



EDITED BY
Moshoula Capous-Desyllas
Karen Morgaine

Creating Social Change Through Creativity

Anti-Oppressive Arts-Based
Research Methodologies



Conversations with Suzanna: Exploring Gender, Motherhood, and Research Practice

Amanda Barusch

BEGINNINGS

Notions of linearity, causality, and agency help to impose order on the swirling masses of facts, but I am hard-pressed to locate the beginning of this narrative. Its origin stretches to the dawn of our species. Or, it dates to 1968, when a psychologist from Johns Hopkins persuaded two parents to change their 22-month-old boy into a girl (see Walker 2010); or to 2011, when I received IRB approval for a study of parenting.

THE RESEARCH

Struggling to parent my own young-adult children, I began a narrative study in 2011. First, I conducted focus groups with college students who belonged to various organizations, including LGBTQ support groups. Meeting with young adults who identified as queer, I was struck by the troubled relationships trans students reported with their parents. Several

A. Barusch (✉)
College of Social Work, University of Utah, Salt Lake City, USA

© The Author(s) 2018
M. Capous-Desyllas and K. Morgaine (eds.), *Creating Social Change Through Creativity*, DOI 10.1007/978-3-319-52129-9_6

described deep alienation, rejection, and estrangement. One, who was transitioning from male to female, went so far as to declare that she had no parents.

That summer, I decided to focus on the parents themselves. I distributed flyers and put the word out that I wanted to interview parents of young adults who identified as trans. The response was sparse; partly, I think, because I was an outsider. Though always an ally and the mother of two children who identified as queer, I had never been very active in the LGBTQ community. So I was thrilled when Suzanna called to volunteer for an interview. She wanted to tell her story. She thought it might help others.

SUZANNA'S STORY

Suzanna was born in 1960, to a military family.¹ *I'm the oldest of ten*, she said, *Sometimes they forgot my name*. When she met the man she now refers to as *the ex* she thought he would give her *family and stability and sort of a community you could be part of*. The ex was from a Mormon family—*very homophobic*, she explains. Suzanna converted to the church, and felt loved and accepted. Eventually, she would hold her mother-in-law in her arms while the woman was dying.

Suzanna married young and had her first child when she was 16. She explains that she had: *one in the 70s, one in the 80s, and one in the 90s*. It was the middle one, she explains, who threw her for a loop. *My oldest son was 6'2" and grew very fast, but my second son was behind socially, very behind emotionally, very behind physically ... as he began to reach puberty, things weren't happening*. Her middle son was unhappy, at times suicidal. She found this hard to understand. *Robert had a perfect life, a loving mom and dad, enough money ... his own horses ... his own swimming pool, and we lived very well. Rob had everything*.

But there were unsettling incidents. Rob wanted to dance. She agreed to enroll him for lessons, *but there wasn't anywhere that had boys, so oh well, you'll dance with the girls*. When he was five, Rob's dance group won a contest. But when it was time to collect their trophy she found him crying in a corner.

And Rob said, "Mom, I don't look like them, I can't go get the trophy because I don't look like them. They're wearing dresses." And I said, "Honey, boys wear pants, and girls wear dresses. You're not supposed to look like them." Amanda, we had to put sweaters on everyone to get Rob out of the corner. And it was very difficult for me to understand why Rob kept

crying. You won! I could never associate what could be wrong, and I only cry right now because of the emotional turmoil these kids go through, and the clueless parents.

AB: *It doesn't sound like you were clueless*

S: *I was. Absolutely clueless*

AB: *But you were attentive to his emotional needs*

S: *Yeah, so we put sweaters on everyone. And I said, if I put a sweater on you, and a sweater on them—and we have pictures of the whole dance team, with sweaters on*

AB: *Did it work?*

S: *As long as she—as long as he looked like everyone else, he would come out onstage*

[Notice the hint of pronoun struggle. Pronoun mistakes became highly charged after Rob transitioned. Notice too, how I try to make Suzanna feel better in a classic rescue response. She was in tears, and I was uncomfortable. She judged herself harshly, and I wanted to prove I would not judge her. Perhaps it worked. We did seem to have a good rapport. Tears gushed, and words flowed.]

