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Transgender Individuals' Perceptions of Maternal Support in Central Appalachia

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ABSTRACT

The psychosocial experiences of transgender individuals are shaped by specific cultural beliefs and values that influence family and community interactions. Using a constant-comparative approach to thematic analysis, we analyzed in-depth interviews with 25 transgender-identified adults in Central Appalachia and discovered that their mothers play a crucial role in their social support experiences. Participants described supportive and unsupportive interactions with their mothers and how their mothers' attitudes and behaviors evolved in positive directions over time. They also perceived that their mothers played a key role in influencing how other family and community members behaved toward them. Participants gave meaning to their mothers' behaviors by placing them in the context of strong cultural values about distinct gender roles, family loyalty, religious conservatism, and pride of place. These findings serve as a reminder to family mental health practitioners and health service providers to directly assess family and community strengths and draw on these resources to facilitate the well-being of clients from stigmatized and under-resourced populations.

KEYWORDS

transgender; rural; social support; mother; family; cultural values

Psychological research on transgender identities and experiences has exploded in recent years. Much of this research has documented experiences of discrimination and mental and physical health outcomes that accompany life in an environment often hostile to persons who partially or completely disidentify with their assigned birth sex or fall between or outside gender binary categories. To address a current gap in this literature, we sought to understand perceived social support in a sample of 25 transgender adults who live in Central Appalachia. We drew on Walsh's (2016) conceptual framework that centralizes the role of relationships in individual resiliency, and on Campos and Kim's (2017) argument that relationships, themselves, are enacted in a larger social context of cultural values that influence health and well-being. In the case of trans-identified residents, family and community

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relationships in Central Appalachia may reinforce stigma and stress and/or offer strengths and resources that promote resiliency. From this conceptual starting point, we sought to understand transgender adults' lived experiences of social support in their rural communities. In this article, we focus specifically on the role of maternal social support in the socio-cultural context of Central Appalachian communities.

Social support and well-being in transgender adults

Stigma and discrimination are significant health risk factors in the lives of transgender individuals (Reisner, White, Bradford, & Mimiaga, 2014). Social support from family and friends is associated with less psychological distress (Budge, Adelson, & Howard, 2013) and greater life satisfaction (Erich, Tittsworth, Dykes, & Cabuses, 2008) in general samples of transgender adults. However, compared to their cisgender siblings, transgender individuals perceive that they get less family and friend support (Factor & Rothblum, 2008). Qualitative interviews with 20 transwomen of color in the New York City metropolitan area found that about half of the participants experienced support for their identities and gender expression from their mothers, but few experienced comparable support from their fathers (Koken, Bimbi, & Parsons, 2009). In open-ended responses to an internet survey, an international sample of 110 transgender adults reported that one of their most important needs as gender-variant children was the love, support, and acceptance of their parents (Riley, Clemson, Sitharthan, & Diamond, 2013). A survey of transgender residents of Virginia found that transgender individuals with more family support and those who live in rural, rather than suburban, communities were less likely to report experiences of discrimination in housing, healthcare, and employment (Bradford, Reisner, Honnold, & Xavier, 2013). Family and community support may be particularly important to transgender individuals in rural areas such as Central Appalachia, where cultural values and transgender-specific community organizations, social networks, health care, and other resources are scarce, difficult to access, or nonexistent.

Transgender adults in Central Appalachia

Central Appalachia (i.e., Eastern Kentucky and Eastern Tennessee and Western Virginia and West Virginia) is the poorest and most economically depressed region in the United States, with high rates of unemployment, substance abuse, and chronic disease (Appalachian Regional Commission, 2015). Persistent poverty that undermines health and education from generation to generation underlies long-standing negative stereotypes of the people of Appalachia as “degenerate, uncouth, and lazy,” and uneducated “hillbillies” (Harkins, 2004, p. 4). Declining economies have shifted gender roles within families such that women, often in low-paying jobs, are likely to be their family's primary or sole provider (Burton, Lichter, Baker, & Eason, 2013).

