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A psychological support group for parents in the care of families with gender diverse children and adolescents.

Caldarera Angela M.¹, Davidson S.², Vitiello B.¹, Baietto C.³

1. Division of Child and Adolescent Neuropsychiatry, Dept. of Public Health and Pediatrics, University of Torino, Italy

2. Gender Identity Development Service, The Tavistock and Portman NHS Foundation Trust, UK

3. Regina Margherita Pediatric Hospital, Child and Adolescent Neuropsychiatry, Torino, Italy

Correspondence to: Angela M Caldarera, Division of Child and Adolescent Neuropsychiatry, University of Torino, Regina Margherita Pediatric Hospital, Piazza Polonia 94, 10126 Torino, Italy.
Email: angelamaria.caldarera@unito.it

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Abstract

Parenting gender diverse children and adolescents can be a challenging experience, entailing doubts about how to protect and support them during their development. Parental reactions impact on the child's sense of security and well-being. Therefore, when caring for families with gender diverse children, it is important to offer support to parents. In this article we present an experience with a 12-month support group for parents of young people who attended the service for gender identity development at a paediatric hospital. We describe the group structure and methodology, together with the process for evaluating the intervention. At 6-month intervals, parents were asked to indicate the most important topics that had emerged during the monthly sessions. At 12 months, they completed a semi-structured feedback questionnaire about their experience in the group, including possible difficulties encountered. Thematic analysis showed an evolution in time, with participants taking a more complex perspective on gender diversity and the needs of their children, while feeling more able to deal with the uncertainties related to gender identity development. After attending the group, parents reported feeling less lonely, more confident, and better able to communicate with their children. They related these positive changes to the opportunity of sharing experiences and mutual learning. This feed-back provides preliminary evidence that the psychological support group was perceived to be a useful resource by parents of gender diverse young people.

Introduction

Parenting a gender diverse child or adolescent can be a challenging experience (Gregor, Hinley-Jones, & Davidson, 2014; Riggs & Due, 2015). Malpas (2011) highlighted that parents may be concerned for their gender diverse children's well-being and may feel doubtful about how to best support them. They often worry about the future and health of their child, including possible medical interventions. In any case, parents play a crucial role in mitigating the risks related to social stigmatization by supporting their offspring during their development in different contexts, both at home and in school (Abreu, Rosenkrantz, Ryser-Oatman, Rostosky, & Riggle, 2019).

Gregor, Hinley-Jones & Davidson (2014) concluded that parenting a gender diverse child may involve making complex, life-changing decisions, which can result in diverse and fluctuating behaviours and emotions. In their review, Dierckx, Motmans, Mortelmans, and T'sjoen (2016) found that families of gender diverse youth may experience a sense of shame as a result of social stigma and may struggle with feelings of grief for the child they had expected and a sense of responsibility for their child's future. This may in turn make them feel helpless and guilty. There is evidence that the whole family is involved in this process, and that both expert professional guidance and support from other parents experiencing the same situation can be helpful. Parent groups offer the opportunity to learn and share experiences and feelings.

It has been pointed out that interventions that reduce stress among caregivers of gender diverse children "may have a positive effect on children's psychological functioning" (Kolbuck, Muldoon, Rychlik, Hidalgo, & Chen, 2019, p. 255). Di Ceglie and Thümmel (2006) reported that a group intervention for parents of gender diverse children had positive outcomes, with reduction of isolation and better understanding of their children's gender development. These changes could impact positively on child well-being in terms of improved self-esteem, adjustment and social integration (Menvielle & Tuerk, 2002). In their study Di Ceglie and Thümmel (2006) identified a number of therapeutic factors according to Yalom and Leszcz (2005), and specifically: *instillation of hope, universality, guidance, altruism, cohesiveness, and catharsis*.

