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“Parenting Is Not a Job ... It’s a Relationship”: Recognition and Relational Knowledge Among Parents of Gender Non-conforming Children

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ABSTRACT

Parents of gender non-conforming children encounter substantial conflict as they negotiate their children’s “Otherness.” For decades, a pathologizing service model has advocated clinical correction. In opposition, some parents adopt affirming stances toward their children. This study explored the knowledge underneath this stance, asking parents of gender non-conforming children how they know what they know. Analysis revealed a process of recognition and knowledge of the children’s needs acquired through relationship. Drawing on political philosophy and psychoanalytic theory, I argue that the affirming approach to gender non-conforming children is a non-aggressive response to the “Other” and a justice-based parenting practice.

KEYWORDS

Child; family; gender non-conforming; gender variant; parent; transgender

Meadow (2011) noted that it is “axiomatic” at this point to critique the scientific language of gender (p. 730). A proliferation of social science studies (Garfinkle, 1967/2006; Kessler & McKenna, 1978/2006), feminist and queer philosophy (Butler, 1990, 2004) and a burgeoning field of transgender studies (Stryker & Aizura, 2013) have challenged the assumption that gender is the natural and mechanical expression of biological sex, exploring at length the discord between the medicoscientific knowledge of gender versus the historical and social realities of how gender is lived and embodied. Although this distinction may be self-evident to critical theorists, it remains a site of ongoing struggle in the lives of parents of gender non-conforming children—children framed as pathological by a subfield of researchers and clinicians practicing since the 1960s (Bryant, 2006). Through the knowledge production of these professionals, parental support for gender non-conformity has, itself, been labeled as pathological (Zucker, 2008; Zucker & Bradley, 1995). Parents have been expected to guide their children toward social norms under clinical instruction (Green & Fuller, 1973; Rekers, 1972; Zucker & Bradley, 1995). With or without instruction, many parents encourage conformity out of a sense of responsibility (Kane, 2006).

Yet within the past decade, a different response has emerged publically. Supported by a number of mental health clinicians and advocates (Brill & Pepper, 2008; Ehrensaft, 2012; Lev, 2004; Menvielle, 2011), some parents are taking an affirmative stance on gender non-conformity, supporting their children to express their felt sense¹ of gender and advocating for their rights and inclusion in social life. In the face of opposition and disbelief, affirming parents support their children to live in non-prescribed gender locations and, at times, facilitate the social or medical transition² to a new gender (Ehrensaft, 2012). The following qualitative study was an exploration of the knowledge underlying this stance. In in-depth interviews, parents of gender non-conforming children were asked, “How have you come to know your child’s gender? How do you know what you know?” Analysis revealed that parents shared not what they *knew* of their children’s gender, but a process of recognition in the face of *not knowing*. Participants further described a knowledge of their children’s needs acquired through *relationship*. Drawing on Foucauldian theories of power, political philosophy, psychoanalytic theory, and Gergen’s concept of relational knowledge, I explore what participants’ knowledge might make possible, in contrast to the pathology approach to gender non-conformity. The affirming approach is proposed as a justice-based parenting practice.

Childhood gender non-conformity: Competing knowledges and approaches

Two broad models of service provision to gender non-conforming children can be identified in the literature: the pathology approach, in which gender non-conformity is regarded as a mental illness in need of correction (Green & Money, 1960; Marantz & Coates, 1991; Rekers, 1972; Stoller, 1975; Zucker, 2008); and the affirmative approach, in which gender non-conformity is regarded as an unproblematic aspect of human diversity that is in need of affirmation (Ehrensaft, 2007, 2011, 2012; Hidalgo et al., 2013; Lev, 2004; Menvielle, 2011, 2012).³

The pathology approach

Although we can assume that there have always been children who do not conform to the gender norms of the day, clinical literature about childhood gender non-conformity first appeared in the 1960s. Linking these children

¹The term *felt gender* refers to one’s inner sense of gendered self.

²The term *social transition* refers to a change in social presentation, such as a change in gender pronoun, name, or physical appearance. The term *medical transition* refers to hormonal and surgical interventions.

³The naming of these two models represents the theoretical categorizations of this author and not necessarily those of the authors cited.

with homosexual or transsexual adults, clinicians advocated the prevention of these outcomes through treatment designed to bring the children's gender identity/expression in line with social norms (Bryant, 2006). Early corrective treatments for children included psychotherapy (Greenson, 1966), group therapy (Green & Fuller, 1973) and behavior modification (Rekers, 1972, 1975, 1977, 1979). Treatments were conducted on children prior to any recognized diagnosis and continued after the entry of the Gender Identity Disorder in Children⁴ (GIDC) diagnosis into the Diagnostic and Statistic Manual (DSM) in 1980 (APA, 1980; Bryant, 2006). Despite extensive critiques of both the GIDC diagnosis and associated treatments (Corbett, 1999; Ehrensaft, 2011; Gotlib, 2004; Hegarty, 2009; Hird, 2003; Langer & Martin, 2004; Lev, 2006; Moore, 2002; Tosh, 2011; Winters, 2006), both continued for decades. While the 2013 replacement of GIDC with the less pathologizing diagnosis Gender Dysphoria is promising (APA, 2013), the DSM remains silent on issues of treatment and there remain contemporary researcher-clinicians who continue to advocate for, and practice, therapy to prevent a transsexual outcome (Zucker, Wood, Singh, & Bradley, 2012).

Among the etiological theories proposed by pathology-oriented clinicians for explaining childhood gender non-conformity, some form of parental deficit has featured heavily. Early clinicians proposed that boyhood femininity was caused or exacerbated by symbiotic or overly close relationships between mothers and sons (Stoller, 1975) and by poor gender role-modeling by passive fathers and overbearing mothers (Green & Money, 1960; Green, Newman, & Stoller, 1972). More contemporary clinicians continue to suggest some form of parental deficit, proposing that contributing factors to children's "disordered" gender identity include maternal psychopathology (Owen-Anderson, Bradley, & Zucker, 2010; Singh, Bradley, & Zucker, 2011; Zucker & Bradley, 1995; Zucker, 2008, 2005; Zucker et al., 2003) and parental support for non-conformity (Zucker, 2008; Zucker & Bradley, 1995). Indeed, parents themselves have been the targets of correction along with their children. Early clinical interventions with parents were aimed at interrupting parental approval of non-conformity (Green et al., 1972). In some cases, instruction in behavior-modification techniques was delivered to parents for use with their children (Rekers, 1972). More recent interventions explore the parents' roles in perpetuating the childrens' "problem," encourage parental commitment to corrective treatment, encourage gender-normative activities for the children, and discourage non-conforming expression (Zucker, 2008; Zucker et al., 2012). Though posited by some clinicians as responsible parenting (Zucker, 2008), a recent analysis of this approach by Wallace and Russell (2013) suggests that this approach fosters shame and breaks the parent-child attachment

