How Queer!—The Development of Gender Identity and Sexual Orientation in LGBTQ-Headed Families

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This paper focuses on the impact of heteronormativity on research and clinical theory, utilizing the case of a lesbian couple with a young gender dysphoric child as a backdrop to discuss the contextual unfolding of gender development within a lesbian parented family. The extant research on LGBTQ-headed families has minimized the complexity of children's developing gender identity and sexual orientation living in queer families, and has been guided by heteronormative assumptions that presume a less optimal outcome if the children of LGBTQ parents are gay or transgender themselves. This article challenges family therapists to recognize the enormous societal pressure on LGBTQ parents to produce heterosexual, gender-normative children, and the expectations on their children, especially those questioning their own sex or gender identities.

Keywords: LGBT; LGBTQ; Lesbian and gay family; Queer; Family therapy; Gender identity

The development of gender identity and sexual orientation in children reared in lesbian, gay, bisexual, transgender/transsexual, and queer identified families (LGBTQ) involves examining clinical theory and research that overlap numerous fields of study. Psychological perspectives of child development intersect with emerging research on same-sex-headed families; the expansion of ''alternative'' family forms are interconnected with burgeoning postmodern concepts in family therapy, social work, and psychology. The theoretical premises which underlay empirical research are often difficult to incorporate into narrative, feminist, and systemic treatment paradigms. It is into this crucible that families come seeking therapy.

Suzannah and Luz are a lesbian couple who sought out family therapy because they were concerned about their youngest son. Kyle is a 5-year-old boy with a gentle nature who distains traditional boys' toys and games. He spends most of his time in day care playing with

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girls, and his favorite games involve playing with dolls and dressing up in princess gowns. Suzannah and Luz are progressive parents who have never forced gender-based roles or toys on any of their three children. ''Our oldest son also played with 'girls' things,''' they said, ''but never exclusively. Kyle's behavior is clearly extreme and everyone is commenting on it.''

When children transgress socially expected gender boundaries even the most liberal clinicians find themselves haunted by Freudian ideology that children need both a mother and father to develop solid gender identities. Despite over 30 years of feminist theory and social science evidence demonstrating that gender-based play and clothing are social conventions, children who deviate in extreme ways from expected social conventions are labeled with mental health problems. Goldner (1988) suggested that gender is a ''fundamental organizing principle'' that is ''not only restrictive'' but ''constitutive'' and actually ''determined what it was possible to know'' (p. 17). This article explores emerging ways of ''knowing'' about gender development and family relations within the context of families who are living outside of socially expected norms. A case history of a lesbian family with a gender atypical child illustrates some of the challenges facing family therapists.

Family is the cultural institution where values and expectations of gender socialization are taught and reinforced. Although gender roles are learned in multiple arenas, including schools and through the media (see Golumbek & Fivish, 1994), the lion's share of responsibility rests on parents who are directed to socialize children in appropriate behaviors. Parental duty includes assisting children in negotiating physical, psychological, and developmental processes so they can adapt socially to the cultural mandates of gender expectations. A complex undertaking in any circumstance, these tasks have been impacted in the past few decades by significant social revolutions that have changed how gender is viewed within society and experienced in relationships and families.

There have been numerous changes in family life in the past 50 years including patterns of marriage, divorce, and the increase in adoption, particularly interracial adoption (Coontz, 2000; Pertman, 2000; Pinsof, 2002). One area of change has been the rise of publicly acknowledged same-sex households, especially those rearing children (Goldberg, 2010). According to the U.S. census in 2000, one third of lesbian-headed couples and one fifth of gay-headed couples were raising children (Cooper & Cates, 2006). Additionally, there has been an increased visibility of trans people within families (i.e., transgender, transsexual, and gender nonconforming)—spouses as well as children (Brill & Pepper, 2008; Brown & Rounsley, 1996; Lev, 2004b; Malpas, 2006).

Research into these family structures is emerging and ongoing, yielding much-needed, scientifically based reassurance that families who deviate from the normative structure of a two-parent, heterosexual, same-race couple with biological offspring can rear healthy and well-adjusted children (Bos, Gartrell, Peyser, & van Balen, 2008; Gartrell, Rodas, Deck, Peyser, & Banks, 2005; Patterson, 1994, 1996; Tasker & Golombek, 1997). The majority of studies have been conducted with lesbian mothers, and then generalized to other sexual minorities, specifically gay male parents. This research, which has examined psychological adjustment, self-esteem, and academic performance, has unambiguously shown that the children of lesbian parents do not show any signs of psychological problems; indeed, the results show that many children reared in lesbian homes are well-adjusted and exhibit increased strengths and competencies compared with peers, including fewer behavioral problems (Gartrell & Bos,

2010; Tasker & Golombek, 1997). The research has also been instrumental in generating endorsements from national professional and child welfare organizations and in creating and reinforcing social policy decisions, including those involving child custody, access to reproductive technologies, and adoption and foster care placements (Cooper & Cates, 2006).

One area of particular focus for social scientists has involved the development of gender identity and sexual orientation for children reared in same-sex homes. Specifically, the concerns have been whether lesbian mothers ''differ'' from heterosexual mothers, and whether they are ''fit'' to parent (Tasker & Golombek, 1997). Underlying concerns of ''difference'' and ''fitness'' are questions about the development of normative gender and sexuality expectations: ''Are lesbian mothers capable of instilling healthy gender roles in their children, despite the lack of male role-modeling,'' and ''Will children reared in lesbian homes be more likely to become homosexual themselves?'' The development of children's normative gender identity and sexual orientation have been the lynchpin for researchers, policy makers, and the judicial system determining whether those in so-called ''alternative families'' would be deemed acceptable parents.

The research has indisputably affirmed that children of lesbian parents express traditional gender roles and behaviors, and are almost always heterosexual. The scientific vote was cast (to the relief of many): lesbians (and by extension, gay men) were ''normal'' parents and their kids were also ''normal.'' Same-sex parenting has been justified based on scientific affirmations of normality, that is, ''it is okay for lesbians and gay men to parent children *because* their children are *just like* the children of heterosexual marriages.''

There have always been challenges to this research, primarily by conservative organizations immersed in religious ideology; all of these criticisms have been discredited by reputable social scientists (Cooper & Cates, 2006). However, in recent years, the research has been contested from scholars known for their progressive views on same-sex parenting—reevaluations from ''within.'' The focus of their criticism rests on the assumptions of ''normality'' in the existing literature, raising sophisticated questions about the role of heterosexism in social science research (Clarke, 2000; Hicks, 2005a; Riggs, 2007; Stacey & Biblarz, 2001). Challenging the research may seem unnecessarily self-destructive: why challenge evidence that has assisted so many same-sex couples to achieve their desires to become parents? These challenges, however, interrogate salient questions that should not be so easily dismissed: how are children's sexual orientations and gender expressions impacted by their parents' identities and how does the environmental context of ''queerness'' impact parent/child transactions regarding gender development? It is also germane to ask how researchers can study these questions without pandering to heteronormative expectations and still remain sensitive to the potential misuse of information in public policy decisions that can negatively impact LGBTQ families.