Yalom and Leszcz (2005) had identified 11 therapeutic factors in group interventions¹. Therapeutic factors are defined as the mechanisms of change in action within a therapeutic process, and are strongly connected with interpersonal interaction. They pointed out that "therapeutic change is an enormously complex process that occurs through an intricate interplay of human experiences, which I will refer to as 'therapeutic factors'." (Yalom, & Leszcz, 2005, p. 30). They also made clear

¹ The therapeutic factors identified by Yalom & Leszcz (2005) are: 1. Instillation of hope; 2. Universality; 3. Imparting information; 4. Altruism; 5. The corrective recapitulation of the primary family group; 6. Development of socializing techniques; 7. Imitative behavior; 8. Interpersonal learning; 9. Group cohesiveness; 10. Catharsis; 11. Existential factors.

that, although there are many different types of group interventions in clinical (e.g., psychoeducational, psychological support, psychotherapeutic) and non-clinical (e.g., self-help) settings, addressed at many different issues (e.g., groups for depression, for caregivers, for parents of sexually abused children), it is possible to identify common mechanisms of change across the different groups. In line with these considerations, a support group for parents can conceivably be an effective intervention for families of gender diverse young people, and may have the potential to activate mechanisms of change which are specifically related to the group dimension and cannot operate in the same way in individual therapy.

We here describe our experience with a parent group within a specialised service for gender diverse children based at a paediatric hospital. The service offers an integrated, multi-component, approach, including individual and group sessions for parents, children, and adolescents.

Aims

Aims of the parent group

Based on the approach outlined by Di Ceglie and Thümmel (2006), as further integrated with contributions from other studies (Malpas, 2011; Menvielle, & Rodnan, 2011) and our own clinical experience, the aims of the group were:

- To offer a safe space for exploring the feelings of participants in relation to parenting a gender diverse child and for dealing with the uncertainties related to the developmental pathway of the child's gender identity.
- To acknowledge the value of having a variety of points of view within the group, and openly communicating perplexities and different perspectives.
- To support the exchange of correct information about gender identity development.
- To encourage participants to provide mutual support for one another (Di Ceglie and Thümmel, 2006) and thus mitigate the sense of isolation often experienced by parents of gender diverse children.
- To encourage a view of the child in the context of global development, not exclusively focused on gender diversity, but rather on general well-being and on the awareness and acknowledgement of the unique characteristics of each individual child (Di Ceglie and Thümmel, 2006).
- To encourage the exploration of strategies to support the child/adolescent psychological well-being and the quality of family and social relations.
- To foster awareness of the parental responsibilities in child development.

Aims of the study

Despite the promising results of the Di Ceglie and Thümmel (2006) study, only three studies have focused on support groups for parents of gender diverse children, Malpas, 2011, Menvielle and Rodnan, 2011, and Menvielle and Hill, 2010. Only the third one reported an evaluation of the group processes, based on a telephone semi-structured interview to parents. To our knowledge, none of the studies specifically examined the process of change over time of the themes and issues relevant to the parents. The present study aimed at filling this gap by evaluating the topics, identifying the themes that emerged in the group intervention over time, and assessing the perceived benefit. Specifically, we aimed at addressing the following questions:

A. Themes:

- A1. What were the main themes that emerged in the group sessions?
- A2. Was there an evolution of the themes across time?

B. Perceived benefit:

- B1. To what extent was the support group perceived as helpful in
 - improving the understanding of gender diversity?
 - meeting with other parents of gender diverse children and thus reducing sense of isolation?
 - changing parents' approach to their child's gender diversity?
- B2. Which aspects were perceived by the parents as helpful and which ones as involved in the process of change?
- B3. Which specific benefits and which aspects to be changed were identified by participants in relation to the group?

Method

Parents' group: organization and setting.

We set up a psychological support group for parents of gender diverse children and adolescents who were attending the service. The group meetings, led by a child psychiatrist and a clinical psychologist, were held on a monthly basis. Each session lasted 90 minutes. The inclusion criteria for attending the group were (1) being the caregiver of a child/adolescent attending the gender identity service and (2) willingness to share personal experiences with other parents. Parents

were offered the possibility of attending the group and informed that it was not mandatory. This information was given to each parent individually, and the child psychiatrist explored with each parent her/his motivations for attending the group. Informed consent and commitment to following the group rules were obtained. During these preliminary individual meetings, parents expressed the wish of meeting parents of children of different ages. Especially the parents of the younger children were interested in the experiences of parents of adolescents. This preference contributed to the decision to include parents of children across a wide age span.