⁴Upon entering the DSM III in 1980, Gender Identity Disorders applicable to children and adults were separated into two diagnoses (Gender Identity Disorder in Children (GIDC) and Transsexualism). In the DSM IV they were amalgamated into one diagnosis: Gender Identity Disorder (GID), with specifications for children and adults. GID became Gender Dysphoria in the DSM-5. For consistency, I use GIDC to refer to all diagnoses of children.

by promoting the rejection of the children's self-concepts. A recent study of clinicians working with gender non-conforming children found that those who seek to correct children's behavior are in the overwhelming minority, with nine of eleven international experts naming this practice as being unethical (Moller, 2014). Yet as Ansara and Hegarty (2012) indicated, the concern may be the extensive reach of the knowledge production of pathologizing clinicians, rather than the number of clinicians who use this approach.

The affirmative approach

Within the past decade, another body of clinical literature has begun to re-frame childhood gender non-conformity as part of the range of human diversity (Ehrensaft, 2007, 2011, 2012; Hidalgo et al., 2013; Hill & Menvielle, 2009; Lev, 2004, Malpas, 2011; Menvielle, 2011, 2012). Reversing many of the claims of truth of the pathology approach, clinicians view gender non-conforming children as "normal children with unique qualities" (Tuerk, Menvielle, & de Jesus, 2003). The parents of these children are described as generally competent and thoughtful, yet struggling with social exclusion and concerns for their children's safety (Hill & Menvielle, 2009; Malpas, 2011). Parents are encouraged to learn from their children (Hill & Menvielle, 2009) in order to move "from damaging to effective parenting" (Brill & Pepper, 2008, p.73). Rather than encouraging identification with natal sex, multiple trajectories are explored and validated as healthy, including the possibility of gay, lesbian, bisexual, transgender, transsexual, or gender queer identities (Menvielle, 2012). In place of correction, the goals of affirming interventions are to destigmatize gender variance, promote self-worth, strengthen parent-child bonds, nurture peer support, and teach advocacy skills (Ehrensaft, 2012; Hidalgo et al., 2013; Malpas, 2011; Menvielle, 2012).

Some research reports the labor that parents of gender non-conforming children must perform as they confront their fears, accept their children's self-identities (Hill & Menvielle, 2009; Wren, 2002), and negotiate those identities within institutions (Meadow, 2011). Parents who affirm their children do report receiving some support for their stance (Pepper, 2012), but they also report judgment and anger from other parents (Weathers, 2011), disapproval by health providers and school administrators (Brill & Pepper, 2008), loss of friends and family members (Pepper, 2012), and threats to or loss of child custody (Ehrensaft, 2012; Solomon, 2012). In supporting their children's Otherness, some parents become Other themselves. In addition, some parents already live with multiple marginalized identities beyond their children's differences, such as racialized and class-based identities. Yet in the face of opposition, many maintain affirming stances. This study was an exploration of the knowledge underlying this stance.

Theoretical framework: Power/knowledge, recognition and relational knowledge

Framing this inquiry is a conceptualization of gender norms not as inevitable but as contingent upon historical and contemporary power relations and the elevation of some knowledges over others. An assemblage of theories guide this study, including Foucauldian theories of power/knowledge and intelligibility, the Hegelian concept of *recognition* as theorized in political philosophy and psychoanalysis, and Gergen's concept of *relational knowledge*.

Troubled by the political status of scientific knowledge as a "regime of truth," Foucault used the term *power/knowledge* to describe knowledge as that which creates and is created by power (Foucault, 1980). Foucault's genealogies of psychiatry and medicine exposed the processes by which medicoscientific knowledge and discourse have come to govern the realm of everyday conduct—what Foucault (1977/1979) called "the area that the law has left empty" (p. 178). Rose (1999) elaborated on the concept of governmentality, noting that one of the key techniques for governing a population is *problematization*—the proliferation of problems and experts to manage them. I use this frame to consider the medicalization of the "problem" of childhood gender variance, the professionals who have sought to "treat" it, and the calculated shaming of both parent and child, as expansions of the technologies for governing social danger.

In one of the founding texts of queer theory (*Gender Trouble*), Butler (1990) drew on Foucault's frame to challenge gender as a taken-for-granted truth, proposing gender, instead, as an effect of power. Foucault (1978) spoke of "the grid of intelligibility of the social order" in reference to how discourse determines what is thinkable and sayable (p. 93). Butler argued that this grid also delimits what it is possible to *be*. To have a viable life, she warned, may depend on a gender performance that is intelligible to others. To exceed this frame is to no longer be considered human and to court "social or literal death" (Butler, 2004, p.8). This inquiry uses these concepts to understand the conflict surrounding those who step outside these relations.

Despite Foucault's piercing analysis of power, it has been suggested that he lacked a clear vision of an alternative foundation for justice (Fraser, 1989; Taylor, 1986; Walzer, 1986). This study is an inquiry into such an alternative, so the concept of *recognition* is of interest. In Hegelian philosophical theory, *recognition* is imagined as the ideal reciprocal relationship between human beings: separate yet equal (Hegel, 1807/1977). To recognize and be recognized engenders subjectivity: I am a person because you are and because you recognize my personhood. Renewed interest in recognition has been surfacing since the 1990s within psychoanalysis (Benjamin, 1995; Butler, 2004) and political philosophy (Fraser, 2000; Honneth, 1995; Taylor, 1994). Within psychoanalytic thought, theorists have explored the conflict that emerges in

confrontation with the selfhood of the Other and, in particular, for parents, confrontation with the independent selfhood of children, in opposition to their mental fantasies of those children (Benjamin, 1995, p. 38). Benjamin (1995) noted that aggression (destruction) is one response to this conflict, a response which, as Butler (2004) stated, “annihilates the alterity of the Other” (p. 132). Benjamin (1995) posited that recognition is the counter-response and the communicative ideal we must strive toward. I use this framework to consider attempts to normalize gender non-conforming children through diagnosis and treatment as acts of aggression against the Other and, in turn, to consider affirming parental responses as gestures of recognition.