I had a play house room in my home ... the kids could go in and dress up, and Rob always wanted to be the mom, and would bribe the other kids to be the dad, as long as she could be the mom. My oldest went down one day and had a long talk with Rob (crying); it's just so hard because we were really mean to Rob. My oldest son had a long talk about being a man, and your job is to be the dad, you're going to grow up to be a dad, so you need to be the dad, take off the dress and don't wear that apron... Yes. My teenager sat down and said, "Look, look bro, you don't do this." And that was very detrimental, I found out later on this was very detrimental to Rosemary's well-being.

Suzanna's self-criticism continued, as did her tears. *My husband at the time, we were a very homophobic family. He is LDS, and while I'm not, I still supported all their beliefs, which lesbian, transgendered² people are not a part of. At the time, we didn't know the word transgender. Suzanna thought Rob might be gay. Rob is favoring pink, Rob likes to dance, Rob sits like this. Uh-oh, that one's gay. She and her husband had whispered "What if?" conversations that led Suzanna to anticipate her eventual*

divorce: *My ex was so homophobic. He'd literally say things like—he's a very prejudiced person—he would say things like "I don't care if you bring home a black person or a Mexican, I don't care if they're Mormon or Catholic, but they day you bring home another guy, you're written off my list."*

Searching for answers and help, Suzanna took Rob to many doctors, including psychology, psychiatry, what would you call it? *A therapist is what our family called it... They labeled Rob as bipolar, manic depressed, many things. They had Rob on Depecote, Lithium, Trazadone, Lunesta, Paxil, so many things—so many drugs to fix Rob.*

Meanwhile, Rob tried to please his father. He joined the high school ROTC and *small as he was, he did everything he could to make his dad proud—military haircut, very masculine, in uniform most of the time. I raised a son for 20 years ... after graduation, [he] took off his cap and gown, said "to hell with all of you," and took off to California.* [Notice the repetition of "took off" here to describe shedding old habits and escaping.]

Suzanna supported Rob's decision. But then, *I noticed one day he sent a class picture home of his graduating class [in mechanics school] ... and I couldn't find Rob in the photo. And my friend said to me, "I think that's him..." And Rob had this long beautiful hair, very small, and ... here's my little, petite Rob. So I called him up, and said, "Are you okay? What's going on?" It was a very difficult conversation. Rob was very confused, very emotionally disturbed... I said, "On a scale of 1-10, 10 being the very worst, where are you in life?" And Rob said, "Mom, I'm an 11. I'm done."*

She urged him to come home. When he did, she discovered that Rob's thighs and arms were covered with partially healed wounds and scars. He was cutting himself. With Rob's return, Suzanna entered into a vortex. Time swelled and compressed. Her story became disordered, hard to follow—the kind of "marred" or "disrupted" narrative often associated with psychological trauma and complicated grief (Homos-Webb, Sunwolf, & Shapiro, 2004; Mollon 2002)

She learned about "Klinefelter Syndrome," and was persuaded that Rob had all the symptoms. At the same time, Rob was in therapy with a social worker who, she said, *was able to help Rob identify as female, but I didn't know that. I thought the very worst that could happen is that they would pull Rob through it, whatever it is, and I would be told that my son was gay.* Suzanna was prepared to deal with that. It would be "very hard," but she could deal with it.

She wasn't so sure about her husband, *who inevitably divorced me.* [I wish I had asked, "Why inevitably?"] In the midst of the divorce, Rob's therapist called to say, "We've got something to tell you." So she went in for a session. *Rob did a lot of crying that day in J's office. J talked to me about Rob being socially and emotionally handicapped, if you will, very difficult time in life. But female was not brought up; transgendered was not brought up that day. Rob put it in a letter, and said, "I need to tell you that I'm a girl. I'm just a simple girl." I read the letter, and I reread the letter, and I fell apart...*

What does a mother do if their son is their daughter? How do I nurture that one? I started going to a therapist. I was a mess. Going through a divorce with my husband who couldn't accept gay, how do I tell my husband, "We don't have to worry about that, it's a girl?" [With wry humor Suzanna mimics a birth announcement.]