The group met the first time for an introductory session, during which (1) we described the aims of the group, its organization, and the rules each participant should respect, and (2) each parent could introduce him/herself and provide information about the child/adolescent. Afterwards, eleven monthly sessions were held, starting with September 2017 and until September 2018 (in August we didn't run the meeting). In order to safeguard the functioning of the group, we set some rules participants were called to comply with; such rules were discussed in the introductory session, and dealt with respecting confidentiality and the right to express personal perspectives of each participant, both in terms of speaking time and in terms of valuing any perplexity or different opinion. Participants were encouraged to attend all sessions, but the leaders made clear it was not mandatory.

Of the two clinicians who led the group sessions, one was more active in conducting the group, facilitating communication between participants, making questions, and sharing reflections, when appropriate, while the other was less active, more in a stance of observer, taking notes during the sessions. Over time, the group started considering the latter clinician as the historical memory of the group.

The intervention combined group therapy and psychoeducational techniques. The therapeutic approach was psychoanalytic, based on Bion's perspective, in particular in relation to the notions of containment and transformation (Bion, 1961) as processes which make it possible for the therapist to detect and decode the "group's intolerated thought and emotion" (Billow, 2000, p. 247), and make them tolerable and transformed in elements that can be represented and worked through. In this perspective, also the psychoeducational techniques (e.g., offering information about gender development, challenges and opportunities in parenting a gender diverse child) were adopted within a psychoanalytic framework (Busch & Auchincloss, 2018; Pitillas, 2020). The information requested by the parent or offered by the clinician was understood not only at a practical level, but also as a way to express emotions and anxieties, and to answer to them. Bion's concept of containment and transformation was applied by the therapists as a form of "translation" of emotions and unexpressed thoughts of a participant or of the group, into a verbal language, with a supportive

and non-judgemental attitude. Such “translation” makes unexpressed emotions and thoughts accessible to the group for elaboration. Indeed, in this stance the group is not understood as a mere sum of its members, but a different entity, which can also work in a protective direction towards its members.

Measures

We prepared two documents to be administered to the participant parents: (1) a short form where to report the relevant topics and take-home messages² that come out across the sessions, and (2) a semi-structured feed-back questionnaire (see Appendix A), including four items with answers on a Likert scale, and five open-ended questions about participation to the group; the feed-back questionnaire was developed by adapting the questionnaire of Di Ceglie and Thümmel (2006).

The study started in September 2017. After 6 months (March 2018, T1), the participants were asked to complete a short form indicating the main topics relevant to them that have been addressed in the previous sessions, and the take-home messages. At the end of the study (September 2018, T2), the parents completed again the short form with relevant topics and take-home messages, and also a semi-structured group feedback questionnaire (Table 1). The form with the questions related to relevant topics and take-home messages was completed individually at the end of the two sessions (March and September 2018). The feedback questionnaire was given to the parents at the end of the last session (September 2018) and returned to the therapists a week later.

Table 1. *Summary of the design*

	Kick-off September 2017	Stage 1 March 2018, T1	Stage 2 September 2018, T2
Presentation of the study	X		
Short form about the relevant topics ¹		X	x
Feedback questionnaire ²			x
1. Short form about the main themes, discussed across the previous six months, which each participant found relevant.			
2. Questions perceived level of helpfulness and support, and about helpful and difficult aspects (See Appendix A).			

² The short form included two open-ended questions (“Please let us know, in no more than 10 lines:”); one related to the main emerging topics across the sessions: “what were the relevant themes that came across the sessions in the previous six months?”; and one related to the take-home messages: “what is important to you that you bring home?”

Like the intervention by Davidson, Morrison, Skagerberg, Russell and Hames (2019), the group was developed as a clinical initiative within a clinical service. The process-outcome evaluation of the intervention was carried out in connection with a wide research program, approved by the Hospital Ethics Committee, about psychosexual development in children referred to the service and parental perspectives towards it. Participants' answers were recorded upon informed consent, and each participant could decide, in any moment, to withdraw from the research.

Participants

A total of 14 parents attended the group. One of them didn't participate in the evaluation. The other 13 accepted to participate, but one filled in the questionnaire only at T0, and another one only at T1. We thus included the data from the 11 parents who completed the questionnaires at both times. The age of their children ranged from 8 to 17 years. All participants understood and fluently spoke the local language. Their education level ranged from high school diploma to university master degree. No participant dropped out.