Some counties in Central Appalachia are remote and isolated. Political and religious conservatism reinforce prejudice against sexual and gender minorities (Baunach, Burgess, & Muse, 2010). According to the National Center for Transgender Equality (2017), no state laws in the region protect this marginalized population from discrimination in employment, housing, or public accommodation. Considering the economic and political climate in these states, best practices and guidelines for meeting the unique needs of rural transgender individuals are crucial.

Some traditional cultural values may contribute to a hostile environment for transgender individuals. Many Central Appalachians hold militaristic attitudes, adhere to traditional gender roles and fundamentalist religious beliefs, and distrust outsiders and institutions (Latimer & Oberhauser, 2005). Other cultural values, however, may motivate social support. For example, cultural values including communality, mutual respect, hospitality, family loyalty, and individualism (Salyers & Ritchie, 2006) may motivate family and community members to interact with transgender residents in ways that are supportive and inclusive.

Most research on transgender individuals has collected data from convenience samples drawn from large metropolitan areas leaving a gap in research on rural transgender populations, and research on rural transgender populations is needed. Comparative studies are few, however some findings have documented poorer mental health in rural transmen compared to their nonrural counterparts (Horvath, Iantaffi, Swinburne-Romine, & Bockting, 2014). Some research has also documented differences in the psychological distress of transgender individuals by geographical region (Sinnard, Raines, & Budge, 2016). On the other hand, a qualitative analysis of responses from mostly lesbian, gay, and bisexual participants that lived in nonmetropolitan communities found that, in addition to stigma-related challenges, rural residents experienced and appreciated the strengths of their communities, especially the close, supportive relationships with family and friends (Oswald & Culton, 2003).

Together, these studies present a mixed picture of the challenges and supports that transgender people experience in their families and communities. We could locate no published empirical studies that have focused specifically on Central Appalachian transgender people. Therefore, the purpose of a larger study was to situate the universal need for social connection and support at the intersections of transgender identity, family relationships, and Central Appalachian communities. In this article, we focus specifically on transgender adults' perceptions of maternal social support, highlighting the somewhat surprising discovery of the paradoxical power of mothers in their families and rural communities. In addition to challenges and stresses that have been documented by others, we specifically sought to identify sources of strength and resilience in families and communities that might point to systemic interventions that facilitate well-being in this under-researched population. Our guiding research question for this analysis was, "What role do mothers play in the social support experiences of transgender individuals in Central Appalachia?"

Methods

Participants

A total of 25 transgender adults volunteered for one-on-one, face-to-face interviews that were conducted in 2014. Their ages ranged from 19 to 64 ($M = 34.48$ years; median = 26 years). Forty-eight percent of participants resided in Central Appalachian regions of eastern Kentucky, 8% in West Virginia, 16% in Virginia, and 28% in eastern Tennessee. Eighty-eight percent of participants were White/European American and 12% were White/Native American. Fifty-two percent identified as female-affirmed or assigned male at birth and 48% identified as male-affirmed or assigned female at birth. One participant described a “non-sexual” orientation, another reported being “demi-sexual,” one person said “mostly lesbian,” another reported being “bisexual/straight,” two participants described themselves as “pansexual,” two stated they were “gay,” three were “lesbian,” seven identified as “heterosexual/straight,” and seven identified as “queer.”

In terms of relationship status, 8% of participants reported being legally married, 24% were divorced, 32% were partnered/dating, and approximately 60% were single at the time of the interview. The individual annual income of participants ranged from \$0 to \$90,000, with 64% choosing the category \$0-15,000. All but one participant had graduated from high school, and 28% had graduated from college or a technical school. Twelve percent of the participants were retired, 76% were employed, and 12% were not employed.

Data collection procedures

A semistructured interview protocol focusing on social support experiences was piloted and revised. Prompts included, “What’s it like being transgender and living in [insert community here]? Who has been supportive of you since coming out as transgender? In what ways? Who has been the most supportive? In what ways do people show their support for you?”