To explore these questions requires examination of three overlapping theoretical paradigms. First is the rise of ''alternative'' family structures, including multicultural families, families formed using assisted reproductive technologies, and households headed by same-sex couples. Second is the decentering of heterosexuality as the normative, ''natural'' blueprint for the construction of families. Third is the evolution of a postmodern discourse on gender that deconstructs the male/female sex binary, and nurtures transgender, transsexual, and genderqueer identities. Gay/lesbian affirmative models of treatment and queer theory consolidate these overlapping paradigms,

challenging social workers, psychologists, and family therapists to reexamine their assumptions about functional roles, identity, structure, and dynamics within families.

IN THE BEST INTERESTS OF THE CHILDREN

The first area to explore is the rise of ''alternative'' family structures and the broadening of a traditional perception of family made up exclusively of a mom and dad and their biological offspring. Over the past 50 years, feminism brought sweeping changes, particularly for women in western countries, and the civil rights movement heralded an era of multiculturalism, interracial couples, and transracial adoption. Modern technologies have brought greater access to information and global communication, as well as advances in reproductive technology.

Multiracial families, adoptive families, families formed through the use of reproductive medicine, including donor insemination, surrogacy, and in vitro fertilization, and families headed by same-sex couples represent the emergence of new family forms which defy heteronormative assumptions. There is also potentially greater overlap of these burgeoning families, for example lesbian- and gay male-headed families may embody a larger demographic of multicultural families, due to both interracial unions and transracial adoptions (Goldberg, 2010; Lev, 2004a), as well as significant numbers of families formed utilizing assisted reproductive technologies (Ehrensaft, 2008; Lev, 2006; Pelka, 2009).

As the form and structure of families have changed, members struggle to integrate shifting social norms regarding appropriate gender behavior in children. Parents and therapists may be accepting when little boys rock their baby dolls to sleep, but may be more uncomfortable when little boys want to wear baby-doll pajamas to bed. Contemporary societal mores encourage girls to play soccer, but neighbors bristle if the same girls want to wear a man's tailored suit to a family wedding. For families headed by parents of the same sex, gender may be an especially salient area of exploration.

> As Suzannah and Luz talk about Kyle they keep contradicting themselves. Luz says, ''I know that we haven't done anything to make Kyle this way, but maybe it's because he has no father?'' Suzannah says, ''I just want him to be himself, but maybe we shouldn't let him play with Barbies?'' Suzannah and Luz have trouble articulating their fears about what exactly is ''wrong'' with Kyle, or why they have come in seeking therapy. They preface their words with qualifiers (''We don't care if he's gay,'' ''We will love him no matter who he is''), but in truth they are worried that Kyle is gay and that it might in some way be their fault. They worry about this even though they are very aware that growing up with heterosexual parents did little to influence their own emerging sexual orientation; even though it is not clear what the relationship is, if any, between playing with girls' toys and being gay; even though their other children appear to have typical gender presentations, and even though they really, really, really think it's okay to be gay. Really!

The contemporary context of emerging family forms requires a clarification of language in defining LGBTQ-headed families. Terminology continues to evolve and impacts how identity is studied within various sexual minority communities (Goldberg, 2010). The ''LGB'' refers to lesbian, gay and bisexual, and the ''T'' refers to the word trans and includes both transgender and transsexual people. Transgender is commonly used as an umbrella term to include many gender-variant people, whereas transsexual is a more specific term describing those whom have affirmed their sex

legally and surgically ''opposite'' to their birth sex; many transsexuals prefer to not be included under the transgender umbrella and prefer to referred to simply as men or women (Lev, 2004b). Trans people can identify as lesbian/gay, bisexual, or heterosexual in their sexual orientation, and may be traditional in their gender expression. The ''Q'' in LGBTQ refers to queer, a word used for those who defy social norms regarding gender and sexual diversity. Queer, or genderqueer, is inclusive of many sexual minorities who are marginalized for their sexual orientation and gender expressions (Nestle, Wilchins, & Howell, 2002). Queer transforms a word that was once used judgmentally and hatefully to a postmodern meaning that is empowering, especially for younger people. People who identify as genderqueer are not trying to pass or fit in to social mores, but are consciously stepping outside of the rules and roles dictating gender appropriate behavior.

Although the acronym LGBTQ has some useful benefits (Lev, 2004a), it can too easily conflate the important distinctions between each of these populations. Much of what is known empirically about LGBTQ parenting is derived from studies of lesbians and inferred to other populations, for example, bisexuals are often lost to research because those in heterosexual relationships are assumed to be straight, and those in same-sex relationships are considered gay or lesbian. Although few studies have focused on parenting by bisexual, transgender/transsexual, or queer people, in Weinberg, Williams, and Pryor's (1994) study, nearly one third of the 100 bisexual participants identified as being parents, and in another study approximately 30% of those who sought services for gender-identity concerns were parents (Valentine, 1998).

Lesbian and gay men have always parented children; historically, most gay and lesbian people became parents while heterosexually married. Currently, same-sex-headed families are visible and publicly ''out,'' having consciously chosen to become parents *after* coming out (Goldberg, 2010; Lev, 2004a). Until the mid-1970s, lesbians routinely lost custody of their children following a heterosexual divorce since the prevailing bias of the judicial system was that being reared in a home without a father was not ''in the best interests of the children.'' Lesbianism was assumed to be inherently damaging because of the lack of traditional sex roles modeled for children (Tasker & Golombek, 1997). The extensive court battles that lesbian mothers waged to retain custody of their children was the impetus that initiated research studies that eventually proved the psychological stability of children reared by lesbian parents, and paved the way for other sexual minority parents (Patterson, 2006).

Gay men are currently choosing to become fathers in higher numbers than ever before (Gates, Badgett, Macomber, & Chambers, 2007). They have fewer options to become parents, in part because of the costs of both adoption and surrogacy, as well as discriminatory practices and societal stereotypes about gay men as fathers (Berkowitz & Marsiglio, 2007; Brown, Smalling, Groza, & Ryan, 2009; Downing, Richardson, Kinkler, & Goldberg, 2009; Lev, 2006). Gay fathers are caught between gender-based sexism that presumes that men are unable to nurture children and homophobia that assumes gay men are child molesters; they are imagined to be sexually promiscuous, sexually abusive, and incapable of daily childcare. Children parented by men are thought to suffer from a lack of ''mothering,'' as if only women had skills to nurture (and as if all mothers naturally had those skills). Hicks (2006) offers a critique that when gay men are approved as foster and adoptive parents, it is through the creation of a discourse that gay men are *more* maternal than heterosexual men, as if it is necessary to make gay men both less masculine (and less sexual), in order for them to

be viewed as acceptable parents. Gay male sexuality and masculinity is presented in opposition to the perceived need for maternal parenting qualities (Hicks, 2006), yet they are also assumed to be deficient fathers assuming that gay men as a group enact masculinity differently than heterosexual men (Hicks, 2005b).