Analyses

We applied qualitative thematic analysis (TA) to the data from the short form on the relevant topics and take-home messages, and from the open-ended feedback questionnaire (Braun & Clarke, 2006). The items measured on the Likert scales from the feedback questionnaire were analysed with descriptive statistics (SPSS.25). TA was performed by following a structured process³: 1) after familiarizing with the data; 2) a researcher (AC) produced initial codes identifying the semantic content of each answer; 3) the different codes were sorted and collated into potential broader themes; 4) the emerging themes were reviewed; 5) subsequently the themes were defined, refined and named; and 6) the report was produced.

This process made it possible to describe both (1) the relevant themes and take-home messages at T0 and T1, thus assessing changes over time; and (2) the themes emerging from the answers to the open-ended questions of the feedback questionnaire about helpful and difficult aspects of participation in the group. Regarding the open-ended questions of the feedback questionnaire, we identified a list of broader themes related to the answers to all of the analysed items, since, in some cases, the same themes emerged across different items.

³ Braun & Clarke recommend a step-by-step procedure, structured in the following stages: (1) Familiarizing with data; (2) Generating initial codes; (3) Searching for themes; (4) Reviewing themes; (5) Defining and naming themes; (6) Producing the report.

Results

Relevant themes at T1 (March 2018) and T2 (September 2018)

Data collected at T1 and at T2 were analysed separately and afterwards compared. TA showed that some themes were present at both T1 and T2, while others changed in time. Results are reported in Table 2.

Table 2. *Relevant themes at T1 and T2*

T1	T2
Sharing experiences	Sharing experiences
Factors associated with gender development	Gender diversity across different age
Gender identity development as a journey	Relations with others within family ad outside
Respect for children, their experiences and autonomy	Supporting the child along the process and not being rigid in looking for an "exact gender identity"
	Non binarism and importance of going beyond gender stereotypes
	Importance of acceptance, supporting the child and focusing on global wellbeing of the young person
Transition process and possible difficulties children may face in the future	Group as a place to learn new coping strategies
Self-harm	
School drop-out	
Legal issues in our country	

Many topics reported by participants converged into the same themes, related to the importance of sharing experiences with others and keeping hope; the process of inner change about the way they deal with gender identity issues and the way they feel in the relation with their children; the possibility of looking at their child/adolescent as a complex human being with many characteristics, and not exclusively defined by gender; the enrichment they felt in overcoming a binary view of gender. Table 2 shows how themes evolved in time. Thus, the theme “Respect for children, their experiences and autonomy”, which emerged at the beginning of the group (T1), we discussed and expanded during the sessions, and at the end of the experience (T2) it was further articulated in more specific issues: from the importance of offering support to the child and being flexible to the necessity of overcoming gender stereotypes and binarism, and of focusing on the global well-being of the young person. For example, a participant wrote at T1:

“It is important that our children make their own experiences.”

The same person wrote at T2:

“When both of the parents do not put pressure to conform to gender stereotypes, the daily life within the family makes it possible for the child to live his/her experience as best as he/she can”

Conversely, themes related to the many worries that parents experienced initially, related to the future of their child, possible gender transition process, and psychosocial difficulties, were increasingly addressed by focusing on coping strategies that parents and children could learn. For example, at T1 a participant identified as a topic:

“Difficulties that our children can have in common and their consequences. We also discussed, among our worries as parents, that our children may become self-injurious in highly stressful moments. The opportunity of sharing this worry with other parents is helpful to me”

At T2 the same person noted as relevant topics:

“Sharing with others our experiences and participating to theirs. To keep in our mind any positive tip [we discussed in the group] that could be useful in the daily routine.”

Take-home messages at T1 (March 2018) and T2 (September 2018)

Also for the take-home messages we separately analysed and synthesised data from T1 and T2, then compared the two sets of data, and found that some messages remained across time, while others changed (see Table 3).