Political and moral philosophers have also advanced recognition as a paradigm for macro-level social justice. In Hegel’s view, the intersubjective nature of the self means that we rely on others for our own “self-relation” (Williams, 1992, p. 151). Thus, recognition is not a courtesy but a basic human need (Taylor, 1994). Arguing that individuals are harmed when a contemptible image of their person is reflected back by the society around them (Taylor, 1994), philosophers such as Honneth (1995) contended that the withholding of legitimate recognition of devalued social groups corresponds to an act of injustice. Theories of recognition are not without debate, including disagreements about whether recognition is the overarching remedy for social wrongs (Honneth, as stated in Fraser & Honneth, 2003) or whether it must be paired with economic redistribution (Fraser, as stated in Fraser & Honneth, 2003), as well as arguments regarding whether state recognition inspires obedience (Althusser, 1970) and how to account for the ability to resist denigration (Stanford Encyclopedia of Philosophy, 2013a). Nonetheless, Fraser (Fraser & Honneth, 2003) maintained that the importance of recognition cannot be ignored as a force in modern political claims. Among the scholars who consider gender non-conforming children, however, the concept of recognition has only begun to be theorized (Miller, 2015). I draw on recognition theorists to imagine parental acts of affirmation as social justice responses to the effacement of gender non-conforming children, effacement that operates at the level of the material (violence) and the level of the symbolic (diagnosis and correction).

Finally, Gergen’s concept of relational knowledge refocuses this inquiry on knowledge. Throughout his career, social psychologist Kenneth Gergen (2009) delivered trenchant critiques of scientific ways of knowing and the concept of objectivity. Challenging the reverence in which objectivity is held, Gergen (1994) argued that objectivity is primarily a rhetorical or linguistic achievement through which some knowledge is elevated as authoritative, most typically scientific knowledge (Gergen, 1994, p.165). Calling for a “desacralizing” of professional knowledge, Gergen (2001a) proposed that all knowledge is constructed, contingent, and situated in time, place, and tradition. Further, he argued that knowledge is *relational*—our knowledge of

what is real, rational, and valuable emerges in relationship with others (Gergen, 2009). Given the perishable nature of even scientific knowledge, Gergen argued that accuracy is not the best basis on which to evaluate it. We must evaluate knowledge, he proposed, based on its pragmatic outcomes—based on its “reverberations” in cultural life, based on what it offers us (Gergen, 2001b). I use Gergen’s proposal to evaluate the relationship-based knowledge of parents in this study against an objective knowledge of gender, exploring what each might foreclose or make possible.

Methodology

This inquiry aimed to (a) focus a lens on parents of gender non-conforming children who affirm their children’s felt sense of gender; (b) explore how these parents come to know their children’s gender identities; and (c) develop a theory to better understand the knowledge underlying the decision to affirm children’s self-identities. A grounded theory methodology was used to generate a theory rooted in lived experience (Glaser & Strauss, 1967). With a focus on how subjects make decisions, take action, and engage in their contexts, grounded theory is an inductive approach to inquiry that is useful for theorizing under-theorized phenomena Creswell (2007). I did not speak with parents adopting a pathologizing stance, so this is not a comparison study.

Participants and procedures

A convenience sample of 15 participants was recruited from 10 families in Toronto, Montreal, Vancouver, and rural Ontario, Canada. University research ethics approval was obtained and an e-flyer was circulated to relevant listservs, groups, and community agencies across a number of Canadian cities. To access those who were affirming their children, the recruitment text specified an interest in parents of children who were living outside of traditional gender roles or who had socially transitioned to a new gender role. Eligible participants were those who had parented a gender non-conforming child of 12 years of age or younger within the past five years. Ten interviews were conducted with a total of 15 parents. Five chose to be interviewed alone and five together with a partner. Twelve identified themselves as women and three as men. Ethno-racial self-identities included: mixed race ($N = 1$); First Nations ($N = 1$); Latina/o ($N = 1$); Japanese French Canadian ($N = 1$); White and Jewish ($N = 1$); and white ($N = 10$). Participants identified their sexual orientations as heterosexual ($N = 8$), queer ($N = 2$), lesbian ($N = 2$), and bisexual or pansexual ($N = 3$). Self-identified socioeconomic classes included working class ($N = 2$), lower middle class ($N = 2$), middle class ($N = 5$), or

upper middle class ($N = 6$). Two participants were single parents. All participants' names used in this article are pseudonyms.

The children discussed in the interviews were between 5 and 14 years of age and were not present during the interviews. Parents described children with a broad range of gender identities. Some children identified inbetween or outside of gender categories. Other children were described as being uninterested in gender, seeking only to pursue interests that happened to cross gender lines. A further group of children identified strongly with a different gender role than their natal sex and had already socially transitioned to live in that role with a new name and gender pronoun. Two adolescent children (13 and 14 years of age) had begun hormone therapy to suppress pubertal development, and one was waiting to begin cross-sex hormone treatment. Children are referred to using the pronouns (he or she) their parents used for them. Some children had already changed their pronouns while others continued to use that associated with their birth sex. Thus, in this text, the terms *she* and *daughter* may refer to a child who is natally male but has transitioned to live as a girl or may refer to a child who is natally female and differs substantially from feminine expectations but has not adopted the pronoun *he*. Many parents used the term *gender independent* to describe their children, while a smaller number used *transgender*. One young person adopted the term *gender queer* to describe her/himself. I use the term *gender non-conforming* to refer to this range of identities.

Interviews were conducted in person in a location of the participants' choice, most often in their homes. Interviews ranged from 1.5 to 2.5 hours. In accordance with the Research Ethics Board, participants were informed about the voluntary nature of their participation and completed a consent form prior to the interview. A semistructured interview guide was used to inquire about participants' processes of coming to understand their children's gender identities. With the consent of participants, the interviews were digitally recorded and subsequently transcribed.

Reflexivity, tensions, limitations

In an ethnography of the category of the transgender child,' Meadow (2013) noted that researchers and participants are often "studying one another." As we labor to make sense of our participants' worlds, Meadow (2013) reminds us that they are also laboring to make meaning of us. As an openly transgender researcher, I was brought into contact during this project with participants who were sometimes as interested in me as I was in them. As parents of gender non-conforming children, some participants foresaw a trans identity for their children, while others may have at some point hoped that transgender was not in their children's futures. I chose to begin each interview by acknowledging this tension, by sharing that I had no

investment in any particular future for their children, and by stating my hope that they could speak frankly. Although no parents told me explicitly that they hoped their children would not be transgender like myself, it is important to acknowledge that it would have been difficult for such a statement to be made or received with emotional neutrality. Some parents did not make mention of my identity, whereas others used moments of the interview to pose questions about my own experience of gender and to ask about my predictions for their children. I chose to decline any comment on their children's futures but to answer questions about myself honestly, out of respect for the personal information they were offering.

