and possibly offer support, yet no call or email was ever returned.

What is particularly troubling about this experience is that the trans community appears to want to be alone in their struggle, and receive little if any help from their allies and advocates. It is concerning that this message of resistance is being advocated by members of the community that volunteer to work with these young people, as well as the organizations themselves. It

seems as if the trans individuals this researcher worked with would like to remain inclusive, and by extension, isolated from the help of others that do not identify as trans. This type of passive resistance will more than likely harm the youngest members of the trans community. Younger children and adolescents are both impressionable and vulnerable to what is being told to them about how the world views people who identify as gender fluid. It is also difficult for families of trans children to combat and educate against this type of rhetoric if they are unaware that it is going on. Some of the older children remarked that they have been going to this particular meeting for years. If that is the case, there is cause to speculate that they have been hearing this type of negative information since they began attending. The presence of this writer did not seem to encourage filtering of information or being cautious with how things are presented. Ultimately if these children are told week after week that things will not change for them, it would be easy to see that they will also believe that they are alone in their transition. Isolation, contempt, and anxiety would more than likely take hold, further alienating these young people from those that could support them the most: their parents and siblings.

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