The meaning of trans* in a family context

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Abstract: Though research into gender tranisition has grown in the social sciences and policy has turned its attention to the right of trans* people, the social and family environment in which gender transition takes place is often overlooked. Based on qualitative data from two projects in Belgium and Spain addressing the experiences of parents and children undertaking a gender transition, this paper explores the experiences of these families. First, we look into the reflective processes that take place within these families. Second, we look into the experience of stigmatisation and the relationship between trans* families and health professionals. These findings have implications for trans* families as well as for policy makers and trans health proffessionals.

Keywords: Belgium**,** families, health care, Spain, stigma, transgender, transition.

Introduction

Research on the trans* population is often limited to their medical care and mental well-being (Bockting & Coleman, 2007). The family environment in which a gender transition takes place has been historically overlooked (Hines, 2006). Neverthelless, understanding this family context is valuable for numerous reasons, as a gender transition can have an impact on the lives of family members. Also, family support has proven to be an important factor for one's well-being, both in general health contexts as in trans* care contexts. Further, the trans* population can bevulnerable, as they are confronted with stigmatisation and transphobia. Hence, a supportive family environment is not always available. It is this relevant, but often neglected family context that is addressed in this article by discussing threeissues trans* families may face in contemporary Western European societies: firstly, the meaning of being a trans* family; secondly, experiences of stigmatization; and thirdly, experiences with health professionals. We consider here two types of trans* families: families with children and youth who reveal their need to transition, and families with adults who initiate a gender transition. This article is based on the findings of two research projects: The first explored the experiences of children of trans* parents and their families in Flanders, the northern region of Belgium, in 2015. The second project considered the experiences of families with a trans* child in Spain, and their interactions with health professionals between 2010-2016.

As it gains visibility, the trans* population has become the subject of increased research activity and everyday conversation (Turner, Whittle, & Combs, 2009). Trans* people may be viewed as a gender minority who have to deal with a heteronormative society in which people are assumed to be either a heterosexual man or a heterosexual woman. Those who do not fit are subject to stigmatisation (Herek, 2007). Coming out as trans* can impact the family and create challenges to heteronormative expectations (Bertone & Pallotta-Chiarolli, 2014). These issues are apparent in the findings of both of the projects dicussed in this paper. Before discussing the findings of the research projects, we draw on findings of existing research on trans* families. We then elaborate on the methodology used in the two projects.

Making sense of being trans* in a family context

Social research on families has historically focused on heterosexual, married couples with children and family transitions such as remarriage and divorce (McCarthy, 2012). However, due to demographical and cultural changes, like among others the increase of lone parenthood, blended and stepfamilies, and the legal recognition of same-gender relationships,

the traditional nuclear heterosexual family in western societie has lost its positon as the dominant family form, resulting in new research interests regarding more diverse family forms(Ginther & Pollak, 2004). Studies of same-gender families have flourished (Weeks, Heaphy & Donovan, 2001; Epstein, 2009; Goldberg, 2010) and have been in large part dominated by the question of whether or not children growing up in same-gender families do as well as in heterosexual families. Most literature concluded that children with same-gender parents develop psychologically, intellectually, behaviourally, and emotionally in a similar manner to children of heterosexual parents (Crowl, Ahn, & Baker, 2008; Patterson, 2006). Further, sociological work on trans* practices of intimacy has considered gender transiton within family settings (Hines, 2006; Sanger, 2010). Subsequent research questions focus nowadays on the specificrelational processes and meaning-making within the increasing diversity in family forms. In other words, how do they 'do family' (Gabb, 2013; Hudak & Giammattei, 2014; Vanfraussen et al., 2003)? In line with these merging research tradition, current article intends to continue the momentum for studies of families that differ from the heterosexual norm with more flexible and egalitarian gender roles, and flexible understandings of gender and sexuality.