Despite societal prejudices, the emerging research on gay fatherhood mirrors the research on lesbian motherhood, revealing that children reared by gay fathers are psychologically stable and well-attached to their parents when compared with children raised by heterosexual parents (Averett, Nalavany, & Ryan, 2009; Erich, Hall, Kanenberg, & Case, 2009). Parenting by transgender, transsexual, and genderqueer parents is an underresearched area of study, and trans parents often experience severe bias in the judicial system and lose custody of their children when they transition (Green, 2006; Lev, 2004a), despite nascent research demonstrating that children reared by trans parents are thriving (Green, 1978, 1998; White & Ettner, 2004). Indeed, all of the extant research unequivocally shows that the children of LGBTQ parents are psychologically stable, establishing without a shadow of a doubt that LGBTQ parenting *is* ''in the best interests of children.''

DECENTERING HETERONORMATIVITY

When the judicial system determined that lesbian parenting was not harmful to children, they based it on psychological research that proved sameness, that is, ''Lesbians parents are the same as heterosexual parents and raise their children by the same social values.'' This placed tremendous pressure on nonheterosexual parents to raise ''normal'' children (read: heterosexual, gender normative); after all, it was because the children were ''normal'' that the homosexuality of the parents could be forgiven. The judicial systems' determination of the best interests of the children is based in a heteronormative presumption that ''healthy child development depends upon parenting by a married heterosexual couple'' (Stacey & Biblarz, 2001, p. 160). If this perfect model could not be attained, then alternatives would be accepted as long as the outcome remained the same, that is, heterosexual, gender-normative children, who would presumably maintain the status quo, heterosexually marry, and raise children according to acceptable gendered standards. Despite the scientific proof, the world cautiously watches this generation of children, scrutinizing them for signs of psychological difficulty, homosexuality, and gender nonconformity.

> Suzannah appears to be a traditionally feminine woman, dressed in a stylish outfit. She wears her blond hair long; her make-up is subtle and jewelry carefully matches her outfit. Luz appears more masculine, with short hair, wearing a casual button-down shirt and jeans. Luz could pass as a man, if not for her small gold stud earrings. Luz jokes, ''Maybe Kyle really did need a father as a role model; maybe I wasn't 'man enough,' Suzannah scoffs, ''She's joking,'' she reassures the therapist. After a long silence, Luz says, ''I find myself ashamed of his behavior, like I should 'toughen him up,' or something. I never minded when Ramone (their older son) played with girl things, because he never really seemed girly. But Kyle hates boy's things. He has even said that he wanted to cut his penis off. If he turns out to be gay, everyone will blame us, she says, adding, ''though I have no idea what we did to make him this way.''

Underlying Luz's emotional struggles with raising her feminine son are assumptions about gender and sexuality that are confounding for therapists as much as clients. Therapists may advocate for parents who send their sons to dance classes, and

support them refusing to buy toy makeup kits for their daughters. However, when boys insist on wearing nail polish to school and girls say that they "really" wish they were boys, therapists and parents alike are torn between encouraging children to be themselves and protecting them from a judgmental world. For parents whose very identity defies social norms, how can they not worry if their children appear a bit "queer"?

LGBTQ parents are torn between multiple world views as they establish what has been a tenuous "right" to be parents. They parent under the watchful eye of conservative politicians, and remain under the careful examination of psychologists and researchers. LGBTQ parents continue to grapple with the social assumptions about gender and sexuality with which they have been raised. As they birth a newly minted (and perhaps fragile) pride in their right to *not* be the same as heterosexuals, they also step outside heterosexist and gender-normative assumptions about parenting and their children's emerging identities.

Decentering heterosexuality as the normative, "natural" blueprint for the construction of families changes the very nature of the discourse regarding sexual and gender development, as well as shifting the question about what is in the best interests of the children. What if the research had yielded different results? What if the children of LGBTQ parents were statistically more likely to be gay, trans, or otherwise queer? Heteronormative narratives wield a double-edge sword as social scientists attempt to legitimize newly emerging family forms within the only discourse imaginable. Stacey and Biblarz (2001) say that heteronormative assumptions limit the populations that are being studied and the questions being raised. Hudak and Giammattei (2010) say that heteronormativity "is an organizing principle that shapes and constrains family therapy theory, practice, research, and training" (p. 50), harkening back to Goldner's exposition on feminism nearly two decades earlier.

Interrogating heteronormativity challenges the very assumptions underlying research and treatment. Riggs (2006) notes that LGBTQ families "often share in a desire to interrogate the heterosexist norms that surround the nuclear family" (p. 3), but whether viewed as normative or aberrant, they are always under scrutiny to prove their status as viable families (Hicks, 2000). Hicks (2005a) suggests that instead of asking whether same-sex parenting is harmful for children, researchers should ask "how contemporary discourses of sexuality maintain the very idea that lesbian and gay families are essentially different and, indeed, deficient" (p. 165).

Deconstructing heteronormative narratives allows therapists to query people seeking services as to how they "do family" (Hudak & Giammattei, 2010) and how they engage in "becoming parent" (Riggs, 2007). Riggs says that "the ways in which we 'become parent' are configured through particular social and cultural lenses that shape who will be recognized as a parent" (p. 5). The assumption has been that in order for LGBTQ people to become families, they have to fit into the proscribed roles and definition of heteronormative families. The notion of success is embedded in assumptions about who is allowed to become a family, and how LGBTQ families match those expected norms.

Forming Families

Suzannah, who is white of mixed European background, is the biological birthmother to all three of the couple's children, who were conceived through donor insemination. (Luz quips,

''There was nothing artificial about it.'') Luz, who is Black, of Puerto Rican ancestry, never wanted to be pregnant, and they chose an African-American donor so the children would look more like a ''mix'' of two of them. Luz was open to adopting, and especially feels some responsibility for the numbers of children of color in foster care, but birthing her babies was very important to Suzannah, who loved pregnancy and breastfeeding. She also admits to liking that the children's features mirror her own. Luz expresses no sadness that the children are not biologically related to her, although she is relieved all the paperwork is completed for the second-parent adoption, a process she refers to as ''humiliating, expensive, but necessary.''