Table 3. *Take-home message at T1 and T2*

T1	T2
Awareness	Awareness
Serenity	Serenity
Life of the child and gender identity development as a journey	Supporting children along the process and not being rigid in looking for an "exact gender identity"-
Importance of receiving correct information about different aspects of gender diversity	Going beyond gender stereotypes
Importance of love and courage of the parent	Importance of acceptance
Not being alone and feeling relieved by the possibility of sharing and listening to the others' experiences	
Awareness of difficulties faced by gender diverse young people and of legal issues	
Feeling supported by the clinicians	
Importance of communication parents-children	
Improve coping with the process of change	

At both T1 and T2 parents reported as a relevant take-home message the importance of awareness and deriving a sense of serenity from participation in the group. Among changes that occurred over time, while at T1 participants mentioned as take-home messages *gender identity development as a journey* and the *importance of receiving correct information about gender development*, at T2 they mentioned the importance of *supporting children along the process of gender development* and of *going beyond gender stereotypes* (e.g., a parent wrote: “Everybody would feel much more better if we could avoid categorizing every situation”). While at T1 parents wrote about the importance of showing love and courage, at T2 the focus moved to children and to the importance of accepting and supporting them.

TA identified other take-home messages reported by the parents at T1: the fact of having discovered they are not alone, the significance of having an open communication with their children, and the acknowledgement of being within a process of change involving the whole family. A participant wrote:

“I realised that dialogue between parent and child is fundamental and I feel relieved by the possibility of confronting with parents who experience situations similar to mine.”

Another parent reported:

“[I will take home] that we have to go with our children along the process of change, without pushing them towards one rigid direction.”

Group feedback questionnaire at T2: perceived level of helpfulness.

All participants reported, after attending the group for the 12 months, high levels of perceived help in understanding their child’s gender identity, in meeting other parents, and in the change of approach in dealing with the child gender diversity. They also reported lower levels of perceived isolation.

Table 4. *Perceived level of helpfulness.*

		Mean ^a	SD
1.	To what extent did the group help you understand issues concerning gender identity?	4.75	.71
2.	How helpful was it to meet other parents with children with gender diversity?	5	0
3.	To what extent did attending the group help you feel less isolated in relation to your child's gender identity issues?	4.88	.35
4.	To what extent do you think you have changed your approach to handling your child's gender identity issues as a result of attending the group?	4.75	.46

a. Items are measured on a Likert Scale, ranging from 1 (not helpful at all) to 5 (very helpful)

Group feedback questionnaire at T2: answers to open-ended questions about helpful and difficult aspects

The part of the questionnaire including the open-ended questions comprised five items, from 4a to 9. Item 6 (*Which aspects of the group were least helpful?*) and Item 9 (*Any comment?*) were left blank. Item 8 (*Are there any aspects of the group which you think should be changed?*) received only two answers: (1) desire of receiving scientific information and readings about gender diversity and (2) participation of siblings to the group. Thus, we thematically analysed the answers to items 4a (*in what way have changed your approach to handling your child's gender identity issues as a result of attending the group?*), 5 (*Which aspects of the group were most helpful?*) and 7 (*What benefits, if any, did you get from attending the group today?*). Table 5 shows a complete list of themes resulting by TA in the three items; table 6 reports which of these themes appear in the answers to each of the three analysed open-ended questions (4a, 5 and 7). As specified in the method section, in some cases the same themes emerged across the different items.

Table 5. *List of the defined themes*

Sharing
Mutual learning
Not being alone
Open to process of change
Awareness
Serenity and self-confidence
No shame in speaking with others
Lower sense of guilt
Importance of empathy towards the child, acceptance and support
Importance of communication with the child
Gaining a deeper understanding of gender diversity and of the child's need of feeling loved and supported
Feeling support by the clinicians and the other parents

Table 6. Themes identified in the answers to each open-ended question.

