

**Parents' Coping Experiences during Gender Transition of their Transgender and
Gender Non-conforming (TGNC)
Adolescent or Adult Child in the Hong Kong Chinese Context**

by

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Statement of Originality

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WAN, Hau Man (Kaspar)

August 2019

Abstract

Transgender and gender non-conforming (TGNC) individuals refer to people whose gender identity and/or gender role, and gender expression differ from gender norms associated with their sex assigned at birth. Previous findings suggest that family acceptance and support are crucial to the mental health and adjustment of TGNC persons. However, TGNC persons' parents also encounter distress during the gender transition of their child. The purpose of this study was to describe the essence of parents' coping experiences during the gender transition of their TGNC adolescent or adult child. Using the qualitative methodology of phenomenology, a total of 14 in-depth face-to-face interviews were conducted ($N = 14$), including 8 parents of TGNC adolescents and adults, 3 TGNC adults and 3 helping professionals. All adolescent or adult child of the parent informants had disclosed to their parents their TGNC identity and desire to undergo a gender transition. At the time of data collection, the adolescent or adult child had started undergoing a gender transition socially and/or medically. The age range of the adolescent or adult child was between 14 and 45 years-old. The children of three parent informants were trans women or female-identified TGNC persons. The rest of the parents had trans man child. A non-binary identified TGNC person was recruited to provide insights, as the researcher was unable to recruit parent informants of non-binary identified persons. Expanding on the framework of relationship-focused coping and other supplementary lenses, a theoretical framework emerged during data analysis. The findings on parents' coping experiences were divided into primary and secondary levels. Primary level experiences referred to the experiences related directly to the TGNC adolescent or adult child's gender transition, such as the change of their child's name, appearance and physical body, and issues within the parent-child relationship and immediate family relationships involving other parent(s). Secondary level experiences referred to the experiences resulted from their child's gender transition, such as dealing with extended

families and social environment. Based on the present findings, parents' stress and coping experiences were mostly related to their child's gender transition, i.e., at primary level, and were categorised into nine major themes as follows: i) empathic responding, ii) active engagement, iii) denial and opposition, iv) disengagement, v) compromise, vi) protective buffering; vii) detachment, viii) seeking emotional support (or lack thereof) for themselves, and ix) ambivalent behaviours. Secondary level coping was categorised as the tenth major theme. The characteristics of the parent-child relationships, such as parent-child closeness, were found to be salient aspects in parents' coping experiences and adjustment process. Parents' coping with the social context involving multiple interpersonal relationships was also revealed. The findings of this study contribute to the knowledge of TGNC persons and their families, especially in East Asia and the Chinese context. It also informs helping professionals in the emerging trans-affirmative practices to enhance adaptive adjustment for the under-studied group of parents, TGNC persons and their families.

Keywords: parent, coping, transgender and gender non-conforming, relationship, gender transition (maximum 5 keywords)

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List of Abbreviations

AFAB	Assigned Female at Birth
AMAB	Assigned Male at Birth
DPM	Dual Process Model
GAS	Gender Affirming Surgery
RFC	expanded framework of Relationship-focused Coping
SRS	Sex Reassignment Surgery
TGNC	Transgender and Gender Non-conforming

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Introduction

This is a qualitative study adopting a phenomenological approach to understand the coping experiences of parents during the gender transition of their Transgender and Gender Non-conforming (TGNC) adolescent or adult child.

The research goals consist of the following 3 aspects:

- 1) To understand the stress and coping experiences of parents during the gender transition of their TGNC adolescent or adult child. How do their experiences change with time, if any?
- 2) To inform social services and caring professionals to support parents of TGNC persons and their families.
- 3) To give voice to this under-studied and invisible group and contribute to the knowledge gap in family and TGNC studies, especially in the Hong Kong Chinese context.

The research questions of this research study are:

- 1) What is the essence of parents' coping experiences or strategies during their TGNC adolescent or adult child's gender transition? This question is divided into four aspects and the essence is identified in terms of:
 - a) The perception parents had of their child's TGNC status, and if they are accepting or not

- b) The changes emerging from their child's gender transition, such as their child's physical change
- c) Their parent-child relationship and relationships with others, such as extended families; and
- d) Parents' adaptive and maladaptive coping strategies for the well-being of themselves, their child, their parent-child relationship and family relationships

In this thesis, the theoretical frameworks would be reviewed in the Literature Review chapter, followed by the research design and a description of the research journey in the Methodology chapter. In the Results chapter, the findings from data collected through in-depth interviews are categorised and elaborated through the lens of a new and emerging framework, based on an expanded model of Relationship-focused Coping (RFC). The different aspects of the framework, such as the coping strategies parents adopted and some of the characteristics of the parent-child relationship being determinant factors for parental coping strategies, are discussed through the lens of the emerging framework in the Discussion chapter. Some other findings, as well as the significance and limitations of the study, and future research direction are also revealed in the Discussion chapter.

The significance of this study includes the following:

- 1) The first study on the coping experiences of parents of adolescent or adult TGNC child in East Asia and Chinese context.

- 2) The study highlights the importance of the parent-child relationship aspect in the parental adjustment process and coping experiences.
- 3) The study reveals parents' coping experiences in a social context involving multiple relationships.
- 4) The study informs helping professionals of parental experiences and needs during the gender transition of their TGNC child, and these professionals could provide useful interventions to support parents, TGNC persons and their families.

Literature Review

Definition and the Research Background

Prejudice and Stigma towards Transgender and Gender Non-conforming (TGNC)

Persons in Hong Kong

In Hong Kong, Transgender and Gender Non-conforming (TGNC) persons have long been stigmatised, socially and economically marginalised and regarded as deviants against cultural and social norms (King, 2008; Ma, 1997). People often relate transsexuals/transgender persons who are assigned male at birth with transgender sex workers or cabaret performers in Thailand and referred them as “yen yiu” (人妖), literally translated as ‘human monster’ in Chinese, who should be limited from certain rights, such as marrying as their identified gender, or rejected by others, including in school, working environment, family members and friends (Kwok & Kwok, 2017; King, 2008; Winter, Webster, & Cheung, 2008; Winter, 2011). They are also seen as “bringing shame to parents and ancestors” (Ma, 1999, p. 87). Importantly, rather than shaming the family, some transsexual persons may decide to delay their gender transition until the death of parents (King, 2008). Therefore, it can be expected that the identity and gender transition of TGNC persons, such as trans woman and trans man, would bring about great tensions in the family.

Definition on Transgender and Gender Non-conforming (TGNC) Persons

Transgender and gender non-conforming (TGNC) refers to a group of people whose

gender identity and/or gender role, and gender expression differs from gender norms associated with their sex assigned at birth (American Psychological Association, 2015a, 2015b; Katz-Wise, Budge, Orovecz, et al., 2017). It includes a diverse group of people who have cross-gender identification and/or expression, such as trans man and trans woman, and those who identify and/or express themselves out of the gender binary, such as agender and genderqueer (Budge, Katz-Wise, et al., 2013; Katz-Wise, Budge, Orovecz, et al., 2017).

Although various definitions exist regarding the term transgender and gender non-conforming and the sub-groups under it (see appendix A), this study will focus on the experiences of parents with TGNC adolescent or adult child whose *gender identity* differs from their assigned sex, and who have started undergoing gender transition. Cross-dressers whose gender identity are the same as their assigned sex are excluded. In this regard, gender non-conforming persons refer to persons with non-binary gender identity, as distinct from transgender persons having a stable, explicit binary/cross-gender identity (see also Brill & Pepper, 2008).

Gender Transition of TGNC Persons

Gender transition is the process some TGNC persons go through in order to develop and live a gender role that is more aligned with their identified gender and which differs from their sex assigned at birth (American Psychological Association, 2015b). It may involve social transition and/or medical transition, and the duration and extent of transition varies

from person to person. Social transition includes changes in name, pronoun, gender expression (e.g., clothing and hair-style), social role and the corresponding gendered relationship, and legal gender marker. Medical transition includes the use of hormones and/or surgery. It applies only to TGNC adolescents and adults just prior to and after the start of puberty, and the transition requires a formal psychiatric diagnosis of Gender Dysphoria (American Psychiatric Association, 2013; The World Professional Association for Transgender Health, 2012).

Difficulties Encountered by TGNC Persons During Gender Transition

Gender transition exposes the gender variance (i.e. gender identity and/or gender expression) of TGNC persons and draws them to stigma, discrimination, victimisation, harassment or exclusion from schools, workplace, healthcare settings, and public and business institutions and systems (Grant et al., 2011; Katz-Wise, Budge, Orovecz, et al., 2017; Veale et al., 2015). The TGNC identity and gender transition can also cause conflict, confusion, and stress within the family of TGNC persons (Malpas, 2011; Norwood, 2013b; Wahlig, 2015; Zamboni, 2006). In a study conducted by Grossman, D'Augelli, Howell and Hubbard (2005), over half of the TGNC youth participants encountered negative reactions from their parents due to their TGNC identity and gender non-conforming behaviour, including verbal and physical abuse. Notably, parents discouraged TGNC persons' gender non-conforming behaviour and attempt for a gender transition (Budge, Katz-Wise, et al.,

2013; Grossman et al., 2005), regarding them as problems and might seek counselling and professional help to change them (Lev, 2004).

Difficulties Faced by Parents During Gender Transition of Their TGNC Child

In the process of gender transition, parents may have a range of reactions and emotions towards the identity and issues related to the TGNC status of their child, including shock, anger, a sense of loss, anxiety, and helplessness (Joan, 1999; Menvielle & Tuerk, 2002; Lev, 2004; Wren, 2002). The gender variance of their TGNC child may have conflicted with their general perceptions of sex and gender, and their corresponding expectations on their child (Joan, 1999; Kuvalanka, Weiner & Mahan, 2014; Rahilly, 2015). When their TGNC child goes through a gender transition, parents have to cope with issues related to the fading away of their child's assigned or gendered identity/status, as well as their child's new or emerging gendered identity/status, or the changes resulted from this transformation. For example, parents with a child assigned as male may feel that they have lost a son when their child reveals a gender identity as a female and desires to undergo a gender transition. Parents may worry that others would laugh at them (Joan, 1999) or blamed them for their child's TGNC status (Johnson & Benson, 2014). Also, parents may have different views towards the gender variance of their child, which would likely affect the spousal or other family relationships (Coolhart, Baker, Farmer, Malaney, & Shipman, 2013; Johnson & Benson, 2014). In the process of gender transition, parents of TGNC *adolescents and children*, may be more crucial

than those of TGNC *adults*, as the former have to cope with their child's developmental transitions, the school environment, family relations, and stigma from the community. In the face of transitions, these parents are required to make timely decisions, such as negotiating with school policies or moving homes (Kovalanka et al., 2014). They are also involved in the decision-making process of medical transition for TGNC adolescents (Coolhart et al., 2013). Parents may worry about the physical and mental health of their TGNC child, and struggle with the uncertainties as to whether their decisions can secure their TGNC child's long-term well-being, safety, and happiness (Gray, Sweeney, Randazzo, & Levitt, 2016; Katz-Wise, Budge, Orovecz, et al., 2017). Consequently, the gender transition of TGNC persons could cause much stress to their parents emotionally and practically on a daily basis.

Parents' Stress Relevant to Gender Ideologies in the Chinese Culture

Confucianism is a philosophical and religious school of thoughts influential to the Chinese culture (Ruan, 1991a; Ruan & Lau, 1997). Individuals are expected to conform to their assigned roles, such as those in the family, in the society, and in line with their biological nature. Gender roles as men or women in the family (such as husband or wife, son or daughter) and the society are distinct and are expected to be strictly conformed by the people (Ruan & Lau, 1997). In addition to gender roles, filial piety is regarded of prime importance and having no descendants to pass the family line is condemned as the worst unfilial conduct (Zhang, 2014). As such, parents have preference over a male child, and male-

to-female transgender persons are being regarded as “a shame and humiliation by transgenders, their family, and the general public” (Zhang, 2014, p. 182).

A community study conducted in 2017 revealed that nearly 40% of 853 Mainland Chinese informants who had disclosed their TGNC identity to their parents and guardians were being totally rejected, 36% being partially accepted, and 14% being accepted by only one of the parents or guardians (Wu et al., 2017). In the same study, among 1640 informants whose parents or guardians knew or guessed the TGNC identity of their child, only 6 have never experienced any domestic violence from their family members due to their gender non-conformity. Trans women reported higher rates of rejection and worse experiences of domestic violence, in terms of intensity of violence and frequency (Wu et al., 2017). These findings highlighted parent-child psychological tension in the face of children’s TGNC status.

The Tensions Within Family of TGNC Persons in Hong Kong

An extensive review of the literature has revealed no study has focused on families of TGNC persons in Hong Kong, except a few that centred on transgender/transsexual persons in which family dynamics were briefly mentioned (e.g., Cheung, 2011; Ma, 1997, 1999). The studies on transgender/transsexual persons in Hong Kong have started in the medical setting similar to that in the Western countries, as transsexuals have emerged with the availability of gender affirming surgery (GAS; previously known as sex reassignment surgery; SRS) and pertinent assessment at the public hospital since 1980s (Ma, 1997, 1999; Ko, 2003). Although

it is common to find adult children living with their parents in Hong Kong due to high accommodation costs (Winter & King, 2010), Ma (1997) stated that 40% of the 42 transsexuals she encountered at the Gender Identity Clinic had poor relationships with their families. Most of them had cut ties with their families and lived separately, and a few had avoided interactions with their families. Notably, a father was reported to have beaten his assigned male/trans woman child and thrown away all the female clothes of his assigned son/trans woman child, and a mother tried to persuade her assigned female/trans man child to “only be a lesbian” instead of undergoing GAS/SRS (Ma, 1997). In Cheung’s (2011) research, two informants said they were prepared to give up their families if their families would not accept their decisions for GAS/SRS. However, one of the two families became more accepting after a second suicide attempt of the informant. Based on these findings, much tension and negotiation between family members and TGNC persons have been stimulated around the issues of gender transition, especially related to GAS/SRS.

What is more, the social stigmatisation and marginalisation encountered by TGNC persons often lead to adverse mental health and well-being (Ho, 2015; Kwok & Kwok, 2017; Winter, 2011). Notably, a few suicidal cases have been reported in the media over the past two decades (Emerton, 2004; Yi-cheng, 2017). As such, it is reasonable that parents have a lot of concerns or worries over the decision of a gender transition of their TGNC child. The negative attitudes and perceptions towards TGNC persons from society may also affect

parents' initial understanding and reactions upon the discovery/learning of their child's gender identity.

Research Gap Based on the Current Literature

Literature in the International Context

Emerging research has been conducted in recent years on the experiences of parents of TGNC persons, including their reactions and family dynamics during the adjustment process (e.g., Ellis & Eriksen, 2002; Emerson & Rosenfeld, 1996; Gold, 2008; Hill & Menvielle, 2009; Lev, 2004; MacNish & Gold-Peifer, 2014; Malpas, 2011; Wren, 2002), their needs and how those needs are met (Riley, Clemson, Sitharthan & Diamond, 2013; Riley, Sitharthan, Clemson & Diamond, 2011a, 2011b, 2013), their experience at the psychological and medical service provision with their child (e.g., Coolhart et al., 2013; Edwards-Leeper & Spack, 2012; Vance, Halpern-Felsher, & Rosenthal, 2015), the stigma from other people towards the parents (Gray et al., 2016; Johnson & Benson, 2014; Kuvalanka et al., 2014), their perceptions on gender and gender identity (Rahilly, 2015), their perceived trajectories of their TGNC child (Katz-Wise, Budge, Orovecz, et al., 2017), and how their experiences differ from those of parents of gay, lesbian and bisexual (GLB) persons (Field & Mattson, 2016).

Despite an increasing amount of research covering the concerns of parents of TGNC persons, they are mostly conducted: i) with parents of TGNC children and adolescents (e.g., Gray et al., 2016; Kuvalanka et al., 2014; Meadow, 2011; Wren, 2002); and ii) in Western

countries, such as the United States (e.g., Katz-Wise, Budge, Orovecz, et al., 2017; Field & Mattson, 2016), the United Kingdom (e.g., Wren, 2002), Spain (Platero, 2014) and Australia (e.g., Riggs & Due, 2015). Few studies have been conducted with parents of TGNC adults, particularly in Asia or Chinese contexts. Given the potential concerns and stigmatized experience pertinent to parents of TGNC adults in Hong Kong (e.g., Cheung, 2011; Ma, 1997), it is vital to identify specific parental stressors and coping mechanisms to inform researchers and practitioners aiming to enhance parents' mental health and family relationships.

Emerging Concerns in the Chinese Context

In Hong Kong, the social awareness of TGNC persons has increased in recent years. Practical support has also increased, as reflected by the set-up of a specialised clinic in a public hospital in October 2016 (Chu, 2016; “Wei Yuan Xia Yue”, 2016) and an on-going discussion and consultation on the legislation of gender recognition (Inter-departmental Working Group on Gender Recognition, 2017). Nevertheless, family experiences remain neglected in the picture. The suicide of a young trans woman in 2017 (Yi-cheng, 2017) has alerted people's attention on the issues and the experiences of TGNC persons and their family members, especially the invisible parents who have received minimal or no support, whose TGNC child is about to or is undergoing a gender transition.

To date, very few studies have been conducted on the TGNC population in Chinese

societies in Asia, such as Mainland China (Jun, 2010; Ruan, 1991b; Ruan, Bullough, & Tsai, 1989), Taiwan (Chiang, 2017; Ho, 2006), and Hong Kong (e.g., Chan, 2013; Cheng, 2004; Emerton, 2004, 2006; Erni, 2013; King, 2008; Ko, 2003; Kwok & Kwok, 2017; Ma, 1997, 1999; Ng & Ma, 2001; Winter, 2014, Suen, Chan & Wong, 2017), where TGNC persons are stigmatised, marginalised and mostly invisible (Ma, 1997, 1999; Ruan et al., 1989). Studies on families of TGNC persons in Asia are even more scarce, and are only emerging in recent years in Asian contexts, such as Japan (Ishii, 2017). An extensive search of the literature has revealed no study has examined the experiences of parents of TGNC persons in the Chinese context.

The present research fills the above research gaps by examining the stress and coping experiences among parents of TGNC individuals in Hong Kong. It aims to cover parents' ongoing stress and coping experiences in the face of their TGNC child's gender transition at different stages.

Theoretical Models in Understanding the Stress Experienced by Parents of TGNC

Persons

Starting with literature review, the researcher looked at the existing research and the models adopted, namely, the stage model and the ambiguous loss model. Then the Dual Process Model (DPM; Stroebe & Schut, 1999, 2010) was deduced to be adopted as the preliminary theoretical framework for data collection aiming to examine the parental stress

and coping experiences, and how these experiences are related to parental adjustment.

However, after the first round of data analysis, the collected data did not fit with the DPM, and the researcher felt the need to explore and incorporate additional theoretical models that would help explain the findings. Relationship-focused coping and other supplementary theoretical lenses emerged as a result that could be used to enhance the analysis.

In this section, these theoretical frameworks are reviewed, with their contributions and limitations identified. The research journey in data collection, data analysis and exploration of these theoretical frameworks is revealed in the Methodology chapter; and the integration of all of these theoretical frameworks with the data/findings is elaborated in the Discussion chapter.

Stage Model

Scholars have used stage models to delineate the emotional and behavioural reactions of family members, including parents, of TGNC persons toward the identity disclosure or discovery of their TGNC loved ones (Ellis & Eriksen, 2002; Emerson & Rosenfeld, 1996; Lev, 2004). Despite minor differences concerned with the number of stages, these models cover the stages of: i) discovery stage involving feelings of shock, denial and betrayal upon discovery of the TGNC identity; ii) turmoil stage involving overwhelming feelings of anger, guilt, fears, frustration or depression; iii) negotiation stage involving active coping strategies such as seeking social support and bargaining with TGNC family members; and iv) stage of

finding balance, in which family members accept the TGNC status of their TGNC members as a reality, and are able to re-integrate the TGNC person into their family, whether they accept the TGNC status (Ellis & Eriksen, 2002; Emerson & Rosenfeld, 1996; Lev, 2004). In Ellis and Erikson's (2002) model, pride emerges as a stage whereby family members are not only proud of their TGNC loved ones and themselves for going through the process, but are passionate in helping and advocating for other TGNC persons and educating people about the topic, such as in dealing with schools, relatives and religious bodies. All of these stage models are based on Kubler-Ross's (1969) bereavement model for an individual upon receiving a terminal illness diagnosis, or later applied upon situations of losing a loved one who has died. It is acknowledged that not all family members would go through all the stages, nor in a particular sequence or duration, and may go back and forth between stages depending on certain contextual factors (Ellis & Eriksen, 2002; Emerson & Rosenfeld, 1996; Lev, 2004). However, the reasons for these variations in the adjustment process have been minimally explored (e.g., Gold, 2008), such as why or what caused some parents to move from one stage to another, and why some parents stay in a certain stage for prolonged period. Examining parents' coping strategies in different stages may give insight to achieving adaptive adjustment.

Ambiguous Loss Model

Even though their child is still alive, feelings of grief or loss over the transition of their

TGNC child is a recurring theme experienced by parents (Field & Mattson, 2016; Joan, 1999; Pearlman, 2006; Wren, 2002). Some scholars have used ambiguous loss as a framework to examine family members' experience of loss with this "presence-absence" paradox (Coolhart, Ritenour & Grodzinski, 2017; McGuire, Catalpa, Lacey & Kuvalanka, 2016; Norwood, 2012, 2013a; Wahlig, 2015).

The paradox of "presence-absence" in gender transition.

Ambiguous loss was proposed by Boss (1999) to examine family members' experience of complicated grief and it is defined as "a loss that remains unclear" (Boss, 2007, p. 105). There are two types of ambiguous loss: 1) physical absence with psychological presence such as the cases of missing soldiers and missing persons; and 2) psychological absence with physical presence such as having a family member with dementia (Boss, 1999, 2007; Boss & Yeats, 2014). Norwood (2012) examined how family members of TGNC persons constructed the meaning of gender transition of their loved ones as death, and mourned over the loss of a gendered identity and gendered relationship. This struggle is noted to be more salient for parents, compared to other family members, of TGNC persons, as they have to grieve over "the loss of the child they raised and accepting the person their child became or will become through transition" (Norwood, 2012, p. 84).

Dual Ambiguous Loss.

Extending the presence and absence of either psychological or physical loss, Wahlig

(2015) has further conceptualised the experience of parents of TGNC persons as “dual ambiguous loss” (p. 316), in which their child is *both* i) physically present as their child yet psychologically absent *as a certain gender*, as well as ii) physically absent *as a certain gender* for those who go through body transition and transformation in appearance yet psychologically present with the sameness in their personality. Apart from the loss related to gender (e.g., identity, relationships and expectations), Zamboni (2006) described the possible loss of family identity parents may grieve over, when their TGNC child change their given name, or even the surname, which may have a special meaning attached to it. Even for supporting or accepting parents, they may grieve over the past and previous relationship with their child of the assigned gender (Pearlman, 2006; Wahlig, 2015). The physical absence may be of particular importance if the TGNC child decides to terminate the family relationships or if parents cast out their child from home. Therefore, the lens of dual ambiguous loss highlights parents’ stress and confusion (Wahlig, 2015). These challenges are due, mostly to their TGNC child’s dual-gender status, both physically and psychologically, in past and present.

No Loss Feelings.

It is also acknowledged that not every parent experience a sense of loss (Wahlig, 2015). In Coolhart and colleagues’ (2017) empirical study, there were parents who explicitly said that they did not feel any loss, instead, they regarded their child as the same person and the

child they always had, despite the change in gender. Similar results were reflected in Norwood's (2013a) study, in which some parents regarded their child as the same person who had just transformed or evolved to the present gender, and they acknowledged both the present and past gender experiences as part of their child's being. The sameness and difference of the TGNC persons, in terms of their physical body and personality through transition, might affect parents' understanding and responses towards their child's TGNC status and gender transition (Norwood, 2012, 2013a). Some parents even revised the meaning related to sex and gender in order to come to a new understanding of their child's "sovereign self" (Norwood, 2013a, p. 35). Nonetheless, parents do have to adapt dynamically to the past/present or dual-gender status of their child during the gender transition.

Theoretical Lens of the Present Study - Coping

The previous two models described parents' stress and reactions at different stages (i.e., stage model) and the intensity of emotional stress, such as parents' experiences of grief or loss (i.e., ambiguous loss model) during the gender transition of their TGNC child. However, the models lack specificity in describing why some parents cope better than others and how adjustment may be achieved.

Definition and Aspects of Coping

According to Lazarus and Folkman (1984), coping refers to the efforts people initiated to manage the associated distress and the problem causing stress. It is an appraisal-action

process in which an individual i) makes a cognitive appraisal on whether the stressor is a threat or challenge (i.e., primary appraisal) and the resources available to deal with it (i.e., secondary appraisal), and then ii) utilises cognitive and behavioural efforts to manage the demands.

Coping strategies are categorised into different higher order classification systems by different researchers, including problem-focused and emotion-focused coping (Lazarus and Folkman, 1984), and primary and secondary control coping (Rothbaum, Weisz & Snyder, 1982). In general, these category systems differentiate the coping strategies that an individual adopts in dealing with the task-oriented external demands and adjusting their own self in the face of the stressors. In the category of problem- versus emotion-focused coping, coping strategies function to target at stressful events and the emotions elicited from the stressful events, respectively (Lazarus and Folkman, 1984). In the category of primary versus secondary control coping, primary control refers to the efforts in changing the objective events or conditions, whereas secondary control refers to the coping strategies in helping one fit in to the current conditions, such as by cognitive reappraisal (Rothbaum, Weisz & Snyder, 1982). Primary control coping is said to be adopted with stressors perceived as controllable or changeable, whereas secondary control coping is adopted with perceived uncontrollability. Skinner (1996) compares secondary control coping with accommodative coping (Brandtstädter and Renner, 1990) and argues that accommodation is a better term than

secondary control as it does not imply the coping efforts are secondary and it could relate to perceived control. Accommodative coping is also described as “go-with-the-flow” in relation to Chinese coping (Wong, Wong & Scott, 2006) which is mentioned later in this chapter on Chinese culture and beliefs.

In order to acknowledge the complicated, intense and prolonged emotional stress parents may experience during the gender transition of their TGNC child, regarding both the primary level stressors pertinent to their child’s changing gender status (such as changes in their child’s physical body, appearance and to refer their child as the other gender), and secondary level stressors resulting from their child’s gender transition (such as explaining to relatives and dealing with others in the living environment), the proposed theoretical framework to be adopted and used for collecting data in this study was the Dual Process Model (DPM).

Preliminary Theoretical Lens for Data Collection – Dual Process Model (DPM)

Stroebe and Schut’s (1999, 2010) Dual Process Model (DPM) focuses on coping with bereavement, which has integrated several existing grief and stress theories. It categorises multiple coping strategies related to bereavement into two stressor domains, including loss oriented (LO) and restoration oriented (RO), with a dynamic process of oscillation between them. Loss orientation refers to *primary stressors and coping* pertaining to the loss experience itself, and restoration orientation refers to *secondary stressors and coping* related to the changes resulted from the loss. For example, primary stressor and coping could be

“looking at old photos” or “crying about the death of the loved person” (coping, with “yearning for the deceased” or grieving being the stressor; i.e., directed to the loss experience; Stroebe and Schut, 1999, p. 212); and secondary stressor and coping could be “mastering the tasks that the deceased had undertaken”, such as finances or cooking; i.e., changes resulted from the loss; Stroebe and Schut, 1999, p. 214). The model emphasises both emotional and practical everyday life strains and proposes that “adaptive coping is composed of confrontation-avoidance of loss and restoration stressors”, and to “take respite from dealing with either of these stressors” (Stroebe & Schut, 1999, p. 197). It has been used mostly in studies with bereaved spouses/partners (e.g., Bennett, Gibbons & Mackenzie-Smith, 2010; Lund, Caserta, Utz & de Vries, 2010) and bereaved parents (e.g., Chen, Fu, Sha, Chan & Chow, 2017; Wijngaards-de Meij et al., 2008).

Tanner and Lyness (2003) proposed to use DPM to study the experience of families of gay and lesbian adolescents. In their proposal, LO coping was related to the loss of the families’ heterosexual paradigm, and RO coping was related to the resulting “new roles and change routines” (p. 32), such as learning about the queer community and joining support groups or organisations (Tanner & Lyness, 2003). Although Wren (2002) did not take DPM as reference, she used the terms “loss-oriented grief” and “restoration-oriented grief” to describe the difference between the grief expressed by mothers and fathers of TGNC persons. She also pointed out the danger each strategy has and suggested that “combining both

strategies would be adaptive for parents” (Wren, 2002, p. 393), thereby highlighting a major research gap in the literature. Despite these calls, there has not any empirical study conducted using DPM on families or parents of gay and lesbian or TGNC persons yet.

In the present study, DPM was preliminarily adopted as the theoretical lens for data collection in order to study the coping experiences of parents with TGNC adolescent or adult child. It is aimed to be inclusive and covers parents’ stress and coping experiences whether they have feelings of grief and/or loss or not.

In the DPM model, the stressors and coping strategies related to the LO domain include: i) grief work, ii) intrusion of grief, iii) breaking bonds, and iv) denial/ avoidance of restoration changes; whereas those related to the RO domain include: i) attending to life changes, ii) doing new things, iii) distraction from grief, iv) denial/ avoidance of grief, and v) new roles/ identities/ relationships (Stroebe & Schut, 1999). In this study, LO coping was meant to be related to how parents deal with the fading away or ‘absence’ of their child’s original/assigned gendered status and their corresponding expectations and relationships during their child’s gender transition, and their feelings of grief and/or (ambiguous) loss towards it. RO coping was meant to be related to how parents deal with the changes resulted from their child’s gender transition, such as disclosing to others about their child’s new/emerging gendered status and adapting to the new relationships (e.g., having a daughter/son now instead of a son/daughter previously). This model may also apply to

parents who reject their TGNC child and regard the transition as having a “real loss” of their child, both physically and psychologically, and have to cope with LO- and RO-related stressors accordingly.

What is more, gender transition is a prolonged process with an ambiguous and confusing nature in terms of the TGNC persons’ gender status, i.e. the different gendered aspects (such as name, pronoun, physical appearance, role, legal gender marker, etc.) of a TGNC person may not coherently match with a specific gender’s associated expectations at a particular point of time throughout the transition period (e.g., Pearlman, 2006). As such, it was expected that parents would oscillate between LO and RO from time to time as the different aspects of their child’s gender status can change one by one over the transition period.

Limitations of DPM After Preliminary Data Analysis

After preliminary data analysis, the DPM model could not cover and explain the data obtained. The issue with the above models, including stage model, ambiguous loss model and dual process model, is that they can only deal with the incident and pertinent stressors of losing a loved one, whether physically and/or psychologically, as a one direction adjustment process after a one-off incident. The loved ones are gone forever at one point of time, and the living ones could only go the way of adjusting themselves without negotiation or any interaction with the ones who have passed away/are missing. They have no other options. Parents’ coping strategies might vary by parent-child characteristics, such as relationship,

closeness and interactions, through time. What is more, the above models assume a close relationship with the disconnected one is important in the adjustment process. Although DPM was proposed to examine the impact of the TGNC child's ongoing transitions on parent-child dynamics, these models failed to identify: i) whether and how the parent-child relationship might change in the process; and ii) how the parent-child relationship and coping strategies could affect each other in achieving optimum outcomes in terms of the parents' adjustment and their subsequent parent-child relationship quality.

After much further literature review, the theoretical framework to explain parents' coping experiences with respect to their parent-child relationship during their TGNC child's gender transition is expanded on the framework of relationship-focused coping which is used specifically in interpersonal or communal contexts (Coyne & Fiske, 1992; Coyne & Smith, 1991; DeLongis & O'Brien, 1990; Lee-Baggley, Preece & DeLongis, 2005; O'Brien & DeLongis, 1996).

The framework of relationship-focused coping is laid out as follows.

Relationship-focused Coping

Relationship-focused coping is defined as the "coping efforts aimed at maintaining and protecting social relationships during times of stress" (O'Brien & DeLongis, 1996, p. 776). Coyne and Smith (1991) noted that coping strategies considered as useful or adaptive in regulating emotional distress or solving a task may be counter-productive to relationships. In

the case of parents of TGNC persons, it is more than a matter of acceptance or affirmation. As revealed in a study adopting the ambiguous loss model, while parents put away their TGNC child's old photos or records related to their child's assigned gender to express their affirmation, they may have a feeling of disconnection with their child, "like the death of their child" (Coolhart, Ritenour & Grodzinski, 2018, p. 35). The situation becomes more complicated when more than a parent-child dyadic relationship is involved. For example, spouses may have different opinions and fight over the dealings with their child's gender non-conforming behaviours, and they may cope with their stress differently, such as deserting the family (Emerson & Rosenfeld, 1996). Dealing with the possible reactions of relatives or extended family is yet another challenge related to relationship (Johnson & Benson, 2014; Joan, 1999).

There are two major views on relationship-focused coping with slightly different lenses covering various dimensions. One of the perspectives categorises relationship-focused coping strategies as positive and negative, such as empathy, support provision, and compromise, versus confronting, ignoring, blaming or criticising, and withdrawal (DeLongis & O'Brien, 1990; Kramer, 1993; O'Brien & DeLongis, 1996). On the other hand, Coyne and Smith (1991) emphasised on the interdependence and communal nature in the interpersonal context and identified relationship-focused coping strategies into two broad categories, namely, active engagement and protective buffering. "*Active engagement* [emphasis in original] is a matter

of involving the partner in discussions, inquiring how the partner feels, and other constructive problem solving. *Protective buffering* [emphasis in original] is a matter of hiding concerns, denying worries, and yielding to the partner to avoid disagreements” (Coyne & Smith, 1991, p. 405). Apart from the dichotomic categorisations, DeLongis and O’Brien (1990) also identified *detachment* as another dimension and described it as “moving away from the merged experience and recognising the other as separate from oneself” (p.230).

The framework of relationship-focused coping has been applied on undergraduate students and mostly on couples (Coyne & Smith, 1991; Kramer, 1993; Lee-Baggley, Preece & DeLongis, 2005; O’Brien & DeLongis, 1996). Study areas include coping experiences of wives with husbands with Alzheimer’s disease (Kramer, 1993); wives of husbands with myocardial infarction (Coyne & Smith, 1991); couples in a stepfamily context (Lee-Baggley, Preece & DeLongis, 2005); and the relationship between coping strategies and personalities of undergraduate students in agentic (work) and communal (interpersonal) situations (O’Brien & DeLongis, 1996). In those contexts with couples, while one person was the main protagonist facing a major life crisis, the close family member(s)/spouse/partner had taken it on themselves and they have to cope for the well-being of their loved ones, themselves and the family as a whole. The present study aims to apply this model to examine closely parents’ coping experiences in respect to their parent-child relationship and their dealings with their child’s TGNC status during the gender transition of their child.

Supplementary Theoretical Lenses

In order to explicate the results in this study, the emerged theoretical model aims to synthesise and scrutinise different concepts in different frameworks dealing with coping at different social contexts, such as relationship-focused coping (e.g., Coyne & Smith, 1991; DeLongis & O'Brien, 1990; Lee-Baggley, Preece & DeLongis, 2005; O'Brien & DeLongis, 1996), communal coping (Berg, Meegan and Deviney, 1998; Lyons, Mickelson, Sullivan & Coyne, 1998) and collectivistic coping (e.g., Heppner, 2008; Yeh, Arora & Wu, 2006). While the relationship-focused model is used as the main framework in examining the results, some concepts from communal coping and collectivistic coping are also used as supplementary lenses. What is more, some features of the Chinese cultural background, such as the Chinese philosophy, Chinese social system and Chinese coping, would also be highlighted to shed light on the findings. These supplementary notions are specified as follows.

Communal coping.

According to Lyons and colleagues (1998), “communal coping occurs when one or more individuals perceive a stressor as ‘our’ problem (a social appraisal) vs “my” or “your” problem (an individualistic appraisal), and activate a process of shared or collaborative coping” (p. 583), i.e., members of a group take a stressor as “our problem and our responsibility”. It contrasts individual versus communal orientation in terms of the appraisal and action in the coping process. According to Lyons and colleagues’ (1998) model, it is

suggested that empathy-driven coping and responsibility-driven coping are two different motives for communal coping. Empathy-driven coping may be salient when affectional bonds are strong, whereas responsibility-driven coping is induced by expectation of the roles and responsibilities within the relationship. They argued that empathy-driven coping would likely elicit altruistic behaviour, and the interdependence within relationships is the basis for occurrence of communal coping.

Besides, Berg, Meegan and Deviney (1998) summed up from literature some coping actions in communal situations as collaborative strategies and which include “negotiation, joint problem solving, division of labour, influence and control, compensation for others’ deficits, and transactive dialogues which move the coping efforts forward” (p. 251).

Coping in a collectivistic context.

Increasing number of scholars have stressed the importance of examining coping process under the cultural context, as cultural values, beliefs, norms and orientation can affect people’s appraisal, emotion, motivation and behaviours (e.g., Folkman & Moskowitz, 2004; Heppner, 2008; Yeh et al., 2006; Wong, Wong & Scott, 2006). The perspectives from one culture, e.g., some of the Western cultures, might not be able to apply and/or explain the phenomenon in another culture, e.g., the East Asian cultures. However, most of the coping literature and research was done in and from the perspective of Western countries with an individualistic cultural orientation. Individuals in an individualistic culture tend to focus on

personal goals, whereas individuals in a collectivistic culture are encouraged to prioritise the common goals of the group over their personal goals and fulfil the expected roles and obligations (Hofstede, 1980; Markus & Kitayama, 1991). Independent and interdependent self-construal are the terms used to describe one's view "of the self, of others, and of the relationship between the self and others (Markus & Kitayama, 1991, p. 224). Independent self-construal emphasises the internal attributes, uniqueness, separateness and autonomous of individuals. On the other hand, individuals with interdependent self-construal value connectedness and relationships, and would see themselves "as part of an encompassing social relationship and recognising that one's behaviour is determined, contingent on, and, to a large extent organised by what the actor perceives to be the thoughts, feelings, and actions of *others* [emphasis in original] in the relationship" (Markus & Kitayama, 1991, p. 227).

Traditional Chinese societies are noted as collectivism with interdependent individuals, and their coping orientation could be reflected from the characteristics of collectivistic orientation mentioned above (e.g., Cheng, Lo & Chio, 2010; Heppner, 2008). Some aspects of Chinese culture and beliefs would be discussed below.

Some aspects of Chinese culture and beliefs.

Confucian and Taoism are two of the most influential philosophical school of thoughts to the Chinese culture. They guide and have impacts on the organization of the social system, social interaction, the perception of the nature and oneself, thereby formulate Chinese coping

in different aspects.

Chinese philosophy on social system.

At the society level, Confucian has conceptualised the social system with five cardinal relations (Wu Lun, 五倫) which prescribes responsibilities to individuals according to their roles or status in society and family: emperor-minister, father-son, husband-wife, elder brother-younger brother, and friend-friend. Two important virtues guiding all relations are: benevolence and propriety (ren/仁 & li/禮; Cheng et al., 2010; Hwang, 2011). Among the five relations, the father-son relationship is considered the most important, and fulfilling the role expectations emanated from filial piety is the root of being benevolent (Gabrenya & Hwang, 1996; Hwang, 2011). Benevolence refers to “love all men”, and is to be practiced in the order of closeness, i.e., starting from one’s parents then to others’ parents, and from one’s child(ren) to others’ children (Gabrenya & Hwang, 1996; Hwang, 2011). Propriety is when everyone conforms and behaves according to their expected role(s) and the social ritual properly or appropriately (Cheng et al., 2010). Relational harmony and social order are thus maintained (Cheng et al., 2010).

Gabrenya and Hwang (1996) used the term “relational personalism” to describe the Chinese social behaviour in which the social interaction is “stereotypically ‘collectivist’ (cooperative or harmonious) in certain social context but in others exhibits an ‘individualist’ (competitive, agonistic) style” (p. 311). Chinese would distinguish between in-group and out-

group members (*zijiren*/自己人 and *wairen*/外人; emphasis in original; Gabrenya & Hwang, 1996). Hwang (1987) has further conceptualised the relationships into three categories: i) expressive ties (those with close family members), ii) mixed ties (those with friends and extended families); and iii) instrumental ties (those with strangers or no long-lasting relationships). Yang (1992) has also noted the common terms Chinese use referring to these three categories: *jia*/家 (family; emphasis in original), *shu*/熟 (familiar or well-known, insiders; emphasis in original) and *sheng*/生 (unfamiliar, strangers or outsiders; emphasis in original).

The Chinese concept of “face”.

The Chinese concept of “face” has two aspects and are categorised as: *lian* and *mianzi* (臉 and 面子; Hu, 1944). *Lian* relates to the moral character and integrity of an individual, whereas *mianzi* relates to the public self-image or reputation achieved through success. A loss of *lian* “makes it impossible for him to function properly within the community” (p. 45).

Losing face is not only a personal business but it would also bring shame or embarrassment to one’s family, and which is highly undesirable. A feature of Chinese social interaction is preference for a mode of indirect communication, such as making ambiguous statements, speaking around and communicating through a third party. In this way, no one would get hurt or embarrassed due to disagreement, rejection or direct confrontation, face is preserved for all parties and relational harmony maintained (Cheng et al., 2010).

The Taoist thought on nature.

The Taoist school of thought regards the nature as continuously changing, everything in life is only relative and nothing is utterly good or bad, with opposites only operate in cyclic patterns (Cheng et al., 2010). Therefore, Taoism promotes non-action, wu wei (無為), in which individuals are encouraged to understand how nature changes and let nature take its course. A coping strategy identified as conforming to this Taoist doctrine of non-action is: “take-it-easy/let-happen-what-may” (Yue, 1994), or “go-with-the-flow” (Wong, Wong & Scott, 2006).

Summary

In this chapter, a literature review on theoretical frameworks adopted in previous studies (i.e., the stage model and ambiguous loss model), adopted preliminarily for data collection in this study (i.e., the DPM), and which emerged from the data (i.e., relationship-focused coping and other supplementary lenses, such as communal coping, collectivistic coping and influence from some aspects of Chinese culture and beliefs) are reviewed.

Research questions and how it developed over the course of preliminary data analysis and further literature review during the process are laid out in the following Methodology chapter. Research paradigm, research design, data collection, data analysis, ethical review, and trustworthiness issues are also discussed in the Methodology chapter.

Methodology

In this chapter, the research questions, research paradigm, approach, research design, procedures of data collection, data analysis, ethical considerations, researcher identity and issues of trustworthiness are discussed.

Research Questions

The research questions of the present study had changed during the research process according to the shift of theoretical frameworks adopted based on the literature review and collected data.

The preliminary theoretical framework adopted was the Dual Process Model (DPM), and the corresponding research questions for data collection were as follows:

- 1) What is the essence of the stress experiences of parents during their TGNC adolescent or adult child's gender transition?
- 2) What is the essence of the coping experiences or strategies of parents during their TGNC adolescent or adult child's gender transition, in terms of:
 - a) the fading away of the assigned gender status of their child (i.e. loss-oriented, LO)?
 - b) the changes resulted from their child's gender transition, such as having a new gender status (i.e. restoration-oriented, RO)?
 - c) the changes, if any, over the period of gender transition of their child?

d) adaptive and maladaptive coping?

As DPM failed to explain the collected data after the first stage of data analysis, further literature review was done, and relationship-focused coping then emerged as the main theoretical framework together with other supplementary lenses. The research questions of this dissertation study was revised as follows:

- 1) What is the essence of parents' coping experiences or strategies during their TGNC adolescent or adult child's gender transition? This question is divided into four aspects and the essence is identified in terms of:
 - a) The perception parents had of their child's TGNC status, and if they are accepting or not
 - b) The changes emerging from their child's gender transition, such as their child's physical change
 - c) Their parent-child relationship and relationships with others, such as extended families; and
 - d) Parents' adaptive and maladaptive coping strategies for the well-being of themselves, their child, their parent-child relationship and family relationships

The research process including the selection of research paradigm, approach and method, the research design, data collection and data analysis are laid out in more detail as

below, followed by ethical considerations, researcher's assumptions and awareness, and validity.

Research Paradigm

A paradigm reflects the researcher's "ontological, epistemological, axiological, and methodological assumptions" that guide their research action (Morrow, 2007, p. 212).

Morrow (2007) summarises the different concepts as follows: ontological refers to "one's view of the nature of reality" (p. 212); epistemology refers to "how the reality is known, as well as the relationship between the knower and the known" (p. 212); axiology refers to the "place of values in one's research" (p. 212); and methodology emerges from the above three and attends on how the knowledge is gain. According to Mackenzie and Knipe (2006), there are four major research paradigms, namely, positivist (and postpositivist), interpretivist/constructivist, transformative and pragmatic. These paradigms differ from their assumptions and objectives, leading to the various research approaches and tools being adopted accordingly. Positivism (and postpositivism) assumes that the social world can be studied objectively to provide causal relationships through observation and measurement (Mackenzie and Knipe, 2006). Interpretivist/ constructivist paradigm is interested in understanding the world through the subjective human experiences, and develops a theory or patterns of meanings inductively through the research process, acknowledging the influence of the researcher as well (Creswell, 2003, cited in Mackenzie and Knipe, 2006; Mackenzie

and Knipe, 2006). Transformative paradigm emphasises on social justice and marginalised groups, and aims to make political and/or social change (Mackenzie and Knipe, 2006).

Finally, pragmatic paradigm focuses on the research problem and would choose any methods (mostly implying mixed-methods) that could give insights in understanding the “‘what’ and ‘how’ of the research problem” (Mackenzie and Knipe, 2006, p. 197).

The research paradigm adopted in this dissertation study was constructivism/ social constructivism. As defined by Creswell (2007), social constructivism is a worldview supporting multiple realities, that individuals “develop subjective meanings of their experiences” (p. 20) and that these subjective meanings are “formed through interaction with others and through historical and cultural norms that operate in individuals’ lives” (p. 21). Subjectivity of the informants, as well as the researcher’s values/ voice, is “an integral part of the research” (Morrow, 2007, p. 213). The research questions of this dissertation examined the coping experiences of parents during the gender transition of their TGNC adolescent or adult child in the Hong Kong Chinese context. Therefore, the parents’ own understanding of their experiences and me as a semi-insider and researcher (discuss in later section) who collects and interprets the results best fit with the research by using the constructivist paradigm.

Selecting Qualitative Approach

Qualitative research is an inquiry process that uses a theoretical lens to collect data at the natural setting of the informants with the researcher being the instrument, analyse data inductively to establish patterns and themes, and present the final findings with thick descriptions reflecting the informants' voices or the subjective meaning of the phenomenon to them, and the researcher's reflexivity and interpretation of the research issue (Creswell, 2007; Morrow, 2007). It can be used to explore issues that are not easily or readily identifiable or to investigate topics with "little or no previous research" (Morrow, 2007, p. 211).

Qualitative research is emic and idiographic, as distinct from quantitative research being etic and nomothetic (Morrow, 2007). Emic refers to the insider perspective of the informants and idiographic as it focuses on knowledge about "one or a very few individuals, groups, or institutions" (Morrow & Smith, 2000, p. 200, cited in Morrow, 2007, p. 215). Etic refers to the categories being determined by the researcher in quantitative research and nomothetic as it focuses on large groups of informants (Morrow, 2007).

This dissertation research adopted a qualitative approach as studies on the experiences of parents of TGNC persons were not many and the focus had often been put on their TGNC child even in pertinent studies. This research aimed to understand in-depth of how parents cope with their TGNC adolescent or adult child's gender transition and the changes resulted from it in the Hong Kong Chinese context.

The research design and method adopted in this study were mainly interviews and participant observations so as to collect in-depth and rich data from the parent informants, with me being the researcher as the instrument. A few helping professionals and TGNC adult persons were also interviewed to give their observation on parents' coping experiences.

Research Method

There are many types of qualitative approaches as identified and organised by different scholars based on aspects such as the researcher's primary interest, data collection strategies and discipline orientations (Creswell, 2007; Creswell, Hanson, Clark Plano & Morales, 2007). Creswell (2007) has selected and focused his discussion on five types of qualitative research approaches that he sees most frequently "in the social, behavioural, and health science literature" (p. 9), namely: 1) narrative, 2) case study, 3) phenomenology, 4) grounded theory and 5) ethnography.

The methodology employed in this research study was phenomenology, as phenomenological approach aimed to look into the essence of the participants' lived experience from their subjective understanding about a phenomenon in context (Creswell, 2007; Seidman, 2013). There are different approaches to research that could be called phenomenological (e.g., Moustakas, 1994; Sideman, 2013). According to Seidman (2013), the essence of the participants' lived experience is reconstructed through the reflection of both the informants and the researcher, and upon participants' use of language, i.e., "a textual

expression of its essence” (citing also Van Manen, 1990, p. 36). Also, the meaning of the lived experience is to be understood in the context of the participants’ lives (Seidman, 2013). I was interested in the experiences of the parents, and the common themes and the meaning to parents when they had to cope with their TGNC child’s gender transition and the pertinent changes in the Hong Kong Chinese context. Also, the data was collected primarily through interviews with individuals, and analysed inductively with significant statements and meaning units to present the final description of the essence of the experience (Creswell, 2007; Moustakas, 1994). More of the implication of the phenomenological approach would be elaborated in the data analysis sub-section below.

The research design, procedures, researcher identity and other considerations are discussed in the following sub-sections.

Research Design

The research study was conducted mainly with interviews and participant observations to collect the data. As in-depth interview is the best way in qualitative research, especially for phenomenological approach, to collect in-depth individual accounts of the participants’ lived experience, through which the participants would be able to make meaning of their experience and to represent it in text (Seidman, 2013).

Since TGNC children (i.e. under age of 12) who were confirmed about their TGNC identity and expressed their desire to go through a gender transition (socially) were not

visible in Hong Kong at the time of the study, this study focused on parents with TGNC adolescent or adult child.

The parents and the TGNC persons interviewed all met the following criteria – 1) the TGNC identity was made known to parents; 2) the TGNC child was/had been undergoing a gender transition (whether social and/or medical). The age range of the parents interviewed was between 40 to 75 years old. Their TGNC child were equal to or above the age of 13, whereas the TGNC persons to be interviewed directly were above age 18. Both the TGNC persons and parents being interviewed were Hong Kong Chinese and local residents in Hong Kong.

A few helping professionals such as psychiatrist and social worker who had been in contact with parents of TGNC persons were also interviewed to elicit their general perceptions on issues related to parents' coping experiences. It was part of parents' coping strategies to seek support from different professionals and social services. Parents might also behave or express themselves differently in different settings. Interviews with these helping professionals: i) gave insights to parents' coping experiences as expressed in different settings; and ii) gave a more thorough picture of the experiences of different parents, including those who did not volunteer to participate in the study.

Data Collection

Interview

Recruitment of informants.

Convenient and purposeful sampling of informants for interviews were performed in order to collect as much and diverse information as possible, as it was not easy to reach the parents of TGNC persons directly. The parents were invisible and few of them came out and seek for support. I started with those whom I have contacted with, and recruited further through other TGNC persons, other community organisations and helping professionals, with posters and social media posts. I selected parents who knew the TGNC identity and/or gender transition of their child for different number of years, of which their children were at different stages of transition, and who had different attitudes or experiences upon the issue.

All interviews were conducted in Cantonese by me and the duration were between 1 to 2.5 hours. Parents of TGNC persons were the primary informants, and:

- i) the number of parents being interviewed finally was 8, including three parents of trans woman or female-identified TGNC person and five parents of trans man child. Four of them had known about their child's TGNC status/identity and encountered with issues related to gender transition while their child was still an adolescent (although some of their child were not adolescents anymore at the

time of interview) while the TGNC child of the other four parents had only revealed their TGNC identity to the parents and underwent transition as adults.

- ii) 1-3 parent-child or spouse pairs were initially aimed so as to see how family members cope together in the process (with or without their TGNC child) and with possibly different perspectives and/or strategies. Finally, one parent-child dyad was recruited (the parent from the dyad was already included in the total number of 8 parent interviewees) and the interviews were conducted separately, so that they would not be affected by the presence of another family member.
 - iii) 2 TGNC adults had been interviewed in respect of parents who were not able to be recruited to participate in this research yet their coping experiences were of significance and contributed to the whole picture of parents' coping experiences.
- One of the two TGNC adults being interviewed was a trans woman recruited through social media who had gone through a gender transition in all aspects (whereas the TGNC child of all the parent interviewees were still undergoing a gender transition at different stages), i.e., socially transitioned to live as a woman full time including at her family and working environment, had been using hormones and completed genital surgery, and changed her gender marker on her HKID card. Her parents had changed from initially non-accepting to finally accepting. Another TGNC adult being interviewed was a non-binary identified

person. All the eight parent informants had TGNC child who were binary identified at the time of interview. Hence, this non-binary identified TGNC informant was recruited to provide insights. It is worth to note that, TGNC persons could only give accounts on their parents' experiences from their observation and interpretation of their parents' behaviours during their encounters, but which did not necessarily equate their parents' own motivation or feelings, nor a comprehensive account of their parents' coping experiences as a whole.

- iv) 3 helping professionals who have been in contact with parents of TGNC persons were also interviewed, including a psychiatrist doing private practice, a clinical psychologist working at the gender clinic of the public hospital, and a social worker from a community organisation. These 3 helping professionals were recruited because of their diverse roles and workplace settings, so as to cover experiences of parents from different backgrounds (e.g., social-economic status, SES; age), and with different understanding and concerns (e.g., medical transition of their child, requiring support from a social service or community setting instead of a formal medical setting). Interviews with the 3 helping professionals with diverse roles and from diverse backgrounds enriched the findings of this study by providing accounts of parental behaviours/experiences

that did not reveal by the parent or TGNC informants. For example, non-accepting parents were not able to be recruited as informants in this study, parents might behave differently in front of their child and helping professionals, or parents might reveal their experiences to researcher in a way different from their actual behaviours. Contributions of the 3 helping professionals are revealed in the findings in the Results chapter and the Discussion chapter.

The explicit characteristics of the parent informants will not be disclosed in order to protect their anonymity as not many parents were visible in Hong Kong at the time of interview, but some general demographics of the parent informants are as follows:

n = 8		
Gender / parental relationship of the parent informant	Mother x8	Father (n = 0)
Gender Identity of their TGNC child	Trans-woman child x3	Trans-man child x5
Age range of their child (at the time of parents' <u>initial</u> coping on child's gender transition)	Adolescent child x4	Adult child x4
Marital status (at the time of <u>interview</u>)	Separated x4	Living together x4
Number of child(ren) parent informants have	TGNC child as only child x5	Having other child(ren) x3

Table 1: Some general demographics of the parent informants

The interview protocols.

The interview protocol was open-ended and semi-constructed with a few fixed questions in getting their demographic information. It was derived from the theoretical framework of the Dual Process Model (DPM) and the corresponding research questions. The open-ended questions aimed to trigger parent informants to talk with details about their stress and coping experiences in terms of: i) their reactions and emotions since their knowing of their child's TGNC status and/or desire for transition, and how these change in the process if any; ii) their child's two gender statuses or dual-gender status due to transition, and any change in their lives resulted from this (loss-oriented, LO, and restoration-oriented, RO); and iii) the support and/or resources they got or sought in the process. Examples of the interview questions are: "How would you describe your child's current status (or identity)?" "What do you do with your child's old/fading away gendered identity, and the related things?" "How do you see the "new" gendered identity of your child?"

There were 3 sets of interview questions drafted for parents, TGNC persons and helping professionals respectively. These sets of interview questions were attached at the end as appendix.

Handling of the interviews.

The interviews had been audiotaped and transcribed with pseudonyms and personal details being hidden and unrecognizable, and both were stored in a password-protected

computer. All interview contents were kept confidential. Every interview informant was given an information sheet and signed an informed consent form regarding the interview. All interviews were conducted in a quiet place convenient to the interviewees.

Participant Observation

In order to obtain an all-rounded/naturalistic picture of ways parents perceived or discussed about issues related to their TGNC child, I conducted participation observation in a parents' group to collect data as well. As noted from my field observations with parents of gays and lesbians for my preliminary research study, parents expressed themselves more at ease and interacted more efficiently with one another as they were in similar situations with similar concerns. It was the setting where they found understanding and comfort, and they trusted one another. In addition, seeking support is one of the coping strategies parents employed, conducting participant observation in such setting gave me more insights into parents' actual coping experience.

I asked for the participants' consent to conduct participant observation in the parents' group of the community organisation I was affiliated with. This was the only parents' support group for parents with TGNC child in Hong Kong and I had been helping as a volunteer in it. The number of participant observation sessions which I took note of in order to collect data for the study was two times and I asked for consent from the parent participants, the social worker who led the group and the other transgender volunteer. I assured that I would not

reflect the information in my study of those who did not want their stories to be exposed, even if they shared it during those two group sessions. There was a total of 7 parents in the support group during the two participant observations, and all of them agreed to participate.

The participant observation opportunity gave me some general perspective as background to my major analysis of the interview data. Parents talked about their child, their difficulties, concerns and experiences. Some of the parents in the parents' group were also interview informants. They shared similar information to other parents in the group as they did in the interview, with more or less elaborations depending on what had been touched upon. It confirmed with my previous field observation with parents of gays and lesbians that parents did communicate more eagerly and efficiently with other parents, and parents' group seemed to be a very important support to them.

I assured parents their decline in participating in my research study, either interview or participant observation, would not affect their participation in the parents' group or other activities of the organisation in the future.

Data Analysis

Preliminary Data Analysis

Memo was written after each interview and regarding participant observation, and transcriptions in Cantonese/written Chinese were done after each interview. I did bracketing

first and wrote down my personal experience with my parents before I started data analysis.

All data was then put in NVivo for analysis.

Data analysis was done inductively, reducing the data material from transcripts and other excerpts to themes, theories or profiles that could be presented (Seidman, 2013). During the coding process, transcriptions and memos were read several times, and more memos were written in the process for any new insights emerging. Significant statements about the informants' experiences had been identified and grouped together into meaning units or categories according to the perspectives from literature and as revealed from the data (Creswell, 2007, Seidman, 2013). "The researcher then searches for connecting threads and patterns among the excerpts within those categories and for connections between the various categories that might be called themes" (p. 127, Seidman, 2013). It is a "dialectical" (Rowan, 1981, cited in Seidman, 2013, p. 129) process in which the researcher responds to what the participants/informants have said (Seidman, 2013). The researcher immerses into the data and interprets the data in the process. The researcher interprets the meaning of the experiences to the informants, interprets the connections between the different categories and among the different informants, and interprets the meaning of the research work to himself and to others (Seidman, 2013).

NVivo 12 Pro was a tool made available by the Graduate School and taught in the course for data analysis of qualitative research (Reay & Jones, 2016). It helped me to organise the

data. Initially, I set up a number of nodes and sub-nodes according to the themes identified in the Dual Process Model (DPM) according to literature, such as “grief work”, “breaking bonds, ties, relocation of their TGNC child” and “denial or avoidance of restoration changes” at both the family level and individual level in the primary stressor/coping or child’s gender transition oriented domain (c.f., loss-oriented (LO) domain in DPM; Stroebe & Schut, 1999, 2015); other aspects such as “rumination” and “positive reappraisal” (sub-nodes) in terms of “appraisals or cognitive processes or mechanisms” (node) (Stroebe, Folkman, Hansson & Schut, 2006; Stroebe & Schut, 2001); and inter- and intra-personal risk factors (nodes), such as “social support”, “family dynamics” and “preceding losses or experiences” (sub-nodes) (Stroebe, Folkman, Hansson & Schut, 2006). Then I carefully examined every bit of the transcripts and put them into different categories or nodes/sub-nodes (first cycle coding; Miles, Huberman & Saldaña, 2014), including multiple categories as fit (also known as simultaneous coding; Miles, Huberman & Saldaña, 2014; Seidman, 2013). I also created and labelled new nodes/sub-nodes which I found interested or important (Seidman, 2013), such as “ambivalence”, “worry or concern”, “meaning-making or understand their child more” and “pressure from daily lives”.

The nodes and sub-nodes in NVivo were created in English, according to the themes identified in the literature, yet the excerpts from the transcripts were kept in Cantonese/written Chinese when they were initially categorised into different nodes and sub-

nodes. Therefore, NVivo only served as a tool for storing the categorised excerpts, reflected the number of excerpts in each of the categories or sub-nodes and the number of transcripts those excerpts were from (e.g., 11 references/excerpts from 4 transcripts in the sub-node “intervention programs or professional services” under the node “secondary stressor/coping as resulted from child’s gender transition”, and 78 references/excerpts from 10 transcripts in the sub-node “family dynamics” under the node “primary stressor/coping oriented from child’s gender transition”). Due to the language difference, NVivo could not help in sorting out and categorising the data material by word matching. All coding or categorisation was done by the researcher. However, NVivo did help in the data analysis process by reflecting how the excerpts were distributed across the different nodes and sub-nodes. For example, there were very few or none excerpts in a number of the nodes and sub-nodes derived from the DPM, such as “breaking bonds, ties, relocation of their TGNC child” and “grief work” in “individual level” under “primary stressor/coping”, while there were many excerpts in the sub-node “family dynamics” under “primary stressor/coping”. As a result, the preliminary framework of DPM was shown to have failed in covering the collected data in the first round of data analysis. The process of finding another framework or recognising the emerging framework from the data and further data analysis is discussed in more detail below.

First cycle coding of data analysis was done again with new nodes and sub-nodes being created taking reference from the new framework of relationship-focused coping (e.g., “trying

to understand their child's feelings and concerns", "active engagement" and "protective buffering") and as the analysis went along (e.g., "seeking emotional support (or lack thereof) for themselves", "don't ask, don't tell" and "gaslighting"). Then second cycle coding was done to sort out the patterns and distinguish between the different nodes and sub-nodes until the major themes clearly emerged. For example, to distinguish between parents' coping strategies of protective buffering and compromise with whether the relationship was their prime concern; and to recognise strategies that were more child-oriented or parent-oriented.

Translation of the excerpts of transcripts was only done when the major themes and the connections among them had been consolidated after several rounds of sorting and categorising using the emerging framework.

When Preliminary Theoretical Framework Failed to Explain the Collected Data

After the first round of data analysis, the collected data did not fit in neatly with the preliminary theoretical framework of the Dual Process Model (DPM). There was no collected data fitting in some of the themes of the DPM, such as the themes, or stress and coping strategies, of "intrusion of grief" in the loss-oriented (LO) domain, and "distraction from grief" in the restoration-oriented (RO) domain. In addition, some other themes in the original DPM did not describe the collected data directly or precisely, such as the themes "breaking bonds" in the LO domain and "denial/avoidance of grief" in the RO domain. For example, parents did not break bonds with their TGNC child, or it was of different meaning from that

implied in the DPM even if there were parents who broke ties with their child. What is more, the researcher noted that a few important elements in the collected data found no place to fit in or to be explicated through the DPM, such as the role of the child and the parent-child interaction during the process, and the family dynamics (as spouse of the parent informant was also another parent of their TGNC child, yet who might have a different attitude and stress and coping experience). Their TGNC child did not die, nor did parents interpret the change of their child's gender transition in this way, yet the parent-child connection and interaction played a salient role in the process. Parents did not go through it alone without their child, and grief or loss did not emerge as a very salient or determinant theme from the collected data as expected. Also, gender transition is not a one-off incident, there were more back and forth in the parental adjustment process in a more complicated way as reflected from data than what is being described as "oscillation" in the DPM.

Finding new Theoretical Framework and Further Data Analysis

The parent informants in this study were actively helping their child through a gender transition. The researcher did further literature review trying to explicate this phenomenon after DPM failed in the first round of data analysis. Several theoretical areas were explored, such as parenting, resilience, positive psychology, attachment, culture (/cultural influence), and other literature of coping. Eventually, among literature of coping at social contexts, relationship-focused coping emerged as the main theoretical framework that best explicated

the collected data, and some other theoretical frameworks, such as communal coping, collectivistic coping and cultural influence, served as supplementary lenses. Further rounds of data analysis were done to categorise the data according to the new theoretical frameworks, to modify from the existing frameworks, to attend to the emerging themes, and finally to expand from the original frameworks and integrate all of them to produce a new theoretical framework for the data collected in the present study.

The findings were divided into primary and secondary levels based on the categorisation of the Dual Process Model (DPM; Stroebe & Schut, 1999, 2010). Primary level experiences referred to the experiences related directly to their TGNC child's gender transition, such as the change of their child's name, appearance and physical body, and issues within the parent-child relationship and immediate family relationships involving a second parent. Secondary level experiences referred to the experiences resulted from their child's gender transition/change, such as dealing with extended families. Based on the present findings, parents' stress and coping experiences were mostly related to their child's gender transition, i.e., at primary level, and were categorised into nine major themes based on the expanded framework of relationship-focused coping. These themes in primary level coping are presented first one by one in the Results chapter, followed by secondary level coping as a single major theme.

According to the theoretical lens of relationship-focused coping, a new set of preliminary codes had been assigned to the data in the second round of data analysis with themes related to their coping strategies and experiences such as: i) empathic responding, ii) active engagement, iii) denial, iv) disengagement, v) compromise, and vi) detachment (Coyne & Smith, 1991; DeLongis & O'Brien, 1990; Kramer, 1993, referring to O'Brien & DeLongis, 1991 and Vitaliano et al., 1988-89; Lee-Baggley, Preece & DeLongis, 2005; O'Brien & DeLongis, 1996); while at the same time new themes were created as emerged from the data, including: vii) emotional support for parents, and viii) ambivalent behaviours. Protective buffering was initially undetermined as whether it should be put as a major theme or as a sub-theme under compromise, and there were other uncertainties in the categorisation of some of the sub-themes. All the above themes on parental coping experiences were considered at both primary and secondary levels, i.e., as relationships between parents and their child and with others respectively. After several rounds of data analysis, seeking advice from supervisors and further literature review, the textual description ('what') and structural description ('how' or the context) of themes and sub-themes were developed, scrutinised and eventually settled in this interpreting stage. The 'essence' of the phenomenon or parents' stress and coping experiences (combining 'what' and 'how') came out, and is presented in table 1 below. More details of the themes and subthemes, and a figure of the emerged theoretical framework are laid out in the Results chapter and Discussion chapter.

Table 2 - Themes and sub-themes of the emerging framework – RFC.

Themes	Sub-themes
Empathic Responding (child/person-oriented) (Primary level)	<p>Cognitive strategies</p> <ul style="list-style-type: none"> - Trying to understand their child's feelings and concerns - Imagining themselves in their child's shoes - Considering their child's limitations <p>Behavioural strategies</p> <ul style="list-style-type: none"> - Active listening and accompanying - Trying to provide comfort to their child - "Sing chyun"/ "cheng quan" (成全) <p>Affective strategy</p> <ul style="list-style-type: none"> - Accepting their child as they are now or will become - Feeling painful for child's suffering
Active Engagement (Task-person-oriented) (Primary level)	<p>Behavioural strategies</p> <ul style="list-style-type: none"> - Seeking information, resources and professional help - Involving child in the problem-solving process - Planful problem solving - Attending to new life changes - Involving other family members in supporting their child
Denial and Opposition (Primary level)	<p>Cognitive strategy</p> <ul style="list-style-type: none"> - Finding ways to explain child's TGNC status <p>Behavioural strategies</p> <ul style="list-style-type: none"> - Going against child's change or transition - Pressing child to be assigned sex - Isolating child - Taking it out on professionals
Disengagement (Primary level)t	<p>Cognitive strategy</p> <ul style="list-style-type: none"> - Wishful thinking <p>Behavioural strategies</p> <ul style="list-style-type: none"> - Ignoring child's behaviour or status - Interpersonal withdrawal - Cutting ties with child

Compromise (Primary level)	Behavioural strategies <ul style="list-style-type: none"> - Bargaining - Tolerating or allowing things to develop - Trying to find a solution that was fair to all involved
Protective Buffering (relationship-oriented) (Primary level)	Cognitive strategy <ul style="list-style-type: none"> - Reconstructing goals toward family relations Behavioural strategies <ul style="list-style-type: none"> - Withholding negative expressions or disapproval - Initiating communication again after tension with child - Protective buffering at family level
Detachment (Separate child's needs from their own needs. As contrast to interdependence.) (Primary level)	Behavioural/ Cognitive strategies <ul style="list-style-type: none"> - Letting go - Going with the flow
Seeking Emotional Support (or Lack Thereof) for Themselves (Parent-oriented) (Primary level)	<ul style="list-style-type: none"> - Parents' Emotions - Seeking support from helping professionals and meeting other parents - No need for support
Ambivalent Behaviours (Primary level)	Behavioural/ Cognitive strategies
Secondary Level Coping	<ul style="list-style-type: none"> - Empathic responding to other TGNC persons - Active Engagement - Level of disclosure

The use of Language in Transcription / Result Presentation

The researcher had several guidelines regarding pronouns that he used in translating the transcriptions of the interviews into English and in writing this thesis.

Pronouns

- a) Please note, in speaking Chinese/Cantonese, the third person pronouns pronounce the same and are thus always gender-neutral in both speaking and listening perspectives. It only meant to refer to that person. People do not relate/imply any gender sense when referring to others.
- b) In Chinese, a character could have multiple meanings. For example, in the interviews, when parents say “仔”, it could mean “son” or “boy/man/male”; whereas “女” could mean “daughter” or “girl/woman/female”. These multiple meanings would be listed together in the translation of the transcription in the Results section.
- c) When referring to TGNC persons, the English pronouns used in writing up the results were same as their identified gender if their parents were accepting and referred to them as that pronoun as well, e.g., “*he/him/his*” for trans men and “*she/her*” for trans women.
- d) Whereas no gendered pronouns were used in writing up the results if the parents were not yet accepting nor preferred to refer their TGNC child with pronouns of the child’s identified gender. This was to respect both the parents and the TGNC persons. In some occasions, “*(they/them/their/themselves)*” were used as a gender-neutral pronoun if a pronoun was to be used. Yet the bracket meant that the TGNC person did not necessarily identify as a genderqueer (e.g., third gender, agender or non-binary) person. Or it was used as a gender-neutral pronoun when the gender identity of the said person was not

known, or not to be specified, such as in order to protect the privacy of some of the persons being mentioned in the interviews. There were also times the parents/speaking person just referred to another person in third pronoun, without any gendered sense, i.e., no intention of denying or affirming or unconsciously mistaking the gender of the said person.

- e) Binary pronouns with a bracket, e.g., “*(he/him/his)*” or “*(she/her)*” were used in writing up the results to refer to the TGNC persons’ assigned gender. Parents might accept and acknowledge child’s identified gender at the time of interview, but it was the gender parents perceived in their revelation of their child’s past.
- f) “*They/them/their/themselves*” were used as singular gender-neutral pronouns for TGNC persons who identified as non-binary.

Pseudonyms

Pseudonyms for TGNC persons/child.

All the pseudonyms used were picked deliberately. Chinese names are made up/composed with Chinese characters of which the characters itself are usually gender-neutral. There are some characters being given a gendered sense or connection, and would be adopted more often specifically for male child/men or female child/women (not only the gender of individuals is assigned, but their names are also assigned/given by somebody else, such as their parents or masters or an authoritative figure). With the use of transliteration or

Cantonese Romanisation of the Chinese characters most often used for names (for men and women and any individual), certain transliterations were deliberately picked to use as pseudonyms of which they could cover both male names and female names that are often used, or which has been used as names with a gender-neutral sense, i.e., used as both male names and female names. For example, ‘Ping’ could be a transliteration of the Chinese character “平” (used as male names or gender-neutral) or “萍” (more often used as female names); “Ting” could be a transliteration of the Chinese character “霆” (often used as male names) or “婷” (often used as female names); “Chi” could be a transliteration of the Chinese character “志” (often used as male names) or “芝” (often used as female names) or “之” (gender-neutral).

By doing so, the researcher tried to remove or minimise: i) the gendered sense of the names on the TGNC child, and ii) also the connection/relatedness to the transition stage of the TGNC child. Since there has no set sequence/order in what has to be done during transition, such as at which stage or before/after which procedure should a TGNC person change their name; nor a set of list of what has to be done during transition, i.e., there are TGNC persons who just do not change their names for whatever personal reasons regardless of their stage. The gender identity of a TGNC person is just as authentic to her/him/them as a name to any individual. By using the transliteration of names which could cover names of all gender spectrum as pseudonyms, those pseudonyms could be used to represent the specific

TGNC persons throughout without changing regardless of their stages. For example, one could imagine the TGNC person with pseudonym “Ping” could be a trans woman whose name used to be “平” and then might have changed to “萍” at certain stage of transition, if she decided to change her name, or she might have used the same name throughout, and vice visa in the case of a trans man or a non-binary identified TGNC person.

Indeed, this is also a practical consideration for TGNC persons to change their names in Hong Kong. Some of them would try to find Chinese characters that would match the transliteration of their original name but with another gendered or a gender-neutral sense, so as to minimise the inconvenience in their lives (since English is one of the official languages used in Hong Kong, the English name of any individual, which is usually the transliteration of their Chinese name, would be used very often in different records), and/or to make it easier for their families and friends. From the researcher’s personal experiences, changing name on different records could sometimes be more difficult than changing gender on those records in some countries (not in Hong Kong so far).

Pseudonyms for parents.

Common Chinese surnames were chosen as pseudonyms for the parent interviewees as parents were often referred to by their surnames or that of their spouse in Hong Kong. Also, the chosen surnames were different from the parent interviewees and their spouse. Surname serves an important function in the Chinese society as it represents a family and/or connects

family members or members of the same kin.

Ethical Considerations

In terms of ethical considerations, the proposal of this study went through the expected review of the university's Human Research Ethics Committee (HREC) and the ethical review application is attached at the appendix.

Researcher's Assumptions and Awareness

Background and Assumptions

Researcher plays a crucial role in qualitative research, as the key instrument in collecting, analysing and interpreting data (Creswell, 2007), and so researchers need to report their background, assumptions and biases, and be aware of how these may influence their direction and interpretation in conducting the research (Creswell, 2007; Dwyer & Buckle, 2009).

As a transman who identify as a man while being assigned as female at birth (AFAB), I have gone through both social and physical gender transition to certain extent. My parents knew about my identity and decision for a gender transition right from the very beginning since my realization of my identity, and took some time to work out what it meant to me, to them and to our relationship. Throughout the past 9 years, I met many other TGNC persons and learned about their struggle between their gender transition and family relationships.

Also, due to my devotion in the community-based organisations, I met some parents through

the introduction of their TGNC child, by the others, or themselves directly. Due to lack of understanding or misconception on the issue by the others, and the lack of dedicated service, parents usually struggled on their own, regarding the relationships between different family members including their TGNC child, their worries over the well-being of their TGNC child, and facing the stigma posed to their TGNC child and them. Reflecting on the precious relationship and experience with my parents and the often sad encounters with other parents or TGNC peers, I believe family relationships should not be exchanged or compromised for TGNC persons' gender identity and/or gender transition, and have been motivated to study on the parents' experiences and make them known to others.

Awareness of the Strength and Limitation of an Insider-position in This Study

There are both strengths and limitations for insider and outsider as researchers in social science, and “their distinctive and interactive roles in the process of truth seeking” (Merton, 1972, p. 36) have been discussed and acknowledged by different scholars (Dwyer & Buckle, 2009; LaSala, 2003; Merton, 1972; McClennen, 2003). Insider researchers as members of the community under study would have advantage in accessing the community and collecting data, but they may on the other hand over-emphasise the insider perspectives or neglect the distinctive information about the community. Challenges for outsider researchers are their ability being queried in understanding or reflecting the life experience of the informants (Dwyer & Buckle, 2009; Merton, 1972), or they may have created a hierarchical research

relationship during the interview process (Dwyer & Buckle, 2009; McClennen, 2003). LaSala (2003) has suggested lesbian and gay researchers to “maximize the trustworthiness of their research by reassuring respondents of confidentiality, developing and maintaining self-awareness, avoiding dual relationships, using peer debriefing, and maintaining prolonged engagement with informants” (LaSala, 2003, p. 22).

I could be regarded as an insider as a transgender/TGNC child, and parents may approach me to get the information that they did not get from their child directly, or found reluctant to share with others. They might also feel comfortable as being seen on equal grounds instead of being pathologised or as deviants. My personal encountering experiences with parents also helped in the interpretation and analysis of the data. On the other hand, I may be considered as an outsider or a semi-insider as I am not a parent, nor do I have a family of my own or in an intimate relationship, I may not totally understand the struggles of parents regarding their child and keeping the family as a whole. To counter these limitation, I employed some strategies, including: 1) really listened to their narratives, clarified their actual meanings, and be and showed that I am non-judgmental (LaSala, 2003); 2) aware of my multiple roles - as a researcher, a transgender/TGNC child (and might even be peers with their transgender/TGNC child) and the organiser of a community-based organization, and made these distinctions clear to my informants; 3) aware in balancing between focusing on the informants' life experience and appropriately conceptualizing them to a theoretical level

(LaSala, 2003), such as using theories regarding gender, coping, transgender/TGNC persons and family dynamics; 4) kept a reflective journal; and 5) had peer debriefing (LaSala, 2003).

More strategies to achieve the rigorous and trustworthiness of the research, including prolonged engagement with the community, are discussed in more detail in the following sections.

Validity / Issues of Trustworthiness

Validity in qualitative study means that the findings generated in the research is accountable in answering the research question, considering that both the informants and researcher have unavoidably put in their own understanding and interpretation in the research process (Maxwell, 2013). It is also being referred to as ‘trustworthiness’ (Morrow, 2005). The researchers of qualitative research have to reveal “their own stances, motivations, assumptions, and biases” in order to obtain trustworthiness (Morrow, 2007, p. 216). The trustworthiness of this qualitative dissertation research was achieved through careful implementation of the following criteria: (1) credibility, (2) transferability, (3) dependability, and (4) conformability, together with subjectivity, reflexivity, adequacy of data and adequacy of interpretation (Morrow, 2005).

Credibility

Credibility means that how researcher ensures rigor in the whole research process from collecting data to interpreting data from the informants, and conveying to others that

he/she/they has/have done so (Lincoln & Guba, 1985; Morrow, 2005). As Morrow (2005) stated, it could be achieved through the following strategies: 1) prolonged engagement and persistent observation with informants; 2) peer debriefing; 3) negative case analysis; and 4) researcher reflexivity; and 5) participant/member checks. These strategies are laid out as follows:

In terms of prolonged engagement and persistent observation, I have been engaged with the TGNC community for the past eight and a half years and have known some of the parents for some time, and some other parents have even directly approached me initially in order to understand more about the identity and situation of their TGNC child. Also, my committed involvement in providing support to the TGNC community with the help of some professionals has gained trust from the parents. What is more, participant observation in the parents' group twice also enhanced my background understanding or perspective on parents' experiences, and what I heard in the participant observation was coherent with the interviews.

Peer debriefing was done by sharing my thoughts on the research topic and the findings that I got from the data to my colleagues at the transgender organisation and at the university. There were both transgender/TGNC and cisgender (i.e. not transgender) persons, and of both with and without research background, so as to help me in recognizing my blind spots and biases, as well as to expand and deepen my thoughts.

Negative case analysis had been done in the data analysis process to actively examine if

any data that did not fit into the initial framework, i.e. the DPM framework, and then not only a better framework was being adopted (i.e., relationship-focused coping), but a modification to it was made to cater for the themes generated/emerged out of the data in order to cover/represent the experiences of the informants in all cases. Both experiences of accepting and non-accepting parents, and that of parents of binary identified TGNC persons and parents of non-binary identified TGNC person(s) were compared to give insights to one another.

Researcher reflexivity is explained more in the sub-section below.

Participant/member checks were done by asking the interviewees to check the transcripts of their interview (Morrow, 2005). The researcher showed them the transcripts generated at the data analysis stage. Amendments were made according to the feedback and comments of the informants.

Transferability

Transferability refers to how far the research findings could generalise to other contexts, and is done by providing thick description of the research in terms of the information of the researcher, “the research context, processes, participants, and researcher-participant relationships to enable the reader to decide how the findings may transfer” (Morrow, 2005, p. 252), i.e. if and how many commonalities there are between different contexts.

Since qualitative research is not meant to be generalizable, I do not make claims about the experiences of parents beyond this sample, i.e. the Hong Kong Chinese context, but the

focus of my research is on understanding the essence of parents' coping experience, and only variations of the core coping experience would be generalizable. The final results may give some insights in understanding the coping experiences of parents under the Chinese cultural context as compared to those in the West, but it does not represent those in other Chinese regions, such as Mainland China or Taiwan, as the social context and some other influential factors are different, such as the ease of access to medical transition support.

Confirmability

Confirmability refers to 'how well the research results are supported by the data collected' (Lincoln & Guba, 1985). It is important that any bias from the researcher is minimised as much as possible. It was ensured with the records of the research activities in every stage to make sure the findings were based on the data and the analysis of the data. The self-awareness on 'bracketing' and participant checks for the transcript of the interviews and on my initial findings also assured the adequacy of interpretation and subjectivity of the research findings, that the interpretation and results were truly from and representing the informants (Morrow, 2005; Moustakas, 1994).

Subjectivity and Reflexivity

For qualitative research, since "the very nature of the data we gather and the analytic processes in which we engage are grounded in subjectivity" (Morrow, 2005, p. 254), the management of subjectivity is crucial in order to minimize researcher bias, and truly

represent the experiences and realities of the informants. The strategies to manage subjectivity include bracketing and reflexivity.

“Bracketing” is the word particularly used in phenomenology to describe “the process of becoming aware of one’s implicit assumptions and predispositions and setting them aside to avoid having them unduly influence the research” (Morrow, 2005, p. 254), i.e. dealing with any possible cognitive biases. I did this by writing out my previous experiences with my parents and any of my thoughts and assumptions about this research topic, and referred to these from time to time in the data collection and analytic process to examine if and how these might have influenced me, and what alternatives could be drawn against these possible biases. It was also important that my assumptions and possible biases were made known not only to myself but to the others as well.

Also, the process of reading literature and interactions with the informants (including interviews and other encounters) helped to expand my insights on the topic and continuously challenge my assumptions and predispositions. How I have continuously revised and come to the current research questions and theoretical framework was an example of this kind of stimulations from the findings of the pilot study and the final data collected, and reading of literature in expanding my insights, finding the research gap and interpreting the results from an appropriate theoretical lens.

Reflexivity refers to “self-reflection” or “monitoring of self” (Morrow, 2005, p. 254) in dealing with any possible biases that are emotionally driven. In order to accomplish reflexivity, I kept “a self-reflective journal on my ongoing experiences, reactions, and emerging awareness of any assumptions or biases that come to the fore” (Morrow, 2005, p. 254). Having peer debriefers as mentioned earlier was another strategy in achieving reflexivity.

As an organizer of an organization supporting TGNC persons and their families, I am always in a position to reflect myself on the kind of support or service or direction to engage with the TGNC community and other stakeholders whom I encounter with, including parents of TGNC persons. Also, the diverse and complicated statuses and needs of all of them, together with their also diverse and complicated perception or understanding towards the TGNC identities, gender transition, image of themselves and of the community as a whole, or of their loved ones, all of these have always reminded and challenged me to reflect on how explanations on the TGNC identities and status could be done, and genuine inclusion could be achieved.

Results

This chapter describes parents' coping experiences in terms of their struggles and concerns for their child's well-being, their parent-child relationship and their relationships with others, such as their spouse, other core family members, extended families and other people encountered in the society. Their coping experiences and strategies are categorised under ten major themes, with nine major themes at the primary level (i.e., due to their child's gender transition and within their immediate family) and the tenth major theme is coping at secondary level (i.e., resulted from their child's gender transition and outside their immediate family). The nine major themes at the primary level coping are: empathic responding, active engagement, denial and opposition, disengagement, compromise, protective buffering, detachment, seeking emotional support (or lack thereof) for themselves, and ambivalent behaviours. Quotes from the in-depth interviews with parents are cited to demonstrate related concepts. Pseudonyms are used to protect their anonymities.

Theme 1: Empathic Responding

In this study, empathic responding only refers to parents' efforts directed to the well-being of their TGNC child, such as their child's feelings and concerns, but not the instrumental tasks.

The eight sub-themes under the theme empathic responding were: i) trying to understand child's feelings and concerns; ii) imagining themselves in child's shoes; iii) considering

child's limitation; iv) accepting child as they are now or will become; v) active listening and accompanying; vi) trying to provide comfort to child; vii) feeling painful for child's suffering; and viii) "sing chyun" (Cantonese) / "cheng quan" (Mandarin; 成全). They are explained in detail as follows.

Trying to Understand Child's Feelings and Concerns

When parents initially knew about their child's TGNC identity and/or desire for a gender transition, some parents took it as an opportunity to understand more of their child, such as how their child had such thoughts, and their child's pertinent feelings and concerns. They had or gained an empathic appraisal of their child's situation.

Child's feelings of unhappiness or misery.

Some TGNC persons expressed in the past their unhappiness or misery verbally or behaviourally, which had alerted their parents even before their formal disclosure. Ms Lee's trans man adolescent child, Hei, had told her that he felt miserable for being trapped in a female body and wanted to cut his breast.

Lee: ... He said that he felt more miserable than those who have [other illness]. He would rather have [other illness] than being like this, that he has to be a girl... the body... He did mention about wanting to remove his breast.

Interviewer: How did you respond then?

Lee: Of course I stared at him and said, "Are you serious?"

Mrs Ho realised from her trans woman child, Wing's unhappiness how critical Wing's gender issue was and wished that she had known about this and even helped Wing to start

transition earlier.

Ho: ... Wing was so unhappy. (They) were so young. Others would just go out and enjoy themselves. And I wonder, why was Wing like this? ... (Wing) didn't know how to find (themselves) [at that time] ... That [Wing] wanted to go this way, wanting to change from male to female, but did not know how to do so ... I did not know about it [Wing's situation], Wing did not know about it neither ... of how to proceed further ... When you talk [to Wing], (they) did not respond. Just saw (them) always murmuring, talking to (themselves). Thinking that ... no one (they) could talk to ... when I saw (them) like this, [I thought] how could you [Mrs Ho] help (them)? When (they) were not revealing (themselves), how could you [Mrs Ho or others] help (them)? (They) were just afraid that parents would not accept (them).

Ho: ... I thought that [Wing] must have something trapped inside, and when (they) revealed it finally, I thought, "So, if [Wing] has to be happy ... after seeing how unhappy and trapped and so on [they are]... does that mean (they) would be happier after that [going through transition]? Then maybe I should just let (them) go this way. There's no use if you oppose (them). You oppose (them) and you would see (them) like being insane."

Understanding more about their child's past and connecting the dots.

Thoughts and feelings about TGNC status often began in early childhood. When their child revealed more and more of these thoughts and feelings, some parents started to be able to connect the dots of their child's behaviours in the past. Their child might have expressed curiosity about gender at a young age or behaved non-conformingly against gender stereotype or their expectations, such as their child's preference for clothes, having "same-sex" attraction, or even expressed uncomfortableness of body and that they had suicidal thoughts. These might be things parents could not comprehend and even found annoying in the past.

Parents tried to understand their child more through talking to their child, or observing

their child's behaviours or any change in their child's emotions or well-being during the process.

For example, Hei had expressed his curiosity about gender since childhood. He had been sensitive to stories with gender non-conforming characters, preferred boy's clothing since young, struggled with wearing a bra and felt miserable after the start of menstruation.

Lee: ... the first [related] thing I heard Hei said was, when he was very young, at primary school, he asked his daddy, "could boys become girls and girls become boys?" ... it was because he heard a story at school about a girl growing up, became a boy and went to visit (their) best friend. Hei was very young then and he expressed it as, "(Their) friend saw (them) grown-up, and became/change to another gender." He said it as a very surprising thing. He had kept this in mind since then.

Lee: He once showed me a video in which there was a girl, who had a boy as a close friend, and the girl dressed up like a boy. She didn't like dresses. Her mom and dad reprimanded her and hit her. The girl was very unhappy and confused. She talked to the boy, her close friend, and the boy hugged her when she cried. ... He [Hei] then said, "I feel like this girl myself." Then I responded, "Okay." I hugged him and he cried. ... He might not have expressed clearly [that he wants to be a boy] at that time when he shared the video to me, but he did say that afterward, that he feels like himself is a boy. That he was very unhappy, saying that he thought he would be a boy when he grows up, not realising that he was a girl indeed.

Lee: ... He was very strange ... when he was about 5 or 6 years old, he went to the boys clothes section, and we had to take him back, then he would go there again ... but he seemed to be hiding himself as he grew up, he had no self.

Lee: ... He likes boys' stuff since he was young ... when he started to have menstruation, he said once that he's bleeding and I explained to him that it's normal, etc. He looked confused ... he always plays with boys and not getting along well with girls. ... When he had to wear a bra, he only wore it for a short period before he rejected to wear it anymore. I thought it was just his preference... actually he did wear one kind (of bra), the very tight one. I looked around to find it. He was wearing the small size, and became very angry when he had to change to the medium size, insisted on continuously wearing the small size. Then the store did not have that style anymore, and I have to search around again. ... He would not change to another style although

those bras had become very old and torn. I didn't know why, and he didn't explain anything to me. ... He was about 11 or 12 years old when he had all these things, emotions ... I thought it was just being a teenager. Also, he would sometimes suddenly become very upset after menstruation, and said to me, "I am very upset, I don't understand why I am very upset. I hate myself, yet I don't know why I hate myself." I told him maybe it's the influence of hormones, and he seemed to be fine after my comfort. It didn't happen often, just a few times.

Ms Tsui, the mother of an adult trans man, realised how it had been like a mystery in trying to understand her child, Man, when she and her then-husband thought Man had a same-sex attraction issue.

Tsui: ... it's even before 1993 when I thought he [Man] was gay [/lesbian]. ... Hence, I read some books on same-sex attraction, went to some seminars on this topic ... which were not many [at that time]. ... I had talked to a few people about this ... I also told my pastor ... and he recommended us to have counselling. ... Man was obedient and agreed to meet with a social worker. ... The social worker had told me that Man didn't talk whenever the topic of his gender is being raised. I only understand now why it was so – he didn't know how to talk about it. How could you [Man] say it for being incongruent inside and out? He [Man] thought he was just being attracted to girls, which others would take him as having same-sex attraction. At that time, people tried to explain it saying that it's because he's trying to take up his father's role and to take care of me. I thought it was the reason as well. ... It's only after all these years that the mystery is finally solved.

Mrs Lau also came to understand why her adult trans man child, Wai, seemed to be shy or grumpy sometimes when she looked back. She also noted how Wai seemed to be calmer or less being irritated after he found his TGNC identity and started transition.

Lau: ... He was quite strange when he was young, like at primary school, he was very shy ... he would ... hide himself ... and we have to push him a bit, such as telling him to go get a pack of ketchup or something ... he was actually quite sporty ... and so

these things seemed to not match together. Therefore, I would say now, he didn't like to be seen by others sometimes ... I would explain it as he didn't understand at that time, maybe he could not accept himself as a girl, but did not know it was about this being girl issue, and so he didn't like it whenever people saw him [or refer him as a little girl].

Interviewer: Are there any changes you noticed about him in these 2 years of the transition process?

Lau: ... He used to be quite grumpy in the past. He would be irritated for very small things, which sometimes I thought was not in proportion. Now he seemed to be calmer than before, wouldn't be so easily irritated, nor is his bad temper as great as before ... even though he still has temper now, I thought the frequency and the intensity are different from before. This is what I have experienced from daily lives. ... I would have imagined that when someone has something inside their heart and does not know what they want to do, ... and they could not bring those things out. They would then easily take it out on others whenever something outside happened. ... He had always talked to me about everything, but had never mentioned about gender, and so I had never thought in this direction.

Understanding more about their child's present transition experiences.

Supporting parents were also concerned with their child's feelings and concerns during the gender transition process. Sometimes they understood more about their child in comparing their child's present and past behaviours.

Ms Lee had come to understand more of her child's body dysphoria when she noted how Hei seemed to feel more comfortable with the use of binders.

Lee: ... Then he started to wear binders. Before that, he used to wear over-sized clothes to cover up his body, and he only wore long sleeves. Now he wore binders and short sleeves, and seemed to be very comfortable like this.

She also anticipated and tried to understand the possible reaction or emotion Hei had on some occasions, such as looking back at the old photos for his school project.

Lee: ... I am afraid that he would become upset when he's looking over the photos by himself. So I laid out the photos there, saying that let's look at the photos together. Then I looked over the photos and shared some of the photos to him as I looked through them, and put them back when he did not look at them. I was very happy looking back at the photos.

Interviewer: So you think it's possible that he would feel upset about his so-called girl part in the past?

Lee: It is possible. Maybe it's not upset, but there would be something. I would like to know what that is.

Mrs Lau also understood more about Wai's dysphoria and concerns regarding appearance, body, surgery and the TGNC identity. Wai had also been very sensitive emotionally to others' perceptions towards him.

Lau: ... [he] cares about his appearance, his face, his clothes, everything ... he has done top surgery, and now he thinks about doing bottom surgery, as he really wants his appearance to look good [/ as a man]. He has searched many places regarding bottom surgery. He is not satisfied with the current techniques because the skin colour looks different by using arm or leg ... He has just flown overseas to meet with the doctor there, but something was not turning out as he expected and so he has to think over it again.

Lau: ... he cares much about his appearance. For example, when people pass by and look at him, he would then [be alerted/upset]... I would say he's being very sensitive. This had made him very upset. Therefore, I would say he thinks appearance is very important.

Interviewer: So he was upset because others still regard him as female? And so he's sensitive and upset for being looked at?

Lau: Yes. I think this is what happened. A very little thing others did, he would easily take that into his heart and feel upset.

On the other hand, some parents might have realised in a difficult way how important the gender issue was to their child as they looked back on what their child had gone through.

Mrs Chan's trans woman child, Yan, had been expelled from home by her husband at the late teenage years. She began to realise Yan's determination and feelings for transition after noting how Yan had become much happier in the past few years.

Chan: ... I realized one thing ... the child had become much happier after living away from home, even though (they) had been ... picking up trash [to eat when being expelled from home initially] ... it's only that. But every time when I saw (them), (they) are happy. (They) didn't tell me about how difficult (they) have been living, such as paying rent, etc. (They) said nothing about it ... I reckon (they) are much happier than when (they) were at home ... I have never thought that (they) would be happier ... than being at home.

Reasons for trying to understand.

The reasons parents wanted to understand more about their child include: being empathic with their child, not wanting to leave their child to struggle alone, and wanting to have a better idea of how their child would become.

As Ms Cheung, the mother of an emerging adult trans man, Fai, said:

Cheung: ... I would like to understand more about it. (Assertively) I don't want to leave him alone. ... [if I] understand more about it, then no matter how he would develop in the future, I would at least have an idea about it.

Ms Lee thought that not being understood was what made people felt miserable, and it would help to relieve the emotions a lot otherwise.

Lee: ... The only thing I remember was that, "it is very miserable [with the TGNC status]. I would try to help you [Hei] as much as I could." But I also thought that, miserable is only the feeling, but not how you should regard the issue. ... Actually, you

would feel miserable when you think that no one understands you. However, there's nothing special when you have someone who understands. Everyone has this kind of experiences [not being understood].

Indeed, another adolescent trans man, Nam did demand his mother, Mrs Wong's understanding, and blamed her for mis-understanding him at times.

Wong: ... he was not so boyish then, and so [a friend] said that maybe [Nam's TGNC status] is due to other outside influences. I tried to tell him [Nam] about this. Then he just went fierce, blaming me, "You don't understand me! ... I have done a lot of research ... before I finally realised myself ..."

Apart from talking to their child and observing their child's behaviours, parents would try to understand their child and their child's TGNC status through different means, such as seeking information, professional help, meeting community members and other resources. These coping strategies and experiences would be discussed further under the theme of active engagement.

Indeed, the social worker from the community organisation acknowledged that understanding more about TGNC status and TGNC persons was critical for parental acceptance.

SW: ... some parents have changed. At least they would understand more about what this [TGNC status] is. For example, parents might only know that their child would like to change sex, but what exactly was their child thinking? They then knew better what TGNC persons are thinking, not only their child. Parents have a boarder view by understanding that not only their child is like this, but others [TGNC persons] have similar thoughts or status as well. They would then think, "maybe it is something innate. My child was not that abnormal as I thought. There are other people who are

like this.” Therefore, they have gained more understanding of it.

Imagining Themselves in Child’s Shoes

When their child could not express themselves clearly in the past or did not talk much about the topic, some parents would try to imagine themselves in their child’s shoes in an attempt to understand more about their child’s feelings and experiences.

Parents would imagine both the positive and negative side of their child’s experiences and feelings. Some parents then became empathy with their child in recognising the difficulties their child went through or would encounter in the future. They would express their worries yet also acknowledge their child’s strong characters in dealing with these difficulties.

As Mrs Wong, the mother of a teenage trans man, Nam, noted about Nam’s difficulties in: getting the right size clothing, being rejected by others, such as in participating in a gender-segregated sports competition or employment, and being alone without community members’ peer support when studying overseas.

Wong: ... I feel troubled as well, because of the size of the clothes ... only the small size of man’s clothes would fit him. He is very sensitive to this. It’s not easy to find the right size for him there [in another country]. Nothing over there fits. It’s always too big.

Wong: ... he tried but got rejected. Hence I tell him maybe he should try something that’s not gender-segregated, those should be fine. Sport is an issue. He’s been asking if the sports club would train him for competition, and got an initial answer of no. ... He’s also been asking if the [shop] would employ him, but got no reply. Not sure if it’s because of how his appearance doesn’t match with the gender on ID or any other

reasons.

Wong: ... now he is so alone over there [without peer support], like a buoy floating to nowhere.

Mrs Ho imagined her child, Wing, might encounter lots of difficulties in the future, such as being discriminated, and difficult to find a job or a partner. She thought her child would still be different from a natal woman after all. She wished that her child would consider thoroughly about all these issues, be able to bear the pressure and survive happily.

Ho: ... There would be no point of return. ... That when you say you want to become a woman, would life be easier? ... (They) should think thoroughly about it, that (they) have to know what the future consequences are... the path won't be that easy. You [Wing] wouldn't know what's going to happen until you come to that point. You have to face it yourself. Be responsible. Not that you only have the passions and go straight ahead for it. It's not that simple. The society nowadays isn't that accepting. You [Wing] have to face how others may look at you, [consider the difficulties in finding] your job, or you may have to remain single and be alone. ... You could not form a complete family after all. Even if you may be able to find someone alike in another country to accompany you till you age, that would not be a complete family.

Ho: ... [when going out or buying clothes with Wing] I am not sure what others regard her as, but sometimes people would stare at her in a discriminatory way. ... They would look at her more than once, thinking ... 'neither man nor woman' ... it's understandable. I may do so from my point of view as well.

Ms Tsui had imagined about the mental suppression Man had and worried about the physical aspect and social pressure he might encounter during the transition process. Yet she also tried to make sense of her child's changes during the transition.

Tsui: ... Because this is very personal, I wouldn't be able to understand how he ... [bore] the difficulties he had for so many years. While he's making a step forward today, the difficulties he encounters may not be less than before. ... He had suffered for

so many years. When I think about that, I always feel miserable for him.

Tsui: ... Even he has been silent all these years, I know that it's difficult for him. Hence, I am worried about his transition, how it would be ... it's different for everyone. He's not that [physically] strong after all ... as I have often said to him, "we don't know when we would go [die]." He also talked about this, that there's a risk of getting cancer by taking hormones ...

Tsui: ... I have no confident in the future. How he's been presenting as a female ... is something he could handle and I could handle ... would he be able to handle it in the future? Or would he be more pressured? ... I am afraid that ... he would have difficulties in getting along with others. I fear that he would be frustrated ...

Tsui: ... now that he finds himself, I think he's more confident with his career. ... This is how he's been different from before ... that he's clearer... about what he has to do.

Mrs Lau tried to imagine how upset her child was when he could not feel being affirmed of his gender identity.

Lau: ... he was seeing the psychiatrist or clinical psychologist, and that person said to him, "No matter what you do, you are not a real man" ... then he became fierce about this, but he could not express it out in front of the doctor. I thought, "As a doctor, you should not say this."

Yet she could feel how happy and satisfied Wai was by the way he consistently kept records of his change(s) during the transition process on the other hand.

Lau: ... He kept taking photos of himself. Monitoring the changes he had. ... So at least this is what he wants and he knows that he's getting it in his way.

Such acknowledgement of the difficulties their child had to deal with had become their motivation in supporting their child.

Ms Lee recognised Hei's determination after seeing how he insisted on using binder

every day in the past few years.

Lee: ... I have monitored him for a few years already. It is indeed quite uncomfortable wearing binders, yet he insisted on wearing them every day. Not a single day would he not wear it. He must be very determined. Therefore, ... I think it's fine to let him try.

Ms Tsui was touched after realisation of how determined Man and other TGNC persons were regarding transition even in the face of many difficulties along the process, and imagined how happy Man would become afterward. She even wished Man had realised his TGNC identity and started transition earlier.

Tsui: ... You have to pay more [in getting a single room when travel] now that you have come out to the others. These are the things that are not convenient. He would thus have more inconvenience or considerations. And these are the things I feel troubled/ hassled. But I can see that [TGNC persons] do not mind these troubles. Your desire is over all these troubles, so I surrender. I must support, right? It is very important that you people feel comfortable.

Tsui: ... I think he would be very happy after surgery. ... Maybe he should have it as soon as possible. ... I didn't want him to undergo surgery as I had surgery once and it was difficult. However, if his desire is so strong, and they [the breasts] are not going to be flat even after using hormones, then he should do it [surgery], as long as he is happy. He's been unhappy for so many years already, and it should be no more. I am happy when he's happy, regardless of whether he's a son or a daughter.

Tsui: ... I think it's important that he would be able to be himself, no need to consider too much. It's good that he has this development, only that it's a bit late.

Mrs Ho also preferred Wing to have started dealing with the issue related to the TGNC status earlier after realising that this was the reason Wing had been so unhappy in the past few years. She had worried that Wing would be dead due to the mis-use of the hormones. She

valued her child's life more than her child's gender.

Ho: ... I was surprised and wondering what those medicines were for when I discovered it. I was afraid that (they) would misuse the drugs [hormones] and die overseas without people knowing ... Later I listened to what my friend said, "it's alright. No matter [if (they) are] a son or a daughter, it's important as long as (they) are safe."

Ho: ... It was the clinical psychologist who talked to (them), hoping to open up (their) heart. Maybe things would be different if (they) opened up (their) heart at that time. But there were another 2-3 years before (they) come out about this [desire for a transition]. (They) were in (their) early 20s, maybe (they) could have proceeded further now if (they) had revealed it 2 or 3 years ago.

Indeed, Wing self-harmed once more than half a year ago before the interview.

Ho: ... the nurse suddenly called me telling me that [Wing had self-harmed and admitted into hospital] ... my whole body was trembling ... I asked (them), "Why are you doing this? Why are you in such a hurry? You should do it [medical transition] step by step."

Moreover, Ms Cheung had come to appreciate Fai's coming out to her as a sign to seek for support.

Cheung: ... It's very simple. When he tells you about this, it may have due to the fact that the doctors or his friends told him to get the support from family first before taking any actions, and that's why he would tell us. Or maybe he just thinks that he needs to let us know. When you tell someone about such a thing, of course you would like to get support from others. If I know you are gonna reject me, I would not tell you. It's that simple. ... It's already being respectful to those persons by telling them.

She also tried to imagine and understand Fai's situation from her encounter with other

TGNC persons, which motivated her to think how she could be of support to him, even her

mother and brother did not seem to agree so. She did not want Fai to be alone.

Cheung: ... There were some TGNC persons whose family may not support them, and they have to ... count on themselves. ... my feelings [of meeting other TGNC persons] were, apart from knowing more about it, I would think that ... if he really has this thought, support would be very crucial. However, the concern is how to provide support.

Cheung: ... As with my family, both my mother and brother are against it, and his father's side is even more against it. Then I think, if I am against this as well, maybe he would become alone. Therefore, my main concern now is that no matter what he is or would be, I just wanna see how I could provide some support to him. ... Everyone needs support. I think having/providing support is very crucial. You may lose him if you don't support him.

Indeed, Mrs Lau acknowledged Wai's transition as a complicated and difficult process with lots of tedious tasks that both Wai, her and their closed ones had to put effort to adjust.

Lau: ... There's no such thing as the most difficult thing. It has been difficult all along. How could you say it's not difficult? ... Every change, such as when you have to change the way you call him, it's difficult. When he changes his name, you have to follow him. There are also many things ... although many of them are instrumental tasks ... the process was not easy. You have to imagine every time ... this change/transition is not something that would change in a click, but there were many procedures in between. Many procedures to deal with and every procedure has to be dealt with very carefully. This is what the difficulty is all about. It's not like: oh, I am gonna change, so I change and my family change and that's it. No, it's not like that. You have to change your ID card, have to change your name. Besides, it's not only the name on your ID card that is changed, you have to change your gender in the future, and to change your passport as well, and this and that, ... there were a lot of tedious things that you could not imagine, yet they were all important things, that you have to do it. ... It's when Wai goes along changing all these things that I started to know there were so many things ... [He changed] his Chinese name then his English name, and he had to find a lawyer to make a deep poll, and so on ... I actually thought that ... it's much more difficult for Wai. He has to deal with many things in daily lives already, and he has to deal with things related to this [transition] on top. It's not easy. Hence I

think ... it's difficult, it has always been difficult. ... Especially when we have no experience of it, and we don't know anyone who has experience with it. So for every step we have to ... being careful may not be the right word ... but we have to take it seriously in every step. As we have no previous experience nor information about it.

It is worth to note that, even with parents who might not be as supportive, they might also have tried to imagine themselves in their child's shoes in certain aspects and to respond according to their appraisals. For example, Mrs Chan not only realized how important the TGNC status to her child was when she saw her child being so happy after living away from home, but also that she had imagined how her child would have valued parents' identification as she would have and be careful in the way she talked to her child.

Chan: ... I have never thought that (they) would be happier, being much happier than at home. ... I had tried to put myself in (their) shoes, as a mom, I imagined if I were the child and (they) be the parents, I would like to have a parent who would identify with me ... maybe because I have this empathy towards my child, and so ... I would be more careful with what I say sometimes. I am afraid that I would say something wrong that I could not take it back, and (they) would have remembered it for (their) whole life. I know how (they) value me... and of every sentence that I say.

Considering Child's Limitations

Apart from the difficulties their child had or might encounter, parents also considered their child's limitations in dealing with these difficulties or making the right decisions.

The factors include: their child being too young or not mature enough, and their child's emotional, physical and mental readiness.

Child being too young or immature.

Parents of adolescent (and emerging adult) TGNC child concerned that their child was too young and not mature enough.

Ms Cheung concerned that Fai was too anxious and the desire for any change of transition was too strong that he might not be able to think rationally without bias or would easily believe in what others said and make rush decisions without thorough considerations, such as his body conditions.

Cheung: ... What I worried most is that he would make rough decisions without thorough considerations. You know, there is so much information online, but it's hard to know which ones are trustworthy and which ones are not. ... Maybe he would only be able to find the community members who have transitioned successfully, and those who failed may not post their experiences. ... There was a person saying that he had got the hormones from the black market and recommended him to do so. Maybe one person can do it without having any side effects, whereas the other one would have trouble. ... Although he got so much information, Fai may just tend to filter out the good ones and ignore or pay less attention to the bad ones.

Cheung: ... I would not say he is mature enough now to consider things thoroughly, coz he's not such a thinking person. ... I have told him whatever he does, he has to make sure his body is ready. If he is going to remove his uterus, his body would then be different, the level of the hormones would be different, and would he be able to accept that? ... I just talk him through this, that it's not about something you want to do and you happen to have the money to do it, then you have to do it.

Cheung: ... As a parent, if I have decided to support him, and he has the chance to tell me about these, I could then discuss with him about all these. I could analysis with him the situation when he seeks my advice for it.

Child's emotional, physical and mental readiness.

Parents also considered their child's emotional stability and physical wellness when

making such an important decision of transition. They did not want their child to be too obsessed with the pertinent ideas and have no other lives apart from it. On the other hand, they were also concerned with the social pressure their child had to deal with.

Ms Lee had set a rough timeline with Hei regarding his physical transition initially at Hei's early puberty years, to calm Hei's anxious and for her and her then-husband to learn more about the issue. Furthermore, she considered Hei might be too young and lack of confidence when he had to explore the unfamiliar area of his identified gender, such as buying clothes.

Lee: ... We were using a procrastinating strategy before. Since he [Hei] was so emotional and rushing at that time, we then gave him a promise, told him that our aim was such and such, to let him able to foresee a future. On the other hand, we have been monitoring every aspect of him, we have learned more about it and feeling more okay with it. Therefore, it's about buying time for one another ... because I thought when he was emotionally unstable like that, wanting to cut himself [his breast], and this and that, then he would not be happy even if he cut it. You have to be well-prepared. Say even for those who have to remove their breast or uterus due to cancer, they would still need time to tolerate it.

Lee: ... He used to be very nervous before, when he went to the boys' clothing section, because he did not know what to do or to say to others. ... He used to always ask me, "So what do I have to say when I go there?"

Mrs Ho was aware of Wing's obsession with being feminine and focused only on undergoing a transition. She would persuade Wing to have a more balanced diet, gave advice on Wing's appearance and wanted Wing to equip (themselves) for the life beside and beyond the transition.

Ho: ... I would sometimes tell (them) to eat some meat, because I thought (they) need to have a balanced diet ... as you are going to turn [your body] around ... if your body is not strong, then you would not be able to bear it when you take hormones in the future. You are going to ruin your body. If you are not healthy, the doctor may not let you do the surgery after body check and everything, because it's a major surgery after all ... (they) just would not listen ...

Ho: ... sometimes when I saw them [other trans women] online ... those who are overly exaggerating themselves, I would then say to (them) [Wing], "you don't need to be like that. It's better if you stay more natural. If you exaggerate yourself, you would make people feel like you are a 'human monster'. ... No need to over-do make-up, or make it so purposeful ... you are not on that side [being a woman], and you would have a counter effect and make people stare at you more if you do it deliberately." ... but you [Wing] have to be prepared that people would stare at you anyways. You have to bear these pressures.

Ho: ... I always told (them) to equip (themselves). You cannot just wait ... like I am seeing the doctor next month, and so I just eat and sleep and play video games as I wait. Only looking forward to the one day of seeing the doctor in the month, only that. Why don't you go equip yourself while you are waiting?

Mrs Lau had realised how the TGNC identity had become a burden for Wai and affected his well-being, especially when he compared himself with other men.

Lau: ... There's one thing I don't understand after he has come out. He has always been criticising men for this and that. It seemed fine to do so when he was still [living as] a woman, but then he continued to do so even after he had come out as a man. ... This is something I don't understand – I [Wai] want to be a man and yet I am criticising man ... and I would tell him, "you can be a different man, you don't need to focus on those bad characteristics of some men" ...

Lau: ... He concerns much about his appearance, which is okay. However, I would tell him to also care for his [peace of] heart as well.

Child's limitations as parents' considerations in withholding support or denying.

On the other hand, it is worth to note that the child's limitations might also be the

reasons parents considered in withholding their support to or denying their child's TGNC status. This would also be discussed under the theme "denial and opposition".

Mrs Chan concerned her child was too young and immature for making such a decision of transition when Yan came out to her as a teenager just graduating from secondary school.

Chan: ... I have said this to (them), "you are still too young, just graduating from [secondary] school. Maybe you should try living as a man, say for 10 years, and experience what it's like to date and meet with more people, before you decide to do the surgery. To make the decision after you have experienced more in life and consider it more thoroughly. ... You could not go back once you've cut it.

Accepting Child as They are now or Will Become

When their child expressed their miserable feelings about their gender and/or body, some parents responded empathically by showing acceptance of their child's feelings and their TGNC status. They were open towards their child's revelation of the TGNC identity and the desire for a gender transition. They let their child explore the options that might make their child feel more comfortable. They would even consider the possibility of a gender transition in different aspects.

As stated in previous sections, Ms Lee was not only open to and felt empathy with Hei's revelation of his TGNC identity and related feelings before and at the onset of Hei's puberty, she was also open to Hei's preferences on appearance and clothing, such as wearing binders. She even argued with her then-husband over their child's hair-style, as her then-husband preferred their child to keep a female hair-style even for having short hair whereas she did not

regard it as an issue.

Lee: ... When I did not take the child to do the hair-cut, his dad said he would do the hair-cut at home. I thought there's no point to argue on this. You can go cut it until you are satisfied. Hair will grow again. ... When I took Hei to the hair-stylist, I wouldn't mention whether he's a boy or a girl, but just let the hair-stylist cut in their way, let the child cut in his way. I would not look at it. Then he [Hei] got it shorter and shorter.

Lee: ... if he wants to wear binders, then let it be. He has been wearing it for 5 years already. And it's been okay for him, only changing sizes sometimes.

Lee: ... if you say you want to be a boy, you can be a boy. You are wearing boys' clothing now.

Accepting due to parents' values.

Parents' openness and acceptance might have come from their values about life and people, or their religious beliefs.

Mrs Lau had an open attitude when her child was still living as a teenage girl and went out with another girl. She cared more of whether her child knew what he/(she) was doing and be responsible than who her child was going out with.

Lau: ... it's okay when he played with his friends or whatever. We wouldn't say that it's no good to start to go dating or whatever... we talk a lot, [Wai said] "I am going to this [a place] with this person [somebody] and do that..." then I said, "are you two dating?" He admitted because he knew I was open to it. ... I only said to him, "you have to be responsible with what you do. You have to know what you are doing and be able to take responsibility. Don't come back and tell me: 'I didn't know it's going to be like this.'"

Ms Tsui believed that God would take care of Man's journey as a transgender person, both in terms of his medical transition and for him to live in front of the others.

Tsui: ... It's not easy, if this is the task God gives you. It's not easy, but you can do your best. The history would continue. Like the [protagonist in the film] "Danish Girl", you may fail when you are the first, but there has to be the first one. ... Maybe you have tried and sacrificed. Besides, everyone's going to die. If [you] can help some people or bring some change, that would be very meaningful.

Ms Lee also had a religious perspective to support how her child should explore his life and live the best out of it.

Lee: ... actually men are going back to God no matter how they have lived. Their body would turn back to dust. ... Therefore, I said [to Hei], "your body is going to die at the end and get burnt [to ashes] anyways. You can use it as you like. However, before you start to do anything with it, or ruin it, you have to live a few years of normal/good life, such as eat something good. Otherwise, you may not be able to eat when you have ruined your body."

She even compared Hei's TGNC status with a disability, yet she believed to focus on how to live a better life was more important.

Lee: ... Why isn't he disable? The thing is ... if ordinary people have arms and legs and we call this normal, then if you are lack one leg, by comparing with others, you are disabled. ... Therefore, if you [Hei] think you are a boy but you are a girl, then this is disabled. ... Maybe you have gender issues, others have a heart issue, and yet others have ... whatever. ... There's this one thing you cannot choose. ... If you accept this disability, you can decide how far this disability affects you, large or little, it really depends on you. After all, you have to enjoy eating, enjoy your life. He [Hei] could do so, he's really happy.

Lee: ... there's nothing needs to be cured. Say you have Down syndrome, it cannot be cured. It cannot be cured if you have low IQ/mental retarded. You cannot be cured if you are disabled, except to use some aids.

Accepting due to more understanding of child.

Sometimes this kind of openness to acceptance also came from their increasing understanding of their child's feelings, concerns and behaviours from past to present. They finally realised and acknowledged that this was what their child really wanted.

Ms Lee acknowledged her child had expressed pertinent gender non-conformity and concerns in different aspects since childhood and during the exploration stage of transition in recent years.

Lee: ... actually we had an idea of what's happening in our heart. His daddy wanted to convert him, but I already said at that time... I think this is just the natural instinct of a person, and I think there's no big deal about it.

Embracing who their child had become.

Not only would some parents accept their child's TGNC status and decision to go through the gender transition process, but some parents would also embrace whom their child had become and opened to how their child would turn out to be in the future.

Ms Tsui acknowledged how Man had become more certain and stronger in character and also possessed the good characteristics of both genders.

Tsui: ... He used to be very timid, and blame himself on a lot of things. But now he's become bolder and be able to handle lots of things, such as dealing with his work. He's grown up and more mature now. I am very happy about this change and I don't worry about him. ... I am very grateful for [Man's change]. ... He's happier now, he found himself, he's more confident with his career, knows what he's doing and more certain of what he wants to do ... he also expresses himself now whereas he would hide

himself and be silent [in the past].

And she wished Man would live the future life to the fullest: *“I am positive after all.*

Having the chance to live your life for the second time, you should be positive about it. Don’t waste it.”

Ms Lee was also pleased to see her child became more confident through the transition process.

Lee: ... He was very strange... when he was about 5 or 6 years old, he went to the boys clothes section, and we had to take him back, then he would go there again ... but he seemed to be hiding himself as he grew up, he had no self. And now he opens up himself, goes to buy clothes himself, and goes with his friends. ... I think this is a good thing, say he wants to do something, this reflects his self-confidence, and it would be good to let him try.

Open to how their child might become.

Besides, some parents were open to the possibility that their child could identify as non-binary, or stop the transition process or even reverse back to live as their assigned gender if their child found it too difficult. This did not mean that the parents were having wishful thinking due to denial, but they were genuinely accepting and supporting their child, and opened to how their child would become for their child’s well-being.

Ms Tsui was opened if Man would decide to stop transition half-way in case he found it too difficult.

Tsui: ... it’s really up to him. As parents, sometimes I would say, “don’t trouble

yourself that much by going that far.” ... Because we really could not understand how strong your desire is ... if you find it too troublesome or too costly and don’t want to do it (transition) anymore, I would also support him. It’s okay for me. Stop it if you find it too difficult.

Ms Lee was also open if Hei would identify as non-binary and stop transition or even reverse back in the future as long as he had thought through it in the process and lived happily. It made no difference to her whether Hei could bear a child or not, or how he identified. She valued more of him to explore life and himself in different aspects, such as his sexual orientation.

Lee: ... I haven’t heard about this term but I have this concept [of non-binary], that one could be both genders or neither of the two genders. ... I have imagined one day, if he’s coming to me and say that he wanna be a girl again, I would calmly say, “oh, okay” ... I am not being happy for him to be a girl again. It’s just because life would be easier for him that way. It’s just that I have now prepared myself that he can be so [turning back or go ahead]. He has to think about it carefully and it takes time. I don’t care, let it be. ... If he goes to certain stage and thinks that it’s enough, so be it. ... You [Hei] still have to live your life happily.

Lee: ... It’s his decision after all. If you say he has done something when he’s still a teenager that makes himself could not bear a child, then there are many other people who have done something else and made themselves not able to bear a child as well.

Lee: ... if he tried hormones injection and find that he doesn’t want to proceed any further, it’s okay for him to stop. It’s okay even if his breast is small. It’s okay to be a woman even without breasts.

Lee: ... It would be a good thing if he has started hormones and tried to go dating with someone, so that I would know if he’s being attracted to boy or girl. He has no special feelings for this so far.

Ms Lee also wished that Hei would be able to accept himself and his past self as a whole.

Lee: ... You [Hei] have been a girl, whether you acknowledge it or not, this is a fact. ... You shouldn't hate her [Hei's past self]. This is your past, part of you, it's only that you want to separate yourself from her. I asked him, "would you treat your past as your elder sister or younger sister?" He chose one. I forgot what he chose, whatever. Sometimes I would refer her [Hei's past] as his younger sister, and sometimes as elder sister.

Active Listening and Accompanying

Parents also responded positively by actively listening to their child with an open attitude. By doing so, they not only supported their child emotionally but also learned more about their child's feelings, status and the relevant issues. They might respond by providing advice to their child, or simply accompanying their child. They would then have gained their child's trust for continuous communication.

Fai constantly talked about his dysphoria of his body to Ms Cheung, and shared with her the information he found on the web, such as videos on hormones therapy and surgery.

Cheung: ... He has said that ... his breast is too big, he doesn't like to show his body to others. ... His size is kind of large ... and he always thinks it's inconvenient, that he has a female body ...

Cheung: ... He would ... like sending a link to me last time, about the process ... it's about injecting hormones I think. Both on injecting hormones and surgery.

Also, as mentioned previously under the sub-theme "Imagining themselves in their TGNC child's shoes", Ms Cheung valued Fai's honesty in conveying his thoughts to her, and so she would not stop him instantly even if she might not like it. She thought it was more important for Fai to do things on the right track than whether it was something she preferred

or liked. She would rather allow time for both parties to understand more of the issue and think of ways to communicate with each other's stand about it, instead of denying or banning it right from the start.

Cheung: ... sometimes there were things which I don't think he's not going to do it, but maybe he's not doing it instantly. If he has some thoughts ... it's not about whether he has thoughts regarding this [TGNC status/ transition], or on his jobs or other things, but anything. ... My attitude to him [Fai] is that: [I] should not stop him instantly ... even if that was something I do not prefer, I would rather ... think of ways to talk to him about that. I have to guide him, to the right track [first], and consider what afterward. As I said before, if he's not listening ... such as he wants to get the result soon, and others are telling him not to wait for the queue at the hospital which would take so long, and do the injection himself. I may have to think of ways to talk to him ... and analyse with him what are the goods and bads. To make him go find some professionals to help him deal with it maybe.

Ms Tsui would actively listen and talk to Man to understand more about his situation and gave him comfort and support. She recognised that there were things Man might not be able to talk to others.

Tsui: ... I would listen to him when he talks ... and there are things I think he may not be able to talk to others, so he would talk to me about them, such as his changes. ... He would not take the initiation to tell the others. He knows I would listen to him and he would tell me whom he had talked to. ... Active listening takes energy as well.

Tsui: ... He has a partner at work, who treated him very well. We have just discussed yesterday on whether to come out to him or not. This is something he has to consider now. I encouraged him to come out.

Tsui: ... He would not say these [things related to his TGNC status] before because I didn't understand. Now that when I understand more, he would talk more. ... For example, he just asked me the other day what he could say to make his work partner not to use the pronoun character "you" with the female side [in written Chinese during messaging].

Mrs Lau would constantly stand by to listen to Wai whenever he felt like to talk.

However, she would not be too intrusive if she thought that Wai might not be ready to talk about certain topic(s) yet.

Lau: ... There are things he does not talk much about. He's not telling everything. ... If he could handle it and do not tell me about it, it's okay too. He needs not to tell me. ... But he would talk to me if there are things he could not think through or there're some difficulties he has encountered, such as his job or how others see him. He would also talk about his feelings, such as the girl he dates. ... Sometimes, he would just like, "Mom, do you have time tonight? I have something to talk to you." "Oh yes." Then I would have to have time. ... For the things that he does not talk, I would ask a little bit, or I just watch over him and see when he would tell me without asking him. ... Because I think it has to be step by step... I would tell him things depend on his stage when we talk ... I don't need to go too far for things that have not happened yet ... as he may have taken it as I don't think he would have a good future. After all, I trust that he would come to me when he got an issue.

Ms Lee thought that Hei's negative thoughts had grown more overwhelming, more negative and more fearful within his head before he revealed them to her., but it was actually not a great deal once he opened up. This was why she would stand-by to listen when she anticipated her child might feel like to talk (as stated in the previous section under "trying to understand their child").

Lee: ... He said that he had wanted to die, and to cut himself, had all these thoughts before he came out to me. After he told me all these, [he was relieved.] I think it's just that he had thought too much in his head, but which turns out to be no big deal once you said it.

Lee: ... maybe it's not upset [when Hei looking back at his past photos], but there would be something. And I would like to know what that is. So I would like to

accompany him.

When Mrs Ho noted Wing's unhappiness, she proposed to accompany Wing for a trip to where Wing longed for. It was during that trip that Wing finally told her about the desire for a gender transition.

Ho: ... When you talked to (Wing), (they) did not respond. Just saw (them) always murmuring, talking to (themselves). Thinking that ... no one (they) could talk to. ... (They) were just afraid that parents would not accept (them). ... When you see (them) like this, not really eating, and like this the whole time, you really want to help (them), ... but (they) didn't let you help (them). (They) were trapping (themselves), like inside a few walls. ... Then I asked (them) where (they) want to go and suggest to have a trip together. We went to [a country overseas]. ... Then (they) told me (they) want to be a girl in the trip.

Trying to Provide Comfort to Child

Apart from active listening to and accompanying their child, parents would try to comfort or support their child emotionally by showing positive affect or verbal affirmation. They would also talk things out with their child and help their child turn the negative perceptions/ thoughts around.

Ms Lee asserted her support to Hei when Hei asked if she understood him. She admitted her ignorance on the topic and asked Hei to explain and tell her what to do. She comforted Hei verbally and with her action.

Lee: ... in the first one or two years, he had asked me, "Do you understand me? Do you understand what's happening? It's ok if others don't understand, but you have to understand it!" I said, "I really don't understand because I am not inside you. But if

you ask me if I would support, I would; if I would help you, I would. Yet you have to tell me clearly what I have to do. ... That makes sense, right? Hence if I don't understand, I would ask you, and you explain to me if you feel like to." Therefore, there are a lot of things I have learned from him.

Lee: ... He thought his hip was so big and didn't feel like to wear long trousers. So I bought him a few different ones and said to him, "you can make some observations, actually there are boys whose hips are big. Having a big hip doesn't equate that person to be a girl. There are persons who have more fat there [at the hip]." ... He used to wear only shorts as he thought it seemed to look better. But he now has a few long trousers he likes and thinks that it's ok. Now he feels okay with his whole appearance.

Sometimes Ms Lee would tackle the situation for her child when her child was nervous and lack of confidence, such as when buying boys' clothes. This action would also be discussed under the theme "active engagement" later.

Lee: ... He used to be very nervous before, when he went to the boys' clothing section, because he did not know what to do or to say to others. ... I would take him there (boy's clothing section), and before the others have any kind of reaction I would say, "he wears size [X], please give him the smallest one. This is a very skinny boy." Then he was ok. ... He used to always ask me, "So what do I have to say when I go there?" I would just say, "you don't need to say anything. Just follow me. You don't need to do anything." Then after some time, he thinks, "so it's that easy."

Mrs Lau understood how sensitive and lack of confidence Wai was and constantly affirmed and comforted him. Apart from active listening, she would give advice to Wai and talked things out with him. She wished Wai would be able to settle his heart one day. Again, she would not start the topic until Wai did even she had observed the issue.

Lau: ... He said something earlier which made me think. ... He said, "I still could not accept myself ... as a man totally." ... He thought his outside is not [a man] yet as he has not done the surgery yet. ... Therefore, I said to him afterward, "Wai, I have

already referred to you as 'son'. The outside is not important, any time you decided you are [a man] in your heart, you are. You have to accept yourself. If others think that your outside appearance/outer body is not [a man], and they don't treat you as a man, or [if they] call you anything, it's their choice. Yet our whole family has all called you by your new name." ... I have also joked sometimes by calling him, "hey, dude." ... Hence I said to him, "you have to accept yourself as a man totally in your heart." ... He is lacking a bit [of confidence] with this. However, if he doesn't say, I would not say anything or start it [the topic]. ... If he doesn't say but I say, he would deny it, and says, "I am not. It's only your idea." Therefore, I would only catch it when he says it himself and tell him to accept it.

Ms Lee would also try to help Hei reconstruct some perceptions so that he would have better self-acceptance.

Lee: ... [Ms Lee told Hei:] "You [Hei] could treat (them) [Hei's past self with a female identity] as part of you, or you could treat (them) as my daughter. ... You could not treat my daughter no good. I think she is very good. It's only that you are not [her], you are the son."

Mrs Wong tried to convince Nam to consider playing other sports after being rejected from joining the boys' group of a sports club.

Wong: ... the major issue is a sports club. It's either a boys' group or girls' group, and he's very frustrated about it. ... He applied [into the boys' group] and got rejected. ... He feels miserable about it. I am telling him to find some other alternatives, and no need to self-pity so much. He's already doing quite well.

Besides, Ms Tsui tried to provide comfort to her child by praying for him.

Tsui: ... such as [when Man was] facing difficulties at his work, [I would] pray for him.

Feeling Painful for Child's Suffering

While parents had tried so hard to understand their child, to imagine the difficulties their child might have or would encounter, considered their child's limitations, expressed acceptance, actively listened to and comforted their child, there were still times parents would fear or feeling sorry that they might burden or fail their child. They felt painful for their child's suffering.

Mrs Wong felt painful for her child's physical suffering due to medical intervention. She felt even more painful in doubting if she had made the right decision in supporting Nam to go through a gender transition.

Wong: ... [The reason] why I feel painful for him to do the injection is because I am worried that it would affect his health. It's not about the body pain when he does the injection, but the unnecessary side-effects that may cause to his body, such as [higher] risk of cancer. It's like I am pushing him to the edge of having more sickness. It's like taking drugs, he may feel better by taking drugs. ... I know this thing is no good [side-effects from taking hormones], yet I have to let him do it. I know it would cause issues to his body. This is what is painful.

Mrs Lau also felt painful that Wai had to struggle alone in the past years in his exploration of his identity and way to transition. On the other hand, Mrs Lau feared that she would have burdened her child by not being as considerate and accepting as she had been at this stage of their lives if she knew it earlier.

Lau: ... I don't have much emotion every time when I talk about it [Wai's TGNC status]. ... The [only] thing that I would have some emotions would be, feeling painful

that he has to face the process all alone, and tell me only at the end of it. During the process he [has suffered] ... imagining his struggle, how he has been, searching online, reading books and asking [around]... that he has been all alone in the process, I would really feel difficult for him, [I would feel] very painful and sad, ... every time when I talk about how he has to go through it alone. ... However, when I look back sometimes, how much could I help if he told me earlier? I have no answer for that. I don't know if I would even burden him, and I have some struggle about that.

Interviewer: Why would you say that you are afraid that you may burden him?

Lau: Because I know nothing about it ... if he told me earlier, ... I could not imagine what I would do. This is a topic I have never heard or experienced. Of course I know that ... I may go search for information, try to understand what it is, but I don't know ... I accept it today, but I don't know whether I would have the same attitude to accept it if it's ten or twenty years ago. And the society was different back then. For example, I have to wear a dress when I went to work then, whereas females nowadays don't wear dresses but trousers. ... The society is different now, hence I could not say for certain what it would have been. ... I feel like I have lived these twenty-something years at ease, while he has been very difficult struggling through these twenty-something years before he finally told me.

Mrs Ho felt painful and cried when she saw Wing being so unhappy and suppressive of (themselves) before. She understood then Wing was afraid that parents might not accept (their) TGNC status. Also she was shocked when Wing self-harmed.

Interviewer: Do you have any very sad moments? ... Have you cried because of Wing's situation?

Ho: Yes. ... Because (they) always talk to (themselves) ... and (they) didn't know how to find (themselves) [at that time] ... When you talk [to Wing], (they) did not respond. Just saw (them) always murmuring, talking to (themselves). Thinking that ... no one (they) could talk to ... when I saw (them) like this, [I thought] how could you help (them)? When (they) were not revealing (themselves), how could you help (them)? (They) were just afraid that parents would not accept (them).

Ho: ... the nurse suddenly called me telling me that [Wing had self-harmed and admitted into hospital] ... my whole body was trembling ... I asked (them), "Why are you doing this? Why are you in such a hurry? You should do it [medical transition]"

step by step.”

Sometimes, parents would acknowledge that they might not be able to keep up with the pace of their child at times.

Ms Tsui admitted that she could not foresee in certain how Man would become, and she could not be sure if Man could anticipate and handle the pressure in the future. This made her worried and felt like to withdraw sometimes.

Tsui: ... Since we really could not understand how strong your desire is ... we are like, “Aiya, we have to tell this person about it, and tell that person about it, and you are being so difficult, why are we doing this?” It’s just normal (reaction).

Tsui: ... I have no confident in the future. How he’s been presenting as a female ... is something he could handle and I could handle ... would he be able to handle it in the future? Or would he be more pressured? This is something ... sometimes I would like to step back, “maybe it’s better if you don’t do all these.”

Mrs Lau admitted that it was not easy to keep up with the change(s) related to Wai’s transition, such as changing the way she and her family called him. This would be discussed more in the next section on “active engagement”.

Lau: ... Okay, to give an easy example, say changing names. Even we have changed our way to call him, there are still times that we would slip it out of the mouth, “our daughters...” we used to refer them [Wai and his sister] our daughters. There was once my husband said it wrong, and Wai just went fierce. I forgot exactly what he said, but he just went fierce. After he had calmed down, I talked to him, “So you’ve taken almost thirty years to find this [TGNC identity] and decide this [transition]. We have only known it for two years. You have to give us time to adapt to it. It’s unavoidable that it would slip out of the mouth sometimes. It does not mean that we are not recognising it. Could you be more patient [with us] sometimes?”

“Sing chyun” (Cantonese) / “cheng quan” (Mandarin; 成全)

Parents might express support to their child even when they were not yet fully agreed with their child’s TGNC status or transition. They submitted themselves to fulfill their child’s wish.

Ms Cheung realised even she was not the main client when seeing her child’s psychiatrist and clinical psychologist, she had a critical role in her child’s transition journey. Her expression of disapproval could potentially stop or slow down Fai’s process with his medical transition in the medical system. However, she had expressed support in the end as she would rather Fai follow and get support from a formal and proper channel if this was what he had decided.

Cheung: ... I am not the protagonist. They [the psychiatrist and clinical psychologist] were not there to counsel me. Their roles are to hear whether I am against or supporting this [Fai’s transition]. Even if I say to them I have anything [any concern or issue regarding Fai’s transition], maybe having some barriers myself, would they counsel me then? I guess the signal I’ve got was that they would not. ... They only wanted to know about the parent’s attitude [towards their child’s TGNC status and transition], and would give green light [to the patient] if parents are supportive.

Interviewer: Then have you thought of the possibility that if you denied it, the doctor(s) might not grant it to him [Fai] to go further [with the transition procedure] then?

Cheung: Yes, but what’s the point of doing it? ... He’s the one who walks through this. If he has found a proper channel to do it now, why should I force him to go astray? I know there are always alternative ways of doing things. ... So if he is willing to tell you that he’s doing it through some proper channels, it’s also not surprising that he might find some illegal ways to do it if you suppress him.

Mrs Wong had lots of concerns regarding Nam's social transition, such as going to the male toilet and disclosing his TGNC identity to others. Yet she supported him due to her respect to him.

Wong: ... He asked me, "which one should I go?" I said, "Go to the male toilet." ... This may have risk, but [I have to let him] ... as a mom, it's painful and fearful. Of course I am afraid. But there're no other ways.

Wong: ... There are a lot of things that he has to face. [For example,] would you [Nam] get killed for just telling others that you are a trans person? This is something no one can tell you. ... As a mom, my major concern is his life. I am afraid, as I don't know the other students, or whom he would encounter with. It has to be careful. He could disclose to the others when he knows the people better.

Wong: ... my major concern is that he stays alive. I did not argue with him. He can do whatever he wants, because he's the one who goes through this. I certainly don't think this is the best path to walk. It was a good one, why would you suddenly find another cliff that you would have to climb? It was a flat wide road. He gave up on it and found one like this. But it's his choice after all. I would respect him.

Theme 2: Active Engagement / Problem-focused coping

In this study, active engagement refers to parents' efforts in dealing with the instrumental tasks related to the TGNC status of their child for the well-being of their child. It includes both parents' solo efforts for their child and how they involve their child in the process to solve problems together (do something for someone alone or with someone, task-person-focused).

The five sub-themes of active engagement would be elaborated in the following sub-sections are: i) seeking information, resources and professional help; ii) involving child in the

problem-solving process; iii) planful problem solving; iv) attending to new life changes; and v) involving other family members in supporting child.

Seeking Information, Resources and Professional Help

Seeking background information and meeting community members.

Some parents would actively seek information when they knew about their child's TGNC identity and/or desire for a gender transition. Supporting parents would also search for different resources. They might go online or find community members or organisations. They wanted to understand more about their child and how to make their child feel better.

Ms Lee had searched as much information and resources as possible, including online information, books, in both Chinese and English languages.

Lee: ... for the ones online, that there are so many there, I read all the books, or those shared by others, such as personal stories and their journeys, I have seen all of them ... whether they are from Hong Kong, in Cantonese or English. I don't remember if you ask me for the names, but the only thing I remember was that, "it is very miserable [with the TGNC status]."

Apart from searching for and meeting with other transgender persons, she also observed their behavioural patterns and mental well-being. By comparing the different aspects and pace of transition of other transgender/TGNC persons, Ms Lee gradually distinguished issues pertinent to TGNC status from other issues, and had her own ideas and priorities in how to work out a transition plan for and with her child.

Lee: ... such as with that trans woman [activist], I found her online, and then called her out for dinner. I treated her dinner, many times. [I] asked her what it [TGNC identity and status] is about, and let her meet with Hei. Then take him to the support group. It's at the support group that Hei voiced out, saying that he has thought of dying. ... I could not remember exactly when that was. But once I knew that he had these things [TGNC status], I started to search around. I had also ... observed that trans woman [activist]'s pattern, whether she has any emotional issues. ... Then I realised that even she has transitioned, she still got lots of emotional issues. Hence the emotional issues and gender issues have to be dealt with separately, instead of mixing them.

Lee: ... There was also another adolescent trans man. His attitude is that he wants to flip or change instantly, which I don't agree with. I would explain to my child that I was not certain about it [TGNC status/transition] yet, it's too soon [to change/transition], and what I am concerned is ... you [Hei] have to be able to survive. What if you could not survive after you changed? Hence I told him [Hei] to focus on what he's doing which is study, while I focus on mine which is to earn more money. Then when he has grown up, got his survival skills and be able to defend himself, we would see what we can do step by step, under the condition that it's not going to harm his health. He's okay with it, knowing that I would not lie to him.

Ms Cheung thought that it was important to be able to talk to Fai on this topic and gave advice and different perspectives to Fai when necessary as he had always sent relevant information to her from time to time.

Cheung: ... because he always looks at these [related information]. ... He has a strong passion, and so he would send the information and links to me from time to time. ... Hence I have to learn a lot of things, such as how to face him, how to talk to him. ... If I have more knowledge on this topic, we could at least have a common topic when he talks to me. I could at least give him information from different perspectives.

Additionally, as mentioned in the previous section of “empathic responding”, Ms Cheung learned how important it was to give Fai support in the process from her encounter with other TGNC persons. It also helped her to have a better idea of how Fai might become.

Cheung: ... there were some TGNC persons whose family may not support them, and they have to... count on themselves. ... My feelings [of meeting other TGNC persons] were, apart from knowing more about it, I would think that ... if he really has this thought, support would be very crucial. However, the concern is how to provide support. ... Normally, I wouldn't have contacted with your kind of organization. It's through him that I could have contacted with and understood more about it. Then no matter how he would develop in the future, I would at least have an idea about it.

Mrs Chan started her search for community members or organisation when her adolescent trans woman child first came out as having same-sex attraction. She was trying to understand more about Yan and found the contacts on Yan's computer.

Chan: ... (they) said (they) like boys. ... I found from (their) computer about (them) joining the events of the Hong Kong Rainbow. (They) have contacted them. Hence I went there to... understand more of what's happening. ... I've also told my child that, "I've gone to the Hong Kong Rainbow today. I just wanna meet with your friends, to understand more about it. Because I don't understand what it is. ... Just wanna understand more of your friends." My child thought it was okay [that Ms Chan went to the Hong Kong Rainbow].

As for Mrs Wong, the importance of knowing community members was more than just getting information, but as support for her child.

Wong: ... [someone] said it's not easy to be a transgender [person] and asked if there's any support group. We found none in the past years. Nam would need to join one ... it would be good if he could find friends he could talk to. ... Then I would be grateful for that. It would make things [Nam's situation and well-being] better. Because you [community members] know the situations. However, he has no one to talk to, no friends are like him. It's bad. ... So you [community members] are very important to him.

Ms Tsui was especially concerned about Man's well-being and adaption related to

physical transition. She was glad that Man was connected with other TGNC persons and had support from them.

Tsui: ... I saw a sheet that talks about the side-effects of using hormones the other day, and wow, there are actually quite a lot. Having acne is just the outer effects, yet there are inside ones that I may not know.

Tsui: ... I think I have to know more about surgery...

Tsui: ... He [Man] has the hormones injection a few times already but doesn't seem to have changed much [with appearance]. ... Only that his look has changed a bit, his skin. ... He seemed to have greater heatiness after the first injection, and he said he would adapt to it gradually. ... Also, the skin reaction to the injection depends on the skills of the one who does the [hormones] injection.

Tsui: ... He likes to talk to other [TGNC] brothers, and he would tell me afterward to make me less worry.

Seeking material resources.

Apart from learning about the topic and the experiences of other TGNC persons, parents also cared about getting the right material resources to support their child.

For example, both Ms Lee and Mrs Wong had put a lot of efforts in searching and getting the right binders for their child.

Lee: ... At that time, I don't know what that is called. I knew nothing about it, so I asked around and found it online. That's how I ordered it for him [Hei]. The binders. But the size was not right. I looked at it [online] with him, we measured the size, but he asked for the smallest one. Yet the smallest one was like it's for the dogs when it arrived. Hence, we have to order a bigger one, until he was satisfied. [That's how] I searched with him.

Wong: ... and the binders. I have no idea what has to be done initially... I searched online and in Hong Kong for it. There's one in Wan Chai that you can put on and try. It's better this way that you can try and know the material, whether it's thick, how its

touch is, [or if it's] fitting well with the body, everything. It's quite troublesome if you could not put it on and try. Some places only let you try after you have paid. That was troublesome as well. ... He got fat and so I have to buy it again. This time we flew to Taiwan to order it. However, he said these are not comfortable as it's sticking on the side and feels like pushing the breast to one side. ... He doesn't like this style now and prefers the one with a zip in the middle, which no need to be tailor-made indeed. However, I have paid it all already. He just changed his mind. ... He feels better with it [wearing a binder]. Only sometimes said, "Ai, I could not breathe, it's uncomfortable." This is why I said we have flown to Taiwan to order it for him. ... He's only wearing binders for a year. Yet I have bought him like twenty binders, just to make sure that he has enough.

Nevertheless, Mrs Wong was still in the search for the right size of male clothing for her child.

Wong: ... I feel troubled as well, because of the size of the clothes... only the small size of man's clothes would fit him. He is very sensitive to this. It's not easy to find the right size for him there [in another country]. Nothing over there fits. It's always too big.

Seeking helping professionals.

A very important and major resource parents looked for throughout the process was helping professionals, such as religious leaders, counsellors, psychiatrists and clinical psychologists in public and/or private sectors. They would like to get an answer to what happened to their child initially and how they could work out the best outcome for their child later in the process.

When she thought her child was having an issue of same-sex attraction, Ms Tsui had gone to different seminars, met with different people, consulted with her pastor and even

consulted a counsellor as a whole family with her husband and child.

Tsui: ... it's even before 1993 when I thought he [Man] was gay [/les]. ... Hence I read some books on same-sex attraction, went to some seminars on this topic... which were not many [at that time]. ... I had talked to a few people about this, including the very famous lady at a church... I also told my pastor, "I don't know how to handle this..." and he recommended us to have counselling. ... Man was obedient and agreed to meet with a social worker. Both me and my [then-]husband had met with the social worker as a whole family once or twice as well. The social worker had told me that Man didn't talk whenever the topic of his gender is being raised. ... He [Man] thought he was just being attracted to girls, which others would take him as having same-sex attraction. At that time, people tried to explain it saying that it's because he's trying to fulfill his father's role and to take care of me. ... When that topic [gender] was being touched and you [Man] didn't know what to say or didn't want to talk about it, then so it [the counselling] ended.

Ms Lee's experience talking with the school counsellor had helped her to connect the dots and affirmed her child's gender issue.

Lee: ... he [Hei] had told the counsellor that he thinks he is a boy, and the counsellor did ask to see me. What the counsellor got was similar to what I got, and when we combine it together, "this is the fact that both of us know, how could we help [Hei] then?" Hence we both meet with Hei and asked how we could help him.

Lee: ... The first [related] thing I heard Hei said was, when he was very young, at primary school, he asked his daddy, "could boys become girls and girls become boys?" ... It was because he heard a story at school about a girl growing up, became a boy and went to visit (their) best friend. Hei was very young ... and he had kept this in mind since then. I have talked to the school counsellor about this, and the counsellor said, "a hundred children had listened to this story, why was he the only one who reacted? Therefore, the fact is: if [Hei] is such a person [TGNC person], the others would not be able to change [Hei]; if [Hei] is not, what others said could not affect [Hei] neither." This was what the counsellor told me.

Lee: ... the counsellor did not say that he may be [a transgender person], but that he is.

She also responded quickly and worked with the school counsellors to help Hei transition and live as his identified gender at the school environment during senior high school years.

Lee: ... We have changed [Hei's] gender to 'male' at the first year of senior high school. ... The counsellor we have at junior high school had written a letter to the counsellor at senior high school to explain the situation, and who supported us as well. Hei could go to the counsellor at any time while I would meet (them) [the counsellor] twice a year. So he's been living with a male identity at senior high school.

After communication with Hei, Ms Lee had also worked with the counsellor again and the organiser of a study tour regarding Hei's accommodation arrangement. She would also stand-by to offer support to Hei as needed.

Lee: ... He [Hei] told me about it... that he could actually stay at the boy's dormitory, so I went to talk to the counsellor [regarding this]. ... The counsellor said, "it's very easy. I could write you a letter, and they would arrange him in a boy's dormitory." ... So this time they have arranged him [Hei] to stay in a room alone, with other boys next door. ... I stayed in a hotel nearby. ... I asked him how it was to stay in a room alone, and he said he would go play in the other room, then went back to his room to sleep.

Regarding Hei's medical transition, she looked for related medical professionals to monitor Hei's physical health status, and based on their opinions to make decisions along the process.

Interviewer: You have said before that you would let him start transition after he's 18 years old, and then you thought that maybe it's okay to start earlier.

Lee: It's because we have seen the endocrinologist and the endocrinologist said

okay. Hence we have more confidence in doing it, adding that the other psychological conditions have been prepared. ... Since I have gained more knowledge about this, and there are endocrinologists in Hong Kong who could support, in terms of injection or monitoring about the situation of the body types of Hong Kong people. I think it may be better to do it in Hong Kong. It's where we live after all. That's why I would say, maybe we could start earlier, instead of doing it overseas later.

Lee: ... we have done blood checks, and most of the reports have come back, apart from the karyotype test. He should start injection when we have that result. Hence this is new progress.

Even so, she would critically screen whether helping professionals were helpful and practising professionally.

Lee: ... actually someone did recommend one [medical doctor] to me. But my psychiatrist said (they) were not an endocrinologist, but a general practitioner. I've searched online and heard that this person [the doctor] had prescribed the injection without conducting blood check when the patient came to (them) for the first time. I think this is a very bad habit. I have my standards. If I take my child to see this person and (they) allow to start the procedure instantly without a clear explanation, I would not allow this to happen.

Mrs Wong had relatives who were doctors and so she was worried and preferred her child not to undergo surgery after hearing their opinions.

Wong: ... I have relatives who are doctors and they think that surgery does have some bad effects on the body, and so they do not recommend him to undergo it. I also don't want him to do it if possible.

The private psychiatrist also confirmed that there were parents who came to him to understand more of what their child's TGNC status meant. Sometimes it was the parents who took the initiative, and sometimes parents were brought to him by their child.

Psychiatrist: ... So far, two parent couples have come to understand what has happened with their child. I haven't seen the child yet for one of the couples, while the child of the other couple has come to me already. (They) did not want to come with (their) parents as they would have quarrels. Hence the parents had come to me on another day.

Psychiatrist: ... [Sometimes] the child has told their parents already, and the parents had precipitated for some time before they came to me. Sometimes the parents were brought along by the child at the first visit, or the second visit, and said, "we don't know why, that (they) suddenly do these [having a desire for a gender transition]."

Besides, the psychiatrist thought that it would be better if the parents had been involved throughout the whole process of their child's transition.

Psychiatrist: ... Some of the parents come every time, once every one or two months, and they ask when they have any questions. ... It's better if they come continuously. They would at least want to know more about, "what would it be if they do this or that? Would they be in trouble when going to the toilet?" These are the things they would like to know. Therefore, I always think that it's not an issue of just one person. If you do not involve family [in the process], they would eventually... have lots of questions, and the problem comes with the questions.

However, it is worth to note that, some parents have an opposite idea of how to actively solve the issue of their child's TGNC status. Those parents came to the psychiatrist only wanted him to remove their child's TGNC status/condition, instead of affirming and supporting their child.

Psychiatrist: ... The couple was not accepting. They just come to know what's happening, to see if their child is sick, or have some kind of mental issues, and if that can be cured.

A trans woman, Yu, the psychiatrist had invited to come and sit-in during the interview, also revealed her mother's situation initially:

Yu: My mother was... at the start... she had come twice, and the first time she came, she had asked, "Could you explore it with (them) [Yu], and see if there's any chance to go back the right way (convert back)."

The clinical psychologist at the public gender clinic also expressed that there were parents who came to her expecting her to fix their child.

Clin psychologist: ... They just think, "Ai, you would fix (them) [their child]."
Parents often have this impression on us [helping to convert their child], so they would have lots of expectations [of how their child would be converted back].

The clinical psychologist would usually try to educate the parents by providing information to them, but there was not much she could do if the parents would not listen. They might blame her for failing to help and would not come again. More of this would be discussed under the sub-theme "taking it out on professionals" in the section of the theme "denial and opposition".

Difficulties in the search.

Parents did put a lot of effort to search around in all possible means on behalf of their child as the information and resources (including helping professionals, which would be discussed in the next sub-section) available were so scarce.

Lee: ... I would ask around to see if there's anything could be done or done better.

I would continuously do my best.

Wong: ... [looking through her contacts on phone] I've been seeing lots of doctors... this one is affirmative too. This one understands, which is very important. This one was [given by] some friends. ... [We've] searched for a long time, and searched many people/doctors. ... We were just like searching around.

Cheung: ... but these resources are really scarce.

Ms Lee had kept a record of everything she had searched and would constantly update it. She did all these to be at the same pace with and be able to talk to her child. She might have known more than her adolescent child on TGNC related aspects and the available resources.

Lee: ... He [Hei] asked me a few years ago, "Have you actually done anything?" Meaning that if I have worked on his [TGNC status/transition]. Then I would show him everything, the whole folder - which plastic surgeon in Hong Kong is good at doing surgeries, and which endocrinologists I have searched through; I have also looked at the [relevant] laws in Hong Kong, and said to him, "I have done many more things than you do." Then he was silent and went away. ... Since I did do my homework, I could bring it all out when he asked. After that, I thought I might need to update it from time to time, to see if there're any new things to discover. ... I have argued with him, "you are only watching youTube, I know more than you do. I've gone to the meeting(s) [support group] while you do not. How could you say that I did not work on it?"

Involving Child in the Problem-solving Process

Gender transition involves lots of instrumental tasks and decision makings, such as buying clothes, and decisions for whether and when to take hormones and/or to undergo surgery. Although all of these are things that TGNC persons have to deal with, their parents often take these on themselves.

In this study, some parents of adolescent TGNC child would not only make decisions or

do the things for their child, but also involved their child in the process by talking with their child and valued their child's options and preferences. Whereas parents of adult TGNC child would mostly let their child deal with the tasks themselves. This phenomenon is more salient with secondary level stressors and coping, such as disclosing to others, including relatives and friends, and dealing with school or working environment. It would be discussed further under the theme "secondary level coping". It was also worth to note that, parents not only listen to their child in the communication process, but they expressed their worries and concerns to their child as well, regardless of their child was an adolescent or adult. It was two-way communication.

Apart from the traces of Hei's TGNC status that Ms Lee could recall and make sense of later, Hei came out to Ms Lee "formally" at the age of 13. Since then she has taken the initiative in helping her child feel more comfortable, which in a sense, was the start of her child's gender transition.

As some of the quotes had been revealed in the previous section under the theme "empathic responding", initially, Ms Lee knew nothing about TGNC identity and pertinent issues, but she had involved her child right from the start by letting Hei know how she perceived the situation, her then-husband and her concerns and their plan and thoughts at that time. Since then, she had assured her support to him and learned many things gradually from her child, such as what binders were, where to buy binders and how to choose a good one.

She would also accompany Hei to community gatherings and meet with other TGNC persons.

As time went by, she had found more information than her child did, and she would constantly openly talk to him on this topic, discuss with Hei about her findings, made sure that they were on the same page, understood each others' concerns and had consensus on how to go ahead and make decisions together.

Lee: ... Since he was so emotional and rushing at that time, we then gave him a promise, told him that our aim was such and such, to let him able to foresee a future.

Lee: ... [telling Hei], "... if you ask me if I would support [the TGNC status], I would; if I would help you, I would. Yet you have to tell me clearly what I have to do. ... Hence if I don't understand, I would ask you, and you explain to me if you feel like to." Therefore, there are a lot of things I have learned from him.

Lee: ... And so we [the counsellor at school and Ms Lee] both meet with Hei and asked how we could help him.

Lee: ... He did mention about wanting to cut his breast.... Then he told me that in other countries, if people [trans man] think they are boys, they could get something to wear, which could hide their breast once they put that on. ... The binders. ... I looked at it [online] with him, we measured the size, but he asked for the smallest one. Yet the smallest one was like it's for the dogs when it arrived. And so we have to order a bigger one, until he was satisfied. [That's how] I searched with him.

Lee: ... [I have said to him] if he wants to do top surgery, it would have to be one year after using hormones. And we are not going to do anything with the bottom part, nor would we do anything with the ID. We have made all these clear. ... These things could not be done in a flip instantly, but to take the time. The main thing is to make one-self comfortable and live each day. It is about balance, instead of just focusing on this. And we have agreed that.

Her acceptance and continuous support along the process had reduced Hei's anxiety and made him more at ease with his identity, the transition process and his life.

Lee: ... if you say to him that we don't have the time [to do transition] now, let's do

it later, he would still be okay about it. He doesn't care about it, it's okay if nothing's going to be done now.

Lee: ... I asked him, would you treat your past as your elder sister or younger sister? He chose one. I forgot what he chose, whatever. Sometimes I would refer her [Hei's past] as his younger sister, and sometimes as elder sister. He has asked me recently, "mom, I would like to have some photos, the ones when I am young, for doing a project." Then I said to him, "those photos are all your younger sister's. What do you want them for?" He ignored me and went to look for the photos.

Same as Ms Cheung as revealed in the previous section on how she communicated with

Fai continuously on various topics, such as the use of hormones and surgery.

Cheung: ... because he always looks at these [related information]. ... He has a strong passion, and so he would send the information and links to me from time to time.

Cheung: ... What I worried most is that he would make rough decisions without thorough considerations. You know, there is so much information online, but it's hard to know which ones are trustworthy and which ones are not. Therefore I have to analyse [the different information] with him, or to use my common sense to help him make judgements. ... I also think that he would have thought a lot about it himself.

Cheung: ... I have told him that whatever he does, he has to make sure his body is ready. If he is going to remove his uterus, his body would then be different, the level of the hormones would be different, and would he be able to accept that? ... I just talk him through this ... I may not talk to him in detail... but I would still tell him this.

Cheung: ... My attitude to him [Fai] is that: [I] should not stop him instantly... even if that was something I do not prefer, I would rather... think of ways to talk to him about that. I have to guide him, to the right track [first], and consider what afterward. As I said before, if he's not listening... such as he wants to get the result soon, and others are telling him not to wait for the queue at the hospital which would take so long, and do the injection himself. I may have to think of ways to talk to him... and analyse with him what are the goods and bads. To make him go find some professionals to help him deal with it maybe.

Cheung: ... if I have more knowledge on this topic, we could at least have a common topic when he talks to me. I could at least give him information from different perspectives.

Besides, as the psychiatrist has revealed above under the sub-theme of seeking helping professionals, it is better that parents would communicate with their child and understand more about the issues, process and progress of transition, whether they are actively helping their child to problem-solve in the process or not.

Psychiatrist: ... Some of the parents come every time, once every one or two months, and they ask when they have any questions. ... It's better if they come continuously. So that at least they would want to know more, "what would it be if they do this or that? Would they be in trouble when going to the toilet?" These are the things they would like to know. Therefore, I always think that it's not an issue of just one person. If you do not involve family [in the process], they would eventually... have lots of questions, and the problem comes with the questions.

Planful Problem-solving

Since gender transition is a prolonged process involving lots of instrumental tasks in different aspects that require lots of thoughts, some parents would adopt a planful problem-solving strategy.

For Ms Lee, Hei's well-being is her top priority. She wanted to make sure that Hei was well-prepared and mentally stable in making such important decisions, and that she could be certain that Hei could live a good life afterward. She had thought about all the issues involved thoroughly, talked with her child about it and worked out a plan together of doing them step by step, including buying clothes and going through a medical transition. She did not mind to advance the plan when things went smoothly.

Lee: ... we were using a procrastinating strategy before. Since he [Hei] was so emotional and rushing at that time, we then gave him a promise, told him that our aim was such and such, to let him able to foresee a future. On the other hand, we have been monitoring every aspect of him. We have learned more about it and feeling more okay with it. So it's about buying time for one another ... because I thought when he was emotionally unstable like that, wanting to cut himself [his breast], and this and that, then he would not be happy even he cut it.

Lee: ... What if you could not survive after you changed? Hence I told him to focus on what he's doing which is study, while I focus on mine which is to earn more money. Then when he has grown up, got his survival skills and be able to defend himself, we would see what we can do step by step, under the condition that it's not going to harm his health.

Lee: ... He has to think about it carefully and it takes time.

Lee: ... [I] changed the hair-stylist, who had always thought that Hei was a boy, and made him boys' hair-style as he liked since then.

Lee: ... He started to wear binders. Before that, he used to wear over-sized clothes to cover up his body, and he only wore long sleeves. Now he wore binders and short sleeves, and seemed to be very comfortable like this.

Lee: ... After solving the top part then it's the bottom part. He thought his hip was so big and didn't feel like to wear long trousers. So I bought him a few different ones. ... He used to wear only shorts as he thought it seemed to look better. He now has a few long trousers he likes and thinks that it's ok.

Lee: ... I would take him there [boy's clothing section], and before the others have any kind of reaction I would say, "he wears size (X), please give him the smallest one. This is a very skinny boy." Then he was ok.

Lee: ... we have done blood checks, and most of the reports have come back, apart from the karyotype test. He should start injection when we have that result. Hence this is new progress.

Lee: ... [I have said to him] if he wants to do top surgery, it would have to be one year after using hormones. And we are not going to do anything with the bottom part, nor would we do anything with the ID. ... These things could not be done in a flip instantly, but to take the time.

At the time of interview, Ms Lee was thinking about how she should register Hei's gender for university admission.

Lee: ... He is applying for university now, should he use the gender stated on his ID card, or use his preferred gender? ... After many thoughts, I think he should follow his ID, and add a letter explaining his condition, so he could stay in the boy/male's dormitory. I don't think... there's any reason at the moment to declare that he's a boy/male [straight away], as his ID still states as female.

Not only would she plan for things that she could work on directly, but she had also thought of possible scenarios such as when Hei might get caught for using the male toilet and prepared to defend him then.

Lee: ... For example, if he's travelling with his friends, I would say to him, when you go to other places and you don't know how their law is like, you should not go to the toilet alone yourself. Don't go to the male toilet yourself, find a friend to accompany you. You better go to the disabled toilet, or have someone accompanying you if you go to the male toilet. ... I would also prepare myself, "if he got caught one day because of this toilet issue, then I would just go and explain." ... I would still support him.

However, Ms Lee commented on herself as being chaos and not planful while dealing with all these related issues of her child.

Lee: ... I am actually quite chaos [in dealing with it]. I only do things as it comes up. I didn't have time to write down in sequence what I have to do first, then second.

In terms of family relationships, Mrs Wong thought that it was important to have her second husband's acceptance on Nam's TGNC identity before Nam could move on with starting his gender transition process, such as having short hair and taking hormones therapy. This would also be discussed later under the theme "compromise" and the sub-theme "tried to find a solution that was fair to all involved".

Wong: ... I think it has to be done step by step. I have to make sure that my husband [is fine with Nam's TGNC status] ... because we live together. How could you [Nam] suddenly cut your hair, or suddenly have skin-head? That would be an issue.

Since Mrs Wong thought that Nam was still too young at the time when he started transition, she thought and did a lot to help Nam to have a smooth transition. For example, she prepared Nam to settle in the new university life as his identified gender because she wished Nam could have more self-confidence by not having to encounter as many difficulties or denial as possible.

Wong: ... He was confused as everyone takes him as a boy/man already upon his arrival [at a university overseas]. He has no chance to reveal to others about it [his TGNC identity and status]. ... Others may playfully hit his chest [among boys], or already treating him as a guy when he goes to the gym, which he finds it strange. I also find it interesting in some ways. ... Indeed, when he started university, I had done something to prepare for it, which he did not know, or it won't be that smooth otherwise. I had talked to the dormitory at school about his condition, hence they treated him as a male, while his passport, etc. still states as female. I told them to handle with caution, such as finding people who are gentler to be in the dormitory, so that he could adapt easier. Also, it's a mixed dormitory, instead of females only. I chose a mixed dormitory deliberately, so that he won't be so embarrassed.

Interviewer: Why wouldn't you tell him that you have prepared and dealt with it already?

Wong: Because I wish that he could have more self-confidence, thinking that he has been able to adapt sooner [living with a male identity]. He is not someone with much self-confidence. ... Also, he would sometimes blame you for doing things for him, ... very troublesome.

Wong: ... I have also accompanied him there [overseas at the start of school term], to make sure on his dormitory, to find a solicitor and do [hormonrs] injection there. To accompany him through this period. ... As he's still not very old, maybe he would be better after this year, and [when he is older] next year.

She also helped Nam to remove the title from the bank record.

Wong: ... I have also asked the bank to remove the title for him.

Attending to New Life Changes

Apart from involving their child in the process, getting resources and changing the environment, parents also actively change themselves to accommodate their child's needs.

Parents would observe their child's needs, change their ways of communication, affirm their child as daughter or son according to their child's identified gender, putting in efforts repeatedly, learning new skills as it went in the process, and some of them would be proud of what they have become through the process.

Observing their child's needs.

Parents would observe their child's changes and needs during the transition process and adjust to it accordingly.

Ms Tsui had noted how Man changed physically after starting hormones therapy, such as having acne and bad sleep. She tried to soothe his physical uncomfortableness by making some herbal drinks for him.

Tsui: ... it is relatively obvious that he got more acne after hormones injection. As a mom, I really wanna try to... make something [herbal drinks] to soothe his conditions. Then I make the herbal drink [for him] and he became much better instantly. The first injection is very important and has a great effect. The second injection seemed to make no difference [to Man].

Tsui: ... others think that he [Man] has changed [in appearance], but I think

there's not much difference... just that his skin becomes darker, and he has more acne. ... Also, he's not sleeping well now... which may affect his work... this is the cost.

Mrs Wong had to accompany Nam to the female toilet during the in-between stage.

Wong: ... It's better now. When he hasn't started injection, or when his look was still feminine with only the hair cut short... it was a bit dangerous [to go to the male toilet]. ... He got expelled out when he went to the female toilet. ... It's so troublesome. ... Therefore, he needed us to accompany him into it [female toilet].

Change in ways of parent-child dynamics.

Some parents, especially those of trans men, had noted how their child's temper and personality changed after using hormones and they would tolerate it and adjust their ways of communication accordingly.

Man had used testosterone for a few months at the time of interview. Ms Tsui noted that Man had become less patient, talked less, more rational and more distanced from her after the use of testosterone. While she would ask him to understand more of his changes, she was more aware at times to keep silent on the other hand, so as not to make him feel bothered too much.

Tsui: ... another obvious change after the use of hormones is that ... say recently, he has kept a distance from me first, then from his father.

Tsui: ... I would observe his changes, and ask if I don't understand, [such as], "Ai, why are you speaking abruptly now?" the communication is okay so far as I would ask whenever I am in doubt.

Tsui: ... we always talk. But now I would talk [to him] selectively, and won't talk to him about the tedious things or gossips, so as not to bother him too much. ... There isn't much change in our way of getting along with each other. We still have good

communications. It's just that he talks less now. ... I ask him less now since he doesn't like to be bothered. I would just respond when he talks, and being more passive now. He prefers messages now than talking... so I would change accordingly. ... He would be patient with me before even if he found me bothering, but now he won't.

Tsui: ... I have to be aware of myself not to be verbiage and keep repeating, coz men don't like this. ... That's why I have to think about what to say now before I talk to him and skip the wordiness. Actually he's better now [more patient]. Sometimes I would add one more sentence at the end, "I only say it. Only say it." ... I used to keep talking even when he was looking at the computer, but now I would stop.

Tsui: ... so now I have learned to accommodate him.

Man would also respond positively by sometimes updating her of his progress and how he had been adapting so far to make her less worry.

Tsui: ... he says he would adapt to it... and he would tell me afterward [after talking to other trans men about his situation] to make me less worry.

Mrs Lau had similar experiences regarding Wai's bad temper.

Lau: ... There are times we aren't sure what would make him angry and what he could accept. It's quite interesting. ... I remember once, I forgot what I said exactly, ... such as maybe the parents of a girl [Wai dated] would be concerned, and would try to convince their daughter to find a real man... and wow, this has made him very angry, "How could you say that? So you are not accepting me! ... bla bla bla..." Then I said, "No, I am saying OTHERS' mother may think like this." "But it's from your mouth, so this means that you are not accepting me. Otherwise you won't say this..." ... Hence I know: he's really sensitive at these points. I just said, "What do you mean I don't accept you? I am referring to you as my son [now]." Therefore, sometimes we really have to be very careful.

Regarding Man's change in temper, Ms Tsui did indeed feel lost about it. She missed the way she seemed to be closer with Man like mother-daughter in the past. She wondered about this gender aspect of mother-son or mother-daughter relationship.

Tsui: ... he's less caring as a son, and I could not be as close to him. ... Feeling lost means... if you treat him as a son then you would not be that close with him. It's me who changed and feel lost. He has also changed as I said before, such as he's speaking abruptly, and being less responsive. Taking you as just talking non-sense/verbiage and so does not respond... well, it's better than him scolding at you... (smile) ... he used to be more caring, and has become more rational now, more oriented on solving problems.

Affirming their child as daughter or son according to the identified gender.

Some parents would affirm their child verbally by calling their child with a different name or referred to their child as daughter or son according to their child's identified gender.

Although Mrs Ho said she was not ready to regard Wing as a woman yet (to be revealed under the theme “denial and opposition”), she would affirm Wing as a woman when she commented Wing as being too rough and asked Wing to behave more gently.

Ho: ... Sometimes when (they) are behaving roughly, I would say, “you are a girl/female. If you want to be a girl/woman you have to be a bit more decent, and a bit gentler. ... [How could] you become a girl/woman and yet rough like a man. ... I ask you something, and you refute back and push me.” Then (they) would calm down a bit.

Mrs Lau would deliberately refer Wai and her husband as a group in some generalising comments on men as an indirect way of affirming him. She would also call him with some gendered term.

Lau: ... Sometimes I would say, “So you two men here...” or when we touch on some topics, “This is how you men think about things.” I would do this kind of thing sometimes. ... He [Wai] would chuckle sometimes, depends on whether he likes that thing [comment or connection]. Sometimes when he doesn't like that thing of daddy, he

would not be happy then for putting them together. ... Yes, I do it deliberately. Sometimes I would also joke in calling him, “dude” [a gendered term].

Whereas for Ms Tsui, she had to reverse her effort from deliberately referring Man as daughter since Man was young to remind herself not to do it again.

Tsui: ... There’s something I would remind myself of, that I should not call him “daughter” anymore. Actually I have deliberately called him “daughter” since he’s young [to remind Man about his female identity] because I don’t understand why he’s so boyish.

Putting in efforts repeatedly.

Changing the way they refer to their child were challenging for most parents. Since most of the time they were not merely responding to their child’s visible changes, such as some physical changes such as acne, but something they were so used to in the past years that would just automatically come out when speaking. They had to be aware and put in efforts repeatedly.

Ms Tsui was still adapting to this change during the interview in calling Man’s new English gendered name, whereas Mrs Lau asked Wai to be more considerate and patient with other family members in this adapting process.

Tsui: ... your skin is better than... [trying to say Man’s new English name]

Interviewer: (Man) [Man’s new English name].

Tsui: Mmm... sigh. It [changing the way to call Man] is troublesome.

Interviewer: (smile) It’s only one consonant different.

Tsui: Oh yes, just that [I] used to call the old name.

Interviewer: So you have been referring to/calling Man as “daughter” sometimes [during the interview].

Tsui: Just used to. Since he’s not here, I would save the effort in changing. His name is now ‘Mmm... Mmm...’ [trying to pronounce Man’s new English name]

Lau: ... to give an easy example, say changing names. Even we have changed our way to call him, there are still times that we would slip it out of the mouth, “our daughters...” we used to refer them [Wai and his sister] our daughters. There was once my husband said it wrong, and Wai just went fierce. I forgot exactly what he said, but he just went fierce. After he had calmed down, I talked to him, “So you’ve taken almost thirty years to find this [TGNC identity] and decide this [transition]. We have only known it for two years. You have to give us time to adapt to it. And it’s unavoidable that it would slip out of the mouth sometimes. It does not mean that we are not recognising it. Could you be more patient [with us] sometimes?” ... I think he understood then.

Learning new skills.

The social worker from the community organisation had also noted that parents could adapt better when they could learn some skills in the way they get along with their child during the process.

SW: ... at least they [parents] would criticise less now. ... They would also learn some skills, such as knowing when to touch on the topic, instead of raising this topic and just focusing on it every time [they speak]. They would only ask a bit more if the child feels like to talk about this topic after some time [talking with other topics]. Giving more space to one another. It would help when they could master these skills.

Afterall, (accepting) parents were very willing to learn and support their child as far as they could do so. As Ms Tsui, Ms Lee and Ms Cheung said:

Tsui: ... how could I help? I think... if there are things that he needs and I could do, I would do so to satisfy him.

Lee: ... I would try to help you (Hei) as much as I could. ...

Cheung: ... Hence I have to learn a lot of things, such as how to face him, how to talk to him.

Proud of what parents themselves had become.

As mentioned in the literature review on the stage model, some parents would go beyond the stage of acceptance or finding balance, and became proud of their child or themselves after going through the adjustment process.

Ms Lee acknowledged that she had become a better mother in terms of her way of parenting during the challenging process of dealing with Hei's TGNC status. She thanked God for giving her this lesson and she believed that God would support her in the process when the situation was out of her ability. This was why she could actively engage in the coping process.

Lee: ... Have I blamed myself? ... I used to be a tiger mom, thinking that I am right at everything I do, that I am doing it for the good of my child, thinking that I could be in control of things... but now I am grateful that God had used many years to teach me. He [God] gave me this topic that I know nothing of. It's out of my knowledge to solve this [gender] issue. Hence I have to humble, and I know that He [God] would support me when I humble and accept it [the challenge]. ... I understand what unconditional love is now. ... I would see how I could make you (Hei) better, and you (Hei) are making me better as well. We see each other.

Involving Other Family Members in Supporting Child

What is more, parents often had to take on/move/get other family members, such as their spouse or other child(ren), in accommodating their child's changes and needs together.

Sometimes, parents even had to act as the mediator between them. It was very important that there was mutual respect for one another between the family members and appreciation for their efforts to support together in the adjusting process.

Ms Tsui and her then-husband went to see counsellor together when they thought that Man was having a same-sex attraction issue many years ago (as revealed in earlier sub-sections “understanding their child’s past” and “seeking helping professionals”) and went to see Man’s psychiatrist in recent years for Man’s gender transition.

Tsui: ... Man was obedient and agreed to meet with a social worker. Both me and my [then-]husband had met with the social worker as a whole family once or twice as well.

Tsui: ... His [Man’s] father had gone to see the psychiatrist once, the private practice one. [Parents] had to go see the doctor once, and we did accommodate [the demand from the psychiatrist regarding Man’s transition].

Ms Lee would have family meetings with her ex-husband and child discussing the progress of Hei’s gender transition and in making certain major decisions.

Lee: ... We had a family meeting two weeks earlier, because I have taken Hei to see an endocrinologist. ... I said to him [Hei] that we have to tell his father about this because this is an important thing. ... [During the family meeting] I started talking and asked him [Hei] if he has anything to add afterward. His father then said, “okay, I understand. ... But would there be any side-effects?” ... bla bla bla. Then we talked about the possibility of growing a beard, becoming fatter, etc. We have studied all the effects and side-effects.

Mrs Wong had struggled in trying to explain to her second husband about Nam’s TGNC status and the things that had to be aware of. However, her second husband did not take it

seriously initially, and responded oppositely instead, such as referring to Nam as a daughter and trying to change Nam's mind. Nam's temper was very fierce and had lots of conflicts with Mrs Wong's second husband during that period. Mrs Wong thought about the possibility of having to divorce. She was much stressed and she had been admitted to hospital twice due to having high blood pressure. Fortunately, her second husband changed his attitude and became accepting eventually after a year. Mrs Wong was very grateful for this. This would be further discussed under the theme "compromise".

Wong: ... so my role was very critical. I have to make sure that my husband understands. ... He wanted me to explain to him after reading all these [information]. I also have to explain to him what happened after seeing doctor, "now (he) [Nam] is facing such and such, and so we have to talk to (him) like this, and don't say such and such to avoid irritating (him). Otherwise, (he) would become very fierce. So there's a lot of things to pay attention to." He [her husband] did not pay attention to me initially, and he did not trust psychologists. It's only until he made too many mistakes, and had too many conflicts with the child, such as [Nam] slamming doors, that he started to realise that there's no other way and gave up. I have been thinking of whether we have to divorce because it had been a big issue, how they have quarrels to an extent... I had been having high blood pressure and admitted to the hospital twice. Since I was too upset, my blood pressure was as high as 200 something and 100 something, meaning the systolic blood pressure was 200 something, and the diastolic blood pressure was 100 something...

Wong: ... I was very worried. And I had said to my husband, "you have to be very careful, and don't call (him) 'daughter' 'daughter'... wow, (he) [Nam] was so angry... almost mad." (He) [Nam] hide in (his) room, slam the door, being really mad.... He [her husband] has zero acceptance initially, always call (him) 'daughter', always called the wrong name, always, ... and saying that (he) is pretty. ... He did all these trying to change (him) [Nam]. This phase was too cruel to Nam, and it has been like this for a few months. (He) [Nam] really went mad. It had actually worsened the situation after talking to him [her husband]. He totally did not understand and did things the opposite way, follow his own ways and would not listen. ... Fortunately, he

loves Nam very much as well, and so he... has softened his heart, thinking that Nam's life is the most important thing, and accepted him [Nam] as a transgender [person].

** '(him)' is being used above to refer to Nam, because even Mrs Wong is accepting Nam as 'him' now, this transcription was talking about what happened at the initial stage. Nam does not identify as 'they', Mrs Wong never denied Nam as 'him', but her second husband was denying, and so the researcher thought that it would be fair to use '(him)' over other ways and words in presenting the transcript, until when Mrs Wong's second husband accepted Nam as 'him' at last.*

In Mrs Lau's case, she and her husband had a consensus in supporting their child when Wai came out to them about his TGNC identity and decision for a gender transition with a letter. She tidied up the study room to give Wai a separate room from his sister. The whole family adapted to support Wai to be himself at home, such as calling his new name and letting him walk around topless at home. Furthermore, she acted as a mediator when Wai became fierce because her husband failed by calling him with the old name at times (as revealed above). What is more, Mrs Lau and Wai's sister had taken turns in accompanying him to undergo surgery overseas.

Interviewer: ... Did you and your husband talk about anything after reading his [Wai's] letter [of disclosing his TGNC identity and decision for transition]?

Lau: We were both okay, and I said: let him [Wai] do... whatever he wants to do.

Lau: ... I used to have a study room, and then I had re-packed everything. So now his sister has her room and he [Wai] has his own. They used to be in the same room together. Now that it's different, it's better to separate them. And it seems to be more convenient.

Lau: ... Sometimes, he would take off his top at home. And we would just let him.

Lau: ... he has changed his name and our whole family is calling his new name

now. ... There was once my husband said it wrong, and Wai just went fierce. ... After he had calmed down, I talked to him, “So you’ve taken almost thirty years to find this [TGNC identity] and decide this [transition]. We have only known it for two years. You have to give us time to adapt to it. It’s unavoidable that it would slip out of the mouth sometimes. It does not mean that we are not recognising it. Could you be more patient [with us] sometimes?”

Lau: ... Last year, when he went to do top surgery, he asked me to accompany him to go overseas [for the surgery], and so I went with him since he asked. Therefore, I asked him again this year whether he would like me to accompany him [to search for information about bottom surgery overseas] as well. He said his sister would go with him, and I said okay.

Theme 3: Denial and Opposition

Apart from supporting parents who adopted coping strategies of empathic responding and active engagement, some parents adopted coping strategies to deny or reject their child’s TGNC status.

The coping strategies could be categorized according to two major regards parents focused on: i) gender aspects of their child (i.e., against their child towards their identified gender or holding their child as their assigned gender), and ii) the person these strategies were directed at (i.e., towards their child or the others.).

The TGNC status of TGNC persons, regardless of whether they are undergoing transition or not, consists of aspects associated with both of the binary genders, i.e., being male/man and being female/woman. Some parents tried to stop their child from transitioning to their identified gender, some parents did not feel comfortable with their child’s in between

or “mixing gender” status, and some parents insisted their child to have the various aspects consistent with the gender stereotypes of the assigned sex.

These coping strategies were mostly directed towards their child, such as withholding resources from their child, but there were also times some parents would direct the strategies to others when they thought others had to be responsible for their child’s TGNC status.

The coping strategies include: i) finding ways to explain their child’s TGNC status, ii) going against their child’s change or transition, iii) pressing their child to be assigned sex, iv) isolating child, and sometimes even v) taking it out on professionals.

Finding Ways to Explain Child’s TGNC Status

Cognitively, sometimes parents might think of other reasons in explaining their child’s TGNC status upon discovery. This could be their way of denying their child’s TGNC status.

Boredom or influenced by others.

Mrs Chan had thought that maybe her child was just too bored and happened to have met with other TGNC persons or knew about such stories and so got influenced.

Chan: ... then I was thinking, “Are you too bored?” or maybe (they) happened to know some TGNC people and get along [with them] when (they) were bored. So I said, “How about mom accompany you more? Or... get a pet for you, so that there’s someone[/something] accompanying you at home, and you don’t have to go out meeting other people.” ...

Chan: ... I asked (them), “Have you met some bad people? Why would you choose to go this way?” ... “Did you watch too much online? Or hear too much people talk about this and so you copied these thoughts and put it on yourself?” ... Maybe (they) were too small, and (they) didn’t answer me.

The threatening letters the psychiatrist once received also reflected that parents thought others had caused their child's TGNC status.

Psychiatrist: ... they were accusing me of ... “instigating people to be transsexuals”, “making transsexuals”.

A phase in puberty or being rebellious.

Mrs Chan and her husband also thought that maybe it was just a phase in puberty that their child was curious about sex and exploring about it, or as a way to get attention or being rebellious to parents.

Chan: ... I was thinking, “Are (they)... just being rebellious, like what we say, would that be a way to challenge us as parents” and so found something to make a fuss, to make us pay attention to (them). Later there were a lot of wigs, bras and underwears etc. in (their) room, I was then thinking, it's just the curiosity towards sex at puberty that makes (them) play around with these. We didn't pay attention to (them). ... When we went to see the doctor, the doctor also said he would only grant (them) to do surgery after (they) are 21 years old. Therefore, we just took (them) as being curious and a phase.

Not being truthful.

Even when their child, Yan, had talked to a psychiatrist about the feelings and thoughts as a girl since childhood, Mrs Chan and her husband just passed Yan's TGNC status as not truthful about Yan's experiences as there were no such traces as far as they could remember.

Chan: When later me and my husband went to see the psychiatrist, the psychiatrist told us that the child had told him that (they) realised (themselves) as a girl

at eight years old, and felt sick when (they) had to sleep with a group of boys during camping/excursion. Then I said, “Was the child lying? We have always seen (them) as a sunny person. Joining the scouts, [another disciplinary group], went to swimming, everything was very masculine. Why would (they) suddenly think of (themselves) as a girl?”

On the other hand, the psychiatrist had encountered a trans woman who was already very much look like a woman even before transition or had any related medical intervention, and her father thought that she was only pretending to be a woman to trick the other men.

Psychiatrist: ... I have encountered a trans woman who liked to make (themselves) pretty since small, and ... others would not know that (they) are a boy/man/male. ... And when I first saw (them), I said, “what do you want to do here? You have everything already.” (They) hadn’t taken hormones. ... So cases like this would be much easier [in having parents’ acceptance]. ... [(Their) mother] came to see how they could do this [gender transition] properly. ... But (their) father do not accept, thinking that (they) are just... pretending/dressing up as a woman to play a trick on boys/men. And indeed, this is what (they) have admitted a little, that (they) would think, “They [boys/men] would really be tricked/believed even before (they) [the trans woman] had any surgery.” (They) found this interesting. (They) got them [boys/men] every time, and no one knows. ... (Their) father did not openly reprimand or criticise (them) even he was not okay with it. He only thinks that (they) should not joke about this or (they) would be hit if got caught.

Mental health condition.

The psychiatrist had encountered a parent-child pair from the Mainland China where the mother regarded her adolescent child’s desire for transition as having a mental condition, even her child had bought estrogen online and attempted suicide due to her suffering from her TGNC status.

Psychiatrist: ... they came because there's no support there [in that part of the Mainland China where they live]. (They) had suspended school, at high school, and (they) had been taking estrogen from online. (They) jumped [to kill themselves] because (they) had struggled too much. ... (Their) mother actually wanted to change (them), thinking that (they) are really sick, like having some kind of mental illness.

Importance of access to correct information.

The social worker also revealed that some parents would try to interpret and explain their child's TGNC status in their own way when they were lack of information. Therefore, it is very important that parents have access to information and understand the meaning of TGNC status correctly.

SW: ... Giving them information is important. So that they wouldn't take their child as going insane, or had some "evil spirit" inside, or if something happened to the child which made them stuck, or if the parents did not teach/bring up the child well leading to their child being like this. They would often try to find other reasons/excuses to explain the status. Therefore, it is important to give them information on what transgender[/TGNC] is, what situations [their] child would be facing, and what might happen or what their child might become. These are the things parents have to know.

Going Against Child's Change or Transition

When parents realised that the TGNC status of their child was not caused by something they initially thought of, but a difficult reality that they were not familiar with nor prefer, some parents would try to stop their child in developing further with their TGNC status or starting transition.

Their coping strategies include: expressing disapproval, criticising their child, confronting their child and gaslighting.

Expressing disapproval.

Parents had various reasons or concerns for their disapproval, including: child being too young, preferring child as assigned sex, concerns over medical transition and adaptation in society, and other concerns.

Being too young.

It is worth to note that the child's limitations (as stated in "empathic responding") might also be the reasons parents considered in withholding their support to or denying their child's TGNC status.

Mrs Chan had disregarded Yan's TGNC status and thought that Yan was too young (still a teenager just graduating from secondary school) and too rush in making such an important and irreversible decision for transition without considering her future thoroughly.

Chan: ... I have said this to (them), "you are still too young, just graduating from [secondary] school. Maybe you should try living as a man, say for 10 years, and experience what it's like to date and meet with more people, before you decide to do the surgery. To make the decision after you have experienced more in life and consider it more thoroughly. ... You could not go back once you've cut it. ... Why are you making this decision in a rush?"

Preferring child as assigned sex.

Another major reason Mrs Chan and her husband had in rejecting Yan's TGNC status was that they were thinking men were more privileged than women in society. Therefore, Yan should at least try to live as a man for certain years before making any decisions on gender

change/transition.

Chan: ... (they) were only a teenager, and (they) had not... experienced living as (their) originally born sex [/assigned sex], and decided to go this way so rush. We would be worried as parents, because... after all, men have higher status in society, and enjoy more privilege. And if (they) could have more choices, won't it be more outstanding to be a man than a woman? This is how I see it.

Chan: ... my husband did say to (them), "You should be a man/male. It's better be a man/male. Man/male has a higher status." Then my child said, "I think I am a girl, I am only being myself." ... My child had asked at that time, "mom, why... wouldn't you let me be a woman/female when you are a woman/female yourself?" Then I said, "It's difficult to be a woman." And (they) said, "Then if you think it's not good to be a woman, why don't you be a man/male?" ... I said to (them), "It's not that easy... even it's difficult, I could not do anything as I am born like this."

At the time of interview, Mrs Chan still thought that Yan should "change back" and try living and experiencing the privilege as a man even Yan had been transitioning and living as a woman in the past few years since Yan left home.

Chan: ... (they) [Yan] haven't tried to face the society as a man, (they) have only faced the society as a woman, as there's a great difference between men and women when you work in the society. The supervisors often... like promotions or lots of opportunities were given to men first. ... I am just talking about my experience(s).

Ms Tsui's then-husband once expressed his disapproval on Man's (physical) transition from a religious perspective.

Tsui: ... he [Ms Tsui's husband] talked about religion, "God created you as a man then you are man, as a woman then you are woman, why are you changing your body?"

Concerns over medical transition and adaptation in society.

Undergoing a gender transition, especially a medical/physical transition, seemed to be the main concern of many parents. Even though the clinical psychologist at the public gender clinic had tried to explain to parents what their child's TGNC status meant, many parents and relatives had still expressed their disapproval of it.

Clin Psychologist: ... Many of the responses were, "It's okay that they have this condition, but they do not need to take this step [undergoing medical transition]."

Clin Psychologist: ... such as for them to use hormones, their relatives might say, "No, don't use it, it would certainly cause cancer, bla bla bla." So they are verbally against it. There might not have been many... hostile language, but more of concerns than of rejection. Yet they are still against it, somehow still against it.

The social worker at the community organisation had noted that the families of about half of the TGNC persons she met were not accepting of their TGNC status, especially to go through medical transition.

SW: ... I have recognised that, many of the parents... I should say, not only the parents but also from what I have heard from the children, among the twenty-something TGNC persons I have encountered, over half of their families are not accepting. And the situation is, their families would express rejection, that they don't want them to... wear like that, don't want them to take hormones, and even more against undergoing surgery. They would bargain a lot at this point. For example, they [the family/parents] might be very much against it initially, and then compromised a bit and said, "I could let you wear like this at most, but you should not do any medical-related thing."

SW: ... They may... find some opportunities to tell their child... such as ask them things related to this topic, then express what they think, that they are against you to go this way. And actually most of them are not okay with the medical part. The point of struggle/bargain is that, they could negotiate a bit with the appearance, but once the

medical part is being touched upon, most of the unsupporting parents would not want them to go further.

Mrs Chan might have reflected the worries parents generally had regarding how medical transition would impact their child's health or even life.

Chan: ... then I said [to Yan], "It would shorten your life." Like those in Thailand, they took the drugs [hormones] and their lives are shortened. "I am afraid that you would die"

Even supporting parents such as Mrs Wong had similar concerns as well.

Wong: ... I am more worried about his life, because it seems that hormones injection would shorten lives.

Interviewer: This is something people often said, but there's no evidence for it...

Wong: ... At least you would have a shorter life than you originally would have, because men have shorter lives than women. This is a fact.

Interviewer: It's only a few years.

Wong: That's it. A few years shorter. ... (smile) ... Yes. So at least it's a few years shorter. And it means a lot to a mom, right? Everyday [counts]... even though I would probably not be here already, but still.

The psychiatrist had elaborated on the details of parental worry in denying their child's desire for a transition, which also reflected the general belief of local Chinese towards Western medication, such as the use of medicine, injection and surgery.

Psychiatrist: ... such as the use of drugs [hormones]. It's gonna shorten lives – that's what they ask. ... After all, they always think this is a medicine. Every [Western] medicine, is no good to have it in the long term. They have this perception. And taking injection is even more threatening. Don't know why, but people tend to have this feeling towards this word [of injection], thinking that it's more severe. ... This is a very big obstacle for them. ... Whereas taking pills every day is another issue. In the eyes of

many Chinese, taking Western medicine every day still means taking in some sort of poison. They don't understand what these drugs are [made of]. And having an injection is like ten times severer.

Interviewer: They cannot take it as having vitamins, that one would take every day?

Psychiatrist: It's obvious that doctor doesn't prescribe vitamins. You would know if it's vitamins, and everything else is drugs. What else would a doctor give you? 'Seeing doctor, taking medicine and having injection' is a long-term perception [people have]. Injection means severe, better with medicine, but still no good, and so the best is not to take any medicines. ... Then surgery is certainly a big issue, "It greatly harms your vital energy and blood." "It's going to bleed a lot." "It's a big surgery." "Would there be lots of side-effects afterward?" "Would they die?" "Would something happen with anesthesia?" These are the basic questions. "The surgery is very complicated." "Would they be infected?" ... [seems] like you wouldn't have an infection when you cut the cecum or when you have colorectal cancer, but you would have a higher chance of getting an infection with gender affirming surgery. (smile) ... and then they could not imagine, how you deal with the genital.

Apart from the physical well-being of their child, parents also concerned and doubted how their child could live as their identified gender afterward. They would use this reason to persuade their child from going through a gender transition. And the situation seemed to be more difficult with trans women as revealed by the social worker.

SW: ... There is a case, I think (their) parents care about (them), and so do not accept [their TGNC status]. ... When they have dinner together, parents would ask directly, "when are you going to have surgery?" but then they would say, "But I don't agree with it." And then they would explain how they are worried... that in their eyes, they think (they) don't look like the other gender [female] in appearance, and so could not live as the other gender. "I am worried that you could not survive" "I am worried that you would regret" "I worry that the drugs would harm your health" ... and so they would try to explain to (them) all these to persuade (them) not to do it.

SW: ... every time the parents would say, "Ai, you should think about it again. This is really no good. You may dress up like this, but how could you live?" So parents would continuously take out the practical issues, "you cannot survive [like this]" to tell (them) not to do it.

SW: ... I think parents tend to be more practical, that they really care about real life, you have to go to work, you have to find a partner, you have to form a family. And when you change these things [gender and body], the rest of the things are going to be very difficult. Their perception is that: why are you taking such a difficult route? And so they would tell their child to better not do anything.

Mrs Ho also expressed that her main concern was to see her child being able to support own self and survive. She thought that being able to survive as the identified gender might also help her husband to accept their child's TGNC identity eventually.

Ho: ... That's why I always tell (them) to equip (themselves). So that when (they) finally become a woman, (they) could integrate into the society. You still have to work after all. ... I only wish (they) could find a job and support (themselves). So that I could feel relief. And leave it if the father is still not accepting [of Wing's TGNC status]. ... I do not expect him to accept it because this is really difficult. If (they) could live happily, then I may say, "actually (they) are okay like this, able to find a job and support (themselves)." Maybe he [father] would then think... after all, it's his child, maybe he would be of relieved as well. However, at the moment, firstly (they) have no job, secondly, (they) are taking this path... both of which are something he doesn't like. How then could he accept [Wing's TGNC status]?

In contrast, trans men seemed to encounter less disapproval. This point would be elaborated more under the theme compromise.

SW: ... and so, when you look at trans men, they generally encounter less and less severe rejection. Like if they could live as this status, then... there seemed to be less reason to object them in going this path. ... However, for trans women... actually there aren't that many trans women who have a job. Therefore, it's understandable why family members [/parents] are like this [opposing child's TGNC status].

Other concerns.

Parents might also concern that their child's TGNC status would attract other people's

gossip, such as from relatives.

Ming, a non-binary identified person who was assigned as female at birth, also provided some insights on the reasons of parental disapproval. Ming came out to parents as they had gained increasing exposure for doing advocacy for their identity as a non-binary person, and they preferred to let their parents know about their TGNC status from them than from elsewhere such as a media. Their parents were shocked without many reactions initially. Then once when they told their mother about doing a radio interview, their mother expressed her disapproval a few weeks afterward. Opposing them against medical transition on the one hand, and thinking that they did not take her feelings into considerations for talking about it over the radio on the other hand. She afraid that might in turn attract other people's gossips.

Ming: ... As I started to do more and more of these LGBT advocacies... and have increasing exposures [because of these works], I would rather tell them [their parents] about it myself first than to let them [know about it by] seeing me in some newspaper. Therefore, I say it. ... I told them, "I don't identify as a woman [literally said in English]." They were shocked, and said, "are you sure?" I said, "Yes." ... Nothing much followed. I think the biggest conflict happened when I did a radio interview about a month afterward. My mom was angry with me then. ... I told her about the interview... she listened to it then became angry on me. ... She exploded her anger when we have dinner together after another few weeks. She thought that I should not talk about it so openly, saying something like, "Have you thought about my feelings?" ... She thought that others, such as the relatives, would gossip about it. ... She also said, "If you are going to take the medicine [hormones] or do surgery, you have to wait till I die before you do it."

Ming's mother was also angry that Ming did not tell her about the decision for medical transition.

Ming: ... I had not told her about it [decision about medical transition] by that time [of the radio interview]. ... I understand why she was angry now. Because I had said during the radio interview that I have gone to see a psychiatrist. ... But I did also say during the interview that I didn't have a very strong will to take hormones or undergo surgery. She thought that I did not tell her about it [and became angry for not knowing it].

However, Ming thought that their parents did not comprehend their non-binary identity, and binarily took them as a trans man. This reflected how people were unaware of the non-binary identity, and interpreted medical interventions as solely for the purpose of a binary transition.

Interviewer: You came out to your parents in English?

Ming: Yes. [I said:] "I don't identify as a woman [literally said in English]."

Interviewer: Do you think their understanding of "not identifying as a woman [literally in English during the interview]" equates to non-binary?

Ming: No. I think she [their mother] had flashed in her mind instantly that I was a trans man, and hence the conversation on surgery.

Criticising.

Whether parents were said to be supportive of their child's TGNC status or not, some parents had often compared their child to their perception of how a woman or man should be and criticised their child, which sometimes could lead to verbal abuse or conflict with their child.

Mrs Ho was supportive of her child's TGNC status, but she often criticised her child's clothing styles.

Ho: ... (they) really like to have tight trousers, like the ones for ballet, and the [top] clothes short. When I say you should have longer ones to cover a bit, (they) would just not listen. And (they) are tall. So even I always tried to buy longer ones for (them), it always turns out to be short [for (them)]. ... I just don't like how (they) dress, with the clothes so short and tight. Like people would look at your body first even they haven't look at your face yet.

Ho: ... and for shoes, (they) don't like what I have. Every girl is wearing sneaker, but (they) do not. (They) only wear the sandal... (They) actually wear size forty-two, yet insisted on buying a thirty-something size. Saying that (they) don't want to wear such a large pair. Thinking that by wearing a smaller size shoes, (their) feet would look smaller. But actually (their) feet are stepping on the ground. And so the edge of the sandal is dirty and (their) feet are dirty. When we go out buy shoes, I said, "this one won't fit." "It will." "It won't, you are wearing size 42, why are you taking the size 38 or 37?" "I am not buying then." For clothes, I said, "this one won't fit you. Look at you, it only covers to this point, how can you wear it?" "I am not buying then." And so (they) said (they) are not buying again. ... Like these shoes I am wearing now, there's no such a large size. I have been looking around for shoes for (them), but couldn't find any. Where could you find female shoes that have such a large size?

Even though Mrs Ho was supportive/accepting of Wing's transition, she regarded Wing as in transition and would not regard Wing as a woman until Wing completed gender affirming surgery. She also thought that there would still be things that Wing could not change and made (themselves) comparable to other women. To her, Wing's thought about transitioning to be a "woman" was impossible or impractical.

Ho: ... (They) would not let me refer to (them) as son/male, "you are still treating me as son/male!" then I said, "so what should I treat you as? ... you tell me." "Why does that matter if I say it, why are you caring that much?" "If you are caring this much when it's me who is saying this, then you may care a lot more when you go out to society when other people say it. You are going to have lots of pressure then." ... (they) are like a person at the margin, what could I call (them)? ... Even when (they) become a woman in the future, (they) still have something that... could not be changed...

Ho: ... You have to face it yourself. Be responsible. Not that you only have the passions and go ahead [with transition]. It's not that simple. Society nowadays isn't that accepting. You have to face how others may look at you, your job, or you may have to remain single and be alone. ... You could not form a complete family after all. ... (They) also said that (they) could bear children in the future, in a few years, to give birth like the other female... this is impossible. How could you do this now? The medical technology isn't that advanced yet.

Mrs Chan's husband had also criticised their child, Yan, as making (themselves) a fake woman.

Chan: ... maybe the father [Mrs Chan's husband] had really said things that were too insulting... the father and (son) were talking that night, and my husband said (they) are a pervert, a man turns into this, neither man nor woman. ... He said, "man can find many women, but a woman cannot be chosen by as many men. It's even worse when you are not a real woman. Others would not love/choose you. And you could not bear a child. No matter how you pretend/dress up, you are still a fake woman"... and so my (son) was crying, saying that, "you stop talking or I will kill myself." "You look at me like this, I am not going to take you as my father!"

Confronting.

Sometimes, the act of criticising might lead to further confrontation.

Mrs Chan's husband had many fights with their then-teenage child over the issue when they still lived together.

Chan: ... (they) didn't show them [female clothes], only put in (their) room. The clothes were hung in the room to dry even after a wash, (they) wouldn't hang them out. ... But there was once a bra dropped next to the washing machine. (smile) I don't know whether (they) did it intentionally or what, but I think that (they) deliberately put it at the toilet when (they) wash it, to let (their) father know. ... (Their) father did blame (them), "(why) buying these things!" ... and then my husband did say to the (son), "... I would not let you be like this [Yan expressing (their) TGNC status] in the dining

room.” “What you do in your room or outside I don’t care, but you have to give me back the dining room.”

Chan: ... there were rude words everyday... and the (son) also said, “I cannot bear anymore, for that kind of reprimand” “I am not a pervert, do you think... I feel excited and good for being reprimanded by you like this? I don’t like it.” ... It’s been like banging on the table every meal, “don’t you have that bad look on your face as if your father has died, I haven’t yet.” ... and there was once they fight to a point (they) had left home the whole night.

The only time Mrs Chan expressed her disapproval and confronted her emerging adult child was when her child told her about the thought of doing gender affirming surgery in Thailand.

Chan: ... I have never reprimanded (them) because of this [TGNC status], never. The only time I had been very irritated was when (they) said (they would) go to Thailand [to do bottom surgery]. We had a fight because I said I don’t want (them) to do the surgery as it’s dangerous. ... I said, “actually I love you regardless of whether you are man/male or woman/female, why do you still have to do surgery?” Then (they) said, “Aren’t you just like father, looking down on me?” I said, “this is your father’s view, mommy did not say this to you.” And then my (son) cried and said, “You don’t let me do the surgery, you don’t love me.” “You are only pretending to be a good mother in front of the others.” Then I was being irritated instantly and cried, “I would not have taken care of you for so many years if I am pretending to be a good mother, do I get paid?” Then... (they) knew that (they) were wrong when I cried, and said, “Ai, calm down please mom.”

The helping professionals had also revealed some coping strategies parents adopted to deny their child’s TGNC status, such as verbal abuse and confronting their child.

The clinical psychologist at the public gender clinic recognised that quite a number of parents would verbally abuse their child. The hostile wordings parents used might reflect their negative perception towards TGNC persons and the pertinent status.

Clin Psychologist: ... the parental acceptance was very low, (they) [the patient] have mentioned, that there was still a lot of verbal... I don't know if that counts as verbal abuse, but a lot of verbal aggression towards (them), from what I've heard...

Clin Psychologist: ... the hostility of the father is that he uses those very very rude words to... like "human monster", "pervert", "scum" these wordings.

Sometimes, parents did not just reprimand or confront their child at home, but also in front of others. For Chinese, this is a serious/significant action as it is disgraceful or losing face to reveal one's family conflict in front of the others. Also, sometimes it became a family level confrontation, instead of only between the parent-child dyad (either father-child or mother-child).

There was once the parents of a TGNC person came straight to the gender clinic to confront their child in front of the clinical psychologist.

Clin Psychologist: ... the patient did not talk to him [the father], they were in a kind of non-speaking terms... the patient was not living at home, and the parents came trying to stop (them) after seeing the appointment slip, they came to wait for (them). Then they rushed into the room together after the patient arrived. ... He [the father] had reprimanded for the whole time, till he was out of words, and ... left.

The private psychiatrist also had similar experiences with parents confronting their child in front of him.

Psychiatrist: ... [a parent couple] did strongly argue with their child and deny their child every time they came, every time.

The social worker from the community organisation also revealed a case where a mother

had flown to Thailand in an attempt to stop her TGNC adult child from having surgery, out of her care and concern.

SW: ... After all, the parent [mother] do care about (them). There was once the parent had deliberately flown over to find (them) when she thought (they) were going to have surgery, aiming to stop (them).

Gaslighting.

Another way parents bargain with their child regarding transition was what the clinical psychologist referred to as gaslighting. Parents would doubt their child's ability to live as their identified gender, and/or demanded their child to meet some goals which might not be relevant, and the bargaining demands were never enough.

Clin Psychologist: ... Many parents would... use a very concerned way to... such as doubt the patient's ability to live as their identified gender or doubt their [gender] identity... such as, "You are not really a transgender, [it's because] you just broke up in a relationship." They would use these ways to... this is called "gaslighting" ... that they challenge patients' ability to identify with their personal gender. Right. I found that a lot of parents are doing this. I don't know if it's their way of expressing their denial, or struggling, bargaining, or if they really doubt about this. Maybe all of them I don't know. ... They would move the goalposts. For example, they would ... say the patient is not independent enough [to undergo transition/ to face the challenges of transition], and so we would discuss some goals or indications for being independent, and the patient would go do it. Sometimes there were things the patient achieved, and then the parent would come back and say, "These don't count." ... So it's never enough. You can see ... the parents were struggling, which I understand, as it's their grief. However, it turns out like they don't keep their promise. And so the patient would be angry about it.

Pressing Child to be Assigned Sex

Apart from going against their child's change or transition to be their identified gender, sometimes parents focused on pressing their child to conform to the assigned sex. They might do it by persuading and trying to enforce some gender stereotypical treatment related to their child's assigned sex on their child.

Mrs Wong's second husband had tried to change Nam's mind by insistently treating him as his assigned sex.

Wong: ... He [her husband] was calling (him) [Nam] 'daughter' and saying that (he) is pretty... wow, (he) hated it even more, and hide in (his) room, slam the door, being really mad. ... He has zero acceptance initially, always calling (him) 'daughter', always called the wrong name, always. ... He did all these to try to change (him). This phase was too cruel to Nam, and it has been like this for a few months. (He) [Nam] really went mad. So actually it had worsened the situation after talking to him [her husband]. He totally did not understand and did things the opposite way, follow his own ways and would not listen.

** again, '(he/him)' is used here in respect to Nam's gender identity, Mrs Wong's acceptance and the perspective of Mrs Wong's husband (unaccepting) at that time.*

Similarly, even both Ms Lee and her then-husband were aware of their child's TGNC status initially, her then-husband tried to make their early teenage child, Hei, conform to the stereotypical girl appearance with the clothing and hair-style. He tried to make sure things would turn out in his way by saying that he would do the hair-cut himself and he brought their child to the hair-stylist expressing how he would like it to be.

Lee: ... his dad wanted to convert him back when he [Hei's dad] was aware of his

[gender] issue. His dad would tell him to wear dresses, and ... when he was a teenager and wanted to cut his hair, his dad wouldn't let him cut it that short. It could be short, but not a boyish one. It had to be a girlish short hair. Actually we both have an idea of it [Hei's TGNC status], but his dad wanted to fix him. ... When I did not take the child to do the hair-cut, his dad said he would do the hair-cut at home. ... If his dad was taking him [to the hair-stylist], his dad would tell the hair-stylist to cut a girlish short hair for him.

Mrs Chan and her husband tried to persuade Yan to postpone the plan for a gender transition until after Yan had at least lived some years as an adult as Yan's assigned sex. They thought Yan would change (their) mind after experiencing the "privilege" associated with the adult life of (their) assigned sex.

Chan: ... I have said this to (them), "you are still too young, just graduating from school. Maybe you should try living as a man, say for 10 years, and experience what it's like to date and meet with more people, before you decide to do the surgery. To make the decision after you have experienced more in life and consider it more thoroughly. ... You could not go back once you've cut it. ... Why are you making this decision in a rush?"

Chan: ... my husband did say to (them), "You should be a man/male. It's better be a man/male. Man/male has a higher status."

Isolating Child

Some parents would express their rejection or disapproval of their child's TGNC status by isolating their child.

By cutting wi-fi and withholding their child's mobile phone, Mrs Chan and her husband tried to stop and isolate their child from contacting other TGNC community members or getting pertinent information.

Chan: ... We have struggled with it for one or two years. (They) were about 16 or 17 years old, we had disconnected the wi-fi cable and would not let (them) connect to the internet, to prevent (them) from knowing other TGNC persons, or Hong Kong Rainbow [an organisation supporting gay people] people online. ... So we stopped (them) from connecting with others and withheld (their) mobile phone, then... the child did have a great reaction towards it, thinking that all support had been cut out.

The clinical psychologist encountered a case in which the mother had solicited other relatives to confront and criticise the TGNC child.

Clin Psychologist: ... the rejection was quite strong from how they describe... the mother had solicited the whole family, with extended families, relatives to reprimand the patient, criticise (them).

Some parents not only isolate their child from getting outside support, but they would cut ties with their child. This would be discussed further under the theme of “disengagement”.

Taking it out on Professionals

Some parents would take it out on others for their child’s TGNC status, especially when others, such as the helping professionals, expressed support for their child.

Mrs Chan had once expressed anger to a school counsellor/teacher for taking sides with her child.

Chan: ... This person from school, like [a teacher] or whatever, she said that my (son) had said many times that (they) were a girl, saying that (they) were very miserable, this thing [the TGNC status] was very troubled, to the extent that (they) could not concentrate on study, and that (they) did not want to take the secondary

school examination. [The teacher] told (them) that (they) have studied hard for six years already, and so (they) should put down whatever that was and concentrate in preparation for the examination, as that would affect (their) future job opportunities. The counsellor or teacher told me, "I understand your child's suffering, maybe you should consider the child's concerns." I hadn't gone online or searched for any information [about TGNC status] at that time, and [so] was very angry, thinking why she would side with my (son). I refuted back, "Why would you side with my son? You can say this because you are not (his) mother. You can say this easily."

** both '(they/them)' and '(his)' are used here. (They/them) was used because in the upper part of the description, it was Mrs Chan's present narrative of what happened in the past and the gendered sense was not that strong although it was there. It is only at the last sentence which recalls Mrs Chan's conversation to the school counsellor/teacher that there was a salient/strong and obvious gendered sense in that pronoun.*

The psychiatrist had encountered a parent couple who initially came with their child wanting to understand what happened with their child and if it could be cured. When the couple realised that the psychiatrist was actually supporting and affirming their child's TGNC status and desire for transition, they then expressed lots of hostility towards him, such as verbal abuse, made a scene at the clinic, tried to bribe him and sending threatening letters.

Psychiatrist: ... the couple was not accepting. They just came to know what's happening, to see if their child is sick? Or has some kind of mental issue? And if that can be cured. ... Then they threw a big tantrum after getting a negative answer and when their child had moved out without any further contact. ... They have made a scene here at the clinic. Being very noisy and verbally... a bit... insulting, such as [accusing the psychiatrist as], "being the bad guy", "having no ethics", "instigating people to separate from parents and ignoring others", "instigating people to be transsexuals", "making transsexuals". ... I have even received threatening letters. ... For seven times, once every week, "[I am going to] kill your whole family" "Beware when you walk." ... "Take your (dog) life." "[accusing the psychiatrist as] Harming the parents." "Harming the child(ren)." ... So the extreme ones could be like this. ... It stopped after I reported to the police.

Psychiatrist: ... their attitude had become worse and worse. And they had once

even thrown a cheque book in front of me, “you write as much as you like, then you leave (them) alone.”

The clinical psychologist had also encountered the aggressiveness/ negative emotional burst out of some parents.

Clin Psychologist: ... the father just kept on reprimanding. ... All the scientific information about transgender that I could provide, I have provided it. If he really could not listen, then I... have no point in continuing all the talks. Coz it’s really like talking to a brick wall for both sides.

Yet she thought it might not be the worst case in terms of parental rejection. The most rejecting parents would not even have come to see her/the helping professionals.

Clin Psychologist: ... of course I would not have met the most rejecting parents as they would not listen to anything nor do anything... not willing to get into touch with these things [related to TGNC]. Therefore, I think the ones I encounter with may not be the worst ones.

This way of not getting in touch with the issue or even their child would be discussed more in the next section under the theme of “Disengagement”.

Theme 4: Disengagement

Apart from the active or aggressive strategies of denying, confronting, or withholding resources, parents sometimes adopted some avoidant or interpersonal withdrawal strategies to show their unacceptance. They would disengage or keep a distance from the issue of their child’s TGNC status or even their child. These include: i) ignoring their child’s related

behaviours or status, ii) wishful thinking; iii) interpersonal withdrawal and iv) cutting ties with child.

Ignoring Child's Behaviours or Status

Some parents adopted the coping strategy of ignoring. They neglected or did not care about their child's TGNC status, such as pertinent behaviours, expressions, stuffs or even the person.

After seeing the psychiatrist with their child, Ms Tsui's husband only commented that it would not be easy to be a man and never attended to the matter again since then.

Tsui: ... his father had seen the psychiatrist once... and his father had only said, "to be a man, there's great pressure." Then he didn't pay attention to/care about it anymore.

There was a trans woman who had slowly grown her hair long and dressed up in a more and more feminine fashion, yet her parents had never raised the topic once. The child had never come out to the parents and parents never asked, but her mother had been asking an outsider whether her child "was a pretty girl or not" when they went out together, and then referring to the child as her son to her friends. This inconsistency had made her child confused about whether the mother was understanding and accepting or not, yet they still had not openly discussed the topic.

SW: ... There was a trans woman whose father does not talk, and mother... when going out with (them), (their) mother would ask others, such as a shop-keeper, "Are

(they) a pretty girl?” ... But actually she was not supporting, and so... the child was confused about whether the mother is supporting or not... because the mother would on the other hand introduce (them) as, “this is my son” when she met her friends.

SW: ... This issue [the TGNC status of the trans woman] is very obvious indeed. (They) have been dressing up in a feminine fashion at home and grew (their) hair long already ... (they) had not really come out after all. The child had not said deliberately that, “I am indeed a transgender person.” (They) didn’t say it. ... (They) haven’t been seeing doctor yet, as (they) are still struggling and thinking, and (they) are not sure about (their) next step yet. ... (They) only changed gradually until (they) appeared feminine as a whole, and the mother might have guessed it herself. Yet she has not asked (them), and (they) would not clarify with (their) mother. ... They [the parents] could ignore to this extent, that they could see (them) turn into this (feminine fashion) without asking (them) any question. “What happened to you?” They don’t ask it. ... So you can see that they [the parents and child] have no communication on this topic. How could it be?

Wishful Thinking

Sometimes parents just hoped that their child would change back.

Mrs Chan’s husband wished their child would come back home with short hair again.

Chan: ... He [Mrs Chan’s husband] has asked me every time, “When would (they) cut a boyish hair-style and come back?”

Interpersonal Withdrawal

Some parents would avoid the topic with their child, or even avoided their child.

“Don’t ask, don’t tell.”

Mrs Ho’s husband chose to avoid the topic and their child. He would go straight back to his room after work if he saw Wing was sitting in the dining room, and only watched TV in the dining room when Wing was in (their) own room.

Interviewer: When Wing has been seeing doctors all this time, and even self-harmed, has your husband been saying anything or expressing his worry about it?

Ho: ... [He] doesn't want to know, doesn't want to care. When I talk to him he would say, "Don't tell me [about it]." "I don't want to listen, don't talk about it." [He] already [rejects] when I raise it... and is in a state of none of his business. Like he doesn't know this person.

Ho: ... He would stay in the room. He would watch TV in the dining room if Wing was in the room, and went into his room if Wing was in the dining room. Either one of them would leave.

Parents adopted the coping strategies of disengagement for reasons such as: giving space to one another, finding their opinions had no influence over their child's TGNC status, taking it as the child's problem and responsibility to solve it, as division of parental duties in adopting different strategies to show their disapproval, simply not caring their child, having wishful thinking and waiting till time passed.

Give space to one another.

Sometimes parents withdrew or disengaged after a conflict with their child to give space to one another to clam down.

When her child went back to own place after the first conflict with Mrs Chan (as mentioned under the coping strategy "confronting"), Mrs Chan waited downstairs for some time after her child went up to see if her child would come back down. Then she decided to leave and let both of them calm down.

Chan: ... (they) knew that (they) were wrong when I cried, and said, "Ai, calm

down please mom.” Then (they) went up [to (their) place]. I waited downstairs for (them) to come down. Then after some time I thought, what good would it do even if I wait till dawn? There’s no point [to wait]. Let’s calm a bit for both of us.

No influence over their child’s TGNC status.

Ms Lee’s husband decided to give up on their child’s hair matter when he found that he could not get things his way.

Lee: ... his dad would tell the hair-stylist to cut a girlish short hair for him, and then he would not go with his dad next time. And when I took Hei to the hair-stylist, I wouldn’t mention whether he’s a boy or a girl, but just let the hair-stylist cut in their way, let the child cut in his way. I would not look at it. Then he got it shorter and shorter. And so his dad did not attend to this matter anymore, thinking that he could do nothing about it.

The psychiatrist noted that there were parents who started to ignore or give silent treatment to their child when they knew that they could not change their child.

Psychiatrist: ... when they have learned that there’s nothing they could do [to change their child], they would... ignore the child, or just sit there but not talking.

Interviewer: Like “don’t ask, don’t tell.”

Psychiatrist: Right... they don’t talk much then.

Your problem, your responsibility.

There was a parent couple who came to the psychiatrist with their emerging adult child initially wanting to understand more of what happened with their child and if it was curable, then stopped coming while their child continued to see the psychiatrist. They blamed their child to be the one responsible for fixing the issue, and therefore stopped from paying for the

consultation fees for their child to see the psychiatrist anymore.

Psychiatrist: ... the child had to pay by (themselves) afterward. Because the parents thought that... it's you who started all these, you have to fix them.

The psychiatrist recognised that about 70% of the parents of his patients disagreed with their child's TGNC status. They would not come to see the psychiatrist even being asked, and blamed their child to be the one responsible for it.

Psychiatrist: ... [the rest of the 70%] were not accepting. Or they might not come, but blamed their child to be the one who has to fix the shit [convert and submit to parents again] themselves.

It was also a strategy that some parents adopted in trying to show their disapproval by not seeing the psychiatrist.

Psychiatrist: ... they were still at a status of unaccepting and would not listen. Their mentality was like, "If you want me to come and I come, then it's like a gesture of accepting, like you are pushing them to step forward. It means that I am not accepting as far as I am not seeing the doctor."

Division of labour or parental duties.

As noted by the social worker, sometimes it seemed to be a division of parental duties/strategies between the parent couples to express disapproval – while the mother would be the one who voiced out, the father would be the one who gave pressure through silent treatment or interpersonal withdrawal.

SW: ... parent couples were often not supportive of this issue, to the same extent. It's only that one of them would be the one who reprimands/confronts, and the other one would be the one who gave silent treatment and ignoring the child. So it's the handling that is different, but both were unsupportive. ... Like if the mother would be the one who does the persuasion, telling [the child] not to do it, then the husband or father would take the role in giving silent treatment. Normally it's the father who does not talk.

The social worker also recognised that there were times when the husbands just ignore the issue or would not deal with it.

SW: ... it's possible that [even] your husband next to you would not talk to you [on this topic], adopting the "ostrich policy" and ignore it.

Do not care about the child.

There were other times the parents just did not care about their child much since early years and let their child be whatever they wanted to be when the issue came up.

SW: ... Some cases are interesting. Parents were not opposing you, but they were just ignoring you indeed. Their attitude is like, "I don't say anything, and actually I do not agree with it, but I just don't care about you. You can be whatever you like." There were actually quite a few of these cases, about eight to ten TGNC persons' parents [out of 20+ cases she encountered] would deal with their child's issue like this. They haven't cared much since their child was small, and when this situation comes up, they would just let their child do whatever they want and not care about it anymore.

Avoidance between both parent and child.

Indeed, it was noteworthy that avoidant was a strategy not only adopted by parents but sometimes by the TGNC child as well, such as in the above case. There were times when some parents might be willing to know more through communication with their child, but

their child did not want to talk about it, thinking that parents would always deny or criticise them. On the other hand, some parents might wishfully think that their child would cease thinking about it by not raising the topic again. Both parents and/or child might pretend the issue did not exist by adopting the avoidant strategy of “don’t ask, don’t tell”.

SW: ... this topic is to some extent, both parents and child would avoid talking about it as much as possible. ... Sometimes I would have heard from them [TGNC persons] that maybe the son or daughter is like, “Ai, I don’t bother to talk to them about it, as they always say the same things.” And so they decided to not raise it. On the other hand, parents would think, “Ai, they would not think about it if I don’t raise it [the topic].” And so both sides would not raise it, and pretend it’s not there. Actually, this situation happens quite often. ... Avoiding indeed, and there were many parents like this.

Cutting Ties with Child

Apart from isolating their child as mentioned in the section of “denial of their child’s TGNC status”, some parents would even cut ties with their child.

Mrs Chan’s husband finally expelled their child, Yan, from home when Yan changed not only the name but the surname as well once Yan turned 18 years old.

Chan: ... when my husband knew that (they) had changed the surname, he went fierce and told (them), “You have to disappear before I come home from work. I don’t want to see you anymore.” And so that was when (they) moved out.

Mrs Chan had also cut ties with her child for the first half of the year after her child was expelled. She expressed it as a way to give space to each other.

Chan: ... I didn't contact (them) for the first half of the year. I neglected (them).

Interviewer: And (they) didn't find you?

Chan: No. So both sides had to calm a bit.

On the other hand, her husband and her child had only seen one another once in the past few years since the child had been expelled from home.

Interviewer: ... How many times has your husband met with your child after (they) moved out?

Chan: Only once.

The psychiatrist recognised that it was scarce for parents to expel their child from home except in the cases where the TGNC persons were relatively more aggressive in character.

Psychiatrist: ... For such severe conflict as to expel their child from home or never see them again, there aren't that many cases so far. It's very rare. Those may have due to the clients' character being relatively more aggressive, impulsive and extreme. The whole thing actually does not need to develop like that.

However, the psychiatrist did come across with a trans woman from the Mainland China who had been expelled from home and got all the resources cut out from her. She tried different ways to express to her father about her desire for transition, but finally failed and got expelled.

Psychiatrist: ... But there were also parents who did [expel their child] ... I have a case from Mainland China, who ... totally un-accepting. And expelled the child from home. Cutting all money support and other resources. This is a real case and it was a trans woman.

Psychiatrist: ... (they) got expelled from home by (their) parents for messaging me. (Their) parents were divorced, and (they) followed (their) father. ... (They) tried to

come out in various ways, indirectly and directly, and (their) father could not accept it when (they) revealed it directly, demanded that (they) leave, and expelled (them).

The social worker also acknowledged that there were several TGNC persons out of twenty-something cases she encountered who had cut ties with their family after leaving home or being expelled.

SW: ... there were about five or six (TGNC persons), who have severe conflicts with their families and moved out from home. ... They have no more contact with their families. Because they would not contact their families, nor would their families contact them.

Actually, parents' rejection might have led to their child's leaving home.

Psychiatrist: ... [a parent couple] did strongly argue with their child and deny their child every time they came [to the clinic], every time... and then the child could not bear it anymore and left home, lived away from home, without any contact.

Theme 5: Compromise

Coping strategies of compromise are often adopted by parents when they were trying to work out what their child's TGNC status meant and what would be the best balance of their child's TGNC status, gender transition, the life of their child and the whole family. It might also be a progress parents went through from denying or disengagement to gradual acceptance of their child's TGNC status or merely the person again, or it was another way parents expressed their denial to the issue. In this study, protective buffering and compromise were distinguished in a way that any parents' yielding effort made for the sake of their parent-

child relationship were categorised under protective buffering (see p. 171), whereas reasons other than preserving parent-child relationship quality, such as for their child's well-being, were categorised under compromise.

The coping strategies of compromise parents adopted include: i) bargaining, ii) tolerating or allowing things to develop, and iii) trying to find a solution that was fair to all involved. Each of the coping strategies is discussed in more detail below.

Bargaining

Bargaining with their child.

Bargaining was a coping strategy parents often adopted when they were indeterminate about their child's TGNC status but thought that going through a transition might be something too much. It was also adopted when parents found that coping strategies of denying their child's TGNC status or disengagement were not working.

When their child did not seem to be changed by all the criticism and verbal hostility, Mrs Chan's husband then turned to bargaining with Yan saying that Yan could inherit everything if Yan would not undergo a gender transition.

Chan: ... my husband did try to persuade the child not to do the surgery, saying that he would write down in his will that everything would be given to (them) ... but (they) would have nothing if (they) undergo surgery, as (they) would be a woman/female then. Then... the child said, "I am still young, I could earn my money, don't need yours... I don't care about the money you have." (They) said (they) could earn (their) living. My husband said in response, "I've tried my best, what (they) want to do... is something out of my control." ... He thought that he could use money to keep

the (son), but the (son) didn't seem to be moved.

Mrs Ho's husband offered to provide Wing's needs without Wing having to work in order to bargain with Wing not having this kind of change.

Ho: ... he was okay [with Wing's long hair], but he said, "It's okay if you don't go to work and I support you, but I can't see you like this. How could you have this kind of change?" He could not accept it. ... He's really against it. ... "I hate (them) when I see (them)." This is what he said.

As revealed by helping professionals, parents' bargaining strategy also reflected how they were still denying or struggling in accepting their child's TGNC status, or hoping that their child would stop at some stage before having any irreversible physical changes.

SW: ... their families would express rejection, that they don't want them to... wear like that, don't want them to take hormones, and even more against undergoing surgery. They would bargain a lot at this point. For example, they [the family/parents] might be very against it initially, and then compromised a bit and said, "I could let you wear like this at most, but you should not do any medical-related thing."

SW: ... every time the parents would say, "Ai, you should think about it again. This is really no good. You may dress up like this, but how could you live?"

Bargaining with helping professionals.

As described by the psychiatrist, parents would also bargain with professionals to see if there were other possibilities or alternatives as way out.

Psychiatrist: ... to bargain with me if there're any other possibilities [of interpretation of the situation/condition], if there's something wrong, or if there were other alternatives in dealing with it, if that [medical intervention] was the only way to go.

Even for parents who seemed to be convinced in accepting their child's TGNC status as it was, they might still try to bargain for not having to undergo medical/physical transition.

Clin Psychologist: ... like what the literature has revealed, if parents believe that the cause of this status is of biological than psychological, they would be relatively easier in accepting [of the TGNC status]. That father seemed to become a bit more accepting after listening to my psycho-education, yet he still said, "Ai, it would be better if there's no need to undergo surgery, and even better if hormones therapy could be spared."

Tolerating or Allowing Things to Develop

Another compromise coping strategy parents adopted was tolerating or allowing things to develop and see how it would turn out later. They were tolerating as they were scared of their child hurting themselves or they had no reason to deny.

Scared of their child's self-harming behaviour.

Sometimes parents compromised because their child had attempted or said to attempt suicide.

Both the clinical psychologist at the public gender clinic and the private psychiatrist had encountered this kind of situation.

Clin Psychologist: ... (they) did say to kill (themselves), so the family was scared. The mother was scared to a point, "It's okay as long as you stay alive."

Psychiatrist: ... (They) had suspended school, during high school, and (they) had been taking estrogen from online sources. (They) jumped [to kill themselves] because (they) had struggled too much. ... (Their) mother actually wanted to change (them),

thinking that (they) are really sick, like having some kind of mental illness. ... Now every time they came [to the clinic], after the patient had seen me, the mother would come in and they were both finding a point of balance in accepting one another.

No reason to reject or deny.

As discussed under the theme “denial of child’s TGNC status”, sometimes parents compromised because they could not find any concrete excuses to deny or reject their child, such as concerns of how their child could live as their identified gender. This kind of compromise happened more often with parents of trans men as the social worker had observed.

SW: ... When you look at trans men, they generally encounter less and less severe rejection. Like if they could live as this status, then... there seemed to be less reason to object them in going this path. ... However, for trans women... actually there aren’t that many trans women who have a job. Therefore, it’s understandable why family members [/parents] are like this [opposing child’s TGNC status].

This kind of situation also happened with a trans woman who had a full-time job. It was not sure whether the parents were compromising with or ignoring their child’s TGNC status, or even if this was a protective buffering strategy that parents adopted to avoid conflict with their child. It would be discussed more in the chapter of discussion.

SW: ... the parents only demand (them) to study well and get a job, and so the parents would remain silent as long as (they) could survive.

Regardless of their reason or progress, the psychiatrist recognised that there were about 30% of his patients’ parents were passively accepting or compromising to allow and see how

their child's TGNC status would go.

Interviewer: ... from the 300 parent cases you have encountered so far, how many of them are accepting? What's the proportion?

Psychiatrist: how do you define as accepting?

Interviewer: ... I think that could be relatively passive, such as, "if they have to go this way, I would see how it goes" ...

Psychiatrist: About a third. Not many.

Trying to Find a Solution That was Fair to all Involved

The compromise coping strategies were also adopted at the family level. Parents tried to find a solution that would be fair to all involved, considering the well-being and stand of their child and other family members.

Ms Lee and her then-husband compromised in their own way initially regarding their child's hair-style. Ms Lee let her then-husband handled it initially, then her then-husband gave up when their child was rejecting him, and finally compromised with their child's hair-style when Ms Lee seemed to be accepting and their child seemed to be happy.

Lee: ... when I do not take the child to do the hair-cut, his dad said he would do the hair-cut at home. I thought there's no point to argue on this. You can go cut it until you are satisfied. Hair will grow again. So I did take the child to do the hair-cut. ... I had lots of arguments with his dad on: whether his dad would take him to the hair-stylist or I would take him. If his dad was taking him, his dad would tell the hair-stylist to cut a girlish short hair for him, and then he would not go with his dad next time. And when I took Hei to the hair-stylist, I wouldn't mention whether he's a boy or a girl, but just let the hair-stylist cut in their way, let the child cut in his way. I would not look at it. Then he got it shorter and shorter. And so his dad did not attend to this matter anymore, thinking that he could do nothing about it. When his father gave up on this, I started doing it my way and changed the hair-stylist, who had always thought that Hei was a

boy, and made him boys' hair-style as he liked since then.

As mentioned under the coping strategies/sub-theme “pressing their child to be assigned sex”, Mrs Wong’s second husband was not accepting initially. He finally compromised/changed and accepted Nam’s TGNC status for Nam’s well-being even though Nam is his step-child, which Mrs Wong appreciated much. In turn, Mrs Wong only let Nam started transition after having her second husband’s support as they were living together as a family. She had also thought about the possibility of separating from her second husband otherwise.

Wong: ... He [her husband] was calling (him) [Nam] ‘daughter’ and saying that (he) is pretty, ... wow, (he) hated it even more, and hide in (his) room, slam the door, being really mad. ... If you [her husband] could not... really love my child, then I would not stay [with her current husband], right? Fortunately, he loves Nam very much as well, and so he... has softened his heart, thinking that Nam’s life is the most important thing, and accepted him as a transgender [person]. ... I really admire this husband. He is not his real father after all. He doesn’t need to give so much or experience all these. ... Therefore, I think it has to be done step by step. I have to make sure that my husband [is fine with Nam’s TGNC status] ... because we live together. How could you [Nam] suddenly cut your hair, or suddenly have skin-head? That would be an issue.

Theme 6: Protective Buffering

Protective buffering is defined as “a matter of hiding concerns, denying worries, and yielding to the partner to avoid disagreements” (Coyne & Smith, 1991, p. 405). In this study, the researcher had observed that parents had focused on withholding their emotions and

carefully expressing themselves in front of their child to not only avoid disagreement but to maintain a close relationship with their child. The sub-themes include: i) withholding negative expressions or disapproval, ii) reconstructing goals toward family relations; iii) initiating communication after tension with child, and iv) protective buffering at family level.

Withholding Negative Expressions or Disapproval

When parents were still indeterminate of how far their child's TGNC status would go or what the status meant to them, they might sometimes withhold their negative expressions or disapproval to avoid hurting their child, to show respect for their child, to make their child appreciated and self-disciplined in not going too far, and to avoid conflicts with their child.

Avoiding hurting the child.

Mrs Chan had always been aware of what she said to her child, and had withheld strong words or disapproval as she knew how Yan cared about it and might thus get hurt.

Chan: ... (they) started wearing dresses at that time after (they) had moved out, but... fortunately that I think I am tolerating (them), "yes actually, I haven't reprimanded (them) for this, never."

Chan: ... as a mom, I have to compliment myself for this, that I have never insulted (them). When (they) have this decision, I have not said anything to insult (them). Yet (their) father had said a lot of these. Maybe as (their) mom, I think that there's no point to say something to hurt (them). It's (their) decision after all.

There was once she felt ashamed when she saw Yan wearing a dress for the first time. It was a shocking moment for her, yet she was glad that she didn't express her shock in front of Yan as it might affect their relationship.

Chan: ... I thought I could have taken it easy, I am young and have been growing up with the child, and so should be able to accept many things. Yet I still felt... ashamed at that moment... fortunately, I did not say, “you have made me ashamed, guilty and disgraced.” Otherwise, (they) would have hated me for the rest of (their) life.

Then she realised that she would be losing Yan if they continued to reject or ignore Yan.

Also, she realised that she did love and care about Yan even she had felt ashamed about

Yan’s TGNC status. She felt guilty for feeling ashamed for her child and so she decided to

hide this emotional episode upon seeing Yan in dress for the first time from Yan by not

raising the topic. She thought that being able to keep the relationship and communicate with

Yan and show that she still cared for Yan was all the more important.

Chan: ... and then I asked myself, “how am I going to face my child?” If you really don’t accept or pay attention to (them), you would lose this (son). So later I... I chose to... pretend there’s nothing happened [that she had all those emotions and thoughts after seeing her child in dress]. ... The most important thing is, I am keeping the relationship with (them)... and we could still communicate with each other. ... At least to let (them) know that even if (they) are not living at home, I would still celebrate (their) birthday with (them).

She withheld her disapproval and withstood the pressure from her husband without pushing her child as she had recognised that to live as a woman was what Yan really wanted.

She did not want to hurt her child.

Interviewer: ... You still want (them) to be a man at this moment. Then have you tried to persuade (them) to be a man again?

Chan: No. Because... I know (they) want to be a girl/female. It would hurt (them) if I say so.

Chan: ... I imagined if I were the child and (they) be the parents, I would like to have a parent who would identify with me ... maybe because I have this empathy towards my child, and so... I would be more careful with what I say sometimes. I am afraid that I would say something wrong that I could not take it back, and (they) would have remembered it for (their) whole life. I know how (they) value me... of every sentence that I say.

The social worker also revealed that parents would become more aware of expressing themselves more carefully so as not to hurt their child.

SW: ... at least they would criticise less now. When they saw their child before, they may say, “wow, why are you wearing like this?” Now they may think, “maybe they would be upset or got hurt if I say this”, and so they would be careful with what they say.

Respecting the child.

Mrs Chan and her husband went to see the psychiatrist when a letter of appointment had been sent to their home. They had expressed their disapproval and the psychiatrist responded by saying that he would not grant the child to do surgery before the child turns 21. However, when she knew that the child got a medical appointment again, she did not hide it from her child or restrain her child from going but just neglected it instead, as to show her respect to the child.

Chan: ... then the doctor said, promised us, that he would not grant (them) to do surgery until (they) turn 21 years old. Later the hospital called home regarding (their) next appointment. ... When (they) came back home, I told my (son) that hospital called telling (them) about the next appointment, and my (son) said, “I will see the doctor later [when (they) grew older].” I don’t know if (they) had gone there at the end as

(they) were the one taking care of appointments and everything.

Chan: ... I told my husband first, "the hospital called telling (them) about the next appointment." Then my husband didn't say anything, and so I told the child about the appointment, as... I think [we] have to respect the child. You could not lie to (them) [about the medical appointment]. ... You may be able to stop (them) from seeing the doctor this time... but (they) would think one day, "So you have been treating me like this [lying to me], mom." There's no point to do it.

Hoping child would appreciate and not go too far.

Mrs Chan's husband tolerated their child to do or dress up whatever their child wanted to in their child's own room, as a compromise strategy hoping that their child would not do so in front of him. He thought Yan would have noticed how he had already taken a step back and would respond in return in the way he desired. He was yielding to avoid conflict with Yan.

Chan: ... my husband did not have any reaction at that time, only said to let (them) play in the room. ... and then my husband did say to the (son), "I have already taken a step back. Whatever you play in the room, I don't care, but in the dining room you cannot [express (their) TGNC status] ... I would not let you be like this in the dining room." "What you do in your room or outside I don't care, but you have to give me back the dining room."

Avoiding conflicts.

Before Mrs Chan's child was expelled from home, there was a period when Mrs Chan's husband would reprimand their child every night. Then Mrs Chan and her husband tried to move on by not touching the topic again. However, their child could not stand their silence.

Chan: ... it's been like banging on the table every meal, "don't you have that bad look on your face as if your father has died, I haven't yet." ... Then actually the (son) had finished (their) secondary school examination, and we didn't want to raise this

topic again, thinking of covering it up and letting it pass, to have some quiet time as long as it could be. Then when my husband has a day off [at home], my (son) said, “Don’t you pretend as nothing there by not raising it.” And (they) made it direct, “I really wanna do the surgery. ... Are you going to pretend it’s not there by not talking or raising it?”

Reconstructing Goals Toward Family Relations

Reconstructing goals were coping strategies that parents adopted when they understood more about their child’s TGNC status and as they worked out their priorities in the process.

Parents tend to prioritise relationship with their child as their news goals.

The social worker noted that reconstruction of goals would often follow when parents understand more about the issue and the TGNC community, and as they worked out their new priorities after reflection.

SW: ... It is important to give them information on what transgender[/TGNC] is, what situations [their] child would be facing, and what might happen or what their child might become. These are the things parents have to know.

SW: ... They would then think, “maybe it is something innate. My child was not that abnormal as I thought. There are other people who are like this.” And so they have gained more understanding about it. Also, they would have understood their perceptions on the issue more during the process, that they might just have thought of the surrounding issues in the past, but then realized after some time, “Actually, this child is very important to me, and I really love (them) and care for (them). If (they) are to face a situation that is unavoidable, what could I do to help (them)?” Once they have started to think like this, they would be more willing to do something. ... Whether it’s really to talk to their child regarding transition, or to build up a better relationship again, they would be willing to do so.

After all, relationship with their child was often parents’ utmost concern and their reconstructed goal.

Clin Psychologist: ... you could feel that the parents were very lost and said in front of me, "what could I do?" And I could not really give them an answer. I would then tell the patient to have a good relationship first, and the parent might feel that there were still things they could do, that they could at least work on the relationship. Although I do not think this would help much, they could at least have something to cling onto first.

Initiating Communication Again After Tension with Child

After cutting ties with their child, sometimes parents would try to initiate communication with their child again. They might try to initiate communication directly with their child, or through their spouse. They were yielding to regain the relationship with their child.

Mrs Chan's husband would sometimes mention their child with various topics, such as talking about their child's current appearance, hair-style and their child's room. He would also ask Mrs Chan how their child was doing knowing that Mrs Chan had been meeting with Yan.

Chan: ... he knows that I would sometimes have dinner with the child and he would ask me, "Ai, how has the (son) been?" I said, "Nothing special." He would look at (their) facebook from time to time, ... or he would look through (their) photos, ... he saw (their) photos dressing in female clothes and said to me, "Ai, look at (them), (they) really look like a girl now."

When Mrs Chan told her husband about their child's life outside, her husband did try to express providing some support to the child if needed.

Chan: ... (their) father told me to ask if (they) have any needs or want to buy anything, (they) could just voice out.

He also said once to clear out Yan's room to see if Yan would care enough or want to come back home. Yet he would still express his desire of Yan being masculine as the assigned gender again.

Chan: ... in the past 6 months, he was still saying, "let's tidy up the room for (them) to come back." Then he said, "Ai, let's throw everything in the (son)'s room. I have to put things there. They are occupying spaces." He was trying to see if the child would come back or not. Then the (son) said (they) would not come back anymore.

Chan: ... he [Mrs Chan's husband] has asked me every time, "When would (they) cut a boyish hair-style and come back?" ...

When their child did not seem to be persuaded to come back home, Mrs Chan's husband did ask their child out but without success.

Chan: ... he did ask the (son) out for dinner, and then he said it's better not to see each other. ... My (son) did tell me, "father said to see me, but I am going to ignore him."

Even Mrs Ho's husband had avoided confronting their emerging adult child, Wing, at home, he did once ask where Wing had gone when he didn't see Wing around. It reflected how he actually did care about Wing.

Ho: ... (their) father realised that he hadn't seen (them) around in two days, as he would usually see (them) lying there when he arrived home from work. He could see (their) room from the door. And so he asked, "Where has the child gone?" "Maybe (they)'ve gone to find a job" I said. And he went silent.

Protective Buffering at Family Level

Parents not only adopted coping strategies of protective buffering towards their child, but also at the family level, such as towards their spouse as well. Parents would suppress their emotions or concerns to avoid disagreement or conflicts between different family members over their child's TGNC status. They would withstand the tension between/from different family members and withhold from passing pressure from one family member to another. It was not only their own parent-child relationship they aimed to protect, but the parent-child relationship between their spouse and their child, as well as their couple relationship and family relationship as a whole.

The overall family dynamics within Chan's family demonstrated this kind of protective buffering at the family level. In order to protect the relationship and avoid conflict between her husband and her child, she hid her fear from her child on the one hand, and hid her emotions, bad or good, from her husband on the other hand.

Mrs Chan understood it was impossible for their child to be like a man again, yet she also recognised how her husband really desired it to be so. Therefore, she often remained silent or spoke the minimum to avoid triggering conflict or negative emotions of her husband. Also, she would not pressure her child in meeting her husband. She tried to respect and balance both sides.

Chan: ... he knows that I would sometimes have dinner with the child and he would

ask me, “Ai, how has the (son) been?” I said, “Nothing special.” ... He saw (their) photos dressing in female clothes and said to me, “Ai, look at (them), (they) really look like a girl now.” And I didn’t respond.

Chan: ... He [Mrs Chan’s husband] has asked me every time, “When would (they) cut a boyish hair-style and come back?” ... I would remain silent then. He has his wish [about his child] ... and I could not break it. He should have... the right to live with his hopes [for his child]. What if his hopes are gone and he can’t stand and die? ... He has his thoughts, and everyone has things they hold on to, right?

Chan: ... My (son) did tell me, “father said to see me, but I am going to ignore him.” And I said, “up to you.”

Indeed, Mrs Chan’s husband had once expressed his hostility on other transgender persons while watching a TV programme on related topics. And his hostility had evoked Mrs Chan’s fear on the possibility of such huge conflicts happening one day between her husband and her child, leading to them cutting ties once again and maybe for the rest of their lives. She would rather them not meet each other until the tension between them maybe relieved one day as time passes by.

Chan: ... he [her husband] was watching TV programme, and it happened to be talking about transgender people. Then my husband suddenly said, “Just pull off their pants and you would know if they were a man or a woman.” So what if he really pulls off my (son)’s pants? ... How could I... stop that? ... Then they would not be seeing each other again for the rest of their lives ... I have to prepare for the worst-case scenario ... and so I am a bit reserved about it, that they should not see each other involuntarily. ... Let’s wait for some time, so that they could process it.

Although Mrs Chan had been silent most of the time in front of her husband, she did speak up once in trying to reserve a place for her child at home and future family re-union by keeping her child’s room and belongings.

Chan: ... He [her husband] was trying to see if the child would come back or not. Then the (son) said (they) would not come back anymore, and I said, "Don't throw them away now" as I am not willing to let go yet.

Theme 7: Detachment

In dealing or coping with interpersonal stress, it is very important that one does not get wearied by focusing too much on the other persons' needs and neglect the well-being of own self (Coyne & Smith, 1991). In this study, detachment referred to parents separating themselves or their needs from their child's needs or emotions even though they were concerned with their child's well-being.

Based on her experience, the social worker from the community organisation recognised that the worst maladapting situation for parents, whether they were supportive or not, was when they could not separate or detach themselves or their emotions from their child's. Parents were being affected to an extent that they could not live their own life.

SW: ... The worst scenario I think is that after knowing the issue, ... the emotion of some parents could not be separated from their child, and so when this happens, they would really put their emotion into it and think, "Wow, this is really serious, the sky's going to fall now." It influenced their lives, like they could not concentrate on other things, "I have to deal with this thing first, otherwise I could not go to work, I could not think, nor could I do anything." This is what I reckon as the most maladaptive situation. If you could separate yourself from your child, when this happens, you feel worried as a mom, it's reasonable; you cry, it's reasonable; or it's also reasonable if you feel angry or reprimand the child. These are emotions that you have to release. However, if the parents mix up their emotions with their child's emotions, that would be very difficult, as they could not separate or distinguish between their emotions from

their child's. They only feel better when they could change their child, but another individual does not just change as you like. ... The emotion of the mother always fluctuated. She might feel better if the child listens to her, but turn very bad otherwise. ... Therefore, I think it's the most difficult situation to deal with. It's not going to help either their child, or them, or even the whole matter.

The detachment coping strategies parents adopted include: i) letting go and ii) going with the flow.

Letting Go

Parents had to let go and let their child live their life – respecting the individualistic of their child and acknowledging their child is another person having their own right and own life. Sometimes it was out of parents' trust to their child's independence, whereas other times they could only let their child deal with it themselves and hope for the best of their child.

Ms Tsui trusted Man could come out to his church fellowship and handle other people's queries and challenges himself, yet she was ready to support her child if necessary.

Tsui: ... they [the people in church fellowship] said it wrong [on what TGNC status is/means], and Man was thinking if he shall speak up... and they gave him time to share for the second time, so he had some time to prepare for it, and they could ask questions then. That was very good. ... he had let a few of his friends know about it a few years ago, and they had experienced a period of... not knowing how to get along with him and feeling sad and lost, and not knowing... but then they talked again, and it's better now. ... I told him I would like to go [to share at Man's church fellowship] as well if I could, and let them know that there's a parents support group. He did tell them that his mom went to this support group though.

Ms Cheung believed that Fai would have thought a lot about the issues pertinent to transition, and she only needed to discuss the issues with him at times. After all, Fai is the

one to be responsible for his decisions.

Cheung: ... I have analysed [the pertinent issues] with him, I also think that he would have thought a lot about it himself. ... because it's a different age now, different from our age. He's the one walking the future path. If he chooses this path, he has to be responsible for it himself.

Even though she thought it would be difficult for Nam, Mrs Wong decided to let go because of her respect for Nam as an individual to make his own decision and the one to go through his future life. Her second husband also changed out of respect for Nam.

Wong: ... he explores... himself or his thoughts which is okay to let him do so. However, I did say to him that this would be a difficult route. The best for him would be... as a girl/female as he is now. The path would be much easier and no need to pick such a difficult path. He thinks I don't understand nor care about it, which is not. It's actually the opposite that we care so much about him, and so I don't want... no one wants to pick a difficult path for him. ... But of course, my major concern is that he stays alive. I do not argue with him. He can do whatever he wants because he's the one who goes through this. I certainly don't think this is the best path to walk. It was a good one, why would you suddenly find another cliff that you would have to climb? It was a flat wide road. He gave up on it and found one like this. But it's his choice after all. I would respect him.

There were also some situations even when she had been prepared for what might happen to Nam. She could only let go and let her child deal with it when something happened, such as passing security checks when crossing borders.

Wong: ... Travelling is another issue. It's very troublesome as well. ... He was travelling alone, and got stopped [at custom], "Ms Wong", staring at him and had people come around him, like he has committed a crime... I had expected that and so we had a letter from the doctor saying that he's having injection [of hormones] now etc.

He would take this letter out when needed. It's interesting when it came to body-search, a man came to him initially, and took back his hand when he touched his body, then asked a female [officer] to do body-search on him... It's at the custom of different airports. Since we use ID card to pass through the custom in Hong Kong, it's much better for us in this case. ... When you go to other countries and pass the custom using a passport as a foreigner, and people do body-search on you, should I tell others that you [Nam] are a male or female? I didn't dare to speak, yet when a man came to do body-search on him ... should I say, "(they) are a female." Nam would be angry with me if I say so. Therefore, there's nothing I could do. He remained silent. Yet the officer left instantly when he started doing body search on him, and asked another person to do it.

Mrs Lau never worried about the physical transition of Wai because she trusted the medical technology nowadays. She only wanted to make sure that Wai understood what his decision meant and cost, and made decision carefully after thorough research. She also trusted that Wai would voice out if he ever needed her.

Lau: ... I would not worry about that. Say "do you worry about the surgery?" No. What's it to worry/fear? I trust the (medical) technology nowadays. And he's getting something he wanted, so he must pay a cost. (smile) Just have to make sure he knows this is what he wants, and go for it [if it is].

Lau: ... What difference would it make to the surgery even if I worry? It's only about the doctor. (smile) ... I could only ask him in advance, "how did you make the choice? What did you base on? What're the pros that you choose him [the surgeon]? How do you know he can fulfill your requirements?" Like this. I may ask these few questions at most. ... He has done his search, and tell us mostly when he has decided. ... If he could answer me when I ask him, I know he's done his preparation, and not just listen to what others say and follow. ...

Lau: ... and I trust that, if he could handle it and do not tell me about it, it's okay too. He needs not to tell me. If he could not handle it, I believe he would talk to me then. ...

Lau: ... If he didn't ask me to accompany him, I would not do so. He's a grown-up now. Whatever he wants to do, it's okay if he can do it. Last year, when he went to do top surgery, he asked me to accompany him to go overseas, and so I went with him

since he asked. Therefore, I asked him again this year whether he would like me to accompany him as well. He said his sister would go with him, and I said okay.

She knew that her child had now felt more comfortable with his body, and able to deal with some situations, such as going to the beach.

Lau: ... yes, indeed. He feels more comfortable now, and he's brave enough to go to the beach now. ... I asked him the other day, "don't you afraid that other people would see your scar?" He replied, "I can go further away." So he's okay.

Even though Mrs Lau knew that Wai had encountered some unpleasant incidents at work, she still trusted that he had the ability to deal with it and make the right decisions.

Lau: ... this I think he could decide it himself. He knows whom he could come out to, and whom could not, and what consequences there would be after he comes out, or not. He has to face it. If he's going to tell some people but not others, and end up very confusing, he has to know this as well. I think this is something very obvious, very easy to know, and he definitely understands that more than I do. I should not comment too much as an outsider, and tell him things like "what if", or "you should". Those are none of my business. He would have known better as he's in that situation himself. Yet he would come back and talk to me if he has any issue, and only then I would talk. ... Let him handle his work himself. It's him who does the job, not me. He would choose and do what he wants to do. ...

Lau: ... He's made such a big decision already, right? Other minor things such as finding jobs, he could certainly make the decision himself for what he thinks suitable.

What is more, Mrs Lau understood that there would still be some occasions/psychological barriers that Wai had to overcome with them himself.

Lau: ... frankly, even you are [cisgender] man/male or woman/female, everyone has their own view of it. ... Other people may comment on me as "[being] so rude [as woman/female]". But he's being too sensitive in this aspect. He has taken it very

uncomfortable as he's a trans [person]. Otherwise, if he's like me, "let it be if I am rude." I don't care. Therefore, I understand that he has to process and adapt to it himself at these points.

On the other hand, even though Mrs Wong had been helping a lot in the transition process of her late teenager child, Nam, she has learned to let Nam deal with some situations himself, such as coming out to his friends and handling the relationships then.

Wong: ... So now he has a few friends who know and they are okay with it. I don't know if he should [come out to certain people] ... but I could not give him any advice [on coming out] as I would have been blamed at. If anything goes wrong, it's the mother, "you've done such such such..." I would not be like that anymore now. You [Nam] can decide it. You [Nam] think carefully and decide. Or you [Nam] better ask those who know/understand, I don't. That's true. I don't know how to help him.

Similarly with Ms Lee, although Hei was still a teenager at the time of the interview, she seemed to be at ease and open to how Hei would deal with his transition and pertinent issues further in the future.

Interviewer: You have said earlier to let it be if he could not change his ID (gender marker) ...

Lee: Let him deal with it if he could change it when he has grown up. ...

Mrs Ho only hoped that Wing would be able to be independent and survive by herself even though that might mean Wing living in another country and away from her husband and her.

Ho: ... I know that Wing wants to live overseas when (they) have completed the surgery. I think that's good too. That's why I always tell (them) to equip (themselves).

So that when (they) finally become a woman, (they) could integrate into the society. You still have to work after all. ... I only wish (they) could find a job and support (themselves). So that I could feel relief.

Being proud of their child's dealings.

Ms Lee normally dealt with everyone around them regarding Hei's transition, yet she was proud that Hei could handle a coming out incident himself once without her help.

Lee: ... He was great once. There was one time when the driver of the neighbor drove him back home, and continuously referred to him as 'she'. Yet actually the neighbour knew about his status, and so he corrected the driver, directly corrected him. But maybe that person was old and could not change around. Then after Hei's back, he sent an email to our neighbor, telling him that, "your driver has been calling me [she/her], which made me very unhappy." Then the neighbor forwarded his email to me and apologised. I was okay about it and didn't follow up with Hei. As I think, "That was great, no need to involve me. Just fight back himself when he's not happy about it." ...

Going With the Flow

Besides, some parents had learned to just adapt along the way in attending to the possible changes emerged during the transition process. It is different from being avoidant or having wishful thinking, but they just let the situation develop and see. In this process, parents were getting more accommodated to their child's TGNC status and pertinent issues. They might have cognitively reconstructed their appraisals and goals during this process, which was important towards their acceptance of their child's TGNC status and/or adaptive adjustment for themselves, their parent-child relationship and the family eventually.

Ms Tsui had searched for some resources, such as counselling, when suspecting her

child as having a same-sex attraction issue, but then her family had not followed up with it.

They were busy engaging with their lives until issues related to Man's gender identity

became clearer and emerged again.

Tsui: ... Anyways, he eventually had counselling for more than a year, with other issues, ... then stopped. When that topic (gender) was being touched on and you [Man] didn't know what to say or didn't want to talk about it, and so it ended. Then we were all busy with our own lives and time flies. It's only after all these years that the mystery is finally solved.

After recognising the positive changes Man had since transition, Ms Tsui became less worried and trusted that her child could deal with the situations himself. She was quite at ease in dealing with anything that might emerge.

Tsui: ... adapting, still adapting. ... He has the independence like a man [now], and no need me to worry. ... Yet I just let him deal with the many things. ... I am quite at ease. I would not be so worry. Say he has the acne on his back, I would make some herbal drinks for him if I remember, and just let it be if I forgot. If you have not voiced out for it, I would just be busy with my life. ... So, I would just go with the flow.

Mrs Ho could not be certain whether she could fully recognise Wing as a woman eventually. She thought it would be a process and had to see how it went.

Ho: ... (thinking) Can I be that far [in taking Wing as a woman]? [I] can't give you an answer now... it's a change. Need to give myself an adjusting period. ... (They) are still my son/a man/male at the back of my mind, but I know I am treating (them) like someone at the margin. ... Therefore, there has to be an adjusting period.

Theme 8: Seeking Emotional Support (or Lack Thereof) for Themselves

Whether parents would detach themselves from issues related to their child's TGNC status, they would have their own needs during the process that they needed to take care of. At the individual level, they sought support mainly for their emotional needs. The instrumental challenges they had to cope with were either directly related to their child as discussed in previous sections, or resulted from their child's TGNC status which would be discussed under the theme secondary level coping.

In this section, parents' different emotions during the process are laid out, followed by how parents sought support from helping professionals and in meeting other parents. What is more, some parents expressed they did not need deliberate support.

Parents' Emotional Turmoil

As revealed from previous literature, parents had lots of different emotions throughout the adjustment process, such as: shock, angry, grief, self-blame and loneliness (e.g., Ellis & Eriksen, 2002; Emerson & Rosenfeld, 1996; Lev, 2004). The different emotions parents revealed in this study would be elaborated as follows.

Shock.

Parents often felt shocked when they first discovered their child's TGNC status. However, there might be other times parents would be shocked when things developed out of their expectations in the process.

Even Mrs Chan had known about Yan's TGNC status for some time and went through a lot as a family already (e.g., saw Yan's female clothing in Yan's room, went to see psychiatrist together with Yan and her husband, then with Yan finally got expelled by her husband after many conflicts), she still felt shocked when she saw Yan actually wore a dress. She compared it with seeing the loved ones actually taking drugs.

Chan: ... The impact was pretty big [in seeing her child wearing dress]. Even though it [Mrs Chan] seemed to have prepared for it, still... at that moment... It's one thing ... to know that [one of] your family member(s) is taking drugs, but it's something else to see that person taking drugs in front of you.

Mrs Ho was shocked when she suddenly knew from the hospital nurse that Wing self-harmed.

Ho: ... there had been an impact. The nurse suddenly called me telling me that [Wing had self-harmed and admitted into hospital] ... my whole body was trembling... I asked (them), "Why are you doing this? Why are you in such a hurry? You should do it [medical transition] step by step."

Feeling shame, self-blame and ambivalence.

Mrs Chan felt shameful when she saw Yan dressed up in female clothing for the first time. She worried if others would blame her for raising her son to be like this. She felt sad to have such a son. Then she blamed herself for having such thoughts in feeling ashamed of her child. She thought she would rather die for her child yet she realised she could not stand the pressure from others, and she wondered how deep her love was to her child. She had

ambivalent feelings towards her child's TGNC status. This would be discussed more under the section "ambivalent behaviours".

Chan: ... we had dinner and we parted. I was at the station and I cried, kneed down crying... feeling at the moment that... it was bad, I was feeling a bit shameful... for a few minutes, I really was shameful, and wished there was a hole for me to hide ... why was my son like this I asked... I ... I did actually felt guilty about what I felt/thought in that few minutes, that I was thinking, "(they) made me ashamed", "how am I going to face the others?" "Would people blame me... for teaching/bringing up the son to become this?" ... Even those few minutes were very soon, yet I did have those thoughts. And I did feel guilty after those few minutes. Why would I have those thoughts? I feel guilty myself because, "I love (them) so much, and could give up everything just to raise this life... I am not afraid of dying for taking care of (them)." But then in those few minutes, I was thinking, "having (them)... or (their) appearance or (their) decision, made me ashamed". I felt really ashamed, fearing a lot of how people would see me as a mom... I really wanted to hide in a hole [Mrs Chan said in tears] ...

Chan: ... I felt a bit... disgusted at that moment... then the next question I asked myself, "how deep was my love for (them)? Actually, it's not that deep..." I was angry about myself, I am not afraid of dying, not afraid of giving up everything, yet I am afraid of the pressure people gave me...

Chan: ... It was like having an angel on one side and a devil on the other side. The angel was asking me, "how deep is your love to the child?" Yet the devil said to me at the same time, "(they) are making you ashamed, really ashamed." ... after this experience, I realised that actually the child and the mother... have to bear and face together both the honour and disgrace during the process. ...

Chan: ... then I thought I was a horrible person ... fortunately, it was just that few minutes that I felt ashamed, and then I thought, "how should I face (them) if I am (their) mom?" I felt very upset, why I would have such a son...

Helping professionals also recognized that a number of parents they encountered have blamed themselves for making their child like this, and they were ambivalent about whether they should support their child to go further. Therefore, they would rather wish their child not related to any of these troubles, and hence adopt the avoidant or denial strategy towards their

child.

Interviewer: Are there any parents cried in front of you?

Psychiatrist: Yes, a lot. They were mainly mothers. [They] had lots of self-blame, "Was it something from me?" "Did something go wrong during pregnancy?" "Have I done something wrong?"

SW: ... [the parents would wonder if they] did not teach/bring up the child well, leading to their child being like this. ...

SW: ... I think she's ambivalent about it. As a mom, she thinks that she has to support her child. However, when she considers the actual reality, such as how her parents-in-law or her husband see this, and even when she herself is having some conservative perception about it, when all these add up, she would then think, "it would be good for everyone if (they) [the child] don't do it."

Angry and hurt.

Mrs Chan felt angry when Yan seemed to just go the way as (they) wish. After the struggling moment of feeling shame and pressured about her child's TGNC status as stated above (first time to see her child wore a dress in front of her), she also felt very hurt and felt like being abandoned by her child. She thought Yan and other TGNC persons were very selfish that they did not consider the feelings and concerns of their parents in insisting to undergo transition.

Chan: ... Sometimes I would think... I can't understand why trans people would go that far... isn't it very selfish? Why wouldn't they consider their family... who may be afraid that... they might die during the surgery process, and why wouldn't they think that their mom would miss them very much because of that? I am not you people [TGNC persons], I could not feel your needs/urge. But from our perspective as parents, why wouldn't you consider us, that the pain we would have for losing you... how great

that pain would be... why wouldn't you think about this? ... We think that you people are being very selfish, to the extent that... you could give up your family. Sometimes I would think... is it us who give up on you or you give up on us?

Chan: ... It's not like how the TGNC persons think... "I could take it all on myself, and it's none of your business. Come to me for any issue." But have they thought that actually parents have to face certain pressure? You cannot take it all on yourself, have you thought that as parents, we have to face pressure no less than you do?

Helplessness.

Parents often felt helpless during the process with their child's TGNC status. They might not be able to stop their child from going further with the transition process, or they did not know how to support their child on the other hand.

Mrs Ho and her husband felt helpless as they could not stop Wing from going further in transition, including her hair-style or even when Wing self-harmed.

Ho: ... since 2013. ... [We] always told (them) to do hair-cut and (they) rejected, saying that (they) didn't like this or that. Have many excuses, [such as] the hair-stylists in Hong Kong were not good, or no one could do a hair-cut that made (them) satisfied ...

Interviewer: So you let (them) grow (their) hair because there's no other way?

Ho: There's nothing we can do as (they) insisted on not cutting.

Ho: ... It was the clinical psychologist who talked to (them), hoping to open up (their) heart. Maybe things would be different if (they) would have opened up (their) heart at that time. But there were another 2-3 years before (they) come out about this [desire for transition]. (They) were at (their) early 20s, maybe (they) could have proceeded further now if (they) had revealed it 2 or 3 years ago.

Interviewer: So you agreed to let (them) transition?

Ho: There's no other way.

Interviewer: Because (they) wanted to?

Ho: Yes.

Ho: ... The nurse suddenly called me telling me that [Wing had self-harmed and admitted into hospital] ... my whole body was trembling... I asked (them), “Why are you doing this? Why are you in such a hurry? You should do it [medical transition] step by step.” ... Others would only say, “You should stop (them)! Why don’t you stop (them)” ... But how could you stop? “You should persuade (them), not to go this path.” ... How could you persuade? There’s no way you could persuade... (they) have fully planned it already.

Ms Lee’s husband was helpless in getting Hei a girlish hair-style as he wished.

Lee: ... his dad would tell the hair-stylist to cut a girlish short hair for him, and then he would not go with his dad next time. And when I took Hei to the hair-stylist, I wouldn’t mention whether he’s a boy or a girl, but just let the hair-stylist cut in their way, let the child cut in his way. I would not look at it. Then he got it shorter and shorter. And so his dad did not attend to this matter anymore, thinking that he could do nothing about it. ...

Sometimes parents felt helpless after they met with helping professionals and realised that they could not deny anymore of or change their child’s TGNC status.

Clin Psychologist: ... sometimes I would tell the patient, “if you bring your mom here, it may help, or it would... evoke more conflicts back home, as some issues would then have been provoked.” ... sometimes I would use psycho-education, I said people have tried to deal with this [TGNC status] with psychotherapy for more than a few decades, yet it has never worked, and instead there were more people who wanted to commit suicide or were more depressed. Parents would have more emotions being evoked as their hope was killed.

Parents also felt helpless when their child attempted or said to attempt suicide.

Clin Psychologist: ... (they) did say to kill (themselves). And so the family was scared. The mother was scared to a point, “It’s okay as long as you stay alive.”

Psychiatrist: ... (They) had suspended school, during high school, and (they) had

been taking estrogen from online sources. (They) jumped [to kill themselves] because (they) had struggled too much. ... (Their) mother actually wanted to change (them), thinking that (they) are really sick, like having some kind of mental illness. ... Now every time they came [to the clinic], after the patient had seen me, the mother would come in and they were both finding a point of balance in accepting one another.

Grief or lost.

As revealed in the stage model, the ambiguous loss model and other literature, some parents did have a feeling of grief or lost towards their child's TGNC status.

Mrs Chan broke down and cried when her child first told them about the wish for undergoing gender affirming surgery.

Chan: ... (they)'ve been okay without any behavioural issues [at school]. Then when (they) were about 16 or 17 years old, at senior secondary school, (they) suddenly told us that (they) wanted ... to do sex-change surgery. ... Of course we were overwhelmed... that sounded intransigent. I cried on my knees. I later went out to the hallway to cry. Then I asked the child later, "Have you been hanging around with some bad people? Why would you choose to go this path?"

Mrs Chan's husband grieved for his loss of the child that he cared for so much when he saw that his child, Yan, had become very feminine and did not seem to be coming back home again one day.

Chan: ... he knows that I would sometimes have dinner with the child and he would ask me, "Ai, how has the (son) been?" I said, "Nothing special." He would look at (their) facebook from time to time, like my (son) would say [/post] that (they) would go out with friends... Or he would look through (their) photos, like... he saw (their) photos dressing in female clothes and said to me, "Ai, look at (them), (they) really look like a girl now." And I didn't respond. ... Then he would drink a few more cans of beer.

Chan: ... He was trying to see if the child would come back or not. Then the (son) said (they) would not come back anymore, and I said, "Don't throw them away now."

Because I am not willing to let go yet. Then my husband said, “(they) are not coming back anymore.” He said (they) would not come back after seeing (their) photo(s) [in dress].

Chan: ... So he was thinking why his son would treat him like this when he’s been so good to this son. He feels sad about it. ... “I’ve been so good to you and cultivated you for so long, yet you are treating me like this, even changing the surname.” And so it had a great impact on him. ... That’s why he thinks that... his efforts were all in vain.

Feeling alone.

Parents often felt alone in the process. There were not many people they trusted to be understanding, nor much resource out there for them. Sometimes they might feel that things were out of their control, or that they had been left out in the process. They had needs nowhere to express or to be met.

Mrs Ho was under pressure when Wing self-harmed as she had no one to talk to. She could not tell her husband, nor would she tell any other people. She thought that the others would not understand and would only tell her to stop her child.

Ho: ... I was in great pressure. Because I could not tell my husband, nor could I tell other people. I also have to go to work. So I could only talk to [the TGNC community members] as [they] would be able to understand. ... Others would not. Others would only say, “You should stop (them)! Why don’t you stop (them)?”

Ms Cheung felt a bit lost when she tried to find information online. There were videos about accepting parents who gave their testimony, but she wondered what happened before that stage and how others have gone through that.

Cheung: ... There were some videos online, very short... the daughter might have

told the mother, saying how (they) don't like this thing [status associated with her assigned sex] and how the mother has supported (them) along. ... They have gone through it already, how they did it... was only mentioned very briefly or touched on lightly. Actually, I would like to [know what happened in the process] ... Of course they [the child] have hurdles to overcome, but the people around them also have their own difficulties to overcome.

Mrs Wong felt similarly in that while she tried her best efforts in finding resources for her child, she received no support herself. She had to take it all on herself as she had to consider everything for her adolescent child, and around her were only people she had to deal with, instead of people who understood or whom she could talk to.

Wong: ... I would continue to search around [for her child]. But as a mom, I feel very difficult too, because I have no support as well. No one understands and no one I can talk to, yet I have to think of ways in dealing with all the different people in my family. Yes, and because of his age, ... and as a teenager, his emotion is not stable, his study makes him not stable, his trans [status] makes him not stable, and so it's really difficult.

Mixed emotions.

It was common to have parents expressing their emotions in front of helping professionals. These might have due to their mixed feelings of shock, shame, helplessness, lost, sadness or grief.

The clinical psychologist at the public gender clinic estimated about 75% of the parents she encountered had cried in front of her.

Interviewer: Apart from hearing crying next door [the psychiatrist's room], are there any parents who cried in front of you?

Clin Psychologist: Yes. Some of them were... you could feel that the parent was very lost, "So what can I do now?" ... Some parents would have an emotional breakdown here. They would claim they want to die, and might end up... a bit lost control...

Clin Psychologist: ... Twice already. I think she [a mother] would continue to cry in the future. She was not very hostile, just cried. I think there's a lot of grief in her, and a lot of anxiety about what her family would become. Because her family background is quite complicated... and the family has a lot of pressure already, and now the child is like this [having a TGNC status]. ... This parent is grieving and anxious about how she could handle the rejection of other family members.

Clin Psychologist: ... there were at least fifteen [out of twenty] [parents] who had cried I think. ... [some] would at least have some tears even (they) were not the kind of breakdown crying. But crying is common and usual.

Or sometimes parents simply expressed their inability to accept the child's TGNC status in front of the helping professionals.

Clin Psychologist: ... the most common reaction was, "I understand but I still could not accept it."

On the other hand, even though Mrs Lau had been very understanding and accepting right from the start, there was a point she just cried out all her emotions in front of someone she trusted very much. It might not mean that she had grief, but that she had accumulated some pressure, worries and emotions since she knew about Wai's TGNC identity and tackled the tasks with Wai throughout his gender transition process.

Lau: ... I talked to her [the person Mrs Lau trusted much] that night. ... I always know that I am okay about this [Wai's TGNC status and transition], but when I talked to her that night, I cried and there were a lot of emotions. Because this is someone I trusted much, she understands me very much and we've known one another for many years, almost twenty years. ... So I told her about it, about what I have encountered.

Seeking Support From Helping Professionals and Meeting Other Parents

Apart from seeking professional support for their child or could not help in bursting out their emotions in front of the helping professionals, some parents did seek support for themselves. They might talk to counsellors or meet with other parents. It helped them to soothe their emotions and adjust in the process.

The social worker who had both provided counselling to parents and led the parents support group agreed that parents needed to have some spaces to express, reflect on and consolidate their thoughts and emotions, and to hear and learn from other parents' experiences of what could be done. This would then help them to gradually reappraise cognitively, find a balance themselves and (re-)connect with their child in the process.

SW: ... maybe my role [as counsellor] is, I am not here to... convince you to accept your child. It's not only about this, but that to give an opportunity to them to talk about some of their worries, their perceptions [about their child's TGNC status]. ... They wanted to have someone to understand them more as they would have their own reasons against it. ... So when there's a space for parents ... [to] just talk ... and let them listen back to some of their thoughts, "So actually I am not uncaring of my child, but there is something that had impacted me on this matter." It would help to soothe their emotions when they realised it.

SW: ... a support group could let them talk a lot about their different experiences. There would be a lot of things inside, which they could not deal with. If they could have an opportunity to talk about it, hear what others would do, and think more about it. ... After all, they do care about their child and want their child to be happy, what then could they do to make things better? And so they would be willing to take a step forward, like not confronting their child as much. And if their child really wanted to go forward [with transition], what could they do to help make their child go smoother? They would start to be more willing to accompany their child in going through the

process. And this is very important.

However, it is worth to note that parents could feel alone and/or pressured even when comparing with other parents who have different attitudes or pace of adjustment. This might have intensified when it happened between spouses.

Chan: ... I also understand other parents now, such as those who are accepting, I think they are very brave because... I thought I could have let it go, I am young and have been growing up with the child, and so should be able to accept many things. Yet I still felt... shameful at that moment...

Chan: ... I am afraid of the pressure people gave me... maybe it's because of the Chinese perception [towards TGNC status] and [Mrs Chan herself] being brought up in Hong Kong, instead of in other [Western] countries. Their perception would be more open and think differently...

No Need for Support

While some parents would prefer to find social support, to talk to someone, to express their concerns, to relief their emotions or pressure or even seek for advice (such as Mrs Chan), Mrs Lau thought that it was only her family matter and which she could deal with.

Interviewer: When you knew about it, do you have a feeling that you want to talk to someone, such as your friends who are close to you?

Lau: No. I haven't thought about it, and there's no need. What was it to talk about? This is my daughter, and (she) is becoming a son. This is my family matter. I could accept that. And when I accept that, [it is a matter of] how I could help and support him in this journey.

Ms Lee's ex-husband also expressed that he did not need support from others.

Lee: ... his [Hei's] daddy ... had a long progress [in accepting] before. Maybe a

father has different feelings towards a daughter, which is different from a mom. But he [Ms Lee's husband] seems to be okay now. ... Yet I believe he may still feel a bit sad about it. I did ask him during our family meeting, "Are you okay? Do you need any support? Do you need to see a doctor? Or to talk to someone?" He said no, he's okay. Then I would take him as okay.

Theme 9: Ambivalent Behaviours

It was common to find parents being ambivalent about their child's TGNC status. It reflected on their attitudes and behaviours. They may go back and forth between denial and supporting. Sometimes it was due to seeing the struggle or suffering their child went through after their initial rejection, and sometimes parents were still indeterminate of what their child's TGNC status meant or would mean to their child's future and their parent-child relationships.

Even Ms Tsui had been very supportive since she knew about Man's TGNC status and desire for transition, and being so understanding of his suffering in the past years, there were times she would think of stepping back as she could not be certain whether life would be more difficult for Man in the future.

Tsui: ... it's really up to him. As parents, sometimes I would say, "don't trouble yourself that much by doing so many things/going that far." ... because we really could not understand how strong your desire is... and we are like, "aiya, we have to tell this person about it, and tell that person about it, and you are being so difficult, why are we doing this?" It's just normal [reaction to consider stepping back]. If he [Man] find it too troublesome or too costly and don't want to do it [transition] anymore, I would also support him. It's okay for me. Stop it if you [Man] find it too difficult. ... Because I have no confident in the future. How he's been presenting as a female... is something he

could handle and I could handle... would he be able to handle it in the future? Or would he be more pressured? ... Sometimes I would like to step back, "maybe it's better if you don't do all these."

As revealed in previous sections, Mrs Ho felt sad with Wing's unhappiness and lost, and expressed acceptance and support when she knew about Wing's desire for a transition.

However, she had been ambivalent in her way of telling Wing to eat more in order to prepare for the surgery and talking about how Wing might live as a woman/female in the future, yet still referring to Wing as her son at times and disagreeing or doubting that Wing could really live as other women/females do. She also admitted that she's regarding Wing as a person at the margin during the transition process at the time of the interview. These all reflected that she might still be indeterminate or ambivalent about Wing's TGNC status and transition.

Ho: ... Wing was so unhappy. ... Wing didn't know how to find (themselves) [at that time] ... When you talk to [Wing], (they) did not respond. Just saw (them) always murmuring, talking to (themselves). Thinking that... no one (they) could talk to... when I saw (them) like this, [I thought] how could you help (them)? When (they) were not revealing (themselves), how could you help (them)? (They) were just afraid that parents would not accept (them).

Ho: ... I thought that [Wing] must have something trapped inside, and when (they) revealed it finally, I thought, "So, if (Wing) has to be happy... after seeing how unhappy and trapped and so on... does that mean (they) would be happier after that [starting transition]? Then maybe I should just let (them) go this way. There's no use if you oppose (them). You oppose (them) and you would just see (them) like being insane."

Ho: ... I would sometimes tell (them) to eat some meat because I thought (they) need to have a balanced diet... as you are going to turn [your body] around... if your body is not strong, then you would not be able to bear it when you take hormones in the future. You are going to ruin your body. If you are not healthy, the doctor may not let you do the surgery after body check and everything, because it's a major surgery after

all...

Ho: ... sometimes when (they) are behaving roughly, I would say, "you are a girl/female. If you want to be a girl/woman you have to be a bit more decent, and a bit gentler." "[How could] you become a girl/woman and yet rough like a man." "I ask you something, and you refute back and push me." Then (they) would calm down a bit.

Ho: ... sometimes when I saw them [other trans women] online... those who are overly exaggerating themselves, I would then say to (them) [Wing], "you don't need to be like that. It's better if you stay more natural. If you exaggerate yourself, you would make people feel like you are a 'human monster'. You have to be natural. Let others feel that there's a beauty (in you). ... However, you have to be prepared that people would stare at you anyways. You have to bear these pressures.

Ho: ... That's why I always tell (them) to equip (themselves). So that when (they) finally become a woman, (they) could integrate into the society. You still have to work after all. ... I only wish (they) could find a job and support (themselves). So that I could feel relief.

Ho: ... There would be no point of return. ... That when you say you want to become a woman, would life be easier? This is what I think, (they) should think thoroughly about it, that (they) have to know what the future consequences are... the path won't be that easy. You wouldn't know what's going to happen until you come to that point. You have to face it yourself. Be responsible. Not that you only have the passions and go straight forward. It's not that simple. The society nowadays isn't that accepting. You have to face how others may look at you, your job, or you may have to remain single and be alone. Do you want to live your life alone? You could not form a complete family after all. Or maybe you could find someone alike in another country to accompany you till you age, but that would not be a complete family, right?

Ho: ... sometimes people would stare at her in a discriminatory way. ... They would look at her more than once, thinking... "neither man nor woman..." it's understandable. I may do so from my point of view as well.

Ho: ... (They) would be very sensitive whenever (they) heard the word "son". When I talk to my friends and said, "my son such and such..." (they) would go, "your son has died!" (They) would have a very big reaction. ... (They) would not let me refer to (them) as son/male, "you are still treating me as son/male!" then I said, "so what should I treat you as? ... You tell me." "Why does that matter if I say it, why are you caring that much?" "If you are caring that much even it's me who is saying this, you are going to care a lot more when you go out to the society. You are going to have lots of pressure then." ... (They) are like a person at the margin, what could I call (them)? ... Even when (they) become a woman in the future, (they) still have something that... could not be changed, such as the voice, the Adam's apple. These could not be

changed.

She also could not be certain if she could finally fully acknowledge Wing as a woman.

Her view on this at the time of the interview was to see as it progressed.

Interviewer: So you would not refer to (them) as a son because (they) don't like it. Yet you would still say that you have two sons if the others ask you because (they) have not done the surgery yet. So does that mean you can treat (them) as a woman/your daughter after (they) complete the surgery?

Ho: ... (thinking) Can I be that far? [I] can't give you an answer now... it's a change. Need to give myself an adjusting period. Back in my mind still... (they) are still my son/a man/male. Yes, still my son/a man/male at the back of my mind, but I know I am treating (them) like someone at the margin. ... Yes, so there has to be an adjusting period.

Mrs Chan had been ambivalent to a great extent in her way towards her child and (their) TGNC status. She wanted her child to stay as a male/man after all as she thought man is more privileged in the society. She also felt ashamed once when she saw her child wearing a dress for the first time (even though she had always known that her child used to keep female clothes privately in (their) room when her child still lived at home in the past). Yet she felt guilty for feeling ashamed of her child, and she doubted how deep her love was to her child. Then she realised that she had to bear all the pressure with her child in the process or she would lose the relationship with her child. What is more, she had understood how her child really wanted to be a woman/female and she would rather suppress herself for now than to express her disapproval which might hurt her child.

Chan: ... As a mom, I have to compliment myself for this, that I have never insulted (them) regarding this. When (they) have this decision, I have not said anything to insult (them). Yet (their) father had said a lot of these. Maybe as (their) mom, I think that there's no point you say something to hurt (them). It's (their) decision after all. However, when (they) had moved out, there was once I saw (them) dressed up in female clothes for the first time, and ... I didn't reprimand (them), but only said, "why you dress like this?" "Oh yes, because I've been rushing to see you after work and haven't changed." ... Then we had dinner and we parted. I was at the station and I cried, knelt down crying... feeling at the moment that... it was bad, I was feeling a bit shame... for a few minutes, I really felt ashamed, and wished there was a hole for me to hide... why was my son like this I asked... I ... I did actually feel guilty about what I felt/thought in that few minutes, that I was thinking, "(they) made me ashamed", "how am I going to face the others?" "Would people blame me... for teaching/bringing up the son to become this?" ... Even those few minutes were very soon, yet I did have those thoughts. And I did feel guilty after those few minutes. Why would I have those thoughts? I feel guilty myself because, "I love (them) so much, and could give up everything just to raise this life... I am not afraid of dying for taking care of (them)." But then in those few minutes I was thinking, "having (them)... or (their) appearance or (their) decision, made me ashamed". I felt really ashamed, fearing a lot of how people would see me as a mom... I really wanted to hide in a hole [Mrs Chan said in tears]... then I thought myself as being very bad... fortunately, it was just those few minutes that I felt ashamed, and then I thought, "how should I face (them) if I am (their) mom?" I felt very upset, why I would have such a son...

Chan: ... I felt a bit... disgusted at that moment... then the next question I asked myself, "how deep was my love for (them)? Actually, it's not that deep..." I was angry about myself, I am not afraid of dying, not afraid of giving up everything, yet I am afraid of the pressure people gave me... maybe it's the Chinese perception [towards TGNC status] and [Mrs Chan herself] having been growing up in Hong Kong, instead of in other [Western] countries, their perception would be more open and think differently...

Chan: ... It was like having an angel on one side and a devil on the other side [of her]. The angel was asking me, "how deep was your love for the child?" Yet the devil said to me at the same time, "(they) are making you ashamed, really ashamed." ... After this experience, I realised that actually the child and the mother... have to bear and face together both the honour and disgrace during the process. It's not like how the TGNC persons think... "I could take it all on myself, and it's none of your business. Come to me for any issue." But have they thought that parents have to face certain pressure? You [TGNC persons] cannot take it all on yourself, have you thought that as

parents, we have to face pressure no less than you do? ...

Although she felt shameful for Yan's TGNC status as if it was morally wrong, Mrs Chan also blamed herself as being a bad parent for feeling ashamed of instead of embracing her child.

Chan: ... fortunately, I did not say it out, that, "you do this and make this decision, have made me ashamed and felt guilty and disgraced." Otherwise, (they) would have hated me for the rest of (their) life. ... Then I have calmed down later after a while. Once when (they) called me again, after the call I was thinking, "how am I going to face this child? If you don't accept (them) or pay attention to (them), you are going to lose this son." And so I... chose to pretend as nothing had happened. ... Of course I could not tell (them) about what I felt. Even me myself think that I was being bad for having those thoughts.

Mrs Chan was also ambivalent that although she still wanted Yan to live as (their) assigned sex, she did not express so in front of Yan to avoid hurting Yan.

Chan: ... (they) [Yan] haven't tried to face the society as a man, (they) have only faced the society as a woman, as there's a great difference between men and women when you work in the society.

Interviewer: ... You still want (them) to be a man at this moment. Then have you tried to persuade (them) to be a man again?

Chan: No. Because... I know (they) want to be a girl/female. It would hurt (them) if I say so.

Mrs Chan also tried to convince herself to view the issue from another perspective. In addition, she tried to justify her child's experience and the current situation when her child had been living away from home.

Chan: ... Sometimes I would think, if (they) are not my son, I reckon (they) are quite brave. That (they) had made the decision fast... I had said to the child once, "since you would like to be a transgender so much, maybe you should study medicine. And instead of being cut by others, you could go help cutting the transgender persons. You could help people by doing so, instead of committed to becoming a trans person." ... (They) did all the arrangements very fast, such as changing (their) surname. (Their) plan on it was not bad. ... Apart from my role as (their) mother, I really appreciate the playful way (they) did it, especially at (their) young age. I am thinking, if (they) would do other things with this mentality, (they) would be a successful person. ... This is how I see this issue of my child - as a third person, I would really appreciate it, if I am not (their) mom. However, as (their) mom, I still... cannot accept it totally.

Interviewer: Do you know how (they) have been living away from home?

Chan: (They) did tell me that (they) have picked from garbage for food, and that (they) got no cover when cold. (They) said (they) had suffered a lot. ... But I didn't know about it. (They) didn't say it when (they) were facing all these... (they) were just talking about the experience.

Interviewer: But did you ask (them) to come home when (they) talk about these?

Chan: Coz I know (they) would feel worse if (they) come back home. (They) have (their) own life now outside on the other hand. ... But of course it felt painful to hear (them) saying these as (they) are the only child. I have... told (their) father about it. (Their) father told me to ask if (they) have any needs or want to buy anything, (they) could just voice out. (Their) father did feel sad, that the child would rather... suffer that much outside than to come back home.

Mrs Chan's husband was also being ambivalent with their child's TGNC status and the person, and in the way he expressed how he missed his child and wanted (them) back home.

Chan: ... in the past half a year, he [Mrs Chan's husband] was still saying, "let's tidy up the room for (them) to come back." Then he said, "ai, let's throw everything in the (son)'s room. I have to put things there. They are occupying spaces." He was trying to see if the child would come back or not. Then the (son) said (they) would not come back anymore, and I said, "Don't throw them away now." Because I am not willing to let go yet. Then my husband said, "(they) are not coming back anymore." He said (they) would not come back after seeing (their) photo(s) [in dress].

Interviewer: It may depend on whether you ask (them) to come back or not.

Chan: But my husband would not be able to accept it. ... Otherwise, he would not have been saying that he wants to die. He regards his son as his only hope. ... How could he accept the child to live at home [like that]?

Chan: ... He has always said, "I wish the child would be a boy/man/male again." ... He still has this wish...

Chan: ... he has asked me every time, "when would (they) cut a boyish hair-style and come back?" ... I would remain silent then. He has his wish... and I could not break it. He should have... this expectation/hope to live his life. What if he die when his dream is broken... He has his thoughts, and everyone has things they hold on to, right?

Chan: ... he did ask the (son) out for dinner, and then he said it's better not to see each other. Like this. My (son) did tell me, "father said to see me, but I am going to ignore him." And I said, "up to you."

Parents' ambivalent behaviors might have been greatly affected by the transition stage of their child (e.g., have not undergone genital surgery yet) and the (social) environment, (e.g., the general understanding and attitudes of the society and people they know towards the topic and issues related to TGNC status). This would be explored more with the coping strategies parents adopted with secondary level stressors in the next section.

Theme 10: Secondary Level Coping

In this study, apart from dealing with the challenges posed by their child's TGNC status and taking care of the relationship with their child, parents also need to balance the relationships with and between other family members, such as their spouse and other children. It had been touched upon and considered under the primary level coping

experiences of parents in the above sections. At the secondary level, parents' coping experiences and strategies in dealing with the challenges resulting from their child's TGNC status were analysed. It was found that the type of relationship with the party involved also played a crucial role in determining parents' coping strategies as discussed below.

Empathic Responding to Other TGNC Persons

With parents' greater awareness and pride (see stage model of Ellis & Eriksen, 2002), they would educate others about the issues pertinent to TGNC status and advocate for transgender/TGNC persons. In this study, some parents had come to this stage and extended their awareness and empathic care to other TGNC persons and their families.

Mrs Chan had become more aware of TGNC persons when she walked on the street, and as a result, she had come to acknowledge how her child might appear relatively feminine for being skinny.

Chan: ... I wouldn't pay attention usually of whether there is any transgender[/TGNC] persons on street, but I saw more of them [in street] in the past few years... some of them looked very strange, they were... trans women ... I would not have paid attention in the past, but I think there are more of them now. Maybe [because] some of them are taller and bigger... my child is tall and big as well, but fortunately (they) are skinny, and so appear to be [relatively] like a woman/female.

Ms Tsui appreciated transgender persons as possessing the good characteristics of both genders.

Tsui: ... If you ask how I perceive the two gender identities ... I think they are quite competent ... like they [transgender persons] have the caring [character] that female has, and also the macro view that male has ... and also, they would understand both genders. ... They would be able to balance or be a peace-maker between the two genders.

Mrs Wong extended her care of Nam as a TGNC person to thinking of ways that would help other TGNC persons, especially TGNC adolescents and their parents.

Wong: ... Also I think that, since as Hongkongese we would go to many different places, so if you can work as a main hub in Hong Kong, and help those [Hong Kong Chinese TGNC persons] in other countries... and those in need could have someone to talk to, then it can make a huge difference [to their well-being]. ...

Wong: ... or you can distribute your information to all the schools, so at least they know that there is a channel, for parents and for the kids that they could have someone to talk to. Although there aren't many of them [TGNC students], ... they have just been neglected.

Wong: ... this [information for school] is actually urgent. As those [TGNC persons] are so young. They do not know how to express it, and do not know where to express it. They are all new to this [TGNC status], the parents are new to this, the child is new to this. Makes it very urgent [for them], right? For employers, adult [TGNC persons], ... they could take care of themselves even they were confused. But for the kids, it's very difficult.

Wong: ... there are many transgender[/TGNC persons], they are not as good as you, not as good as Nam, who could study well, who could concentrate. Many of them may be withdrawn into their own world, and became a worthless chav ... yes, they could not deal with it [the TGNC status]. So it is very important to support the teens. They might be very clever and talented, but these things are just too overwhelmed for them.

She was also willing to stand up and fight for justice when the government library exercised censorship and held some children's books on LGBT related topics from direct public access after a complaint being filed by the anti-LGBT groups.

Wong: ... I went to the protest last time against the library... I went with Nam. That was outrageous. Because the government has to respond as there's a complaint, but it has responded in the wrong direction this time. ... We have to speak out so that the government would listen. ... Also, I think that, the pool [LGBT group] is too small ... So it has to expand, like involving us, the parents, or maybe other family members, and those who know about these.

Mrs Lau even came to realise that one of her long-time friends might actually be a TGNC person, and so she deliberately told her friend about her child's TGNC status. But her friend denied it.

Lau: ... the second or third person that I talked to was another friend of mine. I intended to help (them) because I thought maybe (they) wanted to be a trans[/ has a TGNC identity and desire for a gender transition] as well. Was a woman [assigned female]. Because of Wai, I became... more aware of it... (they) have always been very boyish, the hair-cut style, man's clothing, with a backpack, interested in phones, mechanics, electronics, etc.... I had also heard (them) saying that (they) really wanted to be a boy and said, "When I was small, I really wanted to have (grown) that extra part at the bottom when I wake up." ... After Wai came out, and as I have seen more and listened more [on this topic], I thought, "I must tell (them) about it, that 'my daughter is like this, so... what about you?' ... " (smile) (they) didn't admit it. It's okay. I am still good friends with (them), and talk to each other.

Interviewer: Have (they) seen the change of Wai?

Lau: (thinking) ... No. But I think... I should have shown (them) photos of Wai's current look, like Wai being very masculine now, and ... (they) said (they) were not. So let it be if (they) deny it. ... After all, it's only my friend, not family. ... This is the only person I have thought of, that I have to tell (them), to let (them) know that, "there are companions. It's okay, you can go this way [to be yourself]." (smile)

She also wanted to help others in need when there would be an opportunity.

Lau: ... I understand now how difficult it is during the process, and of which others could not understand. I would like to help other parents if I could.

Active Engagement

Parents had to disclose or come out to others as a result of their child's gender transition. This included coming out to the relatives and friends, and for parents of adolescent TGNC persons, it also included dealing with other matters on behalf of their child.

Similar to matters directly related to their child at the individual level, some parents would try to solve the disclosure problems in a planful way, talk to their child during the process in order to have their child being informed.

Planful problem-solving.

Some parents had thought of all the different possible scenarios their child might encounter in the process due to transition, such as dealing with their insurance plans or even changing the living environment. Especially for parents of TGNC adolescents, they would try to think and plan ahead what they could do when issues emerged in those situations.

In coping with potential legal change of Hei's gender, Ms Lee had thought about cutting Hei's insurance plans and taking the money out rather than changing his gender on record.

Lee: ... I said to Hei... [If] your ID states [you] as male, and the [insurance] record states you as female, then... you tell me when you are gonna change your [gender on] ID, and I would cancel that [insurance] immediately and get all the money out to put into your bank account. I don't want to deal with the trouble, do you understand? ... [Otherwise] How could you claim [the money]? They might deny your claim and said you are not the same person.

Interviewer: You can submit a letter to explain.

Lee: No. Why do I have to do these complicated things? If you are to change your ID, I would just pull everything out. ... This is how I've been thinking... planning in doing all these things.

She also thought about immigrating to another country for Hei's good, but changed her mind when Hei seemed to be more settled and found support in Hong Kong.

Lee: ... I've been thinking of immigrating to other countries for him, I mean to help him migrate. ... But now as he has grown up a bit, and everything started to be more stable, I don't think I have to go with him. ... If he has the ability, it's okay for him to go overseas. However, I think it's okay to stay in Hong Kong now. ... Since I have gained more knowledge about this, and there are endocrinologists in Hong Kong who could support, I think it may be better to do it in Hong Kong. It's where we lived after all, right?

Level of Disclosure

One of the major challenges parents encountered as a result of their child's transition was dealing with the level of disclosure to others about their child's TGNC status. It was more than whether to verbally disclose or come out to others or not such as in the cases with sexual minorities (e.g., gays and lesbians), TGNC status is visible and cannot be hidden. For example, apart from the change of their child's appearance, their child may also demand to be referred to according to their identified gender. Also, the areas of disclosure included their extended families, friends, religious communities and neighbourhood. Parents' coping strategies in differentiating and dealing with these scenarios would be revealed as follows.

Differentiating between whom to disclose and not to disclose.

Most of the time, parents would differentiate between whom to disclose and not to disclose regarding their child's TGNC status. They might also tell or discuss with their child about their thoughts and strategies.

Mrs Lau and Wai discussed and decided to disclose to those who are close to them, such as relatives, and not disclosing to those who are not important nor close to them.

Lau: ... [we have talked about] whom to disclose and whom not to, whom could disclose and whom could not. ... Like disclosing to the ones that we think would be understanding and close to us. No need to disclose to the ones who are not close nor important. ... We won't talk about family matters anyways.

Lau: ... For example, for the ones that Wai also knows, I would notify or discuss with him first about it. Alternatively, for some of them, I might not have discussed it with him, I would tell him about it after I disclosed it. ... Or, "I am not going to tell [the other person] about it. I would not say it if they don't raise it." ... It's more complicated with outsiders, and have to differentiate [between different people]. What difference does it make for some people? Therefore, no need to disclose it with the ones who are not important. For some others, I wouldn't have touched on these topics with them, then why should I raise it?

Ms Tsui and Man also would differentiate and have a communal consensus of the relatives they would open up to.

Tsui: ... only some of the close ones [relatives]. Some of them really cared about him. Others were quite distant. ... Those of the elder siblings of both sides [Ms Tsui and her ex-husband] don't know about it. ... I've only told my younger siblings and they are open to it. But my mom and grandmom don't know about it. ... That's about all relatives.

Opening up to others.

Different parents adopt different strategies in disclosing to others about their child's TGNC status. Some parents prepared their child and let their child disclose it themselves, some parents shared this responsibility with their child, and some parents just disclosed it for their child.

Disclosing to those who are close to the parent or child.

Mrs Chan had told her sisters and some of her friends about Yan's TGNC status.

Chan: ... Fortunately, both of my sisters are not against my child making this decision. One of my sisters said she preferred my child to have the surgery done in Hong Kong when I told her my child wanted to do it overseas. One of them is Christian, and the other commented my child as bravery in willing to step forward to actualise (their) wish.

For some of the close relatives they agreed to disclose to, such as the families of her husband's side, Mrs Lau would talk to Wai in more detail of how to prepare for the disclosure and the family had stood by him during the process.

Lau: ... At the Chinese New Year this year, although he has always been wearing man's clothing, his voice has deepened [and his appearance has changed] as he has been using hormones for a period already. Therefore, I tell him to prepare... when visiting the relatives on my husband's side, the uncles and aunties might ask, if they do, how he is going to respond. Also, I would prefer and let him respond to it himself if anyone asked. But it turned out no one asked. No one was aware.

Lau: ... some relatives would come to visit us [at Chinese New Year], and I said [to Wai], "Maybe you should tell them when they come and visit us." at least there is a relatively safe and appropriate environment. ... He responded, "I would like to write it down first before I say it out. Because I am afraid that they may have questions or they

do not want to listen further or whatever once I have started telling them. So I would prefer to write and let them read it through before they ask any questions.” I said okay and it went well that time. They were very accepting, “We’ve seen you wearing like this since you were young, yet, it’s your decision.” They didn’t have questions about it, our whole family was there.

Lau: ... He [Mrs Lau’s husband] had disclosed it to some of his friends, “he [Wai] would like to be a man.” They are fine with it without any query or question.

Disclosing as testimony.

Ms Tsui and Man trusted each other that either of them could feel free in disclosing Man’s TGNC status. Indeed, Man had been taken the responsibility in telling the ‘aunties’, Ms Tsui’s friends, regarding his TGNC status. They shared the responsibility of disclosing to others. What is more, Ms Tsui was ready to stand up and show support for Man in front of the others, and she thought that both she and Man had the responsibility to give testimony for TGNC persons, especially in church.

Tsui: ... I would not actively do anything for him, unless for those both he and I are very close with. Many of the aunties, my friends, have known about it already, including all of those from my fellowship. ... He revealed it himself. He’s been going around with me, eating together [with Ms Tsui’s friends]. He revealed it when we ate and talked [with others]. ... He’s really opening it up, and told many aunties about it.

Tsui: ... Sometimes when I touched on this topic [while talking to others], like I have actively disclosed it when the opportunity comes, I would tell him about it when I went back home. He told me to do so, “let me know if you have told any of the aunties.” And I agreed.

Tsui: ... I told him I would like to go [to Man’s fellowship] as well if I could, and let them know that there’s a parents support group. He did tell them that his mom went to this support group though. ... I think this is meaningful. If Man’s life could be used by God, I would be very grateful. ... I think God really has His eyes on us.

Disclosing so others do not get their child's identity wrong.

Ms Lee decided to tell her friends about Hei's TGNC status so that they would not refer to Hei as her daughter or use a wrong pronoun.

Lee: ... I have told my friends about it and said, "my child prefers to be a boy, and so please don't always refer to him as 'your daughter' when you see him." ... Some of the friends are very understanding and they would say, "He's always been like a boy." And I said, "Yes, so please just refer to him as boy/man/male/(my) son when you see him."

Mrs Wong decided to disclose to most of the relatives and her friends so then they would take Nam as male. However, Nam did not appreciate it sometimes as he thought Mrs Wong was not explaining it in an appropriate way, or that he had not known about it beforehand.

Wong: ... [I] have a big family myself, there are a lot of different people in my family. I didn't know whom I could disclose to and whom could not. If I don't tell others, he would think that I am not accepting him. He feels bad when being referred to as daughter/girl/lady/female, so I think maybe I should tell my good friends and family members about it, "So the situation now is this and that [about Nam's TGNC status]..." But I didn't explain it well as I didn't know that well. So he's been even angrier, "What's wrong with you mom?" and threatened to die ... I didn't know what he wanted me to do. It was very difficult.

Wong: ... So regarding coming out, this is something that needs his permission and opinions. But actually he hasn't indicated clearly how I should say it... in order to make him feel comfortable. Since we don't understand it, we would just say it, and then he thinks it's no good. ... Or sometimes I have said it but forgot to tell him about it, "So how come (they)/they know?" ... [Or,] telling him, "I have told (them) about it." "Why would you tell (them)?" Then I think, "why couldn't I tell (them)?" ... Isn't it okay as long as others accept you? ... He's used to it now. Everyone knows about it now, as it's less troublesome.

Actually, Nam had been ambivalent about whether to tell others or not, or whom to disclose to. This had made it difficult for Mrs Wong.

Wong: ... He was very shy away from disclosing to others initially. But he felt that others don't understand him if you don't disclose it. He said that. But he is angry with you when you tell the others. I don't know what he wants. ...

Not disclosing or avoiding this topic with some people.

Apart from openly disclosing to others about their child's TGNC status, sometimes parents decided that they would not tell some people about it or they would try to avoid this topic.

Others would not understand.

Mrs Wong decided not to tell her mother-in-law about Nam's TGNC status as her mother-in-law might not understand but make Nam upset. She also told Nam not to keep moustache in front of grand-mother.

Wong: ... I would rather avoid my mother-in-law. As an old person, she might say, "Ai, [referring to Nam's previous name], bla bla bla..." ... Fortunately, she just said, "oh, your hair-style looks good." But you don't know what she would say next, and I am afraid that Nam would be hurt. ... Therefore, we would not tell my moth-in-law. She wouldn't understand. But I have demanded Nam, "you should not keep your moustache" in front of grandma. It might cause trouble which we don't know how to deal with.

As mentioned above, Mrs Lau was selective in whom to tell or not about Wai's TGNC status, and her family had decided not to tell her mother-in-law about it.

Lau: ... We wouldn't let grandma know as we don't know how she would receive it, accept or react, and so we don't say it as there's no need. Also, she's been seeing him [Wai] like this [being boyish] since he was young. We would just leave it if she could not tell the difference.

Avoiding being gossiped.

Mrs Ho also decided not to tell her friends about Wing's TGNC status to avoid being gossiped or hearing the hard words from others.

Ho: ... I would not tell [the others]. It's not necessary. I won't say it. Some of them might be okay, but the bad ones might gossip behind you. ... The others would just be curious, thinking, "something's wrong..." People would just say things behind you.

Avoiding embarrassment.

When they went out together, there were more than once that Wing would separate from Mrs Ho when Mrs Ho met someone she knew, and then joined together again afterward. Mrs Ho thought that Wing understood her situation and would try to avoid embarrassing situations for both of them.

Ho: ... usually, I would walk in the front, and (they) follow. There was once I happened to meet a colleague in the street, and Wing reacted very fast, (they) just walked away. Then we would contact again by phone.

Ho: ... There's once we were eating at a mall, and I saw my old client sitting at the next table. I pretended that I didn't see [them/old client] and just wanna finish as fast as possible and leave. ... Then I went to [them/old client] and chatted a bit when I finish eating, Wing just left first, and we contacted by phone later. ... (They) [Wing] know what I was doing. ... (They) understand (their) current identity [is embarrassing], "mom still needs to face the society, then what identity should I use?" If to say you [Wing] are the daughter/a woman/female, you are not yet a daughter/woman/female; to

say that you are the son/a man/male, you don't like it. Then what can I say to my friends? ... This is an embarrassing stage, and so we could only avoid these situations.

Except for a friend of Mrs Ho who not only expressed support to Wing's TGNC status, but also said that the most important thing was Wing's safety regardless of the gender.

Ho: ... she has experienced a lot in her life, and so she's very open-minded. ... She said, "I accept these. ... It's okay. Whether (they) are son/man/male or daughter/woman/female, (their) safety is the most important thing."

Mrs Chan thought about telling her brother-in-law about Yan's TGNC status as he might be accepting and help her husband in turn, but then she changed her mind.

Chan: ... I thought of telling his brother privately as he had higher education and maybe more open-minded. ... But then he said once, "I've just been to Thailand and the 'human monster' [a derogatory word referring to transgender in Cantonese] there were terrible." ... I was thinking maybe he could talk to my husband about it after I disclose it to him, and so at least there would be a channel. But then of course I didn't say anything.

Talking around.

Sometimes parents might not disclose directly to others of their child's TGNC status, but would talk around hoping that others might get it so as to avoid upsetting their child, or possible conflict with others or embarrassment.

Wong: ... my father was very old but he's a very clever man. He has asked me, "why is [Nam's previous name] dressing in such a boyish way?" He doesn't like him [Nam] play boxing... Then I said to him, "(they) are happy and (they) are not doing any harm to anyone. This is (their) choice and so we just let (them)." Then he didn't say anything more. He also heard how the other family members are referring to him

[Nam] as 'he' [literally in English during the interview], yet he didn't say anything. I think he's smart.

- * both “(they)” and “he” is used above. “(they)” is used here in a gender-neutral sense to refer to the perspective of Mrs Wong’s father of not knowing about Nam’s TGNC status. “He” is used as Mrs Wong acknowledges Nam’s male identity and as her son.

Still referring to their child as assigned gender in front of others.

Sometimes when parents decided not to disclose to some people yet they did not think of talking around their child’s TGNC status, they would directly deny their child’s identified gender and still refer to their child as the assigned sex in front of the others.

Mrs Ho would still refer to Wing as her son in front of others.

Interviewer: You would not refer to (them) as son because (they) don't like it. Yet you would still say that you have two sons if the others ask you because (they) have not done the surgery yet. Does that mean you can treat (them) as a woman/your daughter after (they) complete the surgery?

Ho: ... (thinking) Can I be that far [in taking Wing as a woman]? [I] can't give you an answer now... it's a change. Need to give myself an adjusting period. (They) are still my son/a man/male at the back of my mind, but I know I am treating (them) like someone at the margin. ... Therefore, there has to be an adjusting period.

Ms Lee’s ex-husband had once spoken around Hei’s boyish appearance as merely a tomboy in front of his parents. Hei reported back to Ms Lee and she instantly censured her ex-husband for that.

Lee: ... He [Ms Lee's ex-husband] had once taken Hei to have dinner with his parents and he said unconsciously, "many girls are very boyish nowadays, and it looks very cool." ... Then the child reported to me instantly through a message on phone, and I blamed him [her husband] through message, "you can stay silent [about it]." He did not say anything again, knowing that he's said something wrong.

Besides, Ms Lee thought that her parents or siblings have nothing to do with her child's TGNC status.

Lee: ... I think that it's enough for a child to have two people's support. No need to have support of the whole world. Why do you have to mind [how] the others [think]? What has it to do with even my parents? The child is mine. Or what has it to do with my siblings? Strictly speaking, it has nothing to do with me of what the child wants to do. It's only that I have to take care of him because he is still young at the moment.

Cutting out relationship or minimising contact with others.

In order to not touch on the topic about their child's TGNC status, sometimes parents would not only avoid the topic, but would try minimising contact with some other people, not to let their child see them or they would not see these people anymore (i.e., rejecting others for their child).

Mrs Wong would decline some people, including relatives and friends, from meeting her child if they would not accept Nam's TGNC status, so as not to upset Nam in this regard.

Wong: ... there would be some people who are not accepting, such as one of the aunts. ... She thinks that he [Nam] has been affected by some external factors [to have TGNC status] ... trying to convert him ... [she] actually cares a lot of him and asked him out... I said 'no' for many times, and she [the aunt] asked why, then I said directly to this aunt, "it would give him great pressure if you don't recognise him [Nam's TGNC status], and so it's better not to meet." Then she [the aunt] finally accepted ... that this is his decision that he decides to be so. ... At least she would not refer to him as 'pretty girl/lady' in front of him. This would really hurt him.

Wong: ... this is how we deal with it now. After all, for those who may not be good to him, like, "what's wrong? ..." We would not see them. All of them. [I would] filter them out for him and do not see. Or try to minimise seeing them as much as possible. ...

And there are others who have big reactions, “wow, this is a very big thing...” we would also not see these people. We don’t want to impact you with this big thing (smile). Indeed, there are some friends, who just want to gossip. They are not caring about his well-being, but just want to take this as gossip. Then we would not see them.

Ms Lee discussed with Hei if he would rather cut out relationships with others and move to a place where nobody knew about his TGNC status.

Lee: ... There are people who know that he was a girl. We have talked about it, and I said there are two ways to deal with it, either we move to a place where no one knows us and you are a boy, and we could cut off contact with the current circle, I don’t care about it. Another scenario is that, just [stay and] let the others know about it, tell them not to mention about it as much as possible, and if they talk about it, you [Hei] don’t pay attention to it then. He had chosen the second way, he said he didn’t care about it.

Ms Lee and Hei preferred to ignore those who did not seem to understand or accept Hei’s TGNC status.

Lee: ... I have told my friends about it and said, “my child prefers to be a boy, and so please don’t always say/refer to him as ‘your daughter’ when you see him.” But some of them would always make it wrong, and I won’t care about them. Yet I would stare at them when they say it [wrong]. This is how I deal with my friends. For those who are not my friends, or those we don’t see often, and ask about my daughter, I would not correct them deliberately if Hei was not there, as there’s no big deal. If Hei’s there, we would pretend to not hear any of those ‘she’ or ‘daughter’. We just did not hear, not a single one of them. And we would not respond to it.

Even Mrs Chan seemed to be still not fully determinated/supportive about Yan’s TGNC status yet at the time of the interview, she had decided to not see a pastor’s wife again.

Chan: ... the pastor’s wife asked me when we met at the first time, “how do you see homosexual?” I said, “what does it matter if the (son) like boy or girl? (They) like that

person, what does it to do with gender?” Then she criticised me, “do you know from a Christian’s perspective, homosexual is not right. It’s a temptation that the devil put on human beings. Do you know it would lead to the extinction of the whole kin? Your thought would affect your son. You should correct your son from liking same-sex.” She also told me that some people in her church conduct conversion therapy, and tell me to bring my son to see them. Then after the dinner, I told my sister that I don’t want to see this pastor’s wife again, as our perception is a bit different. I found it quite terrible, what does it mean by conversion therapy? ... I have been in touch with some organisations supporting homosexuals, and I think... actually sexual orientation... is a personal choice, and it doesn’t reflect if this is a bad person. Why would they force to convert a child? So I declined to see her again.

Confronting.

There might also be times parents would stand for their child and confront the others in order to show their support and/or protect their child from getting hurt.

Ms Lee actually confronted an ordinary friend once denying that she had a daughter to show her support to her adolescent child, Hei.

Lee: ... there was a friend, a very ordinary friend, like you wouldn’t see once in a few years. We met in the street and she said, “is this your daughter?” I replied instantly, “obviously it’s a son, how could it be a daughter?” Then she said, “I only know that you have a daughter.” And I said, “no, I have a son and a daughter. This is the son and the daughter is at home.” She didn’t seem to stop, “impossible, only know that you have a daughter.” I said, “I am the one who gave birth, YOU know...” And my child hadn’t said anything. After that person had gone, my child put his arm over my shoulder and asked, “mom, who was that?” I said, “no need to care about this person. I don’t really know her.” And he’s been putting his arm over my shoulder along the way.

Going with the flow.

Apart from deliberately disclosing or denying or avoiding the topic or some people, sometimes parents just did not feel it was something needed to be disclosed deliberately and would just go with the flow.

For Mrs Wong, sometimes she could just go with the flow in opening up to the relatives and friends about Nam's TGNC status.

Wong: ... Some of the relatives do not recognise him [Nam] when we met in street, "so how's your child? ..." but actually Nam was standing right next to me. Then I said, "this is my child." The word "child" is good as it has no gender. ... Then they were in shock and phoned the aunt who did not recognize [Nam] initially, "what happened?" Then the aunt said, "(they) are (they). As far as (they) are happy. It needs not to pay attention to."

Wong: About ninety-nine point nine nine percent are told by me. (smile) I think there were a few reactions. When they see his appearance now... [imitating their reaction] ... they really don't know what to say. When they are done with feeling shocked, I said, "yes, we have to respect his desire. He does no harm to no one or whatever. He likes his life as this and so be it." "His name is now 'Nam'." ... I have told some of them earlier at the time when he [Nam] had cut his hair. I anticipated that some people would ask and so I just tell them.

Similarly with Ms Tsui.

Tsui: ... His father's side, the church, I only go with the flow now [in disclosing], and don't know how it would turn out.

Similarly with Mrs Lau and her husband. Sometimes some people just "got it".

Lau: ... For some people, I don't think I need to reveal that much detail to them. For those outsiders, so what even if they know? ... For those who are newly met, if they

ask me how many children I have, I would say one daughter and one son. With those who have already known for some time and they know that I have two daughters, I would just leave it. If it happened to have both newly met and already known people... then I would say, “yes, I used to have two daughters, but not anymore. It’s a son and a daughter now.”

Lau: ... I didn’t disclose deliberately [to some relatives], but interestingly, [one of them] asked my other daughter, “is [Wai] on hormones?” So smart! Then [my other daughter] said, “better if you ask him yourself.” ... and so that side was opened up. I did not announce it. I don’t know if [that relative] have told (their) family about it, and no one has asked, so I just leave it. I would tell [them] if they ask, yet not deliberately. There’s nothing special.

Mrs Wong’s family used to go dining at some restaurants, but then Nam preferred not to go with them as much to avoid coming out to others.

Wong: ... We often go dining at some restaurants. And there are people who have seen him since he was very young and used to say, “oh your daughter...” and so he doesn’t go [to those places] anymore. Or sometimes we would meet a lot of people there, and we don’t know how to call/refer to him. It’s kind of troublesome as well.

Being ambivalent.

Although parents would have their thoughts on whom to disclose to or not, it would be ambivalent and confusing to their child if they had no communication about it.

The social worker had mentioned about a case where the mother of a trans woman had been behaving ambivalently in how she referred to her child as a woman/female at one time, and as her son at other times in front of the others. Yet the mother and child had never openly talked about the topic, and the child did not know whether the mother was supporting or not.

SW: ... There was a trans woman whose parents... (their) father does not talk, and

mother... when going out with (them), (their) mother would ask others, such as a shop-keeper, “are (they) a pretty girl?” ... But actually she was not supporting, and so... the child was confused about whether the mother was supporting or not... because the mother would on the other hand introduce (them) as, “this is my son” when she met her friends. ...

SW: ... Therefore, you can see that they have no communication on this topic. How could it be? ... This issue is very obvious indeed. (They) [The trans woman] have been dressing up in a feminine way and grew (their) hair long already, but they [parent and child] rarely touch on this topic. ... (They) had not really come out after all. The child had not said deliberately that, “I am indeed a transgender person.” (They) didn’t say it. (They) only changed gradually until (they) appeared feminine as a whole, and the mother might have guessed somehow herself. Yet she has not asked (them), and (they) would not clarify with (their) mother. ... (They) haven’t been seeing doctor yet, as (they) are still struggling and thinking, and (they) are not sure about (their) next step yet.

SW: ... (Their) mother sometimes referred to (them) as one way and as another way at other times. (They) were really confused about how (their) mother sees (them), and whether she is supporting or not.

Other people confusing TGNC status with sexual orientation.

It is also worth to note that many people in Hong Kong would still mix up TGNC status or gender identity with sexual orientation, and it was reflected from the reactions of some people whom parents disclosed to.

Mrs Chan’s sisters and friends were confusing Yan’s TGNC status with same-sex attraction/homosexuality.

Chan: ... [one of the sisters] accepts (them) to do surgery, but doesn’t like (them) as a homosexual. ... As church only [accepts] heterosexual. ... My child is actually bisexual. ... They [the church people] thought (they) [Yan] still have that part at the bottom before surgery, and are still a boy/man/male. That’s what they meant [as homosexual].

Chan: ... I have told some of my friends about it, and my friends said actually the society nowadays are accepting homosexuality. ... It's okay now. The TV (programme) has opened up a lot... most of them just take it [TGNC status] as homosexuality... I did tell my friends that (they) want to be a girl, and they said... "the society is open now, many artistes would come out as homosexuals, it doesn't matter at this age..."

Ms Lee did not care if some of her friends could not distinguish whether Hei was a tomboy (in the sense as a lesbian) or trans man.

Interviewer: Sometimes people may not be able to distinguish between tomboy and trans man...

Lee: ... I really don't care how they perceive it. My attitude or what I talked with my child is that, "whether I am tomboy or whatever, this is a personal thing. I let you know if I am close to you. Otherwise, why would you care if I am a mouse or cockroach? ... I don't care what you call me at the back." ... Do [they] understand what is gender? ... When you tell them gender, and they would say, "oh, I have a relative who is lesbian." Two totally different things. But they are trying to show their support in saying so, "oh, I know a bit about it." So would you care about it? It doesn't matter. You can just let them say so.

Summary

Hence, as reflected from the themes and quotes above, the relationships and coping experiences at the primary level (i.e., i) between parent and child (and the other parent and family members), and ii) regarding child's TGNC status) and the secondary level (i.e., i) between parents or family as a unit and the others, and ii) as resulted from child's TGNC status) would affect one another. Parents had to deal with both agentic stressors (i.e., instrumental tasks, especially related to their child's TGNC status and transition) and relationship stressors (i.e., interpersonal) at the same time. They utilised different coping

strategies according to: i) their priority, and ii) the nature of the stressors. For example, empathic responding was oriented to other persons based on their relationships with parents (e.g., their child or others); protective buffering was oriented to the relationships between parents and the others (i.e., primarily their child in this study); detachment was oriented to parents themselves despite their relationships with others; and disengagement was targeted to the agentic stressors (e.g., their child's TGNC status) and/or other person(s) (e.g., their child or others).

The emerged framework based on relationship-focused coping and the findings would be discussed in more detail in the following Discussion chapter.

Discussion

In this study, the data was collected based on the Dual Process Model (DPM), but did not fit in with the model upon data analysis. A new theoretical framework was generated instead based on relationship-focused coping (e.g., Coyne & Smith, 1991; DeLongis & O'Brien, 1990; O'Brien & DeLongis, 1996) after much literature review and further data analysis. While the background of the emerging framework was elaborated in the Literature Review chapter (e.g., relationship-focused coping, communal coping, collectivistic coping and Chinese culture and beliefs which might affect coping in the Hong Kong context), and the themes and sub-themes of the framework and their generation through the data analysis process were described in the Methodology chapter (e.g., with a phenomenological approach), the emerging framework in terms of the incorporation of the literature background and the data would be discussed in this chapter.

The layout of this chapter starts with the emerged theoretical framework, i.e., the expanded model of Relationship-focused Coping (RFC), followed by highlights of the different aspects of the framework and other findings of the study in greater details. The significance and limitations of the study and future research directions are discussed at the end.

Theoretical Framework Emerged During Data Analysis

– Expanded model of Relationship-focused Coping (RFC)

As revealed by professionals, adult transgender/TGNC persons, and parents in previous studies, parents' needs include: their lack of understanding about the identity and issues of their TGNC child and available resources, lack of information and educated professionals (appraisal); emotional support for them from the time of initial discovery through the adjustment process whether it's from other TGNC parents or professionals (emotional); their concerns for their child's well-being and future, and the relationships between them and their child and among different family members (relationship-concerns) (Riley, Clemson et al., 2013; Riley, Sitharthan et al., 2011a, 2011b, 2013).

The theoretical model emerged from the data analysis in this study is represented in Figure 1. The themes and sub-themes of parental coping strategies and experiences are listed in more details in Table 2 (p. 55-56). It is elaborated below, starting with the nine major themes at the primary level, followed by secondary level coping as the tenth major theme.

The nine major themes on parents' coping experiences or the coping strategies they adopted at primary level are: i) empathic responding, ii) active engagement, iii) denial and opposition, iv) disengagement, v) compromise, vi) protective buffering; vii) detachment, viii) seeking emotional support (or lack thereof) for themselves, and ix) ambivalent behaviours.

Empathic Responding

In this study, empathic responding is adopted from O'Brien and DeLongis' relationship-focused coping (1996; see also DeLongis & O'Brien, 1990), and modified to solely refer to parents' efforts directed to (the well-being of) their child (person-centered), such as their child's feelings and concerns, instead of focusing on the instrumental tasks, parents' emotions, or a balance between parents' own self and child as another individual. According to O'Brien and DeLongis (1996), under empathic responding, cognitive/affective strategies refer to "perspective taking and vicarious experiencing of another's concerns and feelings" and behavioural strategies refer to "listening, providing comfort or support" (p. 789).

The eight sub-themes under the theme empathic responding were: i) trying to understand child's feelings and concerns; ii) imagining themselves in child's shoes; iii) considering child's limitations; iv) accepting child as they are now or will become; v) active listening and accompanying; vi) trying to provide comfort to child; vii) feeling painful for child's suffering; and viii) "sing chyun" (Cantonese) / "cheng quan" (Mandarin; 成全).

Of note, the sub-theme of "sing chyun"/ "cheng quan" (成全) refers to parents' "supporting" behaviour to their child even though they might not (yet) fully comprehend or accept their child's TGNC status. It was not compromising nor out of pity but it was out of their respect and love for their child. It could be understood as an act of benevolence. As mentioned in the Literature Review chapter, benevolence is an important Confucian doctrine

of propriety, and Cheng and colleagues (2010) have further noted that benevolence as referred to “a broad set of moral values such as deference, kindness, loyalty, and forgiveness” (p. 409), and is cultivated through empathy with others and treat them accordingly. An analogy of “sing chyun”/ “cheng quan” (成全) is in a trio love relationship, if one knows his/her/their loved one is in love with another person instead of him/her/them, he/she/they would withdraw and wish them all the best. Another analogy is that elder siblings may have given up their opportunities for higher education and started working to earn money to support the family and younger siblings to have better and higher education. This act of fulfilling others’ wish or contributing to others’ well-being while sacrificing or withholding themselves or being submissive is “sing chyun” / “cheng quan” (成全). It would be discussed further under “the role of culture” in this chapter.

Active Engagement

In this study, active engagement is based on Coyne and Smith’s relationship-focused coping (1991), and is referred to parents’ efforts directed to the instrumental tasks related to the TGNC status of their child for the well-being of the child. It includes both parents’ solo efforts for their child and how they involve their child in the process to solve problems together (do something for someone alone or with someone, task-person-focused). The original sub-theme of “inquiring how the partner feels” in Coyne and Smith’s definition (1991, p. 405) was considered under the major theme “empathic responding”.

The five sub-themes under the theme active engagement included: i) seeking information, resources and professional help; ii) involving child in the problem-solving process; iii) planful problem solving; iv) attending to new life changes; and v) involving other family members in supporting child.

Denial and Opposition

In this study, denial and opposition refer to parents' negative reactions regarding their child's TGNC status and hence towards their child (reject agentic stressor, reject person). The five sub-themes included: i) finding ways to explain child's TGNC status; ii) going against child's change or transition; iii) pressing child to be assigned sex; iv) isolating child; and v) taking it out on professionals.

Disengagement

In this study, disengagement is referred to parents' avoidant reactions and interpersonal withdrawal from their child due to child's TGNC status, such as: i) ignoring child's behaviours or status, ii) wishful thinking; iii) interpersonal withdrawal; iii) and cutting ties with child.

Compromise

According to the Oxford dictionary, compromise has two meanings: i) "an agreement or settlement of a dispute that is reached by each side making concessions;" and ii) the expedient acceptance of standards that are lower than is desirable" (Lexico powered by

Oxford, n.d.).

In this study, compromise is referred to parents' efforts in working out a balance between their child's TGNC status, their relationships and the overall well-being of their child and other family members. Parents might have communicated with their child in the process, or they merely adjusted themselves. The compromise strategies might also reflect parents' disapproval yet in another way, or the progress parents were going through from denying to gradual acceptance. Protective buffering and compromise were distinguished in this study in a way that any parents' yielding effort made for the sake of their parent-child relationship were categorised under protective buffering, whereas other reasons, such as for their child's well-being, were categorised under compromise. The sub-themes of compromise included: i) bargaining; ii) tolerating or allowing things to develop; and iii) trying to find a solution that was fair to all involved.

Protective Buffering

Protective buffering was identified by Coyne and Smith (1991) in relationship-focused coping and referred to 'a matter of hiding concerns, denying worries, and yielding to the partner to avoid disagreements' (p. 405). In this study, this refers to strategies parents adopted in order to maintain the relationship with their child, as distinct from their strategies targeted towards their child or their child's TGNC status. For example, parents withheld their disapproval in order to avoid conflict with their child, i.e., regarding their relationship (hence

under the theme protective buffering), instead of tolerating because they were scared of their child's self-harm behaviour, i.e., for the well-being of their child (hence under the theme compromise).

The sub-themes of protective buffering included: i) withholding negative expressions or disapproval; ii) reconstructing goals toward family relations; iii) initiating communication again after tension with child; and iv) protective buffering at the family level.

Detachment

In this study, detachment is adopted from DeLongis and O'Brien's empathic coping (1990) and refers to how parents separated themselves and their own needs from the stressor of their child's TGNC status, still caring yet preserving autonomy for both themselves and their child. In this study, this theme is separated from empathic coping as defined originally in order to distinguish parents' self-care from their focus on their child. It included the sub-themes of i) letting go, and ii) going with the flow.

Seeking Emotional Support (or Lack Thereof) for Themselves

In this study, parents' emotional needs were a salient aspect and their related support seeking behaviours were examined closely under this theme. The sub-themes of seeking emotional support (or lack thereof) for themselves included: i) parents' emotional turmoil; ii) seeking support from helping professionals and meeting other parents; and iii) no need for support.

Ambivalent Behaviours

Ambivalent behaviours is a theme emerged from the data referring to parents' inconsistent appraisals and behaviours toward their child's TGNC status and their child, such as blaming their child for making them felt shameful and feeling guilty for being shameful for the child at the same time, as well as referring to their child as daughter or son in front of different people at different times.

Secondary Level Coping

Secondary level stressors and coping are defined as the experiences resulted from their child's gender transition/change, such as dealing with and explaining to extended families and others in their living environment. At the secondary level, the challenges were different and parents had different concerns and adopted different coping strategies when they were dealing with people of different relationships or closeness, especially regarding disclosure of their child's TGNC status. It also echoed Ellis and Eriksen's (2002) findings of which some parents had greater awareness and caring for other TGNC persons, i.e., they adopted a coping strategy of empathic responding towards other TGNC persons.

In the present study, the data were analysed/categorised according to the above 10 major themes of stress and coping experiences (nine in primary level plus secondary level as the tenth major theme) and 38 (8+5+5+4+3+4+2+3+1+3) sub-themes as shown in Table 2 (p. 55-56). The emerged framework is illustrated in figure 1 below.

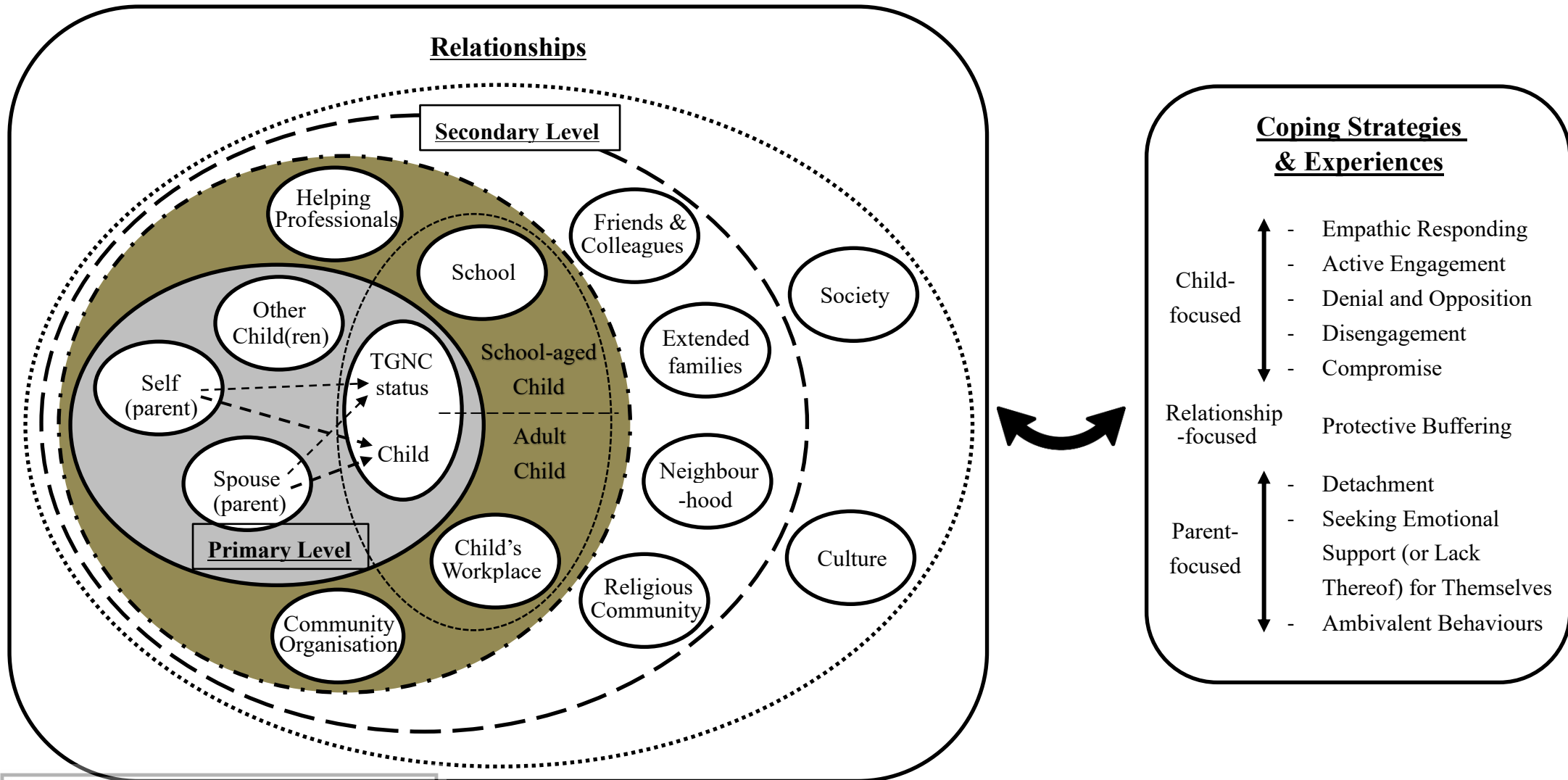


Figure 1 Relationship-focused coping of parents during gender transition of their TGNC child



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The Relationship Between Relationships and Coping Strategies

In the Stage Model and the Ambiguous Loss Model, the very crucial element of relationship has been missing.

Regarding the stage model, even though it emphasises that not all family members would go through all the stages in any sequence or duration, and that they may go back and forth between stages depending on contextual factors (Ellis & Eriksen, 2002; Emerson & Rosenfeld, 1996; Lev, 2004), it seems to have assumed that family members, including parents, may not be emotional anymore when they reach the balance stage; or that when parents are at the turmoil stage overwhelmed with negative emotions, they are not able to accept their child's TGNC status, and hence may not be having a good parent-child relationship. However, as can be seen from the findings of the present study, there were parents who could accept their child's TGNC status right from the time of knowing it, and had been supporting since then, yet there remained moments when they burst out their emotions (e.g., Mrs Lau, p. 198). Those emotions did not relate to any negative perception or attitudes they had towards their child's TGNC status, such as anger, guilt, frustration or depression, as mentioned in the turmoil stage of the stage model, but it might have been rooted in the pressure and anxiety parents had accumulated throughout the process due to the worries and empathy for their child, as well as the uncertainties in almost every aspect of their child's and some parts of their lives. Having emotions did not mean that parents were

not accepting or had a poor parent-child relationship. Besides, it was not the end of the challenging process when parents were at the balance stage. As an ongoing process, parents have more to navigate with their TGNC child in their lives.

In addition, in the previous studies adopting the stage model, the impact of parent-child interaction during the process of parental adjustment was not examined. It has only briefly mentioned parents might be angry and rejecting of their child; or parents tried to bargain with their child, then got frustrated when failed; or parents put in efforts to support their child (Ellis & Eriksen, 2002; Emerson & Rosenfeld, 1996; Gold, 2008; Lev, 2004). However, as could be seen from the results of this study, the child might be an active agent in the process, such as giving parents information, introducing parents to community organisations, collaborating and negotiating with parents in making decisions, all of which helped parents adjust better and faster towards accepting and finding a new balance as parents did not feel being left out in the process. Most important of all, as participating parents voiced out regardless of their adjustment status (in terms of how accepting or comfortable with their child's TGNC status and transition, such as whether they were still struggling along or fully accepting, supportive or at ease), it was the parent-child relationship that they treasured the most, which was more important than the gender of the child and which could not be obstructed by the difficulties encountered during the process.

As for the theoretical underpinnings of the ambiguous loss model, the model mainly

highlights the confusion, struggles and feelings of family members or parents have due to their loved ones or child's dual-gender status. The researchers in previous studies focused more on the meaning-making process of family members or parents rather than how they actually went through it (Coolhart, Ritenour & Grodzinski, 2017; McGuire, Catalpa, Lacey & Kuvalanka, 2016; Norwood, 2012, 2013a,b). Although meaning-making is important and can be compared to the strategy of cognitive reappraisal in the framework of coping, the overall coping experiences in the whole process or how family members came to have certain meaning have not been explored (i.e., did family members or parents merely change their mind in a sudden as time went by?), nor have their relationship or interaction with their TGNC loved ones or child been examined.

What is more, both models have neglected the many challenges that TGNC persons have to go through during and even after the transition process, which would unavoidably impact their parents over time. Transition is itself a process that might involve going back and forth with the many challenges for TGNC persons. It is not a one-off incident like a loved one passing away or missing indefinitely. Also, the connection between parent and child might not necessarily have cut off as compared with losing connection with a loved one who has passed away, is missing, or have dementia. Parents could be alone in the process on one hand as few would understand them and they might not be able to share some of their struggles to others, including their child, but on the other hand, the relationship and the desire to connect

with their child was always their motivation to move on. As reflected from the results of this study, their child might be the one who could collaborate with the parents and help the parents get through the adjustment process sooner.

The coping model emerged from the data in this study reflected that the two elements of:

i) the relationships parents had, including those with their child, their spouse and other family members, and others in their environment, and ii) their coping strategies, would all affect one another. For example, when parents are feeling very angry towards their child's TGNC status, they might expel their child out of home, cutting ties with their child, or taking it out on others, such as blaming the helping professionals who supported their child (i.e., distancing relationships), and the coping strategies they employed were denial and opposition, and disengagement. On the other hand, when parents had empathy with their child (coping strategy of empathic responding), they might try to seek information to support their child, and (subsequently) drew themselves closer to their child (i.e., close relationship). What is more, parents who had a close parent-child relationship tended to adopt coping strategies of empathic responding or active engagement, or detachment due to their trust on their child, and hence they would eventually be able to maintain a close relationship with their child despite the emotional moments and various difficulties (such as oppositions from spouse) they have encountered during the process. It is worth to note that, it is more complicated with the relationship aspect, as the relationship(s) with others, such as spouse, extended families,

facing the neighbourhood, might have given pressure to parents, leading them to keep away from instead of drawing close to their child as they would have liked to. Therefore, it is very important to support parents so that they do not feel being alone, but have more control over the uncertainties and possible hostilities in situations related to their child's TGNC status. By empowering the parents, they would then be able to stand for and support their child as much as they would love to, and the subsequent benefits to the well-being of TGNC persons due to family support are nothing comparable.

RFC: The Aspect of Relationship and Social Context

Change of Explanatory Frameworks: From DPM to Relationship-focused Coping

From preliminary literature review, the aspects of grief and loss that parents of TGNC persons experienced had been highlighted, such as reflected from the use of the bereavement based stage model (Ellis & Eriksen, 2002; Emerson & Rosenfeld, 1996; Lev, 2004) and ambiguous loss model (Coolhart, Ritenour & Grodzinski, 2017; McGuire, Catalpa, Lacey & Kuvalanka, 2016; Norwood, 2012, 2013a). However, the data collected based on interviews in this study deviated much from these grief and loss aspects, and reflected the strong interdependence in the parent-child relationship instead. The parents accepted or struggled in the process due to the bonding with their closely connected and living TGNC child. Potential reasons for the deviation between the literature and obtained data may be due to: i) parents understand better and become more accepting as resources have become more accessible in

the past two to three decades, such as online information, visibility of the TGNC community and more understanding helping professionals (e.g., p. 106-116; Chu, 2016); ii) cultural differences - the perception of gender (such as how concrete or broad gender is being perceived, or what other aspects gender would imply; e.g., Ruan, 1991b; Zhang, 2014) and the characteristics of parent-child relationship, such as closeness and their ways of communication, could be determinant factors. The use of gendered language, such as pronouns, might also play a role and this would be discussed later in this chapter.

Relations Between Acceptance and Coping Strategies

In this study, parents who were more accepting seemed to adopt empathic strategies more, whereas parents who were less accepting or more rejecting appeared to adopt more denial, opposition and disengagement coping strategies. However, it is the interdependence in the parent-child relationship or care for their child's well-being that helped some parents slowly turned from denial, opposition and disengagement strategies to strategies of protective buffering or compromise, or even empathic and/or engaging strategies.

It is also worth to note that, parents who were less accepting did not mean to reject their child in the first place, but only rejecting their child's TGNC status. They regarded TGNC status as something bad to their child and therefore wanted to separate their child from it by trying to make their child giving it up. When some of them realised later that TGNC status was part of their child's being, they turned to learn more about it, and might think of how

they could help their child along the process of transition (e.g., Mrs Wong's second husband, p. 131-133). It was not their attitudes towards their child that changed, but their attitudes and understanding towards TGNC status and gender transition. Initially, parents did not realise TGNC status as part of their child's being, and their rejection of it did mean rejection of the person from their child's perspective. This reflects the limitation of agentic coping and the importance and essence of relationship-focused coping in the social context of which relationship is taken as an important consideration in the coping process and account for an adjustment (Coyne & Smith, 1991; O'Brien & DeLongis, 1996).

Your Problem, Your Responsibility

From the results, helping professionals recognized that withdrawal or disengagement coping strategies were commonly adopted by parents. It was more often the case especially when parents appraised the issues due to their child's TGNC status as solely their child's problem and their child's responsibility to solve it. This echoed with the two dimensions in Lyons and colleagues' (1998) communal coping model, namely, the appraisal orientation dimension (whether it is a problem owned by the group or by an individual member) and the action dimension (whether the responsibility to solve the problem is shared or not). Some parents as revealed in this study did not take the communal perspective in the case with their child's TGNC status or transition (i.e., neither their problem nor their responsibility to solve it).

Division of Duties between Parents as Coping Strategies

It is worth to note that, despite the fact that some parent couples might have different attitudes and level of acceptance towards their child's TGNC status and hence adopted different coping strategies accordingly, there were also parent couples who adopted different coping strategies even though they shared the same attitudes. For example, as noted by the social worker from the community organisation, it was common to find one of the parents adopting an active opposition strategy towards the child whereas the other parent adopting a passive withdrawal strategy from their child as ways to show their disapproval. These parents coped with the transition communally or collaboratively with each other, utilising "division of labour" in their strategies (Berg et al., 1998), but they did not cope communally with their child (i.e., share the problem and responsibility with their child). Hence, even within the family, relationship-focused coping was operated with different strategies, according to different relationships. For example, communal coping between parents who utilised active opposition and passive disengagement/withdrawal toward their child; or a mother adopting empathic responding and active engagement toward child while a father adopting opposition or disengagement toward child, at the same time adopting strategies of compromise or protective buffering in their interparental relationship (e.g., Ms Lee's family, p. 170-171). Therefore, the use of different relationship-focused coping strategies was affected by: i) specific one-to-one relationships (e.g., parent-child relationship or interparental relationship)

and ii) the priority of different relationships involved in the coping process, as discussed below.

Primary and Secondary Levels of Stress and Coping Experiences

Adopting the categorisation of DPM (Stroebe & Schut, 1999, 2010), the stress and coping experiences are divided into primary and secondary levels. Primary level refers to the experiences related directly to their child's gender transition, such as the change of their child's name, appearance and physical body, and with regard to their parent-child relationship and their family relationship. Secondary level refers to the experiences resulted from their child's gender transition, such as dealing with and explaining to extended families.

The significance of the division between primary and secondary levels of stress and coping experiences became more salient as the data analysis process went. Secondary level of stresses, such as dealing with relatives and the outside world, were often the reasons some parents initially adopted to deny or reject their TGNC child's gender transition. Parents tended to prioritise dealings with secondary level of stresses over primary level of stresses. However, as their understanding of their child's TGNC status increased, including the TGNC identity and what is involved in the process of a gender transition, and/or the tension in their parent-child relationship had persisted for a prolonged period, they then realised more that it was the primary level of stress that they really have to deal with for the well-being of their child and their parent-child relationship. On the contrary, secondary level of stress became

less important or less urgent and could work around with selectively.

In addition, while parents of adolescent TGNC persons might be more worried and involved in dealing with the secondary stressors, parents of adult TGNC persons might feel less pressured even though they were still concerned about those issues, as some of them would trust their child more as a grown-up to deal with those stressors themselves.

It is worth to note that in the present study, parents' coping experiences in dealing with schools have been put under the first nine major themes of primary level, instead of the tenth theme of secondary level coping experiences. As school is an immediate social environment directly related to the TGNC child's social transition apart from family (compare with dealings with medical professionals related to child's medical transition also being put under the primary level). It is also the place where parents could understand more and seek help with regards to their child's TGNC status (e.g., Ms Lee's encounter with the school counsellor, p. 111-112; and Mrs Wong's active dealing with school dormitory, p. 123). On the contrary, parents tended not to get involved with child's workplace environment as their child was supposed to be an independent individual in dealing with it on their own (e.g., reported from Mrs Lau, p. 185; see also Mrs Wong, p. 79-80, even though her child was also an adolescent just starting college and Mrs Wong had helped him a lot to adapt to the college life, p. 123). The workplace is a setting whereby the relationships involved are more direct to the child than to the parents, as contrasted with parents' friends of which the relationships are

more direct to parents, or extended families or religious community of which the relationships are shared or equally directed to both parents and child (e.g., Ms Tsui, p. 216).

Stress and Coping Experiences Related to Multiple Relationships

While the frameworks of relationship-focused coping, communal coping and collectivistic coping have aimed at examining coping experiences in an interpersonal or social context, they have not taken multiple relationships into consideration.

Relationship-focused coping stresses the importance of the relationship-concerns in the coping process and how they are being taken as the basis of considerations. For example, coping strategies may be determined by people's motivation to maintain or enhance interpersonal relationships and well-being. It looks into the dyadic relationship and interaction during the coping process, i.e., self versus others, and had been applied in studies on couples facing a challenge together (e.g. Coyne & Smith, 1991; Kramer, 1993; Lee-Baggley, Preece & DeLongis, 2005). However, it had not been applied to simultaneously consider the role of multiple relationships during the coping process. Importantly, the coping strategies might vary according to the kinds and levels of closeness of the relationships. Similarly, although there could be more than a dyad involved in communal coping, it assumes an all-or-none perspective in the coping experiences, i.e., the members of a group either share the problem and responsibility in solving it together or some of the members do not think they have to take part in it (Lyons et al, 1998). Finally, at the group level, collectivistic coping

(e.g., Heppner, 2008; Yeh et al., 2006; see also Lyons et al., 1998) emphasises how individuals solve problems while mobilising the resources in a collective context (e.g., seeking support from other group members), and/or with consideration about the group context (e.g., how other members of the group have coped in similar situations, or an individual might decide to do nothing so as to maintain group harmony).

These models have not looked at how relationship-concerns with different people could be the multiple stressors that one has to simultaneously deal with at a certain situation. Importantly, coping may be affected not only by the context and tasks at hand, but also by relationship-concerns. In the face of stressors involving multiple relationships, relationship-concerns may affect individuals' coping strategies, their subsequent relationship with others, and their well-being.

As reflected from participating parents' disclosure to others about their child's TGNC status (at secondary level), parents had to prioritise between the relationships with their child and with others, with consideration of their level of closeness and how others might respond to their child's TGNC status, and decide on whether they would adopt strategies of engagement or withdrawal towards either their child or others. For example, parents might draw close to their child while distancing the others who might not understand or even reject their child's TGNC status, or vice versa. It was also possible that parents would involve others in supporting or rejecting their child.

Tensions and stresses related to multiple relationships may be much greater within the family setting, in which members are close to one another. Sometimes parents would suppress their emotions in order to avoid disagreement or conflicts between different family members over their child's TGNC status. They would bear the tension between/from different family members and withhold from passing pressure from one family member to another. It is more complicated than the dyadic interaction assumed in the original model of relationship-focused coping when a family of more than 2 members is the basic unit of consideration than just two persons (i.e., "me and you" / self and other).

Collaborative Efforts/Coping

It was interesting to see how parents appraised the TGNC status of their child as an issue impacting: i) them, ii) their child; iii) their parent-child relationship, iv) their nuclear family, and v) larger family, and elicited different collaborative efforts or strategies accordingly during the coping process. For example, i) parents might take it as an issue against them (e.g., being rebellious), and reject or confront their child; or ii) they might take responsibility and put in efforts to help and protect their child; or iii) they would talk with their child in working out a solution together; or iv) they might make allies with their spouse and/or other family members, such as their other children, to support or oppose against their TGNC child; or lastly, v) they might solicit other extended family members to go against or support their TGNC child. In stark contrast, parents might distance others, such as their spouse, other

child(ren), and other outsiders, in order to support their TGNC child.

RFC: The Aspects of Child's Transition Status and Parents' Readiness

Child's TGNC or Gender Transition Stages on Parental Coping Experiences

Although it is not a criterion for passing assessment in order to proceed further with the medical transition, such as hormones therapy and surgery, psychiatrists do ask to meet with TGNC persons' parents or other family members during the assessment. On the one hand, having support from family members, especially parents, would certainly speed up or make the transition progress smoother. On the other hand, some TGNC persons would take it as a criterion to proceed further with their transition and felt pressured when they have not yet come out to their families or got their families' support.

As a result, some TGNC persons would only reveal to parents about their TGNC status or desire for a transition at a relatively late stage of their transition process, such as prior to having gender affirming surgery, GAS, as Wah revealed from the interview. Therefore, it was understandable that parents were impacted by the child's revelation, and felt being left out or betrayed by their child in the process. On the other hand, parents might be more engaged in going through the process with their child when they knew it at a relatively earlier stage of their child's transition. They felt that they were more in pace with their child and more controllable in the process, such as in the case of Ms Tsui and some other parents of TGNC adolescents.

Parents' Awareness and Understanding of the Issues

Parents' awareness of and their ability to grasp what would be involved in a transition seemed to play a crucial role in differentiating their coping strategies and their easiness during the process. Ms Lee and Mrs Lau seemed to be the most knowledgeable ones on the issue among the interviewees and adopted the coping strategies that helped them to manage the different tasks and adjust better. Ms Tsui, Ms Cheung and Mrs Wong had tried to learn as much information as possible and adapted better and better as it went. On the other hand, while Mrs Chan and Mrs Ho also tried to find some information as it went, they did not seem to be able to fully comprehend what it meant, and they had other concerns that had distracted them.

RFC: The Aspect of Coping

Categorising Parents' Coping Strategies.

Sometimes parents' coping strategies were difficult to categorise under a single theme. They might have different motivations due to their different understanding or priorities at different times of the process. For example, parents might have ignored their child's TGNC status upon discovery thinking that it was a phase (i.e., adopting coping strategy of disengagement or denying of child's status, see p. 136, a phase in puberty), and later when they realised the lasting nature of their child's TGNC status or the determination of their child, they might decide to tolerate it or withhold disapproval because they had no rigid

reason to oppose (i.e., adopting coping strategy of compromise) or they wanted to avoid conflict with their child (i.e., adopting coping strategy of protective buffering). Alternatively, parents might have been avoiding or procrastinating initially, but then thought that it was too late to change their strategy and stop their child afterward (their child might also question their change of attitude or behaviour). The behaviour of parents remained the same, i.e., do nothing, but their motivations or coping strategies were different (e.g., from avoidant/disengagement to compromise). Even parents themselves might not be able to state clearly why they adopted certain strategy at a particular time. They might also be indeterminate about their child's TGNC status and how to cope with it.

What is more, sometimes parents adopted certain strategies with multiple motivations, such as trying to comfort their child (e.g., empathic responding) through dealing with the instrumental tasks (e.g., active engagement), or they yielded to let their child proceed with transition for both the well-being of their child (e.g., child was too upset or threatened to suicide; compromise), and to maintain harmony and their parent-child relationship (e.g., protective buffering).

Control and Coping Strategies in Relationships

As discussed in the literature review, coping strategies were often related to people's perception of their locus of control. For example, primary coping was usually defined as the self being more powerful in dealing with and controlling the stressful situation, whereas

secondary coping was the self trying to accommodate to the demands (Rothbaum, Weisz & Snyder, 1982). Parents' perception of their controllability over their child's TGNC status and/or their child would affect their coping strategies, and which would change as their perception change over the process. It is noteworthy that in the interdependence family context, parents' perception on their controllability over their child's TGNC status were also related to: i) the one who had to be responsible and to what extent, ii) the competence of the different members (including their TGNC child and other family members) in dealing with different challenges (such as understanding the pertinent issues and seeking resources), and iii) if effective division of labour could be achieved between the different family members, such as their child and their spouse. For example, some rejecting parents might regard their child as the one to be blamed for and to take full responsibility, and hence adopted coping strategies of disengagement; or some supporting parents of adolescent TGNC persons would help their child in dealing with most of the situations; whereas some supporting parents of adult TGNC persons would mostly let their child make decisions and deal with the situations while offer support when necessary; or different family members were mobilised in helping or opposing the child in the process. What is more, there were also parents who were in the middle between their child and their spouse which avoided them in utilising any coping strategies effectively.

Seeking Social Support vs Loneliness

It is worth to note that seeking social support (e.g., from friends and extended families) was not a salient coping strategy parents adopted in this study than it had been observed in other coping studies (e.g., Pottie & Ingram, 2008; Thoits, 1995; Trask et al., 2003; Yeh et al., 2006). It might be due to the nature of the stressor, i.e., the TGNC status of their child, being so uncommon yet controversial and stigmatized (e.g., Kwok & Kwok, 2017; King, 2008; Ma, 1997; Winter, Webster, & Cheung, 2008; Winter, 2011). The parents might not perceive it as something they could easily get useful support, or understood by others. They might also perceive it as something that was embarrassing or even shameful to the family (e.g., Ma, 1997, 1999). In this case, the way Chinese differentiate in-group from others in their way of relating to others and their face preservation concerns might have hindered them from seeking support from others (see also Cheng, Lo & Chio, 2010). Face perseverance is discussed further under “the role of culture” later in this chapter.

What is more, as the clinical psychologist at the public gender clinic had noted, the most rejecting parents might never be reachable (p. 156). In this study, the experiences of rejecting parents were described by helping professionals or their spouses. Notably, these parents tried to stop their child from further transition in the clinical setting. From one of the interview findings, it could be seen that not only the child who lived away from parents was alone, but the rejecting parent and the relatively accepting parent were alone in their own ways as well.

Another important point is, the number of parents medical professionals encountered (~300, p. 169-170) had greatly outnumbered those in contact with community organisation(s) (~10, p. 47). This might be because medical transition is a major part of many TGNC persons' gender transition. Instead of seeking support for themselves, parents were meeting the medical professionals either as their concerns for their child's well-being (e.g., reported by psychiatrist, p. 114), or being "invited" as part of their child's assessment process (Ms Cheung, p. 104; reported by psychiatrist, p. 114). Some parents might initially go to the medical professionals wanting to know what happened with their child (e.g., p. 114) or expecting that their child could be "fixed" or converted back as their assigned gender, but then stopped going once the parents found out that the medical professionals were supporting or affirming their child's TGNC status (reported by psychiatrist, p. 160-161). Therefore, it might be a dilemma in seeking professional support for parents who were still indeterminate or unaccepting about their child's TGNC status, as they did not know where they could go. On the other hand, medical professionals, such as psychiatrists and clinical psychologists, should consider how they could provide support to parents of different status as they have greater chance of meeting the parents.

Adaptive and Maladaptive Coping

From this study, most of the coping strategies could be categorised as adaptive or maladaptive in terms of the following outcomes, including: i) parents' well-being, ii) their

TGNC child's well-being, and iii) their parent-child relationship. Nevertheless, there were some coping strategies that could be either adaptive or maladaptive depending on parents' motivation and with regard to their state of adjustment. For example, parents might seek professional support to affirm their child which led to their child's better well-being and closer parent-child relationship; or they might expect the professional to convert their child which might lead to the dissolution of the parent-child relationship. Another example was that avoidant/procrastinating might be an adaptive coping strategy at the early stage to avoid conflicts between parents and child when they would need more time to understand the issue before making judgement (Ms Lee, p. 87). However, avoidant in long term could lead to a burst out of emotion or conflict one day, such as with Mrs Chan's husband and their child: *"Don't you pretend as nothing there by not raising it"* (p. 176).

What is more, as noted by the social worker from the community organisation, it was maladaptive if parents could not detach themselves, such as their emotions and needs, from their child. Yet detachment was different from disengagement. Separating their needs from their child's did not equate to parents withdrawing themselves or their support to their child.

Coping Strategies Adopted by Parents Encountered in Different Settings

The parental coping strategies of interviewees recruited from a community organisation and as revealed from the social worker of the community organisation tended to be more empathic, whereas those as revealed by the clinical psychologist from the public gender clinic

and the psychiatrist from private sector tended to be toward denial, opposition and disengagement. One possible reason for this might be that parents who had reached out to community organisations were already more accepting instead of denying and became more willing to meet other TGNC persons and parents. Less and less intensive grieving behaviours have been expressed by the parents in the community setting.

Parents of Adolescent vs Adult TGNC Child

Parents of TGNC adolescents and emerging adults adopted similar coping strategies, the age range of their child was between 14 to mid-20s from the sample of this study. These parents took up more responsibilities in searching for resources and solving the issues related to their child's TGNC status (e.g., buying clothes, dealing with schools and making decisions related to their child's medical transition). Some of them knew more than their child in some aspects (e.g., Ms Lee, p. 116). Whereas parents of TGNC adults were different in that they were less involved in taking initiative for the matters of their child's gender transition, but more respect and trusted that their child could make the decisions and deal with the challenges themselves (e.g., Mrs Lau, p. 185; Ms Tsui, p. 188). These parents would rather take more of a standing-by position to be ready to lend a hand to their child when necessary. For example, parents of TGNC adolescents would deal with school on behalf of their child (e.g., Ms Lee, p. 112), whereas parents of TGNC adults would let their child deal with the working environment themselves (e.g., Mrs Lau, p. 185). It might also lead to the situation

where parents of TGNC adults were concerned when their child could not find a job due to their TGNC status and hence denied them for this reason, as parents might not be able to do much with finding an employment for their child or dealing with the employers on behalf of their child (e.g, Mrs Ho, p. 144; reported by the social worker, p. 169; see also p. 248-249 discussing about the difference between the school and workplace setting in relation to parents' coping strategies and experiences).

Therefore, more support should be provided to parents of TGNC adolescents as they have to deal with the agentic challenges related to their child's gender transition as well as to take care of their child's emotional well-being. Their child may not be as mature and may tend to rely on and demand them more (e.g., Mrs Wong's child, p. 132, 218; Ms Lee's child, p. 98). However, in the current Hong Kong context, support for TGNC adolescents is scarce, not to mention support for parents. The existing gender clinic in a public hospital that provides comprehensive medical support only serves adults, the related public services for underage are very limited and not reliable from the researcher's knowledge. Underage TGNC persons and their parents can turn to find support in the private sector, but it is not covered by any insurance, and so not every family can afford it. In addition, it is often a trial and error or reiterating process for parents to go find the different resources as the resources are so scarce and parents are not the first-person users (e.g., binders, p. 109-110).

The Role of Culture

“Our Body, Hair and Skin are Given by our Parents” (“身體髮膚受諸父母”)

This was a Chinese quote that the researcher and a number of other people thought of when they heard about this research. The quote literally says: “The body, hair and skin are given by the parents”, meaning that one has to value his/her/their body and health, and try to avoid any harm to it. Hurting the body or health is also regarded as a breach of filial piety (the sentence following the above quote is: “Therefore, one must not presume to injure or wound the body. This is the beginning of filial piety.” “不敢毀傷，孝之始也”). We wondered if this would be a pressure parents gave to their child in denying them to go through a gender transition, especially a physical/medical transition. However, it was not clearly reflected in the data. None of the parent interviewees nor the parents from the revelation of the helping professionals had mentioned this quote or used this reason to deny or stop their child from undergoing transition, even though the physical health of their child was one of parents’ major concerns. Indeed, it might not be a top-down pressure directly implied to child from parents, but a bottom-up pressure that Chinese child would bear themselves as their respect and filial piety to their parents under the cultural propriety. This was something the researcher could sense among his TGNC peers, and it would worth further research on how Chinese TGNC persons, as child, perceive the family as their major struggle in going through or even starting their transition.

“Sing Chyun” (Cantonese) / “Cheng Quan” (Mandarin) (成全)

This is a new perception emerged from the data and being put under the theme empathic responding as a sub-theme. In this study, it was the parents who performed this act as their affective coping strategy to their child’s transition. In reality, it might be a deep-down desire of local Chinese TGNC persons that their significant others, such as parents or spouse, could “*sing chyun*/成全” and set them free from the relational bond and let them transition. This is a pressure nesting TGNC persons tightly in relationships within the communal Chinese culture. The trans woman protagonist of a recent local film “Tracey” (Shu, Liu & Li, 2018) had reflected on this relational bond when she kneed down, cried out, and beg her wife to let her be herself again. It seems that the local Chinese TGNC persons do not have full autonomy in determining their identities and transition to be themselves, but often depend on others’ permissions and *sing chyun*/ *cheng quan* (成全) instead.

The Chinese Concept of “Face”

As mentioned in the literature review, there are two aspects in the Chinese concept of “face”, namely, *lian* and *mianzi* (臉 and 面子; Hu, 1944). Gabrenya and Hwang (1996) have elaborated further of what it means by losing face in the Chinese context by comparing the two different aspects:

In Chinese society, saying an individual *bu yao lian* (‘doesn’t want face’; 不要臉) means that he or she is nasty, shameless, and immoral; it is a great insult to his or her moral character. However, saying somebody *mei you mianzi* (‘has no face’; 沒有面子) simply means that he does not deserve honour or glory. A sense of self-blame, shame or

diulian (丟臉), is suffered with respect to *lian* as a result of wrong-doing regardless of the presence of an audience. (p. 313)

The tendency to preserve face has hindered individuals from disclosing their weaknesses or problems to others. Chinese are reluctant to reveal their family issues to outsiders unless it could lead to beneficial outcomes, as a Chinese proverb says: “do not let out an embarrassing secret of the family (家醜不出外傳)” (Cheng et al., 2010). As discussed above in this chapter under “the aspects of coping”, this kind of stigma and concern for face perseverance hindered parents from seeking support and made them very alone in the process (p. 256).

As revealed from the results, Mrs Chan felt shameful or *diulian* (丟臉) because of the TGNC status of her child being regarded as something shameful (see also Ma, 1999, as discussed in the literature review). It was being regarded as shameful in its nature (i.e., child being seen as deviant) and as result from bad parenting (i.e., Mrs Chan was afraid of people blaming her for raising her child like this, or without correcting/converting her child). More on the Chinese perspective on parenting would be discussed below.

What is more, an individual with an interdependent self-construal would also be concerned about others’ feelings, so they would avoid hurting others and preserve others’ faces as well. As revealed from the results, Mrs Chan tried to preserve her husband’s face by not disclosing their child’s TGNC status to others, such as her brother-in-law.

Disciplining Child as Parental Duty.

Some parents were worried or felt pressured of how others might blame them as bad

parents for raising up a TGNC person, comparable to not being able to lead their child in a moral way but let them go astray (e.g., Ma, 1997; Chao, 1994, 2000). This echoes with the Chinese concept of “face”, and particularly associated with the aspect of *lian* (臉), relating to the moral character and integrity of an individual as mentioned above.

It might be worth to note that punishment is seen as one of the ways in the Chinese context in helping to guide one’s child to go a proper way or be an upright person (see also the notions of “chiao shun”, 教訓, training, and “guan”, 管, to govern as well as to love/care; Chao, 1994, 2000). Therefore, comparatively, sometimes Chinese parents would value more of how they could bring up their child towards a rightful way over whether they provide enough care, resources or protection during the process. Also, they would regard restricting resources or threatening to cut ties with their child as a way of discipline to make their child go back to the right way. Therefore, parents’ strategy of withholding resources or even threatening to expel or actually expelling their child from home (maybe temporarily, as intended) might have a “good” intention behind (e.g., hoping their child would “drop” the TGNC status/behaviour), instead of merely rejecting their child.

As a side note, the researcher’s mother once revealed that she had thought of saying to cut ties with the researcher so as to make the researcher think twice about the decision for transition. She ended up did not say anything negative, or literally anything, to the researcher in her adjustment process regarding the researcher’s TGNC status or transition. The

researcher had (naively) thought that she had been accepting all along without any struggle until she revealed it once when asked by the researcher's psychiatrist.

Other Findings

Parenting Style

Parents' behaviours in dealing with their child's TGNC status as revealed from this study seemed to have echoed concepts related to parenting style, such as parents being authoritative, authoritarian, permissive or neglectful (Baumrind, 1967). However, the researcher argues that parenting style is not the framework most suitable to examine the results for the following reasons: i) the usual parenting style of some parents might have changed or not seem to be applicable in dealing with their child's TGNC status (e.g., parents being authoritative did not know what to do in the past when they took their child's TGNC status as a loss and grief about it); ii) it might mislead others to think that TGNC status is related to how child being raised or that it is changeable by parenting style (the cause of "mother-blaming" or self-blame of parents in some occasions; see also Johnson & Benson, 2014; Meyer-Bahlburg, 2002); and iii) the present study focuses on *parental adjustment* instead of whether parenting style affects child's adjustment.

Appreciating Other Family Members' Efforts

Child's TGNC status and transition could bring great tension to the family. Even though family members were inevitably impacted by it, they might not voluntarily join the coping

process synchronously or agree with the same coping strategies. While the challenges and coping experiences could hardly be shared or understood by other outsiders, the support from within the nuclear family and effective division of labour in providing support to the TGNC family member and mutual support to other family members, including parents, are very important. As reflected from the findings, the sibling of their TGNC child in Mrs Lau and Wah's family shared the responsibilities and support work to their TGNC family member and parents, and Mrs Lau and Mrs Wong appreciated the efforts their husband put in to accommodate their TGNC child's needs. Efforts of every member of the family in the coping process are important in achieving successful communal coping (i.e., sharing the problem and responsibilities to solve it) collectively (i.e., utilising the group resources and solving it together), and appreciating one another's efforts enhance family cohesion.

Differences Between Parents of Trans women, Trans men and Non-binary Identified TGNC Persons

There were 5 parents of trans men and 3 parents of trans women being interviewed in this study. Together with an adult trans woman and a non-binary identified TGNC person being interviewed, there were 3 cases of strongly disapproving parents, the child of two of them were trans women or female-identified TGNC persons (one of these strongly disagreeing parents has changed to acceptance when their child finally underwent gender affirming surgery, GAS), while the child of the remaining one was a non-binary identified

person.

The study revealed some factors that reflected the acceptance of trans men compared to trans women. Potential factors for this phenomenon might have due to: son preference in some families, lack of traces throughout the growing up period of their child, the prejudice and difficulties trans women encounter in daily lives, and relating to this, the disadvantage in hiding themselves with their appearance for some trans women. With this said, some parents, especially mothers, of trans women would pay more attention in helping their child's change of appearance, such as buying clothes for them, or even to initiate the use of puberty blockers at an early stage of puberty. Whereas parents of trans men would relatively have less of such concerns.

TGNC Status – Binary vs Non-binary

In the present study, all of the parent interviewees had child who identified as either of the gender binary, e.g., female or male. Although the researcher was unable to recruit parents of non-binary identified TGNC persons, to bridge the gap, a non-binary identified TGNC person was recruited to give an account of their parents' experiences. Nevertheless, the non-binary informant said that their parents did not seem to comprehend their non-binary identity, but took it binarily, i.e., as transitioning from female to male like a trans man (since the non-binary person was assigned female at birth). Although it might have highlighted some confusion and challenges parents of non-binary persons have, it could not illustrate a full

account or give much implication on the coping experiences of this group of parents.

TGNC Status vs Sexual Orientation

Although gender identity or TGNC status is a different aspect from sexual orientation, some parents started to notice and pay attention to their child's "difference" because of their child's seemingly "non-heterosexual" sexual orientation (e.g., Mrs Chan and Ms Tsui). They might start finding resources through channels that support gays and lesbians. Indeed, quite a number of people in Hong Kong would mix up TGNC identity and status with same-sex sexual orientation, which was reflected by the opinions of some of the people some parents encountered. The acceptance of these people towards same-sex sexual orientation would project to their attitudes towards TGNC status, such as the wife of a pastor Mrs Chan encountered. However, while there are greater understanding and acceptance towards gays and lesbians (i.e., sexual minorities), people remained ignorance about the incomparable challenges TGNC persons (i.e., as gender minorities) and their families encounter in their daily lives and during the gender transition. TGNC persons, their parents and families remain alone in their own struggle.

Notes on the Research Design and Process

Challenges in translating the pronouns used in transcription from Chinese to English.

In the process of translating the pronouns used in transcription into English, the

researcher understood more of the challenge parents or other people faced in the English-speaking countries or people who speak a language with gendered grammar, or where gender plays a critical role in their grammar (e.g., French). The third person pronoun is always gender-neutral in spoken Cantonese, parents did not need to struggle with it in referring to their child during the interviews, and the researcher, as a TGNC person, did not feel offended or upset for the TGNC child or the struggle of the parents. The challenge only happened when parents referred to their child as “son” or “daughter”, or when mentioning their child’s names. The researcher had paid much attention when doing the translation in trying to reflect parents’ attitudes and struggle with their child’s TGNC status, yet also respecting the gender identity of their child – at least not being referred to as their assigned sex. The researcher also perceived that a similar challenge might be posed to some of the readers when they were reading the results, such as those speaking a language with gendered grammar, when they may not be used to reading “they” as a singular gender-neutral pronoun. Adding to this, the researcher could also imagine the challenge non-binary people have, or would pose to the gender binary society.

Regarding the gendered pronouns, the researcher suspected this may have contributed to the fact that feelings of loss (and hence grief) is such a salient finding in the previous studies conducted in English-speaking context (e.g., Field & Mattson, 2016; Joan, 1999; McGuire, Catalpa, Lacey & Kuvalanka, 2016; Norwood, 2012, 2013a; Pearlman, 2006; Wren, 2002),

and which did not emerge as much from the parent informants in this study. Acknowledging the difficulties parents had in attending to changing the way they call or refer to their child in this study, parents or family members speaking a language with binary gendered grammar might feel more frustrated every time when they tried to change the pronoun of their child. A sense of a “he/she” “no-more” or “not-there” might emerge stronger when being reminded as they spoke every time.

With the emergence of a more common use of “they” as the singular gender-neutral third-person pronoun, the researcher wishes that the society would be more inclusive for people of all gender.

As a side note, there were actually more times than expected initially in the write-up to use this “(they)” as a gender-neutral pronoun without referring to the actual gender identity or assigned sex of the targeted person, i.e., a mere third person pronoun word referring to an individual without any gender sense. All the interviews conducted in Cantonese and the transcription process of turning the interview contents into written Chinese had been smooth until the point of translation. As specified in methodology, there were often times the interviewees just refer to another person in the third pronoun, without any gendered sense, i.e., no intention of denying or affirming or unconsciously mistaking the gender of that person. Also, sometimes a gender-neutral pronoun was used in the translation of the transcription when the gender (identity) of the mentioned person was not known. No name

nor their gender were mentioned except their role, and it was not a matter of concern during the conversation. Whereas at other times, a gender-neutral pronoun was used in order to protect the privacy of the mentioned persons. The researcher realised that in small communities (such as the TGNC community and especially when most of them are still hidden) and/or for those with special identity (such as being a helping professional and especially in a certain specified area), revealing the gender of those persons might already have breached their privacy or anonymities. It would not be difficult to guess who the mentioned person(s) was/were. Hence, gender is indeed a very important identity of a person in both individual and social terms.

Difficulties in finding parent interviewees.

The researcher had tried to reach out to TGNC persons who have long completed their transition and gained their parents' acceptance finally. However, their parents declined to be interviewed. This might have reflected that the adjustment process and their child's TGNC status might be something parents still need time to fully digest/consolidate even though their child had completed their gender transition and already lived as their identified gender for some time.

Significance and Implications of This Study

In this study, the stress and coping experiences of parents during the gender transition of their TGNC adolescent or adult child are examined based on their parent-child relationships.

The essence of their coping experiences or strategies was oriented toward: i) their child's TGNC status and well-being (i.e., agentic stressors); and ii) their relationships primarily with their child and families and secondarily with others (i.e., interpersonal stressors). The significance of the framework of relationship-focused coping in understanding the coping experiences of parents of TGNC persons is more than merely providing support as might be seen from the themes of empathic responding or active engagement, but in maintaining the relationships that connect the parents and their child and their social environment. Parents were in stress with their child's TGNC status, whether to provide support to their child not only affects their child's well-being, but also the parents' stress status, well-being and parent-child strain. Empathic responding and active engagement were two of the coping mechanisms parents adopted to understand and connect with their child, and to enhance their child's well-being through transitions. On the other hand, some parents might deny, oppose or disengage from/avoid their child's TGNC status, which unavoidably leads to the denial and opposition to, and disengagement from their child. Compromise and protective buffering were coping strategies some parents adopted because of their care for their child and their parent-child relationships. During the adjustment process, parents would have lots of different emotions, such as anger, feeling shame, self-blame, helplessness, lost and alone, and behave ambivalently. They needed to be able to detach themselves and separate their child's needs from theirs, and respect the individualistic of their child that their child was responsible for

and able to deal with the challenges in life related to their TGNC status and transition.

Furthermore, parents' relationships with others in their living environment, such as their spouse and extended families, would also be affected due to the visible but few would understand or still being stigmatised nature of their child's TGNC status. Not only would this induce further stress to the parents, but it affected parents' coping strategies toward their child's TGNC status and hence their relationships with their child as well. Working out: i) the priority among multiple relationships, such as relationships with their child, spouse, and others (i.e., interpersonal stressors) and their child's TGNC status (i.e., agentic stressors), and ii) the coping strategies accordingly, were the main challenges for parents in the adjustment process.

Regarding interpersonal stressors, interventions providing support to parents should cover the following aspects: i) relationship aspects (i.e., primarily with their child, spouse and other family members, and secondarily with other relationships in their living/social environment); and ii) personal aspects (i.e, emotional support and self-care, such as detachment from the needs and/or demands of their child, spouse or others). Various ways of communication (with people with different relationships) could be explored to enhance better understanding and interactions between parents and their child and others. Despite their desire in maintaining different relationships as their priorities, parents also need to aware that sometimes keeping certain distances in some relationships could be adaptive for their well-

being, and that their different emotions are justified.

Regarding agentic stressors, as child's well-being are usually parents' prime concerns, helping professionals should: i) inform parents what TGNC identity and status are and what gender transition involves; and ii) work with parents collaboratively in affirming and helping their child's transition. More resources should be allocated to TGNC adolescents and their parents, such as support from the medical setting and the school environment.

Two of the ways that could meet the demands from both the interpersonal and agentic aspects are: i) building new supporting relationships with other parents or TGNC persons; and ii) helping professionals conducting interventions such as meeting sessions with both parents and child separately and together, to facilitate communication and understanding between them.

What is more, parents and child and their families should be encouraged to cope together communally, sharing the stresses, whether the stressors were more directed to the child (e.g., child's TGNC status and transition) or parents (e.g., child's well-being and disclosure to others), and solving them together, i.e., "our problem, our responsibility".

Besides, education to raise public awareness on TGNC person's identity, gender transition and related issues would help to de-stigmatise and affirm the TGNC identities and this population, easing the difficulties involved in gender transition, and reducing the stresses of parents and their families in the adjustment process.

Contributions and limitations of this study and future research directions would be elaborated more below.

Contributions to the Knowledge

Existing studies on parents of TGNC persons have been mainly conducted with TGNC children and adolescents in the Western contexts, with a few just emerged in East Asia with TGNC adults in the past years (e.g., Ishii, 2017), yet none has been done in the Chinese context such as Hong Kong. The present study is one of the first to address the stress and coping experiences of parents of TGNC persons in the local context, and it contributes to the research community in East Asia and Chinese communities.

Most importantly, this study highlights the importance of the parent-child relationship in the parental adjustment process and coping experiences. It was not only about dealing with the tasks or overwhelming emotions, but the empathy parents have with their child and how they respond in order to enhance their child's well-being and parent-child connection.

What is more, this study also examined the coping experiences involving multiple relationships. An in-depth analysis was conducted by taking multiple interpersonal relationships into considerations in determining coping strategies.

Contributions to Practice of Professionals Facing TGNC Persons and Parents

The findings of this study will inform translational research. Specifically, as more helping professionals are shifting to trans-affirmative practices, the current study will inform

different helping professionals in different fields, such as the social service system, the education system and the medical services, in enhancing family support as one of the ways to improve the well-being of TGNC persons and their families. Noting parents' expectations of practitioners as professionals and the importance of relationship-concerns for both TGNC persons and their parents in the process, support and interventions should be considered comprehensively in serving TGNC persons, their parents and their families.

In terms of taking care of parents as individuals, the existing gender-affirming services provided by the public gender clinic or other private sectors targeting TGNC persons should be made aware of and consider the parents' stress and needs during the adjustment process, take them as primary clients, listen to them and provide supports, resources or interventions accordingly, instead of merely taking their involvement or opinions as part of the assessment associated with their child's progress in a gender transition. Social services, such as community organisations, might consider providing support group opportunities for parents to meet with other parents and other TGNC persons, and provide emotional support and resources along the process, so that parents could have an additional avenue to acquire support, apart from general support from such individuals as extended families and friends, who might not be able to handle family transitions professionally. Based on the present findings, practitioners should acknowledge parents' emotions and experiences, such as anger, helplessness, loneliness, shamefulness, self-blame and ambivalence, as well as their concerns

for their child and worries that they might make the wrong decisions. Helping professionals in different settings should work collaboratively to provide support to TGNC persons and their parents during the gender transition, such that it could be as smooth as possible. Support from both the medical setting and school environment are of crucial importance for TGNC adolescents. It is also important to educate the public on the differences between sexual minorities, i.e., lesbian and gay (LG, and bisexual; B) persons, and gender minorities, i.e., transgender/TGNC persons, or otherwise parents of TGNC persons might feel their experiences and concerns being misunderstood, denied or marginalised.

Regarding relationship aspects, interventions helping parents to connect with their child or enhancing the parent-child relationship and family relationships in midst of the unique challenges would be of great benefit. For example, family therapy might be considered as one of the interventions to support parents and enhance their communication and connection with their child and spouse. Particularly for parent couples, the TGNC status of their child could stimulate diverse or even opposite attitudes between couples which might lead to further family conflicts, and the parents could be overwhelmed with different emotions and pressure, let alone loneliness. Apart from this, parents also need to be made aware of their need to detach themselves from time to time through focusing on themselves, such that they can manage their dealings with their child's TGNC status and relationship concerns with other people, such as their spouse. What is more, by informing parents on the definition of TGNC

identities and the process and difficulties involved in a gender transition, parents may be more empathic toward their child and take a communal perspective in coping with their child. The form of interventions could adopt from the affirmative approaches utilised by other therapists on parents of TGNC children (pre-adolescent) and which consists of meeting sessions with the parents (couple) and child separately and together (e.g., Hill & Menvielle, 2009; Malpas, 2011). As suggested by Malpas (2011, p. 456), these approaches emphasise “adjustment to the social difference of the child and promote restoration and flourishing of the parent-child bond. Focus is also placed on self-help, peer-advocacy, and education of larger social institutions”.

Limitations and Future Research Directions

This is a qualitative study aiming to give a rich description of the parental coping experiences in an East Asia Chinese context, the generalisability of the findings is limited due to the small number of participating informants. Without an aim to generalise the experiences to all parents with an TGNC child, this study accomplished an important line of inquiry by identifying parents’ stress and coping experiences. In addition, although efforts were made to recruit parent informants from different settings, only those who have a connection with a community organisation responded and participated. Helping professionals from different settings and some TGNC persons were recruited to give some insights into the coping experiences of some unreachable parents (e.g., strongly rejecting parents and parents of non-

binary identified TGNC persons), but they could not represent the perspectives nor of a whole account of the experiences of those parents. In particular, the findings might not be representative of parents who have not sought any support, either for their child or themselves, such as strongly rejecting parents (e.g., who would not even see helping professionals) or parents who do not care about their child or are indifferent about their child's TGNC status (as reported by the social worker, p. 162).

In addition, the study was conducted primarily with interviews with parents, it would be better if parents' actual challenges and coping mechanisms could be observed in the naturalistic setting, such as family or the school environment. Also, the parent informants were all mothers, more insights will be provided if fathers' voice could be heard first-hand. What is more, to include first-hand accounts from both mothers and fathers of non-binary identified persons, instead of reports from their child, would be important. Their experiences could be compared with parents of binary identified transgender persons. Quantitative and longitudinal research should be conducted to identify the long-term effects of parents' stress and coping on parent-child relation during transitions, with a larger sample size to increase generalizability.

Taking family as the focus, research could examine how parents' coping strategies might further affect their family relationships and other family members, such as their spouse and other child(ren). Research could also be conducted from the child's side, such as how Chinese

TGNC persons as child themselves try to connect with their parents in the process, or how they struggle or suppress themselves due to filial piety concerns for their parents (see also King, 2008, as mentioned in the literature review).

Upon the emergence of TGNC children (pre-adolescent) in the future, the research could be extended to parents of TGNC children in the Chinese context. Comparing these experiences with parents of TGNC adolescents and adults would provide insights on how developmental stage and concerns might be an influential factor. Also, research could be conducted to compare and examine how each group of parents have similar or different experiences from parents in other contexts.

What is more, the current service gaps could be identified by examining parents' received and perceived support, and with regard to their expectations with different settings.

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Appendix A: Definitions of Key Terms

Transgender and Gender Non-conforming (TGNC)

Transgender and gender non-conforming (TGNC) refers to a group of people whose gender identity and/or gender role, and gender expression differs from gender norms associated with their sex assigned at birth (American Psychological Association, 2015a, 2015b; Katz-Wise, Budge, Orovecz, et al., 2017).

Historically, the term ‘transgender’ has diverse definitions, from broader definitions to a more specific definition. The broader definition as being used in the cultural movement by Leslie Feinburg includes observable gender variance that led to oppression, and includes gender expression (e.g., in cross-dressers, drag queens and sissies), gender identity and sex characteristics (e.g., in transsexuals and hermaphrodites) (Stryker, 2006). A more specific definition is being used in medical, psychological and legal field which directs only to gender identity (American Psychiatric Association, 2013; American Psychological Association, 2015b; The World Professional Association for Transgender Health, 2012; Emerton, 2004; Thomas et al., 2017), or sometimes including gender expression and/or behaviours that reflects or expresses pertinent gender identity (Mallory, Hasenbush & Sears, 2013; Suen et al., 2016).

Sometimes the term 1) ‘gender non-conforming/non-conformity’ is used as a broader/umbrella term/category to cover all individuals with gender expressions (such as behaviours, activities and presentation), gender identity or role that differs from the cultural

norms associated with their assigned sex (Alegría, 2016; Brill & Pepper, 2008; The World Professional Association for Transgender Health, 2012); as distinct from the term 2) ‘transgender’, referring to individuals who have a stable/explicit binary/cross-gender identity (Brill & Pepper, 2008; Hill & Menvielle, 2009), and in a non-pathological way (Alegría, 2016); and 3) ‘gender dysphoria’ as a formal psychiatric diagnosis referring to the distress or discomfort associated with the incongruence between one’s gender identity and assigned sex (American Psychiatric Association, 2013; The World Professional Association for Transgender Health, 2012).

The terms ‘transgender’, ‘transsexual’, and ‘TGNC’ would all be used throughout this dissertation with respect to how the different groups of TGNC people refer to themselves. The term ‘transsexual’ has been used extensively in the past in Hong Kong as those who had been visible and known by the general public and scholars in Hong Kong were those who had undergone sex reassignment surgery (SRS). The commonly used term in Chinese was ‘變性人’ which literally means ‘sex-change persons’, and was the original translation used for this medical/pathological term - ‘transsexual’. Whereas the term ‘transgender’ with its literally translated Chinese term, ‘跨性別’, has increasingly been used in Hong Kong nowadays by both the general society and the community themselves, in a non-stigmatised and non-pathological way. Different TGNC support groups (e.g., Transgender Resource Center, Association of World Citizens Hong Kong China, Gender Empowerment and Rainbow of Hong Kong) have also

adopted this Chinese term (‘跨性別’), with either broad or specific definitions.

This study will focus on the experiences of parents with TGNC adolescent or adult child whose *gender identity* differs from their assigned sex, and who have started undergoing gender transition, yet their child may not have a formal diagnosis of gender dysphoria at the time of interview. It is acknowledged in this dissertation research that not every transgender/TGNC person would go through all the changes (be it medical or social), and it also covers those whose gender identity is non-binary.

Stress

“Stress is conceptualized as a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and as endangering well-being (Folkman, Lazarus, Gruen & DeLongis, 1986, p. 572).

Coping

“Coping refers to the person’s cognitive and behavioral efforts to manage (reduce, minimize, master, or tolerate) the internal and external demands of the person-environment transaction that is appraised as taxing or exceeding the person’s resources” (Folkman et al., 1986, p. 572). It can be understood to have two major functions: problem-focused coping and emotion-focused coping (Lazarus & Folkman, 1984).

Transsexual

Transsexual refers to a:

Term used to describe TGNC people who have changed or are changing their bodies through medical interventions (e.g., hormones, surgery) to better align their bodies with a gender identity that is different than their sex assigned at birth. Not all people who identify as transsexual consider themselves to be TGNC. For example, some transsexual individuals identify as female or male, without identifying as TGNC. (American Psychological Association, 2015b, p. 863)

Gender Identity

Gender Identity refers to:

A person's deeply-felt, inherent sense of being a boy, a man, or male; a girl, a woman, or female; or an alternative gender (e.g., genderqueer, gender non-conforming, gender-neutral) that may or may not correspond to a person's sex assigned at birth or to a person's primary or secondary sex characteristics. Because gender identity is internal, a person's gender identity is not necessarily visible to others. (American Psychological Association, 2015b, p. 862)

Gender Dysphoria

Gender Dysphoria is the name of the diagnosis used in DSM-V in replace of 'Gender Identity Disorder' in the previous version of DSM. It refers to "the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender. The current term focuses on dysphoria as the clinical problem, not identity per se" (American Psychiatric Association, 2013, p. 451). It may include the discomfort or distress related to the assigned gender role and/or one's primary and/or secondary sex characteristics as well (American Psychological Association, 2015b; The World Professional Association for Transgender Health, 2012).

Gender Expression

Gender expression refers to "the presentation of an individual, including physical

appearance, clothing choice and accessories, and behaviors that express aspects of gender identity or role. Gender expression may or may not conform to a person's gender identity"

(American Psychological Association, 2015b, p. 861).

Sex Reassignment Surgery (SRS) / Gender Affirmation Surgery (GAS)

Sex reassignment surgery or gender affirmation surgery (or gender-affirming surgery)

refers to:

The surgery to change primary and/or secondary sex characteristics to better align a person's physical appearance with their gender identity. Gender-affirming surgery can be an important part of medically necessary treatment to alleviate gender dysphoria and may include mastectomy, hysterectomy, metoidioplasty, phalloplasty, breast augmentation, orchiectomy, vaginoplasty, facial feminization surgery, and/or other surgical procedures. (American Psychological Association, 2015b, p. 863)

Appendix B: Interview Protocols

i) **Interview Questions – for Parents of TGNC persons:**

Demographics of parents (can ask at the end):

- Age
- Gender (mother/ father)
- Education &/or Occupation (optional)
- Marital status
- Number and gender of children they have (biological, step- and/or adopted), and the position their transgender child is at (e.g. eldest/ youngest/ middle child)

General Coping Experiences, incl. emotions and reactions, since discovery till current stage

(it's an area of interest, not every question to be answered)

- Could you tell me something about your child? You can talk about your child since their early childhood.
- When did you first know about your child's TGNC status/identity or desire for transition? How did you find out? What's your reaction and feeling about it?
- What happened next? (-> Probe Qs: What did you do or not do, say or not say?)
- What steps has your child taken as they transition since then? What stage are your child at now? (more on the next sets of questions on their child's transition status)
- How do your emotions evolve/ change from the moment you found out to the present moment?
- Why do you think you have those emotions? (-> Probe Q: Do you ever feel any feeling of loss?)
- When you feel that the emotion is too much/ too overwhelming, what would you do?
- Have you talked to anyone about it? Such as your friends, relatives or any helping professionals?
- How do you come to your current status/ attitudes towards your child's TGNC status (what is your status now, as you would describe)? (-> what have you done?)
- How long did it take for you to process the disclosure of the transgender identity of your child? Since the first time your child told you about this, to the stage you are now (what is your stage now, as you would describe), or to the stage that you accept?
- What is most difficult for you during this (adjustment) process?
(-> Note for things such as the Chinese value on gender and gender role, and parenting. Expectations from others on gender and gender role, and parenting. And discrimination and stigma on the transgender identity of their child, and parenting.)

Specific Qs on changes/ tasks to deal with resulted from their TGNC child's gender transition/ current gender status

- How would you describe your child's current status (or identity)?
- What do you think about your child's gender transition journey? What is it? And how is your child going to turn to be?
- What do you do with your child's old/ fading away gendered identity, and the related things?
- How do you tell other people, such as your spouse, other/extended family members/relatives, and your friends, about your child's gender transition (or change)?
- How do you see the "new" gendered identity of your child?
- Has the relationship with your transgender child or any other family member(s) changed since the disclosure of your child's transgender identity? How?
- How would you describe your relationship with your transgender child now?

Stressors and specific coping resources as identified by the parents

- What's the difficulties you have regarding the transition and gender identity of your child? Physical transition? Social transition? (-> Probe Q: How / What do you do to cope with that?)
- How did you cope at the beginning? What have you tried in the past ____ years? What is the change in your coping strategies and what leads to that/those change(s)? (-> Probe Q: How would you comment on your coping experiences/strategies, such as do you wish you have done/say something earlier or later? OR do you wish you have done something differently?)
- What kind of support have you found from your spouse? (-> Probe Qs: does your spouse have similar reactions and thoughts towards transition and the gender status and identity of your child? Does your spouse cope with you together or differently? How different is it if so, emotionally and behaviourally?)
- Are you aware of the support that your transgender child can get – community/ peer support, counselling / social service, medical support (if necessary) and policy (such as Gender Recognition)?
- Are you aware of the support that you can get – community support, counselling / social service, and opinions from medical professionals (if necessary)?
- Do you find anything or anyone who are very helpful or of any help for you in the process? Why? (-> Probe Q: Describe a most memorable incident during this process)
- What did you find was lacking at that time of going through the process?
- What do you think could have helped you in the process, any resources, persons, or the timing/ the way of knowing about the transgender identity of your child?

ii) Interview Questions – for TGNC persons

Demographics of TGNC persons:

- Age
- (Trans-)Gender Identity (trans woman/ trans man/ non-binary)
- Stage of gender transition – e.g., current stage of social and/or medical
- What procedures/ stage of gender transition is expected to have in the future
- Relationship with parent, such as:
 - living together or not
 - how often does the TGNC individual see her/his parents if they live separately?
 - does the TGNC individual support her/his parents economically? Or are they being support by their parents?

Area of interest only, not every question to be answered

- When did you disclose or that your parents (mother, father or both) discovered about your plan/desire for gender transition? How do they react?
- If you were the one who initiate the disclosure to your parents (mother, father or both), why did you choose to reveal to them at that time?
- Do your parents (mother, father or both) react as you expected?
- Do your parents' (mother, father or both) reaction changes over time?
- What prompts the change in their reaction?
- What do you think about your parents' (mother, father or both) attitude/reactions towards your two gender statuses? Both identity-wise and physical status?
- Can you describe your parents' interaction with you? To what extent do they/are they able to acknowledge or accept your identified/emerging/new gender role? How would you expect it to be, and how different is it now if any? Why is it so do you think?
- Do they still relate to you with your assigned gender role? In what ways? What do you think they do so?
- Do you consider your parents (mother, father or both) adapt well with your gender transition/ change in gender status, in terms of gender role and physical transitions? Why is it so or why not?
- Do you think there's anything that they need or could have helped them (to understand or accept or adjust)?
- Are there any differences in the reactions between your parents (mother, father or both), and other family members (such as sibling and (close) relatives)? (-> Probe Qs: Do you think the reactions of different family members affect one another?)

iii) **Interview Questions – for professionals (psychiatrist/ clin. psy. / social worker)**

- What is the range of attitudes about their child's TGNC status that parents have from your encounter?
 - What are the reasons parents come to see you? Do they come regarding their child as having any issue that needs to be corrected, or was it under the demand/ advice of their child/ you (since psychiatrist/social worker who have met the TGNC persons may ask to meet the parents)?
 - What stage were parents at when they first come to see you? Was it upon discovery of their child's TGNC identity, status or desire for transition?
 - What's the age range of their transgender child? And of the parents? Which age range is more common?
- How do parents present themselves when they come to see you? What would they ask you and/or tell you?
- What emotions do parents have?
- What difficulties or concerns do parents have?
- How do parents cope with those emotions and concerns?
- Do you think parents concern more about their TGNC child's "old" identity, or "new identity"? How do parents present or react differently to the two gendered status of their child?
- How would you describe those parents who you perceive as adapting better?
- What do you think are the adaptive and maladaptive coping strategies exhibited by parents of TGNC persons?

Appendix C: Application for Ethics Considerations

(revised May 2016)

The Education University of Hong KongFor Official Use
Reference No.**Application Form for Ethical Review (for STUDENT Research Projects)**

1. Please read carefully the Operational Guidelines and Procedures of the Human Research Ethics Committee available at <http://www.eduhk.hk/rdo/human.html> before completing this form.
2. An application for ethical review should include the following documents:
 - a completed application form for ethical review
 - a sample of the bilingual consent form and information sheet to be distributed to potential research participants
 - a copy of the research proposal including any questionnaire and/ or interview script

PART I TYPE OF PROJECT (Please click or “✓” the box as appropriate)

- ☒ Research Postgraduate (RPG) Student Research Project (MPhil/ Phd)
- ☐ Doctor of Education (EdD) Student Research Project
- ☐ Taught Postgraduate (TPg) Student Research Project (MA/ MEd/ PGDE)
- ☐ Undergraduate (UG) Student Research Project

PART II SUMMARY OF THE APPLICATION

1. Student Investigator(s) (Please list all group members in case of group project)

	<u>Name/Student Number</u>	<u>Programme Title/ Year of Study</u>	<u>Department</u>	<u>Telephone Number</u>
Applicant 1:	Wan Hau Man,	A2M053, Year 2	ECE	

2. Principal Supervisor
 - (a) Name: Dr. Rebecca Yuen Man CHEUNG
 - (b) Post: Assistant Professor
 - (c) Telephone Number:
 - (d) Faculty/ Department: FEHD / ECE
3. Co- Investigator(s) including External Collaborator(s) (if any):

Name	Position	Department/ Institution	Telephone Number
Dr. Gregory Fairbrother	Associate Professor & Head of Dept.	Department of Social Sciences, EdUHK	
Dr. Sam Winter	Associate Professor Head of Sexology Team	School of Public Health, Faculty of Health Sciences, Curtin University, Australia.	

4. Project Title: Parents' Coping Experiences during Gender Transition of their Transgender and Gender Non-conforming (TGNC) Adolescent or Adult Child in the Hong Kong Chinese Context
5. Project Duration: From June 2018 To May 2019

**Please delete as appropriate*

6. Area/Field of Research: Gender Diversity & Family
7. Purpose of the Research: [2-3 sentences explaining the main goal of the research]

Transgender and gender nonconforming (TGNC) refers to a group of people whose gender identity and/or gender role, and gender expression differ from gender norms associated with their sex assigned at birth. The purpose of this research is to understand parents' coping experiences during gender transition of their TGNC adolescent or adult child. More specifically, their coping experiences with the fading away gender status of their child and the resulting changes would be examined.

8. Summary of the Research: (The summary should be limited to 1/2 page or 200 words, comprehensive to a non-specialist. The summary should indicate clearly what human participants are involved, be informative and indicative of the nature of research to be conducted.)

This is a qualitative research adopting the phenomenological approach with data being collected through face-to-face interviews and participation observations.

Transition/ gender transition is the process that some TGNC persons go through in order to develop and live a gender role that is more aligned with their identified gender and which differs from their sex assigned at birth (American Psychological Association, 2015). It may involve social transition (e.g. changes in name, pronoun, social role, legal gender marker and gender expression) and/or medical transition (e.g. use of hormones or undergo surgery), and the duration and extent of transition varies from person to person (American Psychological Association, 2015). Parents have often mentioned about feeling grief or loss over the transition of their TGNC child even though their child is still alive (Field & Mattson, 2016; Joan, 1999; Pearlman, 2006; Wren, 2002). Their relationship and interaction with their TGNC child and other family members may also be affected by the new gender status and/or role of their TGNC child, together with the pressure from the society and their community, hence inducing more distress to the parents (Ehrensaft, 2011; Emerson and Rosenfeld, 1996; Gray, Sweeney, Randazzo, & Levitt, 2016).

This research dissertation aims to understand the essence of parents' coping experiences with their child's fading away gender status and the changes resulted from it in the current Hong Kong Chinese context, and if there is any risk and/or protective factors for adaptive coping.

Parents with TGNC adult or adolescent child would be the main research target being interviewed, with a few parent-child or spouse pairs in order to gain insights on how family members cope together in the process with possibly different perspectives and/or strategies. 1-3 TGNC adult(s) would be interviewed in respect of non-accepting parents who would not agree to be interviewed yet their coping experiences would be of significance. What is more, 1-3 helping professionals who have been in contact with parents of TGNC persons would also be interviewed, so as to gain more insights into parents' experiences and expression in different settings, and to cover experiences of different parents who may not volunteer to participate in the study.

Methodology of research:

9. Please provide a concise description of what is required of participants. i.e. the kind of tests, measures, instruments, observations, or procedures that they are expected to undergo. Provide details on the time commitments expected of participants and the data-collection settings (such as when and where will the research take place). If standardised tests, surveys, or interviews are to be used, describe them and attach a copy of the questions.

This dissertation research would be conducted with face-to-face interviews to collect data from parents, TGNC persons and helping professionals who have worked with parents of TGNC persons. Participant observation would also be conducted to collect data in the setting of a parents group.

It would be of a phenomenological approach, as the main objective of the study is to understand the living experiences of parents of TGNC persons from their subjective understanding in the Hong Kong Chinese context.

The parents and the TGNC persons to be interviewed have to meet the following criteria – i) the TGNC identity has been made known to parents; ii) the TGNC child is/ has been undergoing gender transition (whether social and/or medical). The age range of the parents to be interviewed would be expected to be mostly between 40 and 75 years old. Their TGNC child would be equal to or above age 13, whereas the TGNC persons to be interviewed directly would be above age 18. Both the TGNC persons and parents being interviewed would be Hong Kong Chinese and local residence in Hong Kong. Helping professionals, such as psychiatrist and social workers who have been in contact with parents of TGNC persons would also be interviewed.

The informants would be recruited with purposeful and convenient sampling in order to collect as much and diverse information as possible, as it is not easy to reach the parents directly. I would start with those who I personally have contacted with, and recruit further through other TGNC persons, other community organisations and helping professionals. I would select parents who have known the TGNC identity and/or gender transition of their child for different number of years, of which their child are at different stages of transition, and who have different attitudes or experiences upon the issue. Snowball sampling would also be considered if the informants could provide further referrals.

I would primarily interview parents of TGNC persons, and:

- i) the number of parents I plan to interview is about 8-15;
- ii) with 1-3 parent-child or spouses pairs so as to see how family members cope together in the process (with or without their TGNC child) and with possibly different perspectives and/or coping strategies. Interviews would primarily be conducted individually, so that the informant would not be affected by the presence of another family member. Interviews with presence of more than one informants (e.g., parent-child pairs and spouses) would only be considered if they insist and with perceived significance, such as the pair is closely related to each other throughout the coping process.
- iii) 1-3 TGNC persons would be interviewed to gather information about non-accepting parents who may not agree to participate in this research yet their coping experiences would be of significance and contribute to the whole picture of parents' coping experiences.
- iv) 1-3 helping professionals who have been in contact with parents of TGNC persons would also be interviewed as to elicit their general perceptions on issues related to parents' coping experiences, as parents may seek support from helping professionals as a form of coping strategy.

The interviews would be open-ended and semi-constructed in order to obtain as much information as possible, with a few fixed questions to collect demographic information. Informed consent would be obtained from the informants before the start of interview. Each interview would be about 1-2 hours, and conducted at a quiet and comfortable setting convenient to the informants. The interviews would be voice-recorded and transcribed with pseudonym and hiding the personal information.

Participant observation would be conducted in a parents group for two times to collect data in such setting, as parents may express themselves differently in a group setting than a one-to-one interview setting, the dynamics between parents as peers to one another in a support group would also provide insights to the research question as seeking support from others would probably be one of their coping strategies. Informed consent would be obtained from parent participants, the social worker leading the group and the other transgender volunteer(s). All of the participants in the parents group would be above 18 years of age. I would assure that I would not reflect the information in my study of those who do not want their stories to be exposed, even if they have participated and shared it during those two group sessions.

In data analysis, transcription and memos would be read several times to identify the significant statements, meaning units and themes according to the perspectives from literatures and as revealed from the data (Creswell, 2007).

Bracketing would be performed to set aside my personal experience and possible bias. Memos and/or reflective logs would be written throughout the process and after each interview for any insights, and would be discussed with my supervisor and other teammates for any possible personal bias.

10. Does your research involve **human participants** directly? *(Please click or “✓” the relevant box)*

☐ No

☒ Yes

11. Does your research involve **other human data**, e.g. secondary data, archival data, etc.? *(Please click or “✓” the relevant box)*

☐ No

(If 10. and 11. are both “NO”, please go to PART III)

☒ Yes Source of human data:

☐ From a public domain source (please specify): _____

☐ Secondary use of previously collected data

➤ Data is:

☐ Anonymous/ ☐ Pseudonym/ ☐ Others

➤ If not anonymous, consent for new use of data is:

☐ obtained/ ☐ not yet obtained

☒ Other (please specify): May use pilot interview data involving 2 parents and 1 TGNC child done for the course EDD8013 assignment, not yet published.

12. Details about the direct participants of the proposed research project

12.1 Please fill in the below information about the participants (in groups) involved in your research project including number of participants, backgrounds of the groups and age range, etc.

The participants in my research project (to be interviewed) are as follows:

- 1) For parent of TGNC persons, they would have known about the gender identity of their TGNC adult or adolescent child, and their child is/ has been undergoing gender transition (whether social and /or medical). They would be mostly of age range between 40 to 75 years old. Number of parent recruitment for interview would be about 8-15. Among them, there would be about 1-3 parent-child or spouse pairs. The size of the parents group for participant observation would be about 3-10.
- 2) For TGNC persons, they would be equal to or above age 13 for whose parents would be interviewed; and above age 18 for those would be interviewed directly. About 1-3 of them would be recruited in respect of non-accepting parents who may not agree to be interviewed yet their coping experiences would be of significance and contribute to the whole picture of parents' coping experiences. There may also be TGNC persons who would be recruited with their parent(s) as parent-child pairs in order to examine their coping experiences together in the process.
- 3) For helping professionals, about 1-3 of them would be recruited. They are either psychiatrist or social worker, who have been working or in contact with parents of TGNC persons. They would also be above age 18.

12.2 Are there any reimbursements or other incentives to participants? (Place “✓” in box)



No



Yes. (Please mention the cost and the form of reimbursements or incentives offered and clarify they are reasonable.)

12.3 Please explain your way(s) of recruiting your participants and inviting them to join in step-by-step detail.

The interviewees of parents and TGNC persons would be purposefully selected through personal contact and recruited through community organisations or helping professionals, as parents are not easy to reach out to. Some of them would be recruited/ invited through their TGNC child. TGNC persons would be purposefully selected either as parent-child pairs or in respect of parents who may not agree to participate yet their coping experiences would be of significance. Helping professionals would be purposefully selected to cover diverse backgrounds of which parents would reach out to/ in contact with. For all of them:

- 1) The purpose and the procedures (e.g. one-to-one interview for about 1-2 hours with audio recording) of this research would be stated on an information sheet and give to them, also assuring their privacy.
- 2) A consent form with detailed information would be given to them as confirmation of interview and audio recording of the process for later transcription, and signed back by them.

12.4 If applicable, explain how you will obtain the participants' contact information in detail.

Since I am open with my transgender identity in media and am already affiliated with a number of the community organisations in the past several years, I have known many TGNC persons, some parents, and some helping professionals. Some of the TGNC persons and parents would come to me to seek for information regarding their gender identity and/or gender transition, or of their TGNC child. I know their stories and so I can purposefully invite them to participate in this research in order to obtain as diverse information as possible for preliminary data collection, such as i) from accepting to less accepting parents, and ii) from parents who are relatively at ease and have much less stress regarding their child's gender status and transition to those who have significant amount of stress. The sources of recruitment (for parents, TGNC persons and helping professionals) would include my personal contact, community organisations, helping professionals and further referrals from the informants. In addition, some parents would be invited through their TGNC child.

12.5 Does your research project involve organizations? (Place "✓" in box)

☐

No

☒

Yes. Please identify the data collection site(s), and describe how you will obtain consent/permission from the data collection site(s). If no written consent will be obtained, please state the reasons below:

Some community organisations would be involved for the recruitment process, and the community organization I am mostly affiliated with may become the place for interview as some informants may feel comfortable and prefer it because that is where some of the informants obtain services and where we know each other.

I will ask the person-in-charge or co-ordinator of the services in the community organisations to sign a consent form for me for the purpose of recruitment and usage of the place for interviews.

12.6 Are there any relationships between people involved in the recruitment and the participants (such as teacher and students, principal and teachers, nurse and patients)? (tick box)

☐

No

☒

Yes, state the nature of the relationship, and mention the special precautions which will preserve their rights to decline to join or withdraw from participation once the research has started.

For informants of helping professionals, they may be psychiatrist(s) who have been/ is still assessing me for the treatment of my Gender Dysphoria condition, or social worker who work as part-time at the community organisation I am affiliated with, providing supporting services to the community.

For the psychiatrist(s), I would assure the confidentiality of the interview content and their right to decline or withdraw even after the research has started. This would be written in the consent form which they would sign before conducting the interview.

For the social worker, I would assure the confidentiality of the interview content and their right

to decline or withdraw even after the research has started, without any affect on her part-time employment status at the community organisation. This would be written in the consent form which she would sign before conducting the interview. And her contribution to the services of the community organisation is indeed very important.

As I am currently a co-founder of a transgender community organization, which has organised different activities and supporting services for both TGNC persons and parents from time to time, the informants may be someone who have come to those activities or services, or served as a volunteer in the past or would be in the future. I have always been working as an administrative role in the organization with others taking the frontline role in those activities or services (such as counsellors, social workers, occupational therapist, speech therapist, or specialised teachers in leading or teaching the different groups, workshops or classes). And the activities and services so far have always been in a free to come and go manner without any obligation to any participants. I have to be aware that parents would not mix up my role as researcher and one of the person-in-charge of a community organisation. I would assure the parent and TGNC interviewees that she/he could decline to join or withdraw from participation in the research without any effect on her/his involvement in the activities or services of the organization in the future. This would be written in the consent form which they would sign before conducting the interview or participant observation.

What is more, since I am a transgender child myself, I would explicitly make my identity known to the parent informants when I obtain consent from them. And since there are chances that I would know both of the parent and their TGNC child, I have to state clearly with the informants that I won't reveal our interview content to anyone else except the research team. To protect the privacy of each of the parents, child or spouse parties, I would not reveal or give any of the interviewees access to the interview content or transcription of their TGNC child, spouse or parents, or of any other interviewees. In addition, I would not pass word to the other child or parent party even if they would like me to. On the information sheet, I would state explicitly that their privacy would be protected with the use of pseudonyms, and the transcriptions would be made password protected and stored in a password-protected computer. If their emotions are stimulated during the interview process, I would allow them to withdraw from the interview any time without any consequences, destroy any relevant records, and be prepared to arrange counselling for them afterwards.

PART III ETHICAL REVIEW CHECKLIST *(Please click or “✓” the boxes as appropriate and provide elaboration in “s.” if you have checked “yes” to any of the below questions)*

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| | s | |
| a. Will the study involve research participants who are not able to give informed consent? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| [e.g. minors (aged below 18), mentally handicapped people, unconscious patients] | | |
| (If so, please elaborate on the number of participants and ages. See paragraph 29 of | | |

the HREC Operational Guidelines and Note (2) for information on required consent procedures.)

- | | | | |
|----|---|-------------------------------------|-------------------------------------|
| b. | Will there be any coercion on the part of the investigator? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. | Will the data collected have any personally identifiable information of living people, such as name, address, ID numbers, etc? (If so, see HREC Operational Guidelines – Part V regarding Confidentiality and Storage of Data) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. | Will the study draw data on personal/medical data from public/government databases such as medical information from Clinical Management System of Hospital Authority? If so, please state what information will be drawn from which database and by whom. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. | Will the study collect information regarding sensitive aspects of the research participants' behavior such as drug and alcohol use, illegal conduct, or sexual behavior? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. | In case the information on the research participants is disclosed, will it reasonably place the research participants at risk of civil or criminal liability or damage the research participants' financial standing, employability or reputation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. | Will financial or other inducements (other than reasonable expenses and compensation for time) be offered to research participants? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h. | Will deception of research participants be necessary during the study? (If so, explain why deception is necessary. Also, please include information on debriefing procedures) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i. | Will the study involve prolonged and repetitive testing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j. | Will the study cause psychological stress or anxiety? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| k. | Will pain or more than mild discomfort is likely to result from the study? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| l. | Are drugs or placebo to be administered to the research participants? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| m. | Will the study involve any intervention? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| n. | Will blood or tissue samples be obtained from research participants? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| o. | Will the research involve any DNA work or human embryo or stem cell research? | N | <input checked="" type="checkbox"/> |
| | | A | |
| p. | Will the research participant's identity be disclosed if archived tissue samples or personal / medical / social records are used? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| q. | Will you use irradiation or hazardous substances on research participants? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| r. | Will the study impinge on the research participants' right to privacy or their personal life? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- s. If you have checked “Yes” to any of the above questions, please provide elaboration below:

Note (1): If you have checked ‘Yes’ in box (a), please specify the number and age of participants.

Note (2): The following guidelines for obtaining consent should be adopted if the research participants are minors:

- *For children aged below 9, only the signature of their parents/guardians is required; completion of the task, after verbal explanation of its nature by the researcher, provides implied consent by the child;**
- *For children aged 9 to 15, signature of both the children and their parents/guardians is required; **
- *For adolescents aged 16 to 17, signature of the adolescents is required and consent from their parents/guardians is optional for studies involving minimal risk.*

** For minimal risk research, you may ask for passive consent, that is, parents/guardians return the consent forms only if they DO NOT wish their child to participate. For all other research, active consent, whereby parents/guardians indicate their child may participate, MUST be obtained.*

Definition of Minimal Risk:

No undergraduate research on children should be more than minimal risk. In other words, the ethics proposal must not have any of the following elements [adopted from CUHK Survey Ethics Guidelines (expedited review section) <http://tinyurl.com/brfrkjn>]:

- a) No excessive inducements to participate
If student-teacher relationship exists, teachers should take special care to emphasize to their own students that they are free to decline to participate, with no adverse consequences.
- b) No deception should be used
The purpose of study should be fully disclosed at beginning of the study.
- c) No “undue psychological stress” or “discomfort higher than a reasonable level” should be caused to be participants
Questions should be asked in a way that will avoid discomfort for participants.
Participants should not be grouped in any way that might cause distress.
- d) No questions should be asked about “sensitive aspects of the participant's own behaviour such as illegal conduct, drug or alcohol use, and sexual conduct”
- e) To avoid problems if data were disclosed, fully anonymous surveys are advisable whenever possible; or at least use “identifiable by codes known only to the researcher” (as stated in HREC’s model consent form).

(Please append additional pages as needed.)

- | | | | | |
|----|--|-------------------------------------|--------------------------|--------------------------|
| t. | If the study is a medical/clinical research, does the protocol state compliance to declaration of Helsinki (http://www.wma.net/en/30publications/10policies/b3/)?* | NA | Yes | No |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

** If your study is not a medical/clinical research, please “✓” NA.*

- u. In case you are not using a consent form and information sheet, please state the reasons below:

PART IV DETAILS OF THE APPLICATION

1. State Potential Risks, if any, and Measures to Minimize Risks:

[State the potential risks to research participants involved in the project, for example, financial, physical, psychological, social etc., and the measures for minimizing these potential risks. Remember that this information, if applicable, should also be described in the Information Sheet(s). If there are no risks, please state explicitly that the study involves no potential risk both here and in the Information Sheet.]

The interviewee may have mild emotional discomfort during the interview when they have to describe or recall their feelings and struggles of their experiences interacting with their TGNC child, other family members, or any others, after knowing about the TGNC status of their child and during their TGNC child's gender transition. They would be referred to counsellors who understand and have experience on sexual and gender diversity, and family support if necessary. No other risks, whether physical, psychological, financial or social risks, would be involved.

I have worked as an organizer in a support group for parents of transgender people before with a social worker, and provided support to the transgender/ TGNC community, and so I already understand some of their struggles. I would be aware of my possible bias.

Also they would be assured that they could withdraw from the research study without any consequence and any record of them and their interview content would then be destroyed.

2. Methods for Ensuring Confidentiality of Research Data:

(Outline procedures to be taken to ensure anonymity or confidentiality of identifiable data related to research participants involved in the project. For example, security issues related to data management and storage must be considered, e.g. where will data be stored? Who can access the data? How long will the data be kept for? Please refer to Operational Guidelines – Part V for reference.)

[Some typical sentences follow. If applicable, these should also be stated in your Information Sheet. These sentences are not required but are placed here as potential models.

- *“Identifying information will be removed from the data file and stored separately, with the link between identifying information and data made through codes only.”*
- *“Entered data will be stored on a password-protected computer, while original, anonymized hard copies of the questionnaires will be stored in a locked office until 5 years past publication.”*
- *“Permission will be obtained in advance from participants to videotape the interviews ... and videos [data] will be destroyed [at XX time] / ... and to use the videos for public dissemination.”]*

- Pseudonyms would be used in transcription done by the researcher.
- The transcriptions would be made password protected and stored in a password-protected computer.
- Permission will be obtained from the interviewees regarding voice recording of the interview, and any other identifying information, will be stored in a password-protected computer. Voice-record of the interview would be destroyed after the thesis has been submitted.
- The research data would only be able to be accessed by the research team.

3. Feedback and debriefing procedures

[It is important that appropriate feedback (and debriefing where necessary) be provided to participants and participating institutions.]

a. You will publish this research in the form of ...

- ☒ Thesis
- ☒ Journal article / book / Chapter
- ☒ Conference presentation
- ☐ Report to organization
- ☐ On-line web based report
- ☒ Oral presentation
- ☐ Other: _____

b. You will provide information about results of the project to participants in the form of a/an...

- ☐ Copy of journal article / book / chapter
- ☐ Summary
- ☐ Report to organization
- ☐ On-line web based
- ☐ Oral presentation
- ☐ Other: _____
- ☒ Results will not be given to participants

c. Will the results be given to any other persons or organization other than the participants?

- ☐ Yes
- ☒ No

If yes, please indicate to what organization(s), why the information is provided and how the confidentiality of participant information will be protected.

PART V ATTACHMENTS *(Please click or “✓” the box(es) as appropriate)*

- ☒ Research proposal [see Note (i)]
- ☒ Consent Form and Information Sheet for participants and/or parent [see Note (ii)]
- The consent form and information sheet will be presented to participants/ parents in:*
- ☐ English ☒ Chinese [see Note (iii)]
- ☒ Draft informed consent form/ invitation letter/ approval Letter for data collection sites (if applicable), (e.g. school) [see Note (i)]
- ☒ Interview script (if applicable) [see Note (iv)]

- ☐ Data collection form, including questionnaire (if applicable) [see Note (iv)]
- ☐ Others, please specify: _____

Notes:

- (i) Mandatory
- (ii) Mandatory unless reasons are provided in Part II (u) for consideration by the approval authority
(Please refer to paragraph 29 of the HREC Operational Guidelines and Procedures for the principles to obtain consent if research participants are minors.)
- (iii) If the consent form and information sheet are to be presented to participants/ parents in Chinese, please also provide a Chinese version to HREC for review, and ensure that there is consistency between the English or Chinese version.
- (iv) Mandatory. If a full final questionnaire/ interview script is not yet available, please provide examples of questions that will be asked.

PART VI DECLARATION

The information provided above is, to the best of my knowledge and belief, accurate. I shall take all reasonable care to ensure that the project is conducted in accordance with the EdUHK's *Guidelines on Ethics in Research* and the guidelines stipulated by relevant research domains, e.g. IASP (*International Association for Study of Pain*).

Signature of Applicant	Name	Date
Applicant 1 _____	Wan Hau Man _____	25 July 2018 _____

PART VII ENDORSEMENT BY PRINCIPAL SUPERVISOR

Date: _____ Signature: _____
Course Coordinator

Name: Dr. Rebecca Yuen Man CHEUNG

PART VIII ENDORSEMENT BY HEAD OF DEPARTMENT/ DELEGATE (for TPg only)

Date: _____ Signature: _____
Head of Department/ Delegate

Name: _____

PART IX DECISION ON THE APPLICATION☐

Approved

☐

Not Approved

Comments:

Date: _____

Signature: _____

*Head of Department or Delegate (*for UG*)/
 FHREC Chairperson or Delegate #(*for TPg*)/
 HREC Chairperson/ Delegate (*for RPg & EdD*)

Name:

* *Please delete as appropriate*# *or Chairperson of Faculty Research Committee/ Faculty body responsible for ethical review or delegate*

Appendix D: Information Sheet and Consent Form

i) Information Sheet for Informants (in Chinese)

**香港教育大學
教育及人類發展學院
碩士研究生研究**

<父母在其跨性別子女性別過渡期間的應對經驗>

研究相關資料

現誠邀閣下參與這個研究計劃。這是由張婉文博士負責監督，碩士研究生溫澤仁負責執行的研究計劃。他們是香港教育大學的教員和學生。

研究訪問目的

是次訪談為本人碩士研究計劃的一部份。這項研究是一項質性研究，以了解跨性別人士的父母在其跨性別子女處於性別過渡期間的應對經歷，包括對於其跨性別子女的原生性別身份，和性別身份轉變後引致的各種改變等等。

期望將來能用於教育、專業培訓、和研究出版，包括在學術期刊和會議中發表，並能提供寶貴的資料予不同的教育及/或社福機構，以促進跨性別人士與家人的互相理解和相處，不會因其自身的性別認同及/或性別表達而失去家庭支持；而跨性別人士的父母也可以得到所需支援，而不致感到孤獨無助，最終能共建和諧家庭。

研究訪問過程

所有訪談將會在一個方便受訪者和訪問員的地方進行。作為受訪者的你將會接受一次的訪談，大概一至兩個小時。是次訪談會被錄音及記錄成文字本。錄音記錄將會在研究完畢並完成評分後銷毀。

利益及可能的不適

參加訪談者並不會從是次研究中獲得任何金錢利益。而閣下的參與可令教育及其他社福等專業人員更認識跨性別人士的父母和家庭的需要，從而制定出更合適的服務指引，以致將來能給予跨性別人士及其家人更適切的支援和服務。在這個研究中，你將會被問到關於你的經驗，或會有助你深刻的理解這些經歷。訪談的內容有可能令參加者感到不適，然而，這些不適應不會超出日常生活中一般會遇到的範圍。如參加者感到不適，可要求休息一會，亦可在中途退出研究而沒有任何後果。此外，如果不適的感覺持續，參加者可被轉介至輔導員。

參與研究的權利及保密性

閣下的參與乃自願性質，你可在中途退出研究訪問而沒有任何後果。而閣下的參與及意見都會絕對保密。將來的研究資料將不會包含個人資訊。訪問的文字本將使用假名，而所有資料編碼將只有研究人員得悉，並收藏在一個有密碼保護的電腦中，以保障不會洩漏。

如閣下對這項研究的操守有任何意見，可隨時與香港教育大學人類實驗對象操守委員會聯絡（電郵：hrec@eduhk.hk；地址：香港教育大學研究與發展事務處）。亦可聯絡主要研究人員（即本人）：_____，或電郵：

謝謝閣下參與這項研究。

溫澤仁
碩士研究生

ii) Information Sheet for Informants (in English)

THE EDUCATION UNIVERSITY OF HONG KONG
Faculty of Education and Human Development

Information Sheet

Parents' Coping Experiences during Gender Transition of their TGNC Adolescent or Adult Child in the Hong Kong Chinese Context

You are invited to participate in a project supervised by Dr. Rebecca Yuen Man CHEUNG and conducted by Kaspar Hau Man WAN, who are staff / student of the Faculty of Education and Human Development of The Education University of Hong Kong.

Objectives of the Research

This interview is part of my Master study research project. It is a qualitative research to understand the coping experiences of parents of TGNC persons during gender transition of their TGNC child, such as that related to their TGNC child's assigned gender and the changes resulted from their child's gender transition.

The results would be used in education, professional training and publication, including academic journals and conference presentations, and to be used in different education and social service institutions so as to enhance the understanding and family dynamics between TGNC persons and their family members, including parents. Better supporting services would also be made.

The Procedure of the Interview

All interviews would be conducted at a place convenient to both interviewee(s) and interviewer. Interview would be conducted once for each interviewee for about 1-2 hours. It would be audiotaped and later transcribed. The audio records would be deleted after the completion and assessment of the research project.

Benefits and Potential Risk

Participants would not receive any pecuniary benefits from this research. Your participation would let educational and social service professionals understand more about the needs of parents and families of TGNC persons, so that they could tailor-made service guidelines to provide more suitable support and services to TGNC persons and their families. You may be able to reflect in-depth on your experiences when you are being asked about it during the interview process. You may have mild emotional discomfort during the process as you have

to describe or recall the feelings and struggles during your experiences. This discomfort would not exceed your normal range of experiences in daily lives. You could pause for a while or withdraw from the research without any consequences. You will be referred to counsellors if the feeling of discomfort persists.

The Rights of the Participants and Confidentiality

Your participation in the project is voluntary. You have every right to withdraw from the study at any time without negative consequences. Pseudonyms would be used in the transcriptions and all information related to you will remain confidential, and will be identifiable by codes known only to the researcher team. Everything would be stored in a password-protected computer.

If you have any concerns about the conduct of this research study, please do not hesitate to contact the Human Research Ethics Committee by email at hrec@eduhk.hk or by mail to Research and Development Office, The Education University of Hong Kong. You could also contact the principal investigator for any further enquiries at _____ or email at _____

Thank you for your interest in participating in this study.

Kaspar Hau Man WAN
Principal Investigator
MPhil student

iii) Consent Form for Informants – Interview and Participant Observation (in Chinese)

香港教育大學
教育及人類發展學院
<碩士研究生研究>

參與研究同意書

<父母在其跨性別子女性別過渡期間的應對經驗>

本人 _____ 同意參加由張婉文博士負責監督，溫澤仁執行的研究計劃。他們是香港教育大學的教員和學生。

本人理解此研究所獲得的資料可用於未來的研究和學術發表。然而本人有權保護自己的隱私，本人及訪問中提到的個別人士的個人資料將不能洩漏。

研究者已將有關步驟向本人作了充分的解釋，並附上文字資料。本人理解可能會出現的風險。本人是自願參與這項研究。參與與否並不影響本人將來在特定組織內接受服務或參與其他活動或接受聘用的機會。

本人理解我有權在研究過程中提出問題，並在任何時候決定退出研究，更不會因此而對研究工作產生的影響負有任何責任。

參加者姓名:

參加者簽名:

日期:

iv) Consent Form for Informants – Interview and Participant Observation (in English)

THE EDUCATION UNIVERSITY OF HONG KONG
Faculty of Education and Human Development

CONSENT TO PARTICIPATE IN RESEARCH

**Parents' Coping Experiences during Gender Transition of their TGNC Adolescent or
 Adult Child in the Hong Kong Chinese Context**

I _____ hereby consent to participate in the captioned research supervised by Dr. Rebecca Yuen Man CHEUNG and conducted by Kaspar Hau Man WAN, who are staff / students of Faculty of Education and Human Development in The Education University of Hong Kong.

I understand that information obtained from this research may be used in future research and may be published. However, my right to privacy will be retained, i.e., my personal details and details of those who might be mentioned in the interview will not be revealed.

The procedure as set out in the attached information sheet has been fully explained. I understand the benefits and risks involved. My participation in the project is voluntary. My participation or not would not have any effect on my obtainment of services / participation in other activities / employment opportunity in a specific organisation in the future.

I acknowledge that I have the right to question any part of the procedure and can withdraw at any time without negative consequences.

Name of participant

Signature of participant

Date

v) Consent Form for Recruitment of Informants at Clinic and Organisation, etc. (in Chinese)

香港教育大學
教育及人類發展學院
<碩士研究生研究>

參與研究同意書(機構／診所)

<父母在其跨性別子女性別過渡期間的應對經驗>

本機構／診所同意參加由張婉文博士負責監督，溫澤仁執行的研究計劃。他們是香港教育大學的教員和學生。

本人理解此研究所獲得的資料可用於未來的研究和學術發表。然而本人有權保護本機構服務對象的隱私，其個人資料及訪問中提到的個別人士的個人資料將不能洩漏。

研究員已向本人充分解釋所附資料的有關步驟。本人理解可能會出現的風險。本人同意讓研究員透過我們去招募相關家長以進行研究訪問／參與觀察（謹限組織），而家長的參與與否也是自願的，並不影響他們將來在組織／診所內接受服務或參與其他活動。

本人理解本人及本機構／診所的服務對象皆有權在研究過程中提出問題，並在任何時候決定退出研究，更不會因此而對研究工作產生的影響負有任何責任。

簽署:

機構／診所代表姓名:

(教授/博士/先生/女士/小姐*)

職位:

機構／診所名稱:

日期:

(*請刪去不適用者)

- vi) Consent Form for Recruitment of Informants at Clinic and Organisation, etc. (in English)

THE EDUCATION UNIVERSITY OF HONG KONG

Faculty of Education and Human Development

CONSENT TO PARTICIPATE IN RESEARCH (for organisations/ clinics)

Parents' Coping Experiences during Gender Transition of their TGNC Adolescent or Adult Child in the Hong Kong Chinese Context

Our organisation/ clinic hereby consent to participate in the captioned project supervised by Dr. Rebecca Yuen Man CHEUNG and conducted by Kaspar Hau Man WAN, who are staff / students of Faculty of Education and Human Development in The Education University of Hong Kong.

I understand that information obtained from this research may be used in future research and may be published. However, our right to privacy will be retained, i.e., the personal details of my clients will not be revealed.

The procedure as set out in the **attached** information sheet has been fully explained. I understand the benefits and risks involved. I agree to let the researcher to recruit pertinent parents through us in participation of the research for interview/ participant observation (apply to organisation only). Their participations are voluntary and would not have any effect on their obtainment of services or participation in other activities in our organisation/ clinic in the future.

I acknowledge that we have the right to question any part of the procedure and can withdraw at any time without negative consequences.

Signature:

Name of Principal/Delegate*: (Prof/Dr/Mr/Mrs/Ms/Miss*)

Post:

Name of Organisation/ Clinic:

Date:

(* please delete as appropriate)