In line with these evolving family studies, the monolithic traditional definition of family is not used in this paper. We use a more inclusive interpretation of the concept 'family'(Allen & Jaramillo-Sierra, 2015). We refer to the relational language of family of McCarthy (2012). She states that family is more than just the sum of people living in the same household. Often family members share a sense of identity, and belonging. This togetherness can provide care and support, and is held together by ideals and emotions. However, varying understandings of relationality, personhood, and the self can be present. Consequently, different family structures are possible, with both legal and fictive kin ties (e.g., birth, marriage, adoption, chosen relationships), and both same-gender and opposite-gender couples. In this article, we acknowledge this relational aspect of peoples lives, and the importance of the interaction and experiences with significant others, as we go forward to explore gender transitions within family life.

Although witnessing the transition of someone you love can be an emotional and lonely experience, there is a consensus in the literature of the importance of family support for the well-being of trans* individuals, as well as on the quality of family life in general (Joslin-Roher & Wheeler, 2009). However, heteronormative family environments are not always well-equipped to cope with the challenges that accompany a gender transition (White & Ettner, 2007), and may need specific professional support, which is often missing (Malpas, 2011; Veldorale-Griffin, 2014). Gender transition challenges societal expectations, sometimes defying the accepted

gender role of a child or parent: for example, when a woman becomes a father (Hines, 2006) or a daughter becomes a son (Platero, 2014).

The existing research does not provide evidence for the assumptions that their children of trans* parents develop atypical gender behaviour, gender identity or sexual orientation, nor that they experience mental health problems (Green, 1978). However, children may encounter difficulties related to family conflict, peer relations, and stigmatisation (Church, 2014; Haines et al., 2014). Coming out as a trans* parent can lead to the end of the relationship, because partners might question their own sexual and gender identity trough the gender transition (Israel, 2005)

Coming out as a trans* child may challenge parents' expectations and their bond with the child. Children are regarded as always in the 'process of becoming,' unfinished entities that undergo continuous development and only become fully gendered as adults (Castañeda, 2014: 59–61). This representation creates challenges for trans* youth due to the lack of confidence in children's knowledge about themselves and their gender expression. Parents may be blamed fortheir parenting style, naming them absent fathers or overbearing mothers (Platero, 2014). The literature suggests that raising a trans* child may be stressful and is often accompanied by feelings of guilt, responsibility, and the lack of resources for parents (Kuvalanka, Weiner, & Mahan, 2014; Malpas, 2011; Riley, Sitharthan, Clemson, & Diamond, 2011), challenging parents'abilities to establish a close relationship and offer support (Brill & Pepper, 2008; Pepper, 2012; Green & Friedman, 2013).

Whether it is a parent, partner or child who is trans*, research on trans* families underlines the relational aspects of a transition. Qualitative aspects such as the quality of parenting, relationships and interactions, and the psychosocial well-being of parents, are of more importance than the family structure in determining the well-being of trans* families (Veldorale-Griffin, 2014).

In sum, we ask what a gender transition means for the family context. Further, we ask how social policy may affect theses families, especially regarding their social position and the possible stigmatisation they experience, and second, the professional support they encounter.

Stigmatisation of trans* families

Despite growing visibility, trans* people continue to be victims of stigmatisation (Haines et al., 2014), which may be institutionalised. For example, trans* parents are often discriminated against in formal custody battles (Grant et al., 2011; Pyne et al., 2015), implying that trans* parents would compromise their children's well-being (Short, Riggs, Perlesz, Brown, & Kane, 2007). Furthermore, some children might not allow their trans* parent to be seen with

them in public, or have any contact with their friends (Church et al., 2014), reporting fear of bullying as a common stress factor (Veldorale-Griffin, 2014; White & Ettner, 2004).

Out of fear of being judged as a bad parent, parents of trans* youth may struggle with adapting their child to social gender norms and with accepting atypical gender expressions (Malpas, 2011). Hence, parents of trans* youth may feel guilty, which is often affirmed by social judgments of their decisions to allow their children to explore their gender in non-traditional ways (Johnson & Benson, 2014; Kuvalanka, Weiner, & Mahan, 2014; Platero, 2014; Riley et al., 2011).