Suzanna turned to the local GLBT support center, where she received counseling that was tremendously helpful. As a cosmetologist, she was in a great position to teach Rosemary how to do her hair and makeup, and when she said, "Mom I just can't wear pants anymore," the two went shopping for clothes. When I observed, "It sounds like in a way, you taught Rob how to be a girl." *I was able to help,* Suzanna explained, *But Rob taught herself.* [Again, pronoun slippage. Rob was a "he."]

Then life threw in a twist. Suzanna received a call from the hospital. A urologist wondered if she would come pick up Rob. *And I said, "Why am I picking Rob up from the hospital?" Dr. Williams said to me, "You didn't know about the mass?" As if everything else wasn't hard enough, I said, "What mass?" The doctor said, "I believe it's a tumor." Rob had a mass in his penis, and the doctor planned to do an organectomy. And I said, "Wow; you didn't know this person was transgendered?" And the doctor said, "I don't know anything about this, but Rob has to go through this surgery." And I said, "No, let me get another opinion here, because we're dealing with a transgendered person, can you do transgendered surgery?" "Absolutely not."*

Suzanna felt it was urgent that Rob receives gender reassignment surgery rather than undergo the amputation of his penis. She explained, *as long as they're in there removing, it would help to not leave my son an "it."* But she was swimming upstream. Even doctors who do perform gender reassignment surgeries are often reluctant to work with someone as young as Rob. *It is very important that we get this done, but my dilemma in the United States is that they won't do this surgery on a child. And now I know why. Psychologically this is a very, very difficult thing.* She finally

located a physician in a nearby state. *So Dr. Bernstein said, "I will work with you, even though this is a young adult ... I will still work with you."* [Notice how Suzanna alternated between describing her nearly 20-year-old son as a "child" and a "young adult."]

For \$30,000 cash up front, Bernstein agreed to perform the surgery. Suzanna sold her home and her business. *So we came home and we packed, paid her, paid the hospital; insurances would not even talk with me.* Suzanna painted a vivid image of the long drive with Rob. Her ex was furious, and called over and over to discourage her. Among other things, he threatened to withhold financial support. *So I was pretty much on my own, and it was scary.*

When the surgery was over, Dr. Bernstein congratulated Suzanna, *"You have a healthy daughter." I cried. I didn't know if I was happy or sad, because I was burying my son. This person I raised, and had so much hope for, was gone.* Rosemary woke up crying with pain. Suzanna's first words to her daughter were, "Happy Birthday." Rosemary smiled, *and she said, "Mom, if I die, will you bury me in a dress?"* The pain was intense, but Dr. Bernstein told Suzanna "She's going to be up and running around in no time. Go home and have fun."

On the way home, Rosemary enthused about her new life as a girl. She told her mom she was straight, because she liked guys. Some months after they got home, the mass came back, and Rosemary had a life-threatening infection. Hospital personnel in her hometown had never encountered a situation like hers. Attempts to reach Dr. Bernstein were unsuccessful. Rosemary was referred to a local cancer center, but *they didn't know what to do either. They were blaming it on the surgery... I was told by a very kind doctor... that they needed to undo the surgery and cut away all of the infected flesh and chances are she wouldn't live. So I called her dad, and said "Remember when you said you would rather have a dead child?" "Yeah, what about it?" Then I said, "Come and tell her good bye." So he came... and he sobbed... and he apologized.*

At one point a doctor said, *"You should have thought of things like this before you did this to your son."* Suzanna would encounter this attitude frequently in the coming months as she was in and out of emergency rooms and clinics. She went back to the urologist who originally diagnosed the mass, and he said, *"I can't help you... not after what you did." They don't understand... They don't know Rosemary, and they don't want to know Rosemary. They're not ready. So I sat in the hospital alone. Well,*

not entirely alone. Young people from the local LGBT support center visited Rosemary. *They would whisper in Rosemary's ear, "You can make it." "You can do this." "We love you."* [One way Suzanna copes with pronouns is by using names instead. Hence the repetition of Rosemary's name in this passage.]

THE DEFENDED RESEARCHER

A year after Rosemary's surgery, Suzanna and I met for our first interview. I described her in my field notes as: "lovely, petite, with long shapely hair, in a revealing dress, full of energy, full of tears." Trying to make sense of inconsistencies in the interview, I described her as a "defended subject" (Hollway and Jefferson 2012). I thought she withheld information and adjusted her story to deflect judgments. I was struck by her attachment to the gender binary (Butler 2004). I focused on her resistance around intersex issues (not wanting her child to be an "it") and her use of labels ("straight," "transgendered").