4a. CHANGE APPROACH (In what way do you think you have changed your approach to handling your child's gender identity issues as a result of attending the group?)	5. MOST HELPFUL ASPECTS (Which aspects of the group were most helpful?)	7. BENEFITS FROM ATTENDING THE GROUP (What benefits, if any, did you get from attending the group?)
Sharing	Sharing	Sharing
Mutual learning	Mutual learning	Mutual learning
No shame in speaking with others	No shame in speaking with others	No shame in speaking with others
Open to the process of change	Open to the process of change	Open to the process of change
Not being alone	Lower sense of guilt	Not being alone
Awareness		Awareness
Importance of empathy towards the child, acceptance and support		Importance of communication with the child
Gaining a deeper understanding of gender diversity and of the child's need of feeling loved and supported		Self-confidence and serenity Feeling support by the clinicians and the other parents

As shown in Table 6, the possibility of sharing personal experiences with others and the opportunity of mutual learning, along with becoming more open to the process of change and the mitigation of shame, were mentioned as important factors across the different items. In addition to these key-points emerged across the different items, (1) the importance of having an understanding, empathetic and supportive attitude towards their children, and (2) gaining a deeper understanding of gender diversity and of the child's need of feeling loved and supported, were identified by participants as the major changes occurred after attending the group. The sense of not being alone anymore and an increased awareness of their own and their children's feelings emerged both as involved in the change of approach, and in the benefits from attending the group. We mention some examples:

Mutual learning:

“The exchange with other people who are in the same situation and use different ways of coping helped me gain better insight “

Mitigation of shame:

“I find it easier to have open conversations with other people in relation to my son's gender identity (whichever his/her identity is).”

Gaining a deeper understanding of gender diversity:

“Moving from a binary to a non-binary perspective. I understood that also in these situations gender binarism is an oversimplification: I grew wiser in encountering the idea of diversity; I understood that each individual has a different way of experiencing gender.”

Among the most helpful aspects of the group, the parents mentioned also a decreased sense of guilt. A parent wrote:

“To hear all the different situations [of the other parents] makes me feel less guilty.”

Again, as regards the most helpful aspects, describing the importance of sharing the experience, a participant reported:

“The possibility of sharing experiences and to embrace such experience as an enrichment.”

In addition, among the benefits parents reported the support perceived by the other parents and the clinicians, along with an increase of self-confidence and having figured out the importance of communication with the child (a parent reported: “To consider dialogue as a fundamental tool”). Other meaningful answers to this question, connected with the theme of sharing:

“Sharing experiences; feeling understood and not that others feel sorry for me”

And regarding the theme of self-confidence:

“I feel more self-confident and aware as a mother.”

Discussion

Our results showed that parents felt that the participation in the group made it possible for them parents to achieve a better understanding of their situation, and to improve the relation with their children.

Research question # A. Themes

A1. *What were the main themes that emerged in the group sessions?* The main themes emerging across all the program from TA of the parents’ reports were the importance of sharing experiences with other parents, and gender identity as a process which is evolving and changing across childhood and adolescence; parents also discussed about their children’s relations both with family members and with the outside world, including possible problems these young people could

face. Among the take-home messages there was the importance of awareness about gender identity development as a journey of the child and of the involvement of the whole family in the process.

A2. Was there an evolution of the themes across time? Yes, there was an evolution across time: our results show that the group participants (1) took a more complex perspective on gender diversity and on the needs of their offspring, and (2) became more able to deal with the uncertainty related to the process of their gender development (Gregor, Hingley-Jones, & Davidson, 2015). Results also confirmed that parents, session after session, progressively used the group as a safe setting where not only confront uncomfortable emotions, but also develop new coping strategies to deal with challenges related to gender diversity and parenting. Another evolution that occurred during the group intervention was that, while at T1 parents remarked the importance of receiving correct information about gender diversity, at T2 they underscored the importance of going beyond gender stereotypes and a binary perspective on gender. This finding confirms that having a correct and reasonably comprehensive knowledge makes it possible to overcome stereotyped attitudes, such as gender binarism.

Research question # B. Perceived benefit.

B1. To what extent was the support group perceived as helpful? Answers to Likert items showed high levels of helpfulness perceived by the parents from participating to the group, both in (B1) achieving a deeper understanding of gender diversity, and in reducing their sense of isolation, and in (B2) changing their approach to the children's gender diversity. The higher level of perceived helpfulness was reported in relation to item "meeting other parents with gender diverse children" (B1), where each participant rated "5" on a scale from 1 to 5.

B2. Which aspects were perceived by the parents as most helpful and which as involved in process of change? In line with the other answers, parents reported the opportunity of sharing experiences and mutual learning as the most helpful aspects, and, in connection with that, the relief of the sense of guilt and shame. This, in turn, facilitated them to be more open to the process of change. With respect to the perceived way of change, in addition to reporting once again the sharing, confrontation, and mitigation of shame, parents outlined the fact of (1) having improved their capacity of empathising with their children and thus supporting them, and (2) having achieved a deeper understanding of gender diversity and of their children's need for love and support.

B3. Which specific benefits and which aspects to be changed were identified by participants in relation to the group? In addition to the issues mentioned in the other answers, parents pointed out that, by attending the group, they felt less alone and more self-confident, more trustful that they could be good-enough parents (Winnicott, 1960) and more able to support their children and cope

with the situation while accepting the uncertainty of the future. Some participants reported they found useful to be in a group with other parents and also two clinicians from the gender team, who could offer professional advice. The parents didn't report any disadvantage in participating to the group, but, at item 8 of the questionnaire (*Are there any aspects of the group which you think should be changed?*) two participants reported the wish (1) of receiving scientific information and readings about gender diversity and (2) of inviting the siblings to the group. While the first request indicates the need of the parents to become better informed, the second points out the relevance of family dynamics and of the specific issues faced by siblings of gender diverse youth (Wheeler, Langton, Lidster, & Dallos, 2019). These need to be involved in the process and appreciate that, even though the family faces an important evolution, the affective bonds within the family will remain strong across the change. This brings attention to the need that parents should strive constantly to maintain a secure base for all the family members. To this end, security of attachment (Bowlby, 1978) may play an important role as a protective factor for the well-being of the family and its members. Interventions could be further developed using an attachment-informed approach as indicated by recent reports (Dangaltcheva, 2019; Diamond, & Shpigel, 2014).

Therapeutic Factors

With reference to the Yalom and Leszcz (2005) therapeutic factors, all the 11 therapeutic factors were hinted at across the themes identified in this work, and, in particular, *Universality*, *Interpersonal Learning* and *Group cohesiveness*. Among the themes from the feedback questionnaire, *Sharing* can be connected to the therapeutic factor *Universality*: Yalom and Leszcz (2005) wrote that “With rare exceptions, patients express great relief at discovering that they are not alone, that others share the same dilemmas and life experiences.” (p. 42). The theme *Mutual Learning* resulting from our TA is related with the *Interpersonal Learning* factor. Likewise, the themes *Not being alone*, *No shame in speaking with others*, and *Feeling support by the clinicians and the other parents*, are linked to the therapeutic factor *Group cohesiveness*:

Members of a cohesive group feel warmth and comfort in the group and a sense of belongingness; they value the group and feel in turn that they are valued, accepted, and supported by other members. (Yalom and Leszcz, 2005, p. 131)

Conclusions, limitations and future directions

In this experience, the psychological support group was a useful tool in the clinical work with gender diverse children and their families. Results from TA of parents' reports showed that

participation in the group made it possible for the participants to achieve a better understanding of the situation, of their own and their children's emotions and challenges, and to improve the parent-child relationship. The themes changed over time, showing a process of evolution in relation to many aspects: the way participants dealt with gender diversity and the way they felt in the relation with their children; the possibility of looking at them as complex human beings with many characteristics, not exclusively defined by gender behaviour; and the enrichment they felt in going beyond a binary view of gender.

After participating to this group, parents reported they felt less lonely and more self-confident, with a positive hope to be good parents at both supporting their children's gender development journey, and fostering their global well-being. Participants described all these positive changes as related to the opportunity the group offered of sharing experiences and of being involved in a process of mutual learning.

In the light of these positive findings, future research could assess whether the group participation of the parents may benefit children as well. This may reasonably happen considering that parents reported an improvement of communication with their children.

This work has some limitations: first of all, parents who accepted to attend the group might have been, compared to parents who did not, more motivated and willing to question their attitudes and ideas, which would constitute a selection bias. Further, the changes reported in our study are based on participants' self-report, but their behaviour outside of the group setting was not observed. We did not directly evaluate changes in the quality of family relationships. The small number of participants limits the generalization of the findings. In order to overcome such limitations, future research could (1) look at possible differences between responses from parents who attend the group and those of parents who do not, and (2) include an external, independent observation of changes in parents' behavior and family relations. In addition, a higher number of participants and the use of standardized measures would make it possible to improve the generalizability of results.

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