Both Belgium and Spain show similarities regarding the matters of trans* protective rights. In both countries the regional level has been relevant in introducing transprotective policy. Wereas in Belgium, the federal level is responsible for the legislative framework regarding gender recognition. The regional government of Flanders has developed additional extensive policies in order to enhance the well-being, care, and equal rights of trans* individuals. Similarly in Spain, a growing number of regions are developing nowadays both trans* specific and LGTB antidiscrimination policies, filling the gap at the central state level. In addition, when looking at Trans Rights Europe Map & Index 2017 of Transgender Europe we see that both countries have developed protective trans* legislation at about the same speed (http://tgeu.org/trans-rights-map-2017/).

Trans* care in Belguim and Spain

A third issue we address in current article is how the trans * families are affected by professional care. Despite the shift in the most recent version of the SOC7 (Standards of Care) of the World Professional Association for Transgender Health towards a more holistic approach and a wider trans* spectrum (Coleman et al., 2012), trans* health professionals' narrow focus on psychopathology and medicalization still exists (Benson, 2013). Also, the lack of availability of competent health care professionals, can be problematic (Bockting, et al., 2013; Mayer et al., 2008, see also Davy et.al. in this issue). In both Belgium and Spain, additional medical pathways and legal requirements for trans* care are demanded.

In Belgium, professional trans* care takes place within the frame of the current SOC7. At the moment of interviewing, only those who met the legal statutory criteria described in the law of 10 May 2007 on transsexualism (Belgian Government, 11 juli 2007) could register for a change of sex designation (Motmans, 2010). It is partly because of these legal medical conditions that many trans* people in Flanders eventually seek professional support. However, the Belgian governement recently approved the bill of a law which removes the medical requirement of a legal gender change. The law would take effect in 2018. In Spain, Law 3/2007 allows changing name and sex in all documents, requiring applicants to be adults and Spanish,

a gender dysphoria diagnosis and lacking additional disorders, two years of 'medical treatment' (usually hormone treatment). Transgender people of advanced age or poor health are exempt from that last requirement. For those under 18, gender reassignment is only granted under court ruling, based on individual circumstances; most Gender Identity Units are reluctant to treat youths and hormone blockers are only accessible in some regions.

Methodology

Based on life stories of both adults and children, with a relatively small number of cases (Belgium: 28 respondents; Spain: 30 respondents) and some young research participants under 18 years old, both research projects used a methodological framework rooted in grounded theory and related symbolic interactionism. We adopted an open interview method, in which meaning emerges through social interaction (Jeon, 2004). Thus, the children's and parents' descriptions of their experiences, concentrating on the processes of making meaning of their gender expressions and transition, is the focus of the research. In both projects, specific ethical considerations were taken into account with special attention to researching children. All the children were considered knowledgable experts about their own lives (Clark & Moss, 2001; Mayall, 2000) and reliable informants (Einarsdóttir, 2007). The researchers developed an interview protocol including an informed consent form for both children and parents. In the Belgian project, this was approved by the Ethical Committee of the University of Antwerp, whereas in the Spanish project the ethical care was negotiated with the Spanish organizations of families with trans* children.

Data collection and analysis

In the Belgian project, an open call for participation was distributed among various LGBT, youth and family, and civil society organizations, clinical practitioners in transgender health care, and through social media. Before the interview, each of the participants received a written explanation of the purpose of the research and an information form was signed. The participants were given the opportunity to reread the transcript of their own interview and make adjustments if required. The interviews lasted between 40 and 95 minutes. The in-depth interviews were supported by a topic list including several subthemes. In line with the grounded theory approach the topic list was used as a support for the interviewer, not as fixed structure of the interview process itself (Charmaz, 2006). All interviews wererecorded and transcribed, and all transcripts were analyzed using the software program Nvivo. As the interviews touched upon a wide range of topics and experiences, they were first open coded using a bottom-up approach in which codes were formed through a reading and analysis process (Starks & Trinidad, 2007). These codes provided the information needed for the analysis of the participants' discourse.

In the Spanish project, interviews with children younger than eight years old adopted the form of playing as an on-going conversation (Gollop, 2000). Children were engaged in activities like playing with toys, paper and crayons, going to the park or looking at drawings they had created (Brooker, 2001; Parkinson, 2001). Children were asked to talk about themselves, their family and friends at school, their favorite toys and their future goals. These interviews were recorded, transcribed, and analyzed using codes of themes, which identified relevant events, explanations, and participants' attributions. The interviews took place at their residence and surrounding. 5 interviews took place around NGOs' events. The goal was to perform an analysis of the discourses, taking into account the on-going process that families with trans* children were experiencing in Spain, since they were becoming a new social movement that was very active in the political scenario. In the interviews, children and parents described their experiences, relationships with siblings and family members; and the role played by schools, professionals, LGBT public services, and NGOs, concentrating on the processes of making meaning of their gender expressions and transition.

Sample

In Belgium, 13 children (2 sons and 11 daughters) and 15 parents (7 trans parents and 8 partners) from 9 different family situations were interviewed. 2 of the 13 children were step-children, all others were birth related to the trans parent. The youngest child was 9 years old and the oldest was 26 at the time of the interview; all of them were under 18 years old when their parent started transitioning. A gender transition was in this research defined to be a change in social gender role, with or without medical intervention. Hence, the sample consists of children a broader group of trans* individuals, not only transsexuals, who'came out' as trans* once they were already taking up the parental role. Of the 7 trans* parents, 2 were men and 5 were women; their partners comprised 1 man and 7 women. Out of the 9 family situations, 6 parents were living together and 3 couples were separated. 8 family situations could be identified as heterosexual before the transition and as same-gender at the time of the interview, while one couple could be identified as same-gender before the transition and heterosexual at the time of the interview.

In Spain a total of 15 parents and 15 children were interviewed between 2010 and 2016, with participants living in different regions; there were 9 mothers and 6 fathers (7 were separated and divorced), between the ages of 35 and 56, including a Roma[1] family, a lesbian family, a

[1]Roma is the term commonly used to describe the largest ethnic minority in Europe, although it encompasses diverse groups (European Commission).

Latin American family, and a family with a disabled person. Their children, 9 daughters and 6 sons,were between the ages of 5 and 19.

Enacting trans* families

A key issue that emerged was the extent to which a gender transition is an individual or a family process. In some cases, a transition could be seen as an egocentric act and lead to distress among family members. Ann perceived her trans* partner as self-absorbed, especially in the beginning of the transition, but conceded that 'it has to come out after all these years'. In another family, however, the partner was the main supporter in the transition process:

> I experienced it as a family process. Of course to keep me alive. In moments when I had doubts about continuing the transition process, because I was reluctant towards the surgeries, it was my partner who said: 'It's part of who you are'.
>
> –Yves, trans* man, parent of two sons, 12 and 9 years old.

Reflective processes within families could be related to both the aftermath of a transition and to parenting roles. All parents pointed out that their children's transition revealed important insights into their parenting role; as one mother stated: "having a trans* daughter has made me challenge my own gender performance, questioning myself in ways I had never suspected". A cisgender parent highlighted the necessity of this reflective process in terms of the parental role of her trans partner:

> It's your duty to reflect on your transition as a parent. Of course you do not have to problematize it (…) But you are responsible that your child's family situation is deviating from the norm. You can see that as a richness, but it still and will always be different.
>
> –Margot, partner of a trans* man, mother of two daughters and a son, 16, 14 and 3 years old .

All families in both projects reflected similar processes, acknowledging their need to be critical about their parental role while being aware of the many obstacles each family member was facing. Being trans* in a family context facilitates non-traditional gender roles, which were regarded as something positive by most families. Some children, especially teenagers with a trans* parent, had the need to redefine their relationship to account for its departure from heteronormative expectations. Charlotte, the 19-year-old daughter of a trans* woman, perceived it this way: There is a fundamental difference between "father" and "dad." "Father" is the sperm; no matter what, you can't change that. That's how it is. "Dad" is the man at home, and he is not here; that is "Pipa," but she is still my father." Often children needed to come up with their own explainations and vocabulary to name what they were experiencing, sometimes also creating their own words (Platero, 2014), sometimes ahead of their ages, acquiring specific vocabulary.

For everyone, recognition of the trans* person's gender identity was crucial: accepting the family member's gender was seen as the turning point where relationships evolved and

families could come up with strategies to face external challenges. These experiences created stronger bonds, helping the families develop resilience while coping with transphobic reactions.:

> Once we were at a park and he started playing with a little girl, who came to ask me what was her name? I didn't know what to say... My daughter told her that she could not remember her own name. I replied, she is Leila, and she smiled at me. I hadn't given her away.
>
> –Fernando talking about his 7-year-old trans* daughter.

Some trans* parents found acknowledging their past gendered parental role difficult after transitioning to the opposite gender. Discussions about when children could call them 'dad' or 'mom' or a new parental nickname illustrate the negotiation of their 'new' gender expression. Lauren, the19-year-old daughter of a trans* woman, insisted on using 'daddy': "When we go out that sometimes makes it difficult, thinking, 'How do I address her?' At home I just use 'daddy.' I think that's also a reason why I never doubted our relationship." Trans* parents were aware that their relative parental role had to be accepted, especially regarding the identity of the child:

> Maybe they don't see me as a male daddy. I'm still their daddy. I'll always be their biological father.
>
> –Alice, trans* mother of two sons, 10 and 8 years old

For some, scientific knowledge on trans* topics, such as the idea of gender identity disorder, could facilitate acceptance of the gender identity of their loved one. All families reported searching for information on transgenderism on the Internet, highlighting the lack of childhood and parenting resources. Some trans* families were searching for normative knowledge on trans*, such as religion and sciencitific knowledge. Violeta 's 6-year-old trans* daughter asked herself: Who's to blame for what's happening to me? The doctors? God?"

Some families emphasized the different emotions they went through while facing the shock of having a trans* child: surprise, fear, disappointment or even mourning as they became aware of previous expectations that could no longer be fulfilled. A mother of 9 year-old trans* boy described it as mournig when she learned her daugther was actually a boy.

Sometimes these emotional processes led to hypothetical musings about what it would have been like if their loved one were not trans*. Some family members could have nostalgic feelings abou the past. Nonetheless, having a trans* family member could have noticeable positive effects. Former mental health problems caused by feelings of gender incongruence could pass, and result in a more balanced family life:

> My daughter was expelled from three different boarding schools; she was always full of anger. It wasn't until I accepted him as Samuel that we started to have a better relationship.
>
> –Teresa, mother of a 19 year-old trans* son.

Lucas, a 12-year-old, wished his trans* parent had decided to come out and transition earlier, expressing that the suffering left its marks on his parent's well-being. Furthermore, family members experienced the impact of a gender transition on an individual level in their own lives. Eric, partner of a trans* man and father of two sons, expressed the hope that the transition taught his children to be tolerant of anything that deviates from the norm. For some adults, the experience with their trans* children facilitated new engagements as they became leaders of a social movement of families with trans* children. The transition opened their minds to new social realities.

Parenthood could also be a motivator to start the transition, since the involvement in family life raised awareness of one's gender identity. Two trans* men who had given birth found that parenthood had made them more aware of their gender identities; at some point they had both had the feeling that they were not 'real' mothers. As described by Lennert, a trans* man and the parent of a 2-year-old son and of two stepdaughters (16 and 14 years old): The presence of [my son] supported me in taking that step [to start the transition]. Because of him, I was more aware of it. He would come home from kindergarten and say,"Daddy." I would normally be the mother. I was already confused and it made it even more confusing to have that little boy see me as a daddy.

In sum, identifing as trans* may cause several changes in the familiy relationships, including challenges to heteronormative expectations and family roles. These changes were sometimes deeply emotional, challenging and even problematic, but also positive and empowering. Also, above experiences make clear how trans* families deconstruct family processes and kinship formations, and build new ones trough social practices, adapted to the trans* identity of loved one. Individuals are linked to each other biologically, socially, intentionally and/or legally and theses different ties and relationship are not always corresponding with each other. Hence, there is a gap on the one hand between the daily practices of these families who deviate from the traditional family norm, and on the other hand, the knowledge and and information available, the general attitudes towards these families and the accommodating social and legal framework. This inadequate frame of trans* parenting families may affect conflict situations, such as divorce and separations in which authorities are not taking acknowledging the real identities of trans* individuals and their relationships with their loved ones and family members.

Stigmatisation

Because heteronormative expectations conflict with the idea that a person could be trans* and still have a possible future in a family, a second common experience in both research projects was stigmatisation. The stigma sometimes manifested as refusal to acknowledge the child's trans* experience, at times denying these behaviors and waiting for them to pass. One

couple wished they could use different words other than transgender for their daughter. Some parents had engaged in some degree of denial until the child's behaviour made professionals and other family members became aware of their suffering. Some were 'child-taught parents' – parents who choose to follow their child's lead (Hill &Menvielle, 2009); what they learned in the process of finding professional help and contact with other families was crucial to making sense of their experience.

Some families had outspoken negative reactions. One mother reported receiving little support from school management and having to make difficult decisions, such as moving to the countryside and allowing her teenage son to stop attending school. Many children with a trans* parent reported strangers staring or even shouting when they were accompanied by their parent, as well as being asked insulting questions:

> First, he was still living as a man, but, for example, he was wearing a handbag and other more female stuff. That was a very weird period, because it was also very difficult for us to go out. When we went out people started talking about it to us or yelled: "You dirty gay!"
>
> –Kim, 18 year old daughter of a trans* woman

Despite reporting negative experiences expressed by strangers like the one above, most children with a trans* parent expressed that they *never* experienced bullying or hostile reactions of close acquaintances. Ellen, a 19-year-old daughter of a trans* woman, was surprised by the positive reactions of her friends. She admitted to being more worried about the reactions of others than about the transition of her parent itself.

Several protective factors were identified, such as the social environment of the family. Parents often prepared their children by introducing them to safe environments first, as well as to friends who were trans* allies. Children preferred to manage their 'outing' as trans* or children of a trans* parent themselves. Some families preferred an abrupt, low-key disclosure without too much "fuss," while others preferred a conscious step-by-step disclosure:

> I know how to tell people. It is like a 'trust ladder'. First I will tell you, you are the one I love the most, then my brother. Later dad and everyone else… So when I go to school dressed like a girl, everyone will know.
>
> –Jesse, 6 year-old trans* girl.

Stigmatisation can also be related to trans* visibility and the possibility of passing. Moreover, trans* teenagers reported being more at-risk of bullying compared to younger children. The negative outlook of a trans* future motivated some parents to become activists, while others'own transphobia prevented them from supporting their children:

> My ex-husband had a hard time with his own gay brother, and our child felt this rejection. My daughter was afraid that her father would find out he was a girl; I had to put a stop to her suffering.
>
> –Susana, mother of an 8 year-old trans* daughter.

Subjects reported that their own attitudes regarding the transition process had an influence on others' reactions. If families did not portray their loved one's gender transition as a problem, others would notperceive it as a problem. Being part of a family can have a culturally normalizing influence (Haines, Ajayi, & Boyd, 2014) and promote acceptance of others, leading to a milder social environment. Ann, partner of a trans* woman and parent of two children, experienced how the presence of their children could reverse some initially negative feelings toward her trans* partner. It was noteworthy that the family context occassionally acts as a buffer against severe social stigmatisation from the social environment outside the family.

Although gender fluidity increasingly finds its way in the broader mainstream discourse, above observations show how a gender transition still challenges the essentialist understanding of the gender binary model in mainstream society and how it affects family members. Respondents were often saved from harsh transphobic physical violence, however, all respondents had encountered trans* negative experiences, mostly staring by strangers, inappropriate questions, and verbal insults. It was notable that respondents themselves minimised these experiences. These observations make clear that trans* negative behaviours are still normalised. Although both Belgian and Spain have developed a protective legislative framework and antidiscimination laws toward trans* individuals, the underlying heteronormative assumptions and binary gender roles are challenging trans* families. In a liberal democracy where freedom of expression is highly valued, it is essential that manifest transphobic behaviour is disallowed. We come back to this in our conclusions.

Experiences with healthcare professionals

A third common experience in both research projects were several critiques toward healthcare professionals. Most trans* parents received care by a multidisciplinary gender team and sought additional support fromother mental health professionals. Half of the Belgian families expressed mixed experiences or inadequate assistance from these professionals. These families criticised the narrow focus on medical aspects, as well as the lack of contextual support, long-term follow-up, and family therapy, which the professionals did not offer by default:

> To look at it in a contextual way, in order to maintain all those relationships and connections between people… I don't think that happens enough.
>
> –Reine, trans* woman, parent of a daughter, 26, and a son 24.

Consequently, these families searched for additional psychological counseling and had difficulty finding a professional trained in trans* families, leading to frustrations and misunderstandings. This was not different in the case of families with trans* children, who were confronted with reparative therapies. All families with trans* children had negative experiences with mental health professionals, stating that "often professionals knew less than themselves about trans* issues." Having bad experiences conditioned the families' later contact with health professionals, sometimes leading to painful situations. For example, two couples painfully experienced the common belief among mental health professionals that a relationship cannot survive a gender transition. A trans* women and parent espressed it this way "The therapist did not get gender dysphoria at all (…). At one moment she was guiding my partner towards a divorce!".

Children of trans* parents were not happy overall about how therapists addressed trans* families. Kim, a daughter of a trans* woman, felt that health professionals do not always acknowledge the feelings that come along with a gender transition: "You can be a transgender specialist, but you cannot understand how it feels when you are not in the situation."A young participant further highlighted this lack of awareness:

> The doctor keeps on asking me if I am ok about my body. If you ask someone enough times, you start thinking you are not.
>
> –David, 17 year-old trans* youth.

The gatekeeping role of psychiatrists mentioned in previous literature was an issue for some respondents. Two trans* people thought the gender transition, due to the protocol followed, was too slow. However, several family members felt this built-in delay in the protocol gave them time to find acceptance. Yves, a trans* man and parent of two sons, pereceived it this way: "For the children the surgeries happened quite suddenly. But for me it was slow enough.". The Spanish families perceived the gatekeeping role of psychiatrists as more negative and coercive; at first,professionals refused to treat minors and, more recently, started demanding that parents attend therapy in order for their chidren to be treated.

> Not only do psychiatrists want to supervise the identity of our children. They are also trying to declare us uncapable, threatening to take away custody and making us pass a psychiatric exam to certify that we are capable parents.
>
> –Saida, mother of a 9 year-old trans* daughter

Some of the families interviewed were members of the Spanish organizations of parent of trans*'s children, taking this critical perspective on heathcare, education, and awareness raising actions. These organizations have become organized in the last 5 years, being invited to

the discussions on trans* specific and antidiscriminatory policies for transgender people, that have been passed in several regions.

Lastly, families could face more practical barriers, Spanish families highlighted regional differences in both access to services for their trans* children and protocols for changing names and receiving hormone blockers. Few families in densely-populated Belgium complained about regional accessibility.

Both the experiences in de Belgian study as in the Spanish study show there is still room for improvement in the field of trans* gender health care, and in particular, the contextual support. First, the rather paternalistic informed consent approach often appear to be still present in trans* health care, both for children as for adults. The result is that trans* health care does not always correspond with the needs of trans* families. Second, awareness regarding the family context is not always present among trans* health professionals. Support for family members is not always available in certain regions, or not adequate. We plead there for for trans* health care that sees the trans* person as a client searching for support, psychosocial or medical. Not as a patient in need for treatment and a fixed care protocol.

Conclusions

Our aim in this paper was to shed light on the experiences of trans* families, using data from two different research projects to demonstrate the similarities between families with trans* children or trans* parents. First, we observed that family is the main social scenario in which individuals construct their identity. A gender transition can be a challenging process for trans* families and can cause a variety of emotions among family members. Individuals develop a reflective process, in order to give meaning to the their changing situation. In regard to these findings, we refer back to the relational language of family of McCarthy (2012). Belonging and togetherness are important aspects of someone's identity. This is not less the case when somebody is trans* and starts to transtion. A transtion in shaped by its relational context, which is formed through social interaction. Being trans*, to consider and/or start a gender transition does not only affect the trans* individual, but the people surrounding the trans* person as well. Family members are not passive bystanders. They influence the transition process themselves.

Further, trans* families are families who deviate from the traditional perception of 'the family'. Perlezs and colleagues stated that "Viewing 'family' through a lens provided by those on the margins and those in the process of experimenting in new ways of 'doing family' invites us to locate and critique our own ideas and practices in our work with families" (Perlesz et al., 2006). Current studies may challenge our own discourses around family and ask ourselves as acadmeics, professionals, and as policy-makes to which extent trans* families in this research challenge our beliefs and norms about family? To which extent are these traditional and

heteronormative beliefs still dominant in our field? Now that same-gender marriage and adoption are legal and discrimination based on gender identity and gender expression have become illegal in several European countries, the challenges in these countries need to shift to new frontiers as public perception and legal concepts around parenthood and family seem to lack behind.

A second issue that trans* families face are the the reactions by significant others and the wider social environment. Over the past decades, there has been a growing awareness on gender diversity. However, negative reactions were a common. On the one hand, the social position of trans* individuals and others challenging the gender binary can be protected by a strong legal framework, which is present in both Belgium and Spain (Belgian Government, 2014). However, a strong legal framework alone appears not sufficient to protect trans* individuals and their families. Policy interventions that are more proactive seem necessary. Research have shown that diverse social contacts combined with education and knowledge construction lead to more positive attitudes between social groups and reducing intergroup prejudice (Christ et al., 2014; Herek & Capitanio, 1996). Consequently, we argue that first, greater visibility of gender diversity in media, politics, and mainstream popular culture is needed. Second, establishing diverse social environments combined with adequate information in the workplace, classroom, popular media, and sports is also essential to enhance and protect the position of both trans* and non-binary people and, not to mention, all the gender diversity within these groups. Real acceptance of gender diversity can only be achieved when the dual female/male boxes are critically questioned and alternative narratives regarding gender identity are offered.

Thirdly, despite the attention to the familial context in which a gender transition takes place in the most recent SOC (Coleman et al., 2012), trans* care seems still lacking a contextual approach. Professionals who have an understanding of trans* families are not always available. Those who are avalaible have not always knowledge or experience about the family context. A contextual, family approach could be an important amelioration in the existing trans* health care. However, this family friendly trans* support was not always available for our respondents.

In this article we have moved away from heteronormative and transphobic problematization of trans* families. We hope this inspires future researchers, policy-makers, and anyone who works with trans* families to approach them as they would any other family, as well as taking into account their specific needs. Like other family processes, a transition can mean the starting point of individual reflections on identity and lead to both troubled and improved family relations. Second, transphobia is common in contemporary Western societies and embedded in a wider gender binary social system that oppresses those who deviate from

this heteronormative norm. To enhance the well-being of trans* people and their families, these persistent values and norms regarding gender should be questioned. Third, this article challenges the prevailing pathologising focus among professionals, policy-makers, and public opinion on the gender transitions in which questions about physical and medical traits are dominant. Often trans* individuals have been considered "impossible subjects" (Spade, 2011), an error that "require[s] surveillance," or an idea that impacts the intelligibility of their experiences. This dominant pathologising focus is problematic, as the trans* person is seen as a patient and the relational aspects of one's identity are ignored. This study is limited due to its modest samples; it was not possible to make general comparisons that took into account the possible differences ascribed to the gender, marriage status, household composition, educational level, or age of the subjects. Further research has several prospects for exploring new insights into the impact of these intersections and differences.

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