It is not possible to determine precisely how I, as a researcher, impacted these encounters but, as is true for all researchers, it is undeniable that I did. Some families welcomed me into their lives, invited me to view photo albums, join family meals, meet pets, and play audience to spontaneous dance routines. Were these gestures specific to me as a trans researcher and, if so, in what sense? It is likely that my presence elicited some responses and not others, and it is also likely that my use of terms such as *gender independent* in recruitment materials shaped the participants who chose to respond, just as the use of a different term (such as *gender identity disorder*) would have also done. As Meadow (2013) highlighted, the linguistic categories used to make sense of childhood gender non-conformity are currently in a stage of "active iteration" and are thus malleable and subject to influence (p. 12). My use of some terminologies and not others, then, may have functioned to shape the object of inquiry. Participants in this study were not homogeneous, but they do reflect a sub-group rather than a representative sample of parents of gender non-conforming children. Thus, this study focuses on parents who are explicitly affirming their children's self identities.

Last, a potential limitation of this project is the rapid change currently occurring in the social and medical worlds of gender non-conforming children. In 2014, *Time Magazine* reported on what they dubbed "the transgender tipping point"—the saturation of the public realm with trans narratives and the ensuing growth in the positive reception of trans identities in North America (Steinmetz, 2014). Specific to young people, clinician Bernadette Wren highlights changes in the parents who have presented with their children at her gender identity clinic in England. In 2002, Wren wrote about the profound struggles parents had in accepting a trans trajectory for their children (Wren, 2002), yet by 2015, she was recounting stories of being threatened with lawsuits by parents who felt she was not facilitating this path fast enough for their children (Wren, [in press](#)). Moreover, in 2015, the legal status and public perception of the corrective treatment of childhood gender non-conformity underwent a shift. The Canadian clinic that has represented the international center of this practice for several decades announced an external review of the clinic's practices as a result of community complaints (CAMH, 2015).

Local public critique of this clinic increased (Pyne, 2015a, 2015b), and in the Canadian province of Ontario, the passage of Bill 77 rendered any such treatment an act of professional misconduct (Ferguson, 2015). Thus, as an analysis completed in 2012, this article describes a phenomenon that is likely to have already changed by the date of its publication.

Analysis

Data were analyzed using the three stages of coding common in grounded theory: open coding, in which initial categories of information are formed; axial coding, in which these categories are used to assemble the data in new ways; and focused or selective coding in which a storyline is written to incorporate the categories (Creswell, 2007). Approaches to conducting grounded theory differ, and this study adopted Charmaz's (2006) modified constructivist approach, which proposes that researchers seek not to present their theories as being objective but to make transparent the steps through which theory has been constructed. Open coding was done by hand on hard-copy transcripts, applying an initial thematic label to each line or short passage. As recommended by Charmaz (2006), these thematic labels were phrased in the form of gerunds, to identify the actions participants took as they negotiated their contexts. Open coding produced a list of codes to be compared and organized into larger thematic containers. QSR NVivo (Burlington, MA, US) software was then used for focused coding of each transcript. Memos were written to summarize and compare themes. At this point in the analysis, the focus shifted to accommodate an emerging gap between the research questions and participants' responses.

The experience of parenting a gender non-conforming child was outside of parents' expectations and raised substantial conflicts. This first theme was labeled *encountering the gendered Other*. The research question was *how do you "know what you know" about your children's genders?* Yet most participants described their children's gender as evolving, in flux and profoundly different from their own: thus unknowable. Analysis revealed that participants shared not what they knew of their children's genders but how they responded in the face of not knowing. The themes describing their actions were labeled *refusing problematization*; *searching for affirmation*; *relinquishing parental authority*; and *holding open possibilities*. The Hegelian concept of recognition was used to understand these actions as processes of responding to Otherness with recognition, rather than aggression. Moreover, although parents did not claim to know their children's experiences of gender, they felt they did know what was needed of them. They described knowing what was "right" for their children, through relationships with those children. This theme was labeled *relational knowledge*. Thus, three major themes emerged from the analysis. The second theme, *recognition*, is divided into four sub-themes:

1. Parenting off the gender map;
2. Recognition;
 - a. Refusing problematization;
 - b. Searching for affirmation;
 - c. Relinquishing parental authority;
 - d. Holding open possibilities;
3. Relational knowledge.

Findings

Parenting off the gender map: “A big deal”

With few exceptions, participants embarked on parenting under the assumption that their children would naturally identify with their natal sex. Sumi, mother of 14-year-old Maya, stated, “We didn’t think there could be any other possibility in life.” Participants were committed to challenging gender stereotypes, so many found their children’s initial explorations of gender to be unremarkable or even positive. Stephanie, mother of 6-year-old Avery, recalled, “As soon as she could talk she started expressing preferences for not wearing dresses or pink. . . I actually thought that was great. I was excited to not have a pink girl.” For most families, however, there was a threshold, beyond which their children’s differences took on a certain gravity. For Klaudia, this was the moment when she first shopped for her son in the girl’s section of the department store: “It was like crossing this boundary. . .” Stephanie’s daughter had always presented herself in an unfeminine way, yet her first short haircut was a turning point: “An acquaintance of mine said, ‘. . .well, now you can’t tell she’s a girl at all.’ It was true. There was no turning back. . . That was a big deal.” Parents repeatedly used the term *big deal* to refer to the conflicts their children’s transgressions gave rise to. Parents’ inner conflicts included wondering whether they had caused their children’s difference, feelings of self-blame or grief, worrying about their children’s future safety, and confronting their own prejudices. Stephanie recalled that the experience was “scary” at first, and described her own initial reaction as “crying” and “freaking out.” Nancy, mother of 13-year-old Kelly, reported, “It’s a feeling you can’t explain to people that haven’t been there—how terrifying that feeling is of not understanding, not knowing, confusion.”

These inner struggles arose in the context of serious societal consequences for gender transgression. Participants recounted experiences of conflict with grandparents and other family members, as well as judgment by other parents. In some instances, parents witnessed their children being rejected and harassed by other children. When parents decided to affirm their children’s identities, as every participant eventually did, many were blamed and Othered along with their children. Shelly described becoming socially

isolated after supporting her child's free gender expression: "You take these little steps and little steps and then you look around and all your friends and family are on the horizon. They're so far away." Negative reactions were strongest for those families in which the child had transitioned to a new gender role. For example, when Sumi's child first began to live as a girl, Sumi was targeted for harassment by other parents: "We had a group of parents go to the daycare and say, 'You can't bring your kid into our school cuz we don't want to catch the disease.'" Julia recalled that the moment she agreed to change her child Robin's pronoun from *he* to *she* was the moment when Julia herself became unintelligible: "It was one thing to let your kid wear a skirt when he was two, but to call him 'her'...that's when I became a crazy lady."