Despite the rhetoric that concludes that there are ''no significant differences'' (Tasker & Golombek, 1997, p. 135) between heterosexual parents and sexual minorities, one obvious difference is the unique ways that LGBTQ people form their families (Lev, 2004a). For lesbians, the most common way to form families is to use donor sperm. In some families the sperm donor is a close friend of the family, and may even be identified as a father, and in others the sperm donor is socially unknown (Lev, 2004a). Lesbian couples sometimes use the same donor for multiple children (birthed by one or both parents), thereby linking the children biologically through their donor. Pelka (2009) notes that although lesbians often minimize biological ties, some lesbian couples ''go to great lengths and expense to conceive children to whom they are biologically connected'' (p. 83); for example they may use donor eggs from one partner, and conceive a child in the other partner's womb. In many—if not most—lesbian families, there are no ''fathers,'' only two-mom parents and siblings who may or may not share the same genetic history. Ehrensaft (2008) raises provocative questions about the meaning of the ''genetic asymmetry'' between the birth parent and the nonbiological parent, and how lesbian families discuss the issues of a nonbiological parent, and make sense of the role of what she refers to as the ''birth other'' (p. 163). She also reflects on the psychological experience of the donor/father as the ''missing piece'' and the nonbirth mother as the ''extra piece'' (p. 175), and the various ways that families make sense of having ''pieces'' that are different from other families.

Both lesbians and gay men choose to build their families through adoption. They adopt domestically or internationally, and also become foster parents, especially in localities where legal adoption is still not an option (Gates et al., 2007; Goldberg, 2010; Hicks, 2006). According to the Evan P. Donaldson Adoption Institute (2003), nearly 60% of U.S. adoption agencies stated they would accept applications from lesbians and gay men, and 39% had placed a child. Hicks (2005b) states that gay and lesbian adoption challenges ''kinship claims'' because they are same-sex parented families, and also because they are not biologically related to their children. There is some evidence that lesbian adoptive parents are more open to adopting across racial lines than heterosexual couples (Goldberg, 2009). Gay men not only seek out public adoptions, but research shows they are often specifically identified as potential parents through foster care and adoption programs (Downing et al., 2009). Lesbians and gay men are, therefore, perhaps more likely to complete transracial adoptions, parent children with disabilities, and adopt older children and large sibling groups. Goldberg (2009) suggests that White lesbians and gay men may particularly identify with children of color due to their shared status as minorities, or perhaps perceive their own communities as being more diverse and therefore welcoming.

Increasing numbers of gay men are choosing surrogacy to build their families and sometimes maintaining close bonds with the child's surrogate mother (Lev, 2006). Other gay men utilize egg donors; Berkowitz and Marsiglio (2007) relate a story of two dads who decided to mix their sperm before inseminating their chosen egg donor, so although they knew that their twins were biologically linked to at least one of them, they did not know which one. Although this attempts to minimize any ''genetic asymmetry'' (Ehrensaft, 2008) between the fathers, it does not eliminate the child's desire to know more about his or her biological heritage in maturity.

Trans people have developed innovative ways to form families. Nearly a decade before Oprah sensationalized ''The Pregnant Man,'' transmen were fathering children that they had birthed (More, 1998). When a man goes through a ''natural'' biological process that people assume only women can experience, he challenges ''patriarchal fatherhood'' (Ryan, 2009, p. 147), and raises questions about the role of embodiment in the production of parenting roles, particularly the role of ''mothering.'' Gender specialists suggest that the preservation of fertility options (i.e., storage of sperm) should be considered a standard recommendation for transsexual women considering gender transition (De Sutter, 2001). This would mean that transwomen could use their own stored sperm to inseminate a female partner (or surrogate) and become a mother to their biological child. Options for trans people choosing to parent are increasing, as evidenced by the expansion of information on the Internet and through national LGBTQ organizations specifically addressing children of trans parents (Canfield-Lenfest, 2008) and trans persons seeking to adopt (Human Rights Campaign, 2009).

Lesbians and gay men may actively choose to share parenting together by getting pregnant ''the old-fashioned way,'' and if the parents are partnered, the children may have two mothers and two fathers. LGBTQ couples are not immune from divorce and separation (Gartrell et al., 2005); having lesbian mothers divorce and remarry may mean a child will have *four* moms. Therapists are challenged to view all the moms as legitimate parents, and not assume one (the one who birthed the child) as ''the'' (read: real) mother.

Although heterosexual couples also parent through adoption and utilize reproductive technologies, and certainly divorce and remarry, there is no doubt that LGBTQ parents develop creative ways to build their families and they may visually look different from heteronormative expectations. Within a heteronormative perspective these differences are often glossed over in the literature as a strategy to normalize LGBTQ families and see them as ''just like heterosexual families.'' However, LGBTQ are creating unique and complex relationships to family, biology, and identity; it behooves us to not minimize or belittle these differences, but rather further interrogate them.

Gendered Parents

Luz grew up in a large extended working-class family with cousins who were ''more like sisters.'' Suzannah grew up in a middle-class home, with a twin sister. Both families of origin have been warmly embracing of Suzannah and Luz's family, although Luz's father has been openly disparaging of Kyle's ''sissy'' behavior. He says that Kyle hasn't learned how to be a boy because all he has are female role models. Suzannah says, ''Luz is not exactly a typical female role model.'' Indeed, Luz responds, ''he didn't learn how to be girly from me!''

Ramone, their oldest child, is 12-year's old and presents as a "typical" boy, without any obvious gender non-conformity. Kyle has always rejected any attempts for Ramone to bond with him or play sports; he prefers to be close to his sister Lucinda, age 8. Lucinda is far from a traditional girl, and tends to play more "girly" games with Kyle than she does with her own friends. Suzannah says, "We raised all the children the same. They all just turned out different."

The very existence of LGBTQ-headed families challenges heterosexist social norms; the performity of a two-mom or two-dad family, the presence of a parent who has legally changed sex, and the visual embodiment of masculine mothers and feminine fathers raises questions about how LGBTQ parents actually incorporate and subvert constructs of gender into their intimate relationships and parenting dynamics. Nowhere is this more harshly judged than in the rules about how parents are supposed to "do gender," and how children (whose parents have presumably taught them how to "do gender" appropriately) will do gender themselves.

Regarding the transmission of gender roles, LGBTQ parents are caught between two contrasting images: "they are portrayed as either inherently different from, or essentially the same as, heterosexual families" (Clarke, 2000, p. 275). Lesbians are either seen as a threat to heternormativity because they are militant, anti-male feminists, or as especially safe caregivers because they are two loving, nurturing women, who are unlikely to be sexually abusive (Hicks, 2000). Gay men are also caught between these two contrasting images. On one hand they do not have women's "natural" ability to care for children, are perceived as sexually (over)active and potentially predatory and, like lesbians, too political; on the other hand they are more maternal and more feminine than heterosexual men (Hicks, 2006). The underlying assumption is that gay men and lesbians are different in some essential way from heterosexual people, and this difference implicates their aberrant gender expression. Therefore, they are unable to model appropriate gender behavior to their children, for example, the assumption that gay fathers are unable to bathe their daughters or discuss puberty and menstruation (Hicks, 2006).

Same-sex parents are also accused of lacking opposite sex role models in their children's lives, as if gendered roles were not ubiquitous throughout the culture and the media. Implicit in this assumption is the idea that lesbian and gay men do not have friends and family members of the opposite sex, and more importantly, that opposite sex role models are necessary for healthy gender development. Interestingly, Johnson and O'Connor (2002) reported that only a few of the participants in their research on lesbian and gay parents were concerned about the absence of opposite-sex role models. Saffron (1996) persuasively argued that the assumption that every child needs a male role model "seems to suggest that any model of maleness is preferable to none" (p. 186), highlighting the pervasive social anxiety about the dangers of being reared without a father, and suggesting that the very presence of a male is more important than the quality of his parenting.

If same-sex couples are accused of lacking opposite sex role models, then trans parents are charged with confounding their children's developing gender identity. However, there is little evidence that children reared by trans parents are confused about their gender identity and the children have been shown to be generally supportive of their parent's transition (Green, 1978, 1998; White & Ettner, 2004). Brown and Rounsley (1996) say, "It helps to recognize that children grow up with fairy tales

and cartoons in which transformation occurs all the time'' (p. 191). Depending on the direction of the transition, a family may actually appear more heteronormative following transition. For example, one transman who was parenting two children with his female partner reported that when *his* parents heard he was going to transition, they said, ''Now at least your kids will have a mother and a father'' (Ryan, 2009, p. 141).

There is clearly a ''lack of social scripts for trans parents'' (Ryan, 2009, p. 147), even less is known about how genderqueer parents impart gender to their children. Although genderqueer identities are a relatively new phenomenon, butch-femme identities in the lesbian community have a longer social history (Lev, 2008). Nonetheless, scholarly focus on butch-femme couples and their family-building strategies has been minimal. As Laird (1999) has suggested, researchers assume that same-sex relationships do not confront issues of gender and identity however, butch-femme identified lesbians have complex relationships to their gender expression (Lev, 2008; Levitt & Horne, 2002). Clearly some butch-femme couples are parents, although the research on lesbian parents has not yet addressed issues of butch-femme couples *as* parents.

There can be no doubt that LGBTQ parents are not simply ''the same'' as heterosexual parents, in either the ways they plan their families, or in various aspects of how they experience and practice gender roles. While the dominant culture continues to reinforce strict gender rules, LGBTQ families develop unique forms and structures in reaction and defiance of those rules, dynamics that have not yet been captured by researchers. How do LGBTQ families integrate, embrace, or resist traditional gender roles; what messages do they send to their children regarding appropriate gender roles and expression?

THE DEVELOPMENT OF GENDER IDENTITY AND EXPRESSION WITHIN A POSTMODERN DISCOURSE

The third intersecting paradigm to be discussed is the evolution of a postmodern discourse on gender that deconstructs the male/female sex binary, and nurtures transgender, transsexual, and genderqueer identities and families. The contradictory assumptions about the gendered lives of LGBTQ people are highlighted when examining theories of gender development.

Developmental theory posits that human beings develop in patterned, epigenetic ways, and gender and sexual development are considered one core part of the normative maturation for children. Gender identity is paradoxically presumed to have a naturally unfolding quality, and at the same time is something that must be taught and achieved. Kohlberg (1966) viewed gender identity development as cognitive process whereby a child would come to know that he or she was a member of one sex rather than the other, whereas Zucker and Bradley (1995) suggest that there is also an affective component of gender acquisition. Most recently Egan and Perry (2001) proposed a multidimensional perspective on gender identity which suggests that there are multiple facets of gender identity that serve different psychological functions and follow different development trajectories. For example, there is a distinction between one's knowledge of one belonging to a particular gender category, one's contentedness with that category, the perception of being similar to others, and the felt pressure to conform to gender expectations.

Kyle grew up in a home where gender was considered fluid and there was little pressure to conform to any societal stereotypes. Although one of his moms was traditionally feminine, his other mom engaged in typical male activities (carpentry, sports), and he witnessed both his siblings playing with traditionally male and female toys (dolls, cars, art, sports). The children had a large dress up box, and their friends enjoyed exploring many roles. When Kyle was three, he went to daycare wearing a bright pink sweater; when the teacher asked if he was wearing his sister's sweater, he said, "No, it is my brother's." He did not understand that pink was considered a "girls" color because in the environment he was raised "colors were just colors."

Yet every since Kyle can remember, he had thought of himself as a girl. He knew he was physically a boy, but he wished and dreamed he could be a girl. He imagined wearing skirts, and loved girl's shoes. He wore his hair long and braided, and although it might have been easier for his parents to cut his thick, coiled African hair, Kyle begged to keep his hair long and patiently sat through tedious braiding sessions so he could wear beads in his hair. When he was teased by kids in daycare, he just tossed his hair side to side and smiled. He asked for his parents to call him Kylia, but they hesitated. "He's not a girl; he's a boy... isn't he?" they ask the therapist.

How shall therapists interpret atypical gender expression in children? Are we more lenient when girls are "tomboys" than when boys are "sissies"? What should guide treatment decisions?

Gender identity is assumed to be a natural outgrowth of one's biological sex, meaning that if one has boy parts, it is assumed the one will naturally understand themselves to be a boy, and therefore engage in typical boy behaviors. Natal sex and gender identity are, however, different components of identity, and gender identity does not necessarily unfold in the direction of one's natal sex. Gender identity is not the same as gender role; gender identity is a core sense of self (i.e., "I am a boy"), whereas gender role involves the adaptation of socially constructed markers (clothing, mannerism, behaviors) traditionally thought of as masculine and feminine (i.e., "I like playing with boy's toys"). Natal sex, gender identity, and gender role interact in complex ways and each of these is also separate from the direction of one's sexual attraction (Lev, 2004b).

Researchers debate the relationship of these components to one another, especially the relationship between gender identity and sexual orientation, whereby some suggest that gender nonconformity in children is an early sign of homosexuality, and others postulate the opposite—the awareness of sexual orientation impacts the formation of gender identity (see Mathy & Drescher, 2008). Regardless of etiological theories, research has shown that many children who exhibit cross-gender behavior grow up to be homosexual, not, as many might assume, transsexual (Green, 1987). Retrospective studies (see Bailey & Zucker, 1995) and anecdotal reports (Rottnek, 1999) of LGB adults often (though not universally) report cross-gender behavior in their own childhoods. Some researchers have been critical of simplistic linkages between childhood gender nonconformity and future sexual orientation. Stone Fish and Harvey (2005) point out that heterosexual adults are rarely studied to see whether they report gender atypical behaviors. LGBT individuals may have more "permission" to remember cross-gender experience (Stone Fish, & Harvey, 2005), leading them to embrace atypical gender expressions, and imbue them with meaning. Cross-gender behavior becomes embedded in memory as a salient facet of their identity.

Despite the removal of homosexuality from diagnostic manuals, children (especially boys) who express "extreme" gender-nonconforming behaviors are often the focus of

treatment aimed at restricting these behaviors—behaviors their parents are often blamed for ''tolerating'' or even ''promoting''—in hopes of reducing future trans-sexuality and homosexuality (Zucker & Bradley, 1995). It is an interesting sleight of hand that children can be treated for a disorder (homosexuality) that no longer exists. As Hegarty (2009) says, ''heterosexual development is all too easily taken to be the implicit benchmark for sexual development'' (p. 898).

Within a heterosexist culture, all children experience pressure to comply with the demands of conventional gender and sexual norms. Striepe and Tolman (2003) say ''sexual identity development is not a process that is salient for only sexual-minority youth'' (p. 529) and Diamond (2003) discusses the problems that emerge from research that assumes that heterosexual youth and sexual minority youth are two distinct categories of persons. Carver, Egan, and Perry (2004) suggest that the very process of sexual questioning may be an important developmental process worthy of more thorough investigation. Hegarty (2009) critically evaluates the heterosexist bias in contemporary studies and calls for researchers to reexamine the role of stigma and cultural context in the lives of gender-nonconforming children.

Children and youth who deviate from normative gender role expectations are likely to have one of three outcomes: they will mature into heteronormative, gender typical adults; they will grow up to have same-sex attractions; or they will identify as transgender or transsexual (Lev, 2004b). The clinical task is to be able to differentiate between children who are gender dysphoric—those who experience extreme discomfort with their assigned gender—and children who are gender role nonconforming (Ehrbar, Witty, Ehrbar, & Bockting, 2008). Research suggests that the more extreme the dysphoria the more likely that the child will continue on a transgender path (Cohen-Kettenis & Pfäfflin, 2003).

Developing clinical strategies to assist sexual minority children and youth is essential because children and youth who question their sexuality report more impaired self-concepts, a greater sense of feeling different, and lesser satisfaction with their gender assignment (Carver et al., 2004). Research shows that middle-school children who are gender atypical and felt pressure to conform to gender expectations experienced difficulties in adjustment and self-esteem (Yunger, Carver, & Perry, 2004). One study suggests that self-identified transgender youth (a high percentage of whom were also African American) have high rates of substance abuse, incarceration, homelessness, HIV infection, unemployment, and poor access to health care (Garofalo, Wolf, Kessel, Palfrey, & Durant, 1998). Recent research shows that transgender people are at high risk for depression and suicidality in their adolescent years because of gender-related psychological and physical abuse (Nuttbrock et al., 2010).

Assumptions of heteronormativity permeate theories of child development, and despite feminism's influence on increased flexibility in adult social roles, and the greater visibility of lesbian and gay adults, gender stereotypes have actually remained relatively constant, especially those impacting children, with males commonly expressing more sex-typed rules about gender (Golumbek & Fivish, 1994).

QUEER SQUARED—QUEER PARENTS AND QUEER CHILDREN

Heteronormativity is most significantly decentered when examining how LGBTQ parents ''do gender'' with their children. How do queer parents transmit societal rules about gender and sexuality and how do they respond to their children's developing

identities? When a child within an LGBTQ family deviates from expected gendered norms, the parents are placed in a unique situation. On one hand, they have intimate knowledge of the experience of difference, and on the other hand, they fear that they will be blamed for their child's behavior and expression. Gay/lesbian affirmative models of treatment and postmodern theories can guide clinical considerations and help consolidate the overlapping paradigms and conflicting treatment strategies.

When young children or adolescents deviate from expected social norms, they experience severe cognitive dissonance, knowing that their behavior is causing distress for their family; this is especially true for boys who become targeted socially and treated clinically. When a child's "natural" way of being (manners, personality, interests, clothing, and game choices) causes teasing by peers, rejection by parents, and puts them in conflictual situations at schools, their self-esteem is impacted. Other areas of development might also be negatively affected (e.g., education) as they manage these challenges. For the child who is intensely gender dysphoric, the challenges may become insurmountable, causing depression, anxiety, school failure, and family-related problems. Parents are often torn between protecting their children and wanting to "fix" their children, and LGBTQ families are much like other families in struggling with how to best address the situation.

> Luz is adamant, "I do not want Kyle to be punished for being girly!" She remembers being teased as a child for being a tomboy, and she wants to protect Kyle from bullies. But she also reports that she "doesn't understand him." She finds his very girly behavior uncomfortable. The situation is reaching a combustion point, since Kyle will be starting school this year. Luz and Suzannah are not sure how the school will respond to their son, even in their liberal city. Kyle has stated emphatically that he will not wear "boys' clothes" to school; he cries, saying, "Can't we just say I'm a girl and then everyone will leave me alone?" Suzannah and Luz's eyes are wide and frightened as they ask the therapist what they should do.

When Stacey and Biblarz (2001) challenged the research results that stated "no significant differences" between LGBTQ parents and heterosexual parents, they said it was an "implausible outcome" (p. 163). They said "when researchers downplay the significance of any findings of differences, they forfeit a unique opportunity to take full advantage of the 'natural laboratory' for exploring the effects and acquisition of gender and sexual identity, ideology, and behavior" (pp. 162–163). Minimizing or rendering invisible the ways that LGBTQ families are indeed unique does not make for a more liberal and accepting society, but succeeds only in inhibiting and restricting exploration into gender development and sexuality.

Stacey and Biblarz (2001) reexamined the extant research and showed that children being raised in LGB families actually do show some differences from children reared in heterosexual homes. For example, they exhibit less rigid gender expressions and have a greater sense of openness to homoerotic relationships. Recent research confirms these "differences," showing that lesbian parents hold less traditional views about gender-related issues and were less likely to create gender-stereotypical environments—which resulted in the children of those families having less stereotypical views (Sutfin, Fulcher, Bowles, & Patterson, 2008). Additionally, there is evidence that children reared in LGB homes identify more gender atypical behaviors, and some feel they lacked positive heterosexual models (Goldberg, 2007).

Although these are not necessarily negative outcomes (Stacey & Biblarz, 2001), researchers have been quick to conclude that ''family structure has little impact on gender development'' (Golumbek & Fivish, 1994, p. 168) and to deny that ''parents play a mediating role'' in the relationship between childhood gender nonconformity or adult homosexuality (Tasker & Golombek, 1997, p. 29). Even researchers most committed to finding a biological or genetic link to the development of sexual orientation and gender identity development do not believe that biological factors are the only influence on these complex areas of development; there is *always* an interaction between one's biology and one's social environment. Emerging research suggests there may be a possible genetic heritability of homosexuality (Bailey & Pillard, 1991), and although most birth children born to lesbian-identified moms are heterosexual, some children are LGBTQ identified. In one study (Bailey, Bobrow, Wolfe, & Mikach, 1995), 10% of the sons of gay fathers were gay and in another study (Gottman, 1990), 16% of daughters identified as lesbians, an equal proportion of those reared by lesbian mothers and those reared by heterosexual mothers.

Whatever the biological underpinnings, patterns of reinforcement might function differently in heterosexual and LGBTQ homes. Perhaps children are exposed to less rigid gender roles expectation, and held to fewer stereotypes? Perhaps they receive less punishment for transgressing norms, and increased support for radically divergent gendered behaviors? Is it possible that children reared in homes with greater acceptance of gender norms are more likely to resist stereotypic behavior? Can it be that they will express greater gender fluidity? Does having same-sex parents create more positive attitudes toward homosexuality and therefore allow more exploration for their own same-sex relationships? Do children with same-sex parents question their own sexuality and gender with greater ease than their peers?

These questions have not even been raised in fear that doing so will jeopardize LGBTQ people's right to parent. Are researchers and clinicians able to ask these questions without heteronormative bias? Can professionals create an environment where same-sex relationships and gender fluidity are perceived as healthy and acceptable (*without* comparisons with heterosexuality)? Can researchers start from an unbiased perspective that LGBTQ families represent an ideal environment for exploration, with a rich tapestry of ''differences'' that can be interrogated and celebrated?

There is a humorous greeting card, congratulating a lesbian couple on the birth of their child. It says ''Congratulations, I hope it's gay!'' It's meant tongue in cheek, of course, but raises the question: Do LGBTQ parents actually ''hope'' their children are gay? Does the idea of having children who may be LGBTQ disturb them? Like heterosexual parents, do they sometimes feel as if they have ''failed?'' Do they worry about what the neighbors will think? What do the neighbors think?

LGBTQ children of LGBTQ parents are an understudied minority group within a minority group. Some refer to the LGBTQ children of LGBTQ parents as ''queer-spawn,'' or ''second-generation'' (Fitzgerald, 2010; Garner, 2005; Mooney-Somers, 2006). Kuvalanka and Goldberg (2009) suggest that LGBTQ children of LGBTQ parents may '''queer the family' in interesting, undocumented, and complex ways'' (p. 40). Garner (2005), the daughter of a gay father, says that ''LGBT parents fear that evidence of queer-kids will not fare well under the scrutiny of anti-gay policy makers, and . . . they should be acknowledged only . . . in whispers'' (p. 170). Mooney-Somers (2006) refers to this silence as ''the desire not to give ammunition to the enemy'' (p. 66).

There is some evidence that coming out might be easier for LGBTQ teens with LGBTQ parents (Tasker & Golombek, 1997); perhaps they had more freedom to "discover" their sexuality younger (Kuvalanka & Goldberg, 2009). However, the ease of coming out cannot be assumed; some youth may feel tremendous "societal scrutiny" to not be queer like their parents (Kuvalanka & Goldberg, 2009, p. 44); they may sense that they are disappointing their parents. Goldberg (2007) notes that some children of LGBTQ parents may feel they have to serve as "living representations of well-adjusted adult children" (p. 555), which may include being heterosexual themselves. Fitzgerald (2010) discusses the need to protect one's family, leading LGBTQ children of LGBTQ parents to become "parentified," for example if there are homophobic comments at school, they will defend their family without letting their parents know about the issue. If they do not speak up they may feel disloyal, but if they speak up they place themselves in danger. They may not want their parents involved for complex reasons: perhaps they do not want to worry them or perhaps they are embarrassed to have them come to school, which they may fear will increase the homophobic harassment.

One mediating factor in the child's comfort in coming out might be the parents' openness to discussing sexuality. The nature of adolescence is many teens really do not want to "be like" their parents, and want to feel independent in their search for identity. Mooney-Somers (2006) says, "my identity is not the same as [my father's] identity; not only do we have different experiences as a gay man and a lesbian woman, but there are generational differences with us negotiating a queer identity in very different eras" (p. 67). LGBTQ youth understand that their identity has meaning in the outside world and that it is evaluated by those around them.

When children are gender nonconforming, LGBTQ parents may especially feel that it is somehow their fault. The research to date shows that children of LGBTQ parents are less rigid about gender and sexual exploration, but it also shows that these children have not exhibited *extreme* gender-nonconforming behavior. It is possible that some heterosexuals might express concern and seek out services for children with only nominal gender nonconformity, whereas many LGBTQ parents may not be as concerned with minor gender deviations. However, as more families are seeking clinical and medical assistance with children with severe gender dysphoria, it raises the question of how LGBTQ parents will manage children who are transgender themselves. There is a joke that floats around the LGBTQ community: *A lesbian couple had just had a baby. A friend stopped them on the street asking, "Is it a boy or a girl?" They answered, "We are waiting for the child to tell us."* Although LGBTQ parents may be more open-minded, about sex and gender issues than many heterosexual parents, the joke works because it is an eye-opener: No one really waits for children to disclose their gender identity. Everyone one assumes that the child will be a boy or a girl based on the configuration of their genitalia, even those who perhaps "should" know better.

Research into families with gender-nonconforming children is newly emerging, and the majority of families who seek services have been heterosexual parents. Hill, Menvielle, Sica, and Johnson (2010) identify two treatment philosophies, one to assist the child in accepting their natal sex as their true gender (Zucker & Bradley, 1995) and the other pioneering strategy to assist the child in their authentic (self-defined) identity (Vanderburgh, 2009). Ehrensaft (2009) refers to this authentic identity as the child's "True Self," based on D. W. Winnicott's theories of childhood identity development. Therapies to assist children in accepting their natal sex have been referred to

as ''reparative treatments,'' and have been widely criticized in part for recreating and reinforcing in therapy the same hostile social environment that negates the child's identity in the outside world (Lev, 2004b), essentially reinforcing their ''False Self'' (Ehrensaft, 2009). These older models of therapeutic treatment has been based on a set of assumptions (a) that one's gender should reflect one's natal sex, and (b) that heterosexuality is the preferred outcome for child development.

Newer treatment models are centered in accepting the children's emerging identity as authentic, and viewing their behavior and affect as indicative of their innate identity (Brill & Pepper, 2008; Ehrensaft, 2009; Vanderburgh, 2009). It is an affirmative model of treatment (Pleak, 2009) that does not attempt to influence the gender trajectory; nor is it a goal to prevent homosexuality or transsexualism. The clinician listens to the child's narrative, and accepts diverse outcomes for the child, including transitioning their sex when still a child (Ehrensaft, 2009). Menvielle (2009) discusses the importance of working with the family system and helping them accept and affirm their child's emerging identity. It is necessary for parents to become advocates for their children, because these children often experience severe social stigma and discrimination, particularly in schools.

For gender-nonconforming children, treatment recommendations can include creating a home-life that is less stereotypically gendered where the child has room to more fully explore their gender expression. For prepubescent children whose gender dysphoria is clearly unremitting, a social transition can allow them to live in their authentic identity, at home and school (Hill et al., 2010). Adolescents who persist in cross-sex identification can begin a medical transition in puberty (Cohen-Kettenis & Pfäfflin, 2003), and to date the results have been overwhelmingly positive; people who transition as youth have consolidated stable, authentic identities and do not exhibit regrets.

Working with young gender-nonconforming children and teens is complex, placing the therapist in a challenging position: to predict the outcome of a child's identity. Which children will resolve the dysphoria, which will identify as gay, and which will identify as transgender when becoming adults? Supporting young children in social transitions creates an ethical dilemma, because therapists currently lack research-tested assessment tools and outcome studies are nonexistent. Although trans adults commonly state that they knew about their cross-gender identity from the time they were small children, research has shown that most gender-nonconforming children do not grow up to be trans, but actually identify as lesbian or gay as adults. However, these studies were done decades ago, when options for living out trans lives were limited. How do expanding social options muddy the results of research? Some parents are responding to their children's dysphoria by assisting them in young transitions, something that would not have been possible even a decade ago.

One lesbian family sought out therapy for their transgender child from a ''straight, mainstream, well-respected professional'' so that she would be a ''credible advocate for their child and family in the legal system if needed'' (Saeger, 2006, p. 209), speaking to the incredible social fear facing parents who advocated for a child to transition. This is the only in-depth case report of therapy with lesbian parents of a trans child. Interestingly, when the child socially transitioned, heterosexual parents expressed more support than other lesbian parents. In another study of parents with trans children, which included lesbian parents, the results showed that overall parents of gender-nonconforming youth are accepting of their child's gender atypical

behavior. Interestingly, a significant number of parents in this study were also adoptive parents and in transracial families (Hill et al., 2010), suggesting that some gender atypical children are negotiating multiple social identities. Saeger (2006) reminds clinicians that ''The self unfolds within the context of child's other traits and life experiences, as well as in a sea of community, school, family, marital, parental, and sibling dynamics'' (p. 244).

Ryan, Huebner, Diaz, and Sanchez (2009) have studied the impact of family rejection on LGB adolescents, and their work has shown that families who are rejecting toward their children's sexuality and gender report higher levels of suicidality, depression, substance use, and engagement in unprotected sexual activity. Family acceptance is extremely important for LGBTQ children and teens, but it is not yet known if growing up in an LGBTQ family will provide greater acceptance. For many reasons, LGBTQ parents may not easily embrace their LGBTQ children. Fitzgerald (2010) refers to the ''broken mirror'' (p. 158), when the adult's painful experiences with homophobia block their ability to be fully present for their child's coming out process. The parent's own psychological pain clouds their ability to be reflective, and they project their own histories of pain onto their child. Kuvalanka and Goldberg's (2009) preliminary research shows that gender may be a mediating factor in acceptance. Queer identified sons of lesbian mothers tended to feel that their parents might be judgmental of their emerging identities and notably, queer and transgender youth feel less supported by their parents than gay and lesbian youth do. Oddly, ''these parents resisted heteronormativity through their own embodiment of queer parenting, [and] they also upheld heteronormativity with reactions to their children's disclosures'' (Kuvalanka & Goldberg, 2009, p. 117).

CONCLUSION

There is a great need for ongoing research on LGBTQ parenting. LGBTQ research has suffered from a sampling bias of White, middle-class parents (primarily lesbians) from urban cities in first world countries. Stacey and Biblarz (2001) ponder how socioeconomic class impacts the decision of LGBTQ people to become parents and how working class parents (including those of color) may be less likely to participate in academic studies. Research on transsexual, transgender, genderqueer parents and butch/femme identified parents will also expand our understanding of gender and sexuality in life of families.

> Kyle's parents spent months in therapy agonizing about how to address Kyle's gender dysphoria once school started. One day, Lucinda, Kyle's sister walked into the bathroom and saw Kyle trying to cut his penis off with a scissor. She screamed and Suzannah came running up the stairs. Kyle raced into her arms, crying, ''Please, please don't make me be a boy. I can't stand it.'' It was a defining moment in the life of the family. The family sat down together to discuss the situation and Ramone, their oldest son, said, ''You can't make him suffer this way.'' Luz and Suzannah decided to follow Kyle's lead. They met with the school, and decided to let Kylia begin school as a girl.

It is very common for parents of gender-variant children to be unsure and confused about how to best address their child's cross-gender expression. For LGBT parents there is the added pressure to raise heterosexual and gender-conforming children, or risk familial and societal condemnation that their ''lifestyle'' created or encouraged

these behaviors. Additionally, they have their own histories of growing up "different," which potentially evokes both compassion for their children and apprehension for their futures. The nature of homo- and transphobia is that it is difficult for LGBT parents to celebrate having a gay or trans child, although it seems that if "gay pride" has any meaning at all, it should be a natural reaction.

To assist a child in a young transition is especially confusing because the literature suggests many of these children will grow up gay, not trans. Families present their anxiety to the therapists, who do not yet have the tools to definitively determine outcomes. As Ehrensaft (2009) says, "attempting to reliably predict adult outcomes from child experiences, we must be humble enough to recognize that we can never know for sure if a child who says he or she is transgender is expressing a stable, permanent lifelong identity" (pp. 21–22). Yes, despite "not-knowing," therapists must assist families in making these difficult decisions. Like Suzannah and Luz, decisions are often made following a crisis, where the child's depression, acting out behavior, or desperation overrides fears of the neighbor's reactions.

Ultimately, both families and therapists are guided by the child's narrative. Young trans children present with consistent and lucid accounts of their experience, unswerving in their insistence, sometimes demanding and other times resigned. When allowed to express their authentic identity, they often become joyful, expressive, and satisfied; when restricted to limited traditional gender roles, clothes, and behaviors of their natal sex, they because sullen, depressed, and often exhibit behavioral problems. Changing sex is anxiety producing in a culture that presents gender as immutable, and gender transitions as pathological. A postmodern, narrative perspective teaches that gender is a story that is authored with one's own life, dependent on numerous variables, and—especially for children—one that can be nurtured or denied.

Throughout history, across all cultures, some people have transgressed societal rules and insisted that their authentic gender was different from their natal sex. In the modern era, adults can make this transition with the help of medicine and surgery; children must do so with the help of their parents. Most LGBTQ adults have painful narratives of their journey to authenticity and have had to fight for their right to build families of their own. There may be no evidence that LGBTQ parents are more likely to raise LGBTQ children but clearly some will be so blessed. Perhaps the stories of their own journeys can pave the way for their emerging children's narratives.

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