I felt lumbering and dowdy next to Suzanna. Generally, my fascination with her story and my eagerness to support and encourage her held this in check. But in moments of insecurity my "professionalism" came to the fore. I jumped in with advice that was at least partly about restoring my own sense of competence and (perhaps) superiority. When she told me she was having trouble with her health insurance company—one doctor recorded a diagnosis of gender dysphoria, and subsequent medical bills were not covered—I said, *So, you haven't talked to a lawyer about it?* [Notice the judgment hiding behind negative phrasing, almost as if I was asking, "Why haven't you talked to a lawyer?"]

She responded, *Thanks for reminding me ... the law clinic has some wonderful people who help the LGBT center... We can go in and talk with them,* reminding me that she did know what she was doing, but acknowledging the idea wasn't totally off base. With that encouragement, I pressed:

AB: *It seems like a—just consulting a little bit.*

S: *Right,* she said, to cut me off. She then described her extensive conversations with the insurance company, concluding... *for a single mom it's a big deal.*

AB: *For anybody it would be a big deal.* [My direct intent was to assure Suzanna she was not alone, but I later worried that she heard this as assertion that I knew more.] *I hope you'll talk to them.*

S: *The insurance company?*

AB: *The law clinic.*

Our first interview ended with this exchange.

After our meeting, I felt overwhelmed by Susannah's suffering and troubled by gaps and inconsistencies in her narrative. I wondered whether I could trust her; whether she could trust me. I was conscious of the differences that separated us: differences in education, career, family background, marital status, and our performance of gender. I wanted to write about her experiences, but was reluctant.

I shared her narrative with a colleague who identified as trans. We puzzled over the intersex possibilities, and agreed that Suzanna's support for her daughter's reassignment surgery reflected a widespread, but misguided, allegiance to the gender binary. The brave new gender-free world we anticipated had no room for such reactionary attitudes. Our conversations were intellectual, far-reaching, and deeply engaging. But at times, I felt disloyal, as if I was gossiping out of turn. I decided to invite Suzanna for another interview in hope that a second pass might clarify narrative inconsistencies and relieve my own ambivalence.

MEETING AGAIN

A long, painful year had passed since our first interview. Rosemary's health stabilized, but she still struggled with the daily ritual of dilation. As Suzanna explained, *They don't want the vaginal cavity to close as a wound, and it will. So a transgendered person has to keep dilating. And this is all new to us We've had to lay there, play soft music and psyche ourselves into this ritual that has to take place. And I would imagine that has to happen for a very long time, if I take my earrings out, will my hole close back up? Yeah, it kind of has. So I would imagine that these people have to do this for a while...* Suzanna urged Rosemary to continue, even if she had to drop back to a smaller dilator. Dilation, for Suzanna, was part of the cost Rosemary paid to remain a woman. [Note "these people." A bit of distancing?]

Rosemary also experienced what her mother came to see as "phantom pain." *As a parent to another parent, please consider this is life-changing. This is body altering. There is phantom pain that no one explained to me ... Phantom pain is a huge chapter that no one prepared me for.* The pain had no apparent physical cause, so someone in the hospital concluded that Rosemary was drug seeking, and cut her off pain medication. Suzanna, too, found it hard to believe the pain was real: *When she's up and running around, then grabs herself and doubles up in pain, I'm not buying into that.*

AB: *It reminds me of menstrual cramps*

S: *They think they are. They think they're having menstrual cramps. That's how Rosemary defines it. I've asked her, "does it hurt even in the area, genitalia area?" "Yeah it does." "And in as much as you're bleeding?" "Yeah." "Really? Hm. Okay, I'll buy you another box of pads if it helps you feel better." So these are things I was not prepared for*

AB: *I keep thinking it's part—we were taught—it's part of becoming a woman, you know, menstruating. So I just wonder if*

S: *If there is really pain, it's got to be a phantom pain, because she's healed. I've called the doctor in who did the surgery, and she said "Suzanna, she has nothing to cry about. She's healed up, she's fine." Dr. Bernstein says this is all pretty normal. So, I'll play along with Rosemary, if she wants me to buy pads, I'll buy them*

[Notice how Suzanna reaches out "as parent to another parent." Then we talk across each other a bit. I was interested in Rosemary's process of becoming a woman. But Suzanna focused on how she coped with her daughter's phantom pain: seeking reassurance from the physician who did the reassignment surgery and deciding that if Rosemary wanted pads she would "play along."]

During this first post-surgery year Suzanna spent most of her time either working or caring for her daughter. Rosemary was very clingy, *won't be more than ten feet away from me. They have to learn to pee, and everything. Brand new. And so for a young adult, it's very hard on hormones. The transgendered youth are on hormones. I got very frustrated with her at one point, I'm tired of her kicking and screaming and emotional roller coaster. And he [who?] said, "What you don't understand is you have a 22-year old, going on 15."*

So Suzanna taught her new daughter how to shop for clothes and do her make up. When Rosemary worried about her voice being too low, Suzanna arranged for a vocal coach. Later, she paid for a tracheal shave to shrink Rosemary's Adam's apple. She managed her daughter's medical care and, when the bills became overwhelming, helped Rosemary negotiate medical bankruptcy.

S: *and now I'm having to explain to my daughter what sex is like, and that's really hard to do*

AB: *So can she have sex safely?*

J: *Yeah. As long as her partner, you know. I've had to talk to her about safe sex. Well duh, mom... She apparently, for the first time in the last few months, has had a boyfriend. She has spent the night, I'm not sure what has happened, but she says she's really happy with him. I asked her if she's still dilating, she says she is. "But I can't go up to a certain size that Dr. Bernstein has suggested." "Ok sweetie, not everybody does. Just be patient, and don't feel like you have to jump through all these hoops." This is a long conversation for moms that nobody taught me how. I wasn't prepared for the phantom pain, and the crying all night. I wasn't prepared for the dilation and her being back in a hospital that didn't accept it*

At the same time, Suzanna was grieving the loss of her son. In this second meeting, she described an incident that was emblematic. One day, she came home to find her daughter sitting on the floor in the hall, family photo albums scattered around her. Rosemary was in a rage, and insisted that her mother destroy every picture of Robert as a child. Suzanna sat down on the floor and, with her new daughter looming over her, paged through six volumes of memories. She tore out every photo of her son and destroyed it.

Suzanna was optimistic about the future. She looked forward to the time when Rosemary would be more independent and she (Suzanna) could have an apartment of her own; maybe even a partner.

One of Suzanna's favorite phrases is, "You're amazing!" In our first interview, she used it when I said I would transcribe her interview myself. Rereading the transcript of our second meeting, I still find her stamina and commitment... amazing. Actively grieving her son, she supported her daughter through tears and tantrums, dilation and bankruptcy; her only complaint that she "wasn't prepared." This hints

at Suzanna's awareness that the work she and Rosemary are doing is groundbreaking, an insight that came to the fore a year later when we met for the next interview.

FINAL INTERVIEW

At our third and final interview, Suzanna explained that Rosemary still suffered from abscesses. She had one on her pelvis at the time. But Suzanna seemed to have moved from coping with to understanding her daughter's pain.

S: *I understand her emotional roller coaster... I have to look at it as an opportunity for education. Education... When she goes in, I don't mind talking to the nurse, [explaining] that she once was male. Sometimes she's in so much pain she can't talk, it's that bad... And I'm hoping there will be a day when she can freely say "I am a transgendered person." without emotion.*

AB: *Do you think she's embarrassed about it?*

S: *I think she doesn't want anybody to see him [Rob]. She doesn't want him to be known.*

AB: *That's part of her that she has this relationship with.*

S: *We destroyed that. That was trauma for mom.*

AB: *She doesn't see Rob as a part of her. Is he an enemy? An embarrassment?*

S: *I would say an enemy, an embarrassment, a wrong thing. This was wasted time... There was something seriously wrong. And he doesn't want to reflect on that time, and he doesn't want to be reminded of the punishment for acting female at all. [Suzanna's pronouns slip, as she refers to Rosemary using "he."]*

To some extent, Suzanna accepted my suggestion that Rose was embarrassed by Rob, but she saw a more distant, combative relationship between her daughter's present and past selves.]

Two years after Rosemary's surgery, our conversation widened to other family members. When her youngest daughter came out as lesbian, Suzanna said, *It was hard on me, and I don't know why... I sort of felt like I had failed as a parent, and I don't know why because I've been*

through all these courses with Rosemary. I think part of it is social pressure. She spoke of encountering blame from extended family and other people in the community, and expressed resentment: *I'm doing what's healthy for our child. The family was really hard on me.*

Rosemary continued to have health problems, but Suzanna now had a name for them: "reoccurring benign tumors." Rosemary still worried about her presentation: "Am I passing as female? Did my voice drop? Mom, is my hair okay?" Nonetheless, she was making progress in school. Her mother said, *I think she's looking really good and I think she's doing really good.*

But as she moved out into the world, Rosemary faced a trauma that is tragically common for trans individuals: she was assaulted.³ Or, as her mother put it, *She was abducted and beat up.* Suzanna didn't know the details. She understood that, in the school parking lot two men pushed Rosemary into her car while she was trying to unlock it. When other students saw the struggle one of the men took off, and by the time a teacher came the other one had gone, as well. *The teacher came out and she had been hurt and they took her to the hospital...* She went to a friend's house and texted her mom to say she was *in a really dark place*, but she was safe. Suzanna didn't see her for a week.

Then Rosemary and her boyfriend broke up. They had been spending the night together, but in the end *he really just broke her heart... he found a girlfriend and went that route and...* Rosemary was—*she just wanted to be—a straight girl, and was looking for boyfriends and maybe because of her pain or what, I'm not sure. She's navigating now to girls.*

Suzanna was seeing a man she liked very much, but he didn't want to commit and had recently renewed his connection with a former lover. The two were texting a lot, and this made Suzanna uncomfortable.

AB: *I can see why*

S: *Thank you. He seems to think, "Well you're being weird on me..."*

AB: *And he won't accept boundaries on that friendship...*

S: *No boundaries... We're not having sex is his reply. I'm sorry, but just an emotional buddy is something different*

AB: *That could be... Are her texts romantic?*

S: *Yes, sometimes... she borrows money from him. They broke up five years ago, but when she found out about me she started stepping back in*

AB: *I'll be darned... have you ever met her?*

S: *No. I've told him, if she's nothing let's all go out. Let's just all go do something together. I could tell he was very uncomfortable...*

AB: *I see why that feels awkward.*

S: *I appreciate him... As far as my kids go, he's been very accepting and that just means so much to me. But, I'm, I don't know that I'll stick in a situation that—*

AB: *He doesn't sound like a good bet.*

S: *Yeah, not a good situation. And the kids really like him, so I suppose it's possible to find someone out there that says, "Oh your kids are gay-Gay, my kids are gay, that's cool." Maybe that will happen.*

[Notice how casual this exchange sounds. Even as it transgressed the bounds of research, this marked the beginning of our friendship.]

I noticed a shift in Suzanna's understanding during this interview. She said, *We're kind of making history for future generations. I think future generations will let their children choose their gender. [Boy] children won't be punished for the Barbie shoes... teenagers will come together discussing their gender openly, and comfortably.* I asked her whether some might choose to live outside the gender binary. *Yeah, we know some now, that don't want surgery, but dress female most of the time and every once in a while male... and maybe just get away from the pronouns.*

Though we no longer meet for interviews, Suzanna and I stay in touch through emails and phone calls. We share stories over lunch and locate the parallels in our lives. We're both firstborn children. We've had difficult marriages and nonconforming children. We love books. When my daughter was diagnosed with an auto-immune disorder, Suzanna supported me through her crises and surgeries, always reassuring me, *You're an amazing mother.*

Suzanna is single and thinks that at 55 she's too old for romance. I gave her my book on the subject. She says, *Yeah. I tell people, I have a friend who's published a book!* And I can't resist saying, *I've published seven books*, to which she replies, *You are amazing!* We talk about writing a book together. *Maybe it would help people.* We both take notes during our conversations. Sometimes we tell each other what to do. When I get too scruffy she threatens to cut my hair. She reminds me to tell my children I love them every day. Sometimes we feel like we're reinventing motherhood, even as our children challenge and are challenged by the gender binary.

REFLECTING ON RESEARCH PRACTICE
(LESSONS LEARNED)

It took years for me to overcome my reluctance to write about Suzanna's experiences. Concerned about appropriating her narrative, I invited her to join me as a coauthor. She declined, *Honestly, I don't have the time!* Perhaps she's deferring to me as the book expert, but I think she's saving up to write her own book. As you can see, I eventually managed to write this chapter by framing it as the story of our relationship, a narrative I could legitimately "own."

In qualitative research, reflexivity helps us locate subjectivity in the research process (Gough 2003). Often, the reflexive impulse stops with identity, as when researchers give a nod to some aspect of their resumes that might have influenced research decisions.

But reflexivity can also manifest more deeply. Bracketing is an inherently reflexive process. Some suggest that it enables the researcher to control bias, almost as if our beliefs and attitudes could be constrained by punctuation (Tufford 2012). But I use bracketing to interrogate my research practice and, as Constance Fischer put it, for "looking backward and inward in a self-aware manner" (2009, p. 584). This helped me locate the slow shifts in perspective that Suzanna and I experienced during our five-year engagement. It also illuminated subtle power dynamics of our interviews. Finally, I think bracketing invites readers to enter into the analytic process, and form their own interpretations.

In a postmodern ontology, identities are multiple and fluid. This isn't captured in a single encounter between "researcher and subject," yet single interviews make up the lion's share of qualitative social work research. Over the long engagement described in this chapter, Suzanna and I explored the mutability of gender and sexual orientation, as well as the shifting sands of motherhood while our circumstances and perspectives evolved.

Finally, we stepped outside of our research roles to call each other *friend*. My professional indoctrination led me to see this as a transgression; but the friendship survives, enabling us to learn from and support each other in productive and satisfying ways. These days, when she tells me I'm amazing, I reply, "We're both amazing!"

NOTES

1. All names but mine are pseudonyms.
2. According to the Human Rights Campaign, trans women face a disproportionately high risk of violence. In 2015, at least 21 trans women were killed. Further, the HRC estimates half of all trans people will be sexually assaulted at some point in their lives. (Human Rights Campaign 2016).
3. The language of gender identity language is often contested. Suzanna used the unpopular term "transgendered" frequently in our early meetings, and I have chosen to retain it here to maintain the integrity of her quotes.

REFERENCES

- Butler, J. (2004). *Undoing Gender*. New York: Routledge.
- Fischer, C. (2009). Bracketing in Qualitative Research: Conceptual and practical matters. *Psychotherapy Research*, 19(4-5), 583-590.
- Gough, B. (2003). Deconstructing Reflexivity. In Finlay, L. & Gough B. (Eds.). *Reflexivity: A practical guide for researchers in health and social sciences*. Oxford: Blackwell Science LTD, 21-39.
- Hollway, W. & T. Jefferson. (2012). *Doing Qualitative Research Differently: A psychosocial approach*. Newbury Park, CA: Sage Publications.
- Homos-Webb, L., Sunwolf, & Shapiro, J. L. (2004). The healing power of telling stories in psychotherapy. In Raskin, J. D. & Bridges, S. K (Eds.). *Bridging the Personal and Social in Constructivist Psychology* (pp. 85-114). New York: Pace University Press.
- Human Rights Campaign. (2016). Addressing Anti-Transgender Violence. <http://hrc-assets.s3-website-us-east-1.amazonaws.com/files/assets/resources/HRC-AntiTransgenderViolence-0519.pdf>. Accessed May 17, 2016.
- Mollon, P. (2002). *Remembering Trauma: A psychotherapist's guide to memory and illusion*. New York: John Wiley & Sons.
- Tufford, L. (2012). Bracketing in Qualitative Research. *Qualitative Social Work*, 11(1), 80-96.
- Walker, J. (2010). The Death of David Reimer: A tale of sex, science, and abuse. In R. F. Plante & L. M. Maurer (Eds.). *Doing Gender Diversity: Readings in Theory and Real-World Experience* (pp. 33-35). Boulder: Westview Press.