To recruit volunteers for the study, the first author attended a local transgender support group to share information and criteria for participation (over 18, identified as transgender, and a resident of Central Appalachia). Two people volunteered to be interviewed and snowball sampling (Gardner, 2009) was used to recruit additional participants. An audiotaped interview of approximately 60–90 min was conducted by the first author at the participant’s home, another participant’s home, or in a private room at a local library. Participants were offered \$25 to reimburse them for their time. All study procedures were approved by the University Institutional Review Board.

Data analysis

Multiple data sources and analytic strategies increased the trustworthiness and credibility of the findings (Berg, 2001). A combination of interview data, direct

observations, field notes, reflexive writing, peer review, auditing, and member checks were used to triangulate findings. A research team of faculty members and graduate students provided feedback on the interview protocol and the preliminary coding. Nineteen participants also provided feedback on the accuracy and completeness of their interview transcript. Four of these participants reviewed the preliminary findings to provide a member check on their veracity.

Interviews were transcribed verbatim and checked against the audio-recording prior to data analysis. Reflexive grounded theory recognizes that data analysis is not free from subjective interpretation. The researcher influences the interpretation of data through personal biases, assumptions, and prior experiences. As a White, cisgender, lesbian woman from Central Appalachia, with an androgynous gender expression, the first author had a level of insider knowledge and status that helped her gain the trust of participants with intersecting identities (i.e., transgender and Central Appalachian) who are often distrustful of the motives of outsiders. On the other hand, the first author was also aware of potential personal biases, based in her personal history, that could inadvertently shape data collection and analysis. To ensure the trustworthiness of the findings, the first author engaged in reflexive writing (Corbin & Strauss, 2008) prior to interviews and throughout data collection and data analysis.

The second author identifies as a White, same-sex partnered, cisgender female from the Southern region of the United States. She also identified potential biases that could inadvertently influence her feedback on the interview protocol and her understanding of the data, including an early assumption that religious fundamentalism and political conservatism might pose insurmountable challenges to transgender individuals' experiences of social support. Both authors read all transcripts, with specific attention to disconfirming evidence of their initial assumptions. The first author performed the analyses, with the second author serving in an auditor role during each phase of coding and interpretation.

The qualitative approach to data analysis was grounded in the lived experiences of the participants and used an inductive, discovery-oriented, and interpretive approach (Marshall & Rossman, 2016). The central role of mothers in the participants' descriptions of their social support experiences emerged in the interviews; for this article the participants' talk about their relationships with their mothers was extracted from the 25 interview transcripts for systematic analysis. Coding proceeded through three stages that required multiple readings and line-by-line coding of the text. In the first stage of coding, the text of each transcript was assigned preliminary thematic labels. After coding each line of text, codes were combined into larger categories. Categories across the full set of transcripts were subjected to a constant comparison process to produce general themes. At this stage, some themes were combined and others were divided into subcategories to create a thematic structure that elucidated transgender participants' perceptions of their Central Appalachian mothers' key role in their social support experiences.

Results

The lived experiences of Central Appalachian transgender adults included both supportive and nonsupportive interactions with their mothers. Beyond these direct interactions, mothers also exerted influence on the social support provided by other family members and sometimes by the community. Participants perceived that the quality of their mothers' support evolved in a positive direction over time. Perceptions of their mothers' influence were situated in Central Appalachian cultural values and beliefs about gender roles, family loyalty, religious conservatism, and pride of place. These multiple levels of maternal influence on social support in the direct relationship with the transgender child, in interactions with the extended family, and in interactions within the community, are further described and illustrated with the participants' own words.

Perceived support in the one-on-one relationship with mom

More transgender participants described generally supportive interactions with their mothers (70%); fewer participants expressed similar perceptions of support from their fathers (32%). Twelve participants (6 female-affirmed; 6 male-affirmed) perceived that their mothers were immediately supportive, and 7 of these participants said they disclosed their transgender identity to their mothers first before telling other family members. Three participants noted that they were surprised that their mothers were not shocked by their disclosure. Although less frequent, eight participants (4 male-affirmed; 4 female-affirmed) recalled unsupportive and rejecting interactions with their mothers that were painful and difficult. Five of these mothers who were initially rejecting were able to absorb the information and provide unwavering support over time.

Supportive interpersonal interactions with mom. For participants like June (age 25, female-affirmed, TN), maternal support was her only source of family support. *"My family never really gave me a lot of emotional support, except my mom..."* Two mothers were actively involved in the selection of the participant's name. Blossom (age 59, female-affirmed, KY) learned that her mother had intended to name her after Blossom's two grandmothers. She recounted this conversation with her mom, *"I said to her, 'If ... you'd like me to take that name..., I would feel honored to.' ... [S]he had a tear in her eye and ... said, 'I really want you to if you would.'"* Participants felt supported when their mothers validated their new name and used it consistently.

Participants recalled with appreciation the times that their mothers told them they were *"beautiful"* or *"handsome,"* posted pictures of them on Facebook, or displayed framed photographs of them. Female-affirmed participants talked about *"doing each other's hair,"* discussing hair and make-up tips, or shopping for (or sharing) gender-appropriate clothing and accessories with their mothers. Participants interpreted these behaviors as indications of support.

Participants felt supported when their mothers noticed how much happier they were after transitioning. These participants perceived that their mothers could, for the first time, really “see” their authentic selves. Some participants noted that their mothers became more publicly supportive as the participant’s authentic self emerged. Other participants thought that their mothers were so deeply impacted by witnessing their transformation that they became motivated to advocate on behalf of their child. Kat (age 26, female-affirmed, TN) shared, “*My mom, God bless her heart, ... joined the PFLAG group,*” a clear sign to her of her mom’s support.

Unsupportive interpersonal interactions with mom. Not all interactions with mothers were supportive, according to participants. Three participants recounted instances when their mothers tried to coerce, threaten, or bully them into ceasing or concealing their transition. For example, some mothers threatened to withdraw financial support or to evict them from the family home to prevent the participant’s transition. Jay (male-affirmed, age 19, TN) recalled that his mother took away his car keys and told him she wished he were dead rather than transgender. Afterwards, he had to leave home and stayed with friends for a few days until his mother “*calmed down.*”

Some mothers refused to discuss the participants’ transition or to refer to them by their affirmed name and pronouns, even after the participants no longer physically resembled their birth sex. Stephen (male-affirmed, age 43, VA) recalled that his mother would frequent the local service station where he worked. By this time, he had a noticeable amount of facial hair, a deepened voice, increased musculature, and wore stereotypical male attire. Nevertheless, his elderly mother entered his place of work and insisted on calling him by his birth name and using female pronouns. Stephen experienced these interactions as painfully rejecting, yet simultaneously insisted that his mom was not intentionally trying to hurt him. After describing these interactions, Stephen pondered aloud, “*I know my mom loves me, ... but ... if I weren’t her kid and we passed ... on the street, ... Would she ... say hello to me? Would she even like me?*” Stephen perceived that his mother interacted with him solely because of kinship ties and family loyalty, even while rejecting his gender identity and expression.

Mateuz (age 23, male-affirmed, KY) labeled his mother’s initial reaction as one of grief and loss. “*I think with mom, unfortunately, her sister died about the same time that I started transitioning. She saw it as a lot of loss all at once. I think that loss [of her sister] really affected her the most.*” Mateuz did not feel supported by his mother, but attributed her behavior to compounded grief, rather than outright rejection of his transgender identity.

Three participants perceived no support from their mothers and planned to leave their rural communities. Charlie (age 24, male-affirmed, TN) felt pressured by his mother to continue attending his parents’ conservative church, despite the alienation he felt. Two participants, one male- and one female-affirmed, concealed their transgender identity and gender expression from their mothers to avoid their

rejection. Diane (age 39, female-affirmed, KY) said she felt comfortable dