Creating Social Change Through Creativity
Anti-Oppressive Arts-Based Research Methodologies

EDITED BY
Moshoula Capous-Desyllas
Karen Morgaine
CHAPTER 6

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

Amanda Barnsch

BEGINNINGS-
Notions of linearity, causality, and agency help to impose order on the juggling 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
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. I'm the oldest of ten, she said. Sometimes they forget my name. When she met the man she now refers to as she, 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 62.66 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. Roberts 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 do 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 felt...

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divorce. My ex was so homophbic. He'd literally say things like—"he's a very propaganda person—he would say things like "I don't care if you're Jewish or Catholic, a black person or a Mexican, I don't care if they're Merman or Catholic, but they'd say you bring homophbic people, you'd better off my list."

Searching for answers and help, Suzanna took Rob to many doctors. A therapist is what including psychology, psychiatry, what would you call it? A therapist is what they referred to as bipolar, manic depressed, many of our family called it... They labeled Rob as bipolar, manic depressed, many of our family called it... They had Rob on Depo-Provera, Lithium, Trandate, Lamictal, Prozac, so many things—to 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 protested—military haircut, very masculine, in uniform most of the time. I protested. Rob had a run for 20 years... after graduation, [he] took off his cap and annu, said "to tell wish 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 Rob had a run for 20 years... after graduation, [he] took off his cap and annu, said "to tell wish 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 Rob had a run for 20 years... after graduation, [he] took off his cap and annu, said "to tell wish all of you," and took off to California. [Notice the repetition of "took off" here to describe shedding old habits and escaping.]

The word was out: "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."

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 panic. Time swelled and compressed. Her story became disordered, hard to follow—the kind of "marrer" or "disrupted" narrative often associated with psychological trauma and complicated grief (Honsen-Welch, Sunwol, Shapiro, 2004; Molten 2002).

Suzanna talked about "Klinszche Syndrome," and was persuaded that Rob had 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 put 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.
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; insurance 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 to much hope for, was gone. Rosemary woke up crying with pain. Suzanna's first words to her daughter were, "Happy Birthday." Rosemary smiled, and 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. 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 wouldn't 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, "Ten 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. We, 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 auburn hair, in a revealing dress, full of energy, full of tears." Trying to make sense of inconsistencies in the interviews, I described her as a "defended subject" (Holloway and Jefferson 2012). I thought she withdrew 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 intimacy issues (not wanting her child to be an "it") and her use of labels ("straight", "transgendered").

I felt humbling 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 rescuing my own sense of competence and (perhaps) superiority. When she said 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:

A: It seems like a—you 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.
A: For anybody it would be a big deal. My direct intent was to assure Susanna she was not alone, but I later worried that she heard this as assurance that I knew more. I hope you'll talk to them.

S: The insurance company?

A: The law clinic.

Our first interview ended with this exchange.

After our meeting, I felt overwhelmed by Susanna'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 intersect possibilities, and agreed that Susanna'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 glossing over the turn. I decided to invite Susanna 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 Susanna 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 paddy ourselves into this ritual that has to take place. And we would imagine that has to happen for a very long time, if I take my evaginations out, will my hole close back up? Yeah, it's kind of not. So I would imagine that these people have to do this for a while... Susanna urged Rosemary to continue, even if she had to drop back to a smaller dilator. Dilation, for Susanna, was part of the cost Rosemary paid to remain a woman. (Note these people: A bit of distancing?)

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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. Susanna, 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.

A: 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, genital area?" "Yeah, it does." "And in as much as you're bleeding?" "Yeah." "Really? Mom, Okay, I'll buy you another box of pads if it helps you feel better." So these are things I was unprepared for.

A: I keep thinking it's pain—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, "Susanna, 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 Susanna 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 Susanna 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 Susanna 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. Broad nose. 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 so [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 negociate 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?

F: Yeah. As long as her partner, you know. I’ve had to talk to her about safe sex. Well, now… She apparently, for the first time in the last five months, has had a boyfriend. She has slept 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 diluting, she says she is. ‘But I can’t go up to a certain size that Dr.一个人 has suggested.’ Ok, so it’s 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 many that nobody taught me how. I wasn’t prepared for the emotions, 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 nurses, [explaining] that she was nuclei. 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 mum.

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 wanted 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 pauses 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 Suzanne now had a name for them: “recurrent 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.” I think she’s doing really good.

But as she moved out into the world, Rosemary faced a trauma that is traumatically common for trans individuals: she was assaulted. Or, as her mother put it, she “was abducted and beat up.” Suzanne 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 of the men took off, and by the time a teacher came she and 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. Suzanne 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: “I 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.

Suzanne 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 Suzanne uncomfortable.

AB: I can see why
S: Thank you. He seems to think, “Will you be 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 would be... Are you texts romantic?
S: Yes, sometimes... she borrowed money from him. They broke up for years ago, but when she found out about me she started stepping back in...
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 saying 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 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