When those who disapproved also wielded institutional power, the consequences were serious. Two families had their support of their children's gender expression framed as a potential form of abuse by child welfare authorities. Sumi was visited by a social worker who received a report that Sumi was forcing her child to "change his sexual orientation." This case was quickly closed, but Julia and Cyndi were not so fortunate. A child protection case was opened because of a conflict with Julia's ex-partner; however, Julia recalls that Robin's gender quickly became the central issue: "[Child protection agency] got involved and they were horrendous. I felt like I lived for a year under a gag order. I was told what I could and couldn't talk to Robin about." Parents did describe positive experiences with supportive allies, but some form of struggle was ongoing for most. To have their parenting subjected to outside scrutiny, to be threatened by child protection authorities, or to witness their children experiencing discrimination were all conflicts without clear pathways to resolution. Further, for some parents, encountering the ambiguity of their children's gender expressions was in and of itself a conflict, an alien experience outside of their realm of reality. Nancy stated, "It's like another dimension somehow.... I feel like I'm on a different planet, trying to figure out a different species...." The following section explores how parents responded to these conflicts.

Recognition: Recognizing the gender reality of the other

In Hegel's (1807/1977) original conception, recognition of the Other is a necessary precondition for nonviolent social relations. The act of recognizing, and being recognized, secures us as "ethical and political subjects" (McQueen, n.d.). As more contemporary recognition theorists argue, our identities are formed intersubjectively or dialogically, rather than as solo projects, so nonrecognition of the Other's identity reality is harmful (Taylor, 1994). In this study, rather than imposing an objective reality on their children, parents offered gestures of recognition for their children's subjective realities by

refusing problematization, searching for affirmation, relinquishing parental authority, and holding open possibilities.

Refusing problematization: Locating the problem outside of the child

Fraser (2000) contends that the maligning of a group's identity is an interruption of their development of healthy self, constituting a form of *misrecognition* and a violation of justice. As Honneth (1995) notes, to offer recognition is to consider as valuable that which distinguishes human beings from others (Honneth, 1995). Yet far from being valued for their "difference," gender non-conforming children have frequently been problematized and cordoned off for treatment vis-à-vis the expansion of psychiatry into the area of childhood gender expression (Bryant, 2006). Studies have confirmed that many parents of gender non-conforming children find fault with their ill-fitting child (Kane, 2006; Wren, 2002). The parents in this study refused to do so. Despite struggles, these families located the problem outside of their children. Summarizing his daughter's difficulties, David said, "It's everything around her that's a problem, not her."

Considering where the problem lies, participants pointed to societal trans phobia and the structural contexts their children negotiated; for example, the predominance of gender-segregated activities and spaces in schools such as washrooms. When other children expressed discomfort about sharing a washroom with their children, parents recalled that schools often attempted an accommodation by creating a special gender-neutral washroom for their children to use. However, parents rejected this framework of "accommodation" because it continued to assign responsibility to their children for the problems of others. Cyndi stated, "This is not Robin's issue. This is your issue. If Robin wants to use the girls' bathroom, she should use the girls' bathroom, and anybody who doesn't like it can use the damn gender-neutral bathroom, not Robin." Identifying the social and institutional worlds as the sites of intervention, Sumi recounts a list of tasks assumed by affirming parents: "We have to take on the school system and the medical system. We have to be ready to move, to lose loved ones... We must be willing to change schools and be ready for home schooling if necessary..." By declining to ascribe deficit and disorder to their children, by refusing to problematize them, parents offered recognition of their children's self-concepts. Cyndi states, "I realized Robin's concept of gender made more sense than mine."

Searching for affirmation: Community, experts, and language

From the earliest publications in the pathology-oriented literature about gender non-conforming children, the job of parents was framed as instilling an external gender reality in their children: "Part of the successful rearing of a child is orienting him, from birth, to his biologically and culturally

acceptable gender role” (Green & Money, 1960, p.167). Yet Honneth (Fraser & Honneth, 2003) noted that human beings require a context of recognition in order to thrive—a context in which the dignity of their person is upheld. Parents in this study sought this context by searching for affirming communities, expertise and language.

For many, the first step was finding other families like their own. In Nancy’s city, a peer support group for parents of gender non-conforming children had recently lost its funding, but she described the importance of the group while she had access to it: “Oh gosh, it was like a room full of oxygen, like you could breathe. You don’t feel so crazy or so alone.” Parents also searched for affirming connections for their children. Klaudia said, “There was one time when he was little when he told me, ‘I feel like an alien,’ and it just broke my heart. That’s when I started looking for other kids like him...” Conferences and camps created specifically for families with gender non-conforming children were key sources of support for some. Nancy stated, “The conferences...if I could live there, that is where I would live... For a weekend, she gets to be a kid.” Yet when Julia and Cyndi wanted to take their daughter, Robin, to an affirming camp, Julia’s ex-partner refused to allow it. Cyndi notes that this was no small refusal, taking stock of what children without affirming communities are denied: “She doesn’t want Robin to have any context, any camaraderie, any information, any pride.”

Some parents sought out professional support for their families, yet they sometimes found a lack of capacity among general mental health providers who either referred them elsewhere or grossly misunderstood their role. Cyndi recalled an experience with a therapist:

We took Robin to see this person who was supposed to be working with her to find her voice, get self-esteem, and confidence, ...and she [the counselor] actually came to a meeting and said, “Well I see Robin more as a boy.” And I said “Who the fuck asked you? That’s not your job. You weren’t asked to decide whether you think Robin feels more like a boy or a girl...to you.”

The lack of capacity among general providers left some parents seeking the help of gender-identity “experts,” with varied results. Some parents reported feeling legitimized and supported by these assessments: “...an official doctor said that my child is trans...; that helped in a lot of different avenues... schools and doctors’ appointments.” Other experiences were not positive. Julia described the discord between what her family needed from a psychiatrist versus what they received: “I’m looking for supports, and I’m looking for a connection with somebody who can be a long-term relationship. And it felt very much like, well, an interesting specimen.” Notably, most parents were not persuaded by providers’ opinions and pragmatically accepted the expert knowledge that affirmed their children and rejected that which did not. Further, many parents sought out a different type of expertise altogether,

consulting people with lived experiences of gender diversity. Sumi recalled that when her ex-husband had difficulty understanding their child, he made visits to gay bars to speak with drag queens, who were the closest likeness to his child that he knew of. Stephanie and David chose to speak with two gender non-conforming friends of the family, rather than mental health providers.

Beyond community and expertise, parents also searched for language to affirm their children. The limitations of language were most often noted by parents of children who did not live in a commonly understood gender role. Stephanie, mother of 6-year-old gender-fluid Avery remarked, “There’s all this stuff in the middle and you can be anywhere in there that you want, . . . but there’s not a permission and there’s not a way of saying it. . . . the lack of language blew us away.” Like several parents in this study, Stephanie had adopted the term *gender independent*, part of a growing lexicon of new subjectivities including *gender variant* (Menvielle, Tuerk, & Perrin, 2005) and *gender creative* (Ehrensaft, 2011). Finally, in an act of solidarity, one mother opted to realign her own identity. Though Susan identified herself and her husband as a heterosexual couple, in response to their child’s emergence as gender variant, Susan proudly stated, “Our family is queer now.” Ultimately, through these attempts to find affirming communities, expertise and language, participants sought out contexts of recognition and intelligibility for their children on their children’s terms.

Relinquishing parental authority: “I don’t have ownership over him”

Benjamin (1995) notes that the end result of failures of recognition is domination. Indeed, within the pathology-oriented approach to gender non-conformity and the treatment programs that this literature endorses, hierarchies of authority have been explicit. In some cases, parents have been trained by clinicians to, in turn, train their children (Rekers, 1972). Zucker and Bradley (1995) would seem to describe the job of the ideal parent as one of compliance with clinicians: “Some parents, especially the well-functioning and intellectually sophisticated ones, are able to carry out these recommendations easily and without ambivalence” (p. 280). In contrast, in a study with parents of gender non-conforming children, Hill and Menvielle (2009) describe the concept of a “child-taught parent,” noting that parents describe learning important lessons from their children. Expanding on this theme of child leadership, participants in this study described parenting practices that challenged adult authority.

As noted, parents of gender non-conforming children face many conflicts, yet these parents responded to challenges not by imposing authority, but by adopting alternative models of family decision making. For example, when Maria’s 5-year-old son wanted to wear clothing to school that was typical of girls, Maria encouraged him to think it through but left the final decision up to him: “I asked him how he thought other kids might react, and he said, ‘I think

they'll probably make fun of me, but I'm going to do it anyway.' ” In some cases, parents took on a support or facilitator role. Stephanie recalled a moment when Avery asserted her need for information: “She said, ‘How do we make me a boy?’ I said, ‘Well, I don’t know,’ and she said, ‘Well, why don’t you go talk to some people?’” Further, some parents described instances of children directly challenging their authority. When Klaudia was uncertain of how her extended family would react to her son’s dresses, she asked him to wear more conventional clothing for visits. Yet when her son challenged this, Klaudia conceded: “He said to us, ‘If they’re my family and they love me, then they need to accept me for who I am,’ and I said, ‘Dammit you’re right!’”

It is important to note that when parents exercise authority over how children express gender, it may be for good reason. Within the literature, a salient theme is fear of violence (Brill & Pepper, 2008; Hill & Menvielle, 2009). Indeed, in every interview, fear for their children’s safety was mentioned. Yet despite this, the parents had allowed their children to express their felt sense of gender, either immediately or after a process of deliberation. The reasons these particular parents may have felt assured and able to face safety risks are complex, potentially including forms of societal privilege, such as class or race privilege. When accounting for this themselves, parents acknowledged their concerns, yet also raised other considerations. Julia stated, “I’d rather get to see her be an authentic person and be happy and fulfilled in her life, whatever the risks are.” Sumi made reference to parents who curtail their children’s expression, noting an alternative risk: “They hear the horror stories and figure if we don’t allow it to happen they will stay safe from the outside world, not really realizing they are losing their child’s inside world.”

Power relations between parents and children are arguably complex and many would deem some level of parental authority responsible and necessary. In this study, it was one type of authority in particular that parents relinquished: the authority over who their children could be. Stephanie stated, “I thought that as parents, we would have much more control, . . . but in terms of who they become, that has nothing to do with us. She’s nothing like I am.” In fact, Stephanie describes this as a painful realization, that her child’s experience of gender was profoundly separate from her own: “I felt so far away from her. This person came from me. . . but it’s not going to be something I can ever share with her.” Though painful, the realization that my child is not me is necessary for acknowledging children as subjects with their own will. Klaudia stated, “It needs to be what he needs, not what I need to make me comfortable.” Many parents reiterated this distinction. Speaking about seven-year-old Sam, Nathalie said, “I don’t have ownership over him. He is his own person.” This respect for the Other’s individual selfhood, bears a striking resemblance to Hegel’s recognition: the Other as separate yet equal.

Holding open possibilities: “Whatever the outcome is, it’s right”

The “unknowability” or the “irreducible alterity” of the Other is frequently referenced in philosophy and psychoanalytic thought (Levinas, 1998; Stanford Encyclopedia of Philosophy, 2013b). Benjamin (1995) suggests we must accept this unknowability, however surprising, as a condition of recognition. Yet the question of who gender non-conforming children will become, has long been a source of anxiety among parents, clinicians, and researchers. The first wave of clinical work in this area coincided with the appearance of transsexual women on the 1950s/1960s American cultural landscape, as well as the growing gay and lesbian rights movement (Bryant, 2006; Meyerowitz, 2002). Bryant (2006) notes that during this time, public accounts of boyhood femininity by both gay men and transsexual women, led some researchers toward corrective treatment as a hoped-for curative for these devalued adult identities.

Although contemporary clinicians within the pathology approach are now careful to express support for gay men and lesbians, avoiding transsexuality remains a justification for corrective treatment (Zucker et al., 2012). Indeed, even among those who critique the GIDC diagnosis and corrective treatment, an anti-transgender bias can endure. For example, some critics have argued that the diagnosis is too broad and thus captures children on a normal developmental path to gay or lesbian adulthood, confusing them with those who are truly disordered [read transgender people] (Corbett, 1999; Moore, 2002). In contrast, parents in this study embraced their children’s “unknowability” and expressed an openness to all future outcomes. Hill and Menvielle (2009) noted that the tendency of affirming parents to support all outcomes is an understudied phenomenon, which is noteworthy given the profound stigma attached to transgender identity in particular. Several parents reported experiences with professionals consistent with this stigma. For example, Klaudia encountered a psychiatrist who conveyed the urgency of seeking psychological treatment for her son by raising the possibility that he might be transgender: “She really played on my trans phobia; this was considered the worst possible outcome. . .” Despite this stigma, almost every parent in this study had been in dialog with their children about the possibility of gender transition and the existence of methods to achieve this. In so doing, parents held open a possibility rarely discussed with young children.

Recent years have seen new developments in medical options for gender non-conforming adolescents who are distressed by the onset of puberty. Physicians have begun to provide gonadotropin releasing hormone analogues (GnRH analogs) or puberty suppressant hormones to delay unwanted body changes and provide young people with time to consider future options (Spack et al., 2012). Although still controversial, some consider puberty blockers vital for reducing self-harm among trans youth (Canadian Pediatric Endocrine Group, 2012). Two participants indicated that their

children had already begun the process of arresting puberty, and several others had spoken to their children about this option, describing the sharing of this information as part of caring for their children. Stephanie stated, “She [my daughter] gets that there’s stuff you can do to make yourself fit better and to make things make sense. She’s not there yet, but I just want her to have that comfort.” Not everyone shared this positive view. Julia noted the reaction of a child protection agency toward her commitment to securing puberty blockers, should Robin desire them: “If puberty comes and it’s really uncomfortable for Robin. . . , I’ll move heaven and earth to get her blockers if that’s what she needs. . . and [the child protection agency] went ballistic. How could you think about mutilating your child?” For these professionals, gender transition was intelligible as a negative outcome or a form of mutilation. Yet parents described transition as a form of embodiment, a matter of “comfort” or “fit,” and a process of “sense-making.” This understanding was not always immediate, and Klaudia described educating herself about transphobia before returning to reconsider transition: “I was able to go back and say whatever the outcome is, it’s ok. Whatever the outcome is, it’s right, not just ok, but right, because the important thing is that you are who you need to be.”

In addition, when children did not identify with any one gender role, parents also held open the possibility to be something other than a boy or a girl. Stephanie and David, for example, advocated for the removal of the gender-specific school activities that caused their daughter unnecessary stress. For some, this support for gender fluidity was unintelligible. As Julia remarked, “People just think we’re crazy for saying, ‘Why does she have to be one thing or another?’ ” Despite incredulity from others, Julia and Cyndi endeavoured to facilitate Robin’s wish to be “otherwise.” For her most recent birthday, they bought her what she wished for most: a full-body mermaid costume. Given the conflict surrounding Robin’s body—conflict between her separated parents, child welfare authorities, mental health professionals, and school administrators—this was a telling wish; mermaids are creatures with no apparent genitals. Cyndi reflected, “I look at Robin, and sometimes I see exactly who she is. . . . She’s everything. Everything that doesn’t fit into any mold anybody ever made. God bless her.”

In summary, participants answered a research question different from that which was asked. When asked “How do you know what you know” with respect to their children’s gender identities, they replied that, in fact, their children’s experiences of gender were unknowable. They described, instead, their responses in the face of *not knowing*. I have proposed this response as one of *recognition*, including actions such as *refusing problematization*, *searching for affirmation*, *relinquishing parental authority*, and *holding open possibilities*. Although participants didn’t feel they *knew* their children’s experiences of gender, there was indeed something they knew: they knew what their children needed from them. The following section is an exploration of how they came to know this.

Relational knowledge: How you know it's right

Meadow (2011) noted that parents of gender non-conforming children must account for their children's transgressions—reflective of the growing need to account for the gendered self. These findings suggest that parents must account not only for their children's transgressions but also for their own. By choosing to recognize their children in the face of judgment and disbelief, they depart from what is intelligible and must answer to others and to themselves: why? Most participants found their children's atypical gender expression surprising at first, but no parents expressed hesitation about their decisions to affirm their children. In fact, many made the strong statement, "I know I'm right." Answering to how they *knew* that the affirming model was the appropriate response, participants described processes of attuning to their children's subjective experiences through what the children communicated verbally, through body language, and through affect. In short, they came to know what their children needed through their relationships with their children.

For some participants, their children's first communication about gender was verbal. Sumi recalled that by the age of four years, Maya was making revelatory statements such as, "[Maya's birth name] is dead" and "I have the heart and soul of a girl." For these communications, children used the words available. Stephanie and David noted that Avery would describe herself as "feeling like" her male friends. Nancy's child Kelly borrowed language from a television show about transgender people: "That is me. . . I'm in the wrong body." In some cases, the children's needs were simply unavoidable. Cyndi said, "You *know*, because your kid keeps saying it over and over again." However, much like the children who communicated a strong sense of gender identity, some communicated an equally strong rejection of gender categories. Jen described seven-year-old Sam's position on gender as "completely uninterested," noting how he chose both boys' and girls' clothing and would say to other children, "What difference does it make?" This informed Jen and Nathalie's response to Sam, which Jen summarized: "What Sam needs is someone to not care what he's wearing and not make him choose between boy and girl."

Beyond verbal communication, parents also interpreted their children's needs through witnessing somatic manifestations of their distress or well-being. Julia and Cyndi noticed that Robin "winced" when they referred to her as "he." Stephanie and David described Avery as "robotic" and "slumped" when dressed in feminine clothing. Several parents described instances of their children literally falling to the floor when being misgendered (referred to as their natal sex). These types of physical displays by her daughter led Julia to understand, as she put it, "This is hurting her." For many parents, the most salient source of their knowledge was their children's affect, in particular, the changes that occurred once their felt gender was affirmed. Sumi described a young Maya as

“aggressive” and “angry” until permitted to wear feminine clothing and change her name, at which point she became “calm,” “happy,” and “more social.” Referring to Robin’s demeanor when expressing herself as a girl, Julia and Cyndi used imagery such as “light up” and “glow.” Nancy described the change she witnessed in Kelly the first time they attended a conference for families with gender non-conforming children. In the interview, Nancy cried as she recalled watching Kelly in this new environment: “No, that is not my kid, she doesn’t do that. She doesn’t laugh. She was laughing with friends... She looked like a regular kid. I have never seen that. ... That was when it was true for me.”

As Nancy does in the above quote, parents used indicators of their children’s happiness as their ultimate gauge of a gender-truth of sorts. Cyndi states, “If you see somebody who’s hiding whenever people come around and is sullen and mean, and then you see this happy, glowing kid, I don’t know how you can question it.” Stephanie recalled Avery’s reaction during her first short haircut, initially a frightening moment for Stephanie: “...it was that haircut. From that point on it just came down. Whatever’s going on with me is not nearly as important as what’s going on with her and look how happy she is and why would I resist that?” Just as powerful for Julia was what her child communicated when she was not being affirmed. Recalling a period when her ex-partner began to insist that Robin live as a boy, Julia said, “Robin retreated and regressed again. She started peeing the bed again, with behaviors coming out again. So how do we know? Well it’s like the light goes out in her eyes.” Nancy struggled substantially to determine the right response to Kelly’s atypical gender, yet ultimately concluded, “She is happy, and if that is how you determine truth, then this is true.”

As noted, parents who affirm gender non-conforming children are often maligned. Typically, the charge is one of incompetence, failing to guide their children properly and thus failing at their job. In contrast, Klaudia described her parental role as follows: “It’s about me discovering who is this person.” All parents in this study had come to the conclusion that to recognize their children’s inner senses of gender was the path to their healthy growth. When asked how they knew this was right, they recounted a knowledge derived from attuning to their children’s communications via words, body language, and affect. In essence, they said, “I know what my child needs from me, and I know it through relationship with my child.” Reflecting on the common truism that “parenting is the hardest job,” Klaudia powerfully pointed out, “Parenting is not a job ... it’s a relationship.”

Discussion

Meadow (2011) contended that within the past century we have seen a proliferation of ways to know gender. The knowledge production of a subfield of researchers and clinicians has long dictated that the appropriate parental

response to gender non-conformity is to seek psychological treatment for both parents and children (Zucker et al., 2012). In contrast, the parents in this study responded to their children's differences by affirming their self-defined trajectories. This study was an exploration of the knowledge underlying this response. Though participants did not claim a definitive knowledge of their children's gender identities, they continued to offer affirmation in the face of not-knowing. They refused to problematize their children, they searched for affirmation, they relinquished parental authority, and they held open possibilities for their children's futures. I have proposed that these actions correspond to the philosophical and psychoanalytic concept of *recognition* and thus to *justice*. Further, though parents did not necessarily claim to *know* their children's gender, they did state that they knew what their children needed from them, describing a relational process of attuning to their children's needs through affect. Although often accused of not "doing their jobs," as this analysis makes clear, these parents were not attempting to do jobs at all; rather, they were engaged in relationships.

As demonstrated, the proponents of the discussed responses to gender non-conformity—to pathologize or to affirm—differ substantially. Yet they respond to the same phenomenon: the conflict that arises in an encounter with the gendered Other—the dissonance of the moment when, as Butler (2004) says, we encounter unthinkable difference and feel our "anchor" go (p.35). These responses are not free floating but, rather, are rooted in knowledge systems: gender non-conformity as pathological deviation, in need of objective guidance and correction; or gender non-conformity as an expression of an Other's subjective reality, to be recognized and learned through relationship. Faced with these competing knowledges, both of which purport to help, we are left with the problem of how to evaluate them. Gergen's concept of *relational knowledge* provides a method for such an evaluation.

Through his enduring critiques of objectivity, social psychologist Kenneth Gergen (2001a) argued for the "desacralizing" of professional knowledge. Proposing that all knowledge is situated and constructed, Gergen (1994) reasoned that objectivity is primarily a linguistic accomplishment, rather than an indicator of truth. Referring to accuracy itself as "perishable," Gergen (2001b) argued that accuracy is not the best basis on which to evaluate knowledge. Instead, we should evaluate knowledge based on its pragmatic outcomes, based on what it forecloses and what it makes possible. Thus, the question for competing knowledges is not Is this idea correct? but rather, Where does it take us? and What does it do?

Butler (2004) contended that violence against gender non-conforming people asserts, on a basic material level, that they cannot *be*. The message of this violence is that if you fail to conform, you will cease to be. I propose that the normative knowledge system of gender and the corrective response that stems from it do the same on the symbolic level. According to the

pathologizing approach, gender non-conforming children suffer impairments that are evident in the manners in which they “misclassify” their own genders (Zucker, 2006, p. 544). Further, children who desire gender transition and insist (Zucker et al. (2012) do so as a “fantasy solution” to conflicts in their lives or disturbances in their psyches. Relegating alternative gender identification to a territory outside of reality, this truth claim suggests that children who fail to conform, and parents who affirm them, are mistaken and in need of correction. Answering Gergen’s question of what this knowledge makes possible, I suggest that it provides for the continued consolidation of expert authority. What it forecloses is the possibility of subjectivity: one can be gender typical or one can be disordered.

Within pathology-oriented literature, the encouragement of conformity is justified in the name of children’s best interests. Proponents of the corrective-treatment approach have cited the prevalence of violence and other potentially painful life experiences as the rationale for conformity’s being best (Green et al., 1972; Zucker, 2006). To live in a non-normative gender role, or to transition to a new gender role, is said to result in teasing and ostracism, thus children must become “comfortable” with their natal sex (Zucker, 2008). Although gender non-conforming people and their loved ones often navigate safety limits, at times forgoing visibility, it is a different matter to impose this. We hear concern for the brutal living conditions of gender non-conforming people, but we do not hear proposals for advocacy to challenge these conditions. Instead, what is made possible is the continued subjugation of gender non-conforming people in the name of their own interests. What is foreclosed is the possibility of social change.

Ehrensaft (2012) warns of the therapist who “knows too much about gender” (p. 338). In contrast, participants in this study responded to their children’s genders as subjective experiences of the childrens’, recognizing and learning this experience through relationship. What does this parenting practice make possible? By refusing to problematize their children, parents demanded places of belonging for their children, refocusing the gaze on the policies and practices of institutions. By searching out affirming communities and language, parents sought contexts in which their children’s differences could be valued. By “desacralizing” professional knowledge, they expanded our ways of knowing gender outside of medicalized discourse. By conceptualizing gender transition as a process of sense making and embodiment, they made possible a destigmatized reading of transgender subjectivity. By relinquishing authority over who their children could be, they challenged the framework of parenting-as-job and child-as-product. In responding to otherness without aggression, they opened the possibility of doing justice to difference.

Menvielle and Hill (2010) called for a stronger base in science to support the affirming approach to gender non-conforming children. This goal is likely to be a useful one, but I propose a stronger basis in justice and the concept of

recognition as a resource to help us achieve this. I have suggested that parents of gender non-conforming children who affirm their children are engaged in an interpersonal process of recognition. The philosophical theorizing of recognition further encourages us to consider these acts on a larger political stage (Taylor, 1994). Returning to Hegel's (1807/1977) concept of the intersubjective or dialogical self, Honneth (1995) proposed recognition as the mode by which to "reset" inequities and, thus, fundamentally to become an issue of social justice. If we develop our ideas about our own worth in relationship, and not in solitary introspection, then recognizing others can provide the basis, or not, for self-worth. Influenced by Hegel, Sartre (1943/1984) stated, "The road of interiority passes through the Other" (p. 236). By refusing to problematize their children, by searching for affirmation, by relinquishing authority and holding open possibilities for their children's futures, the parents in this study offered gestures of recognition, taking on roles as social justice actors.

In closing, parents of gender non-conforming children encounter substantial conflict as they negotiate their children's Otherness. For decades, a pathologizing service model has advocated clinical correction (Zucker & Bradley, 1995; Zucker et al., 2012). In opposition, some parents adopt an affirming stance toward their children. This study explored the knowledge underneath this stance, asking parents of gender non-conforming children how they know what they know. Analysis revealed a process of recognition and a knowledge of the children's needs acquired through relationship. Drawing on political philosophy and psychoanalytic theory, I argue that the affirming approach to gender non-conforming children is a non-aggressive response to the Other and a justice-based parenting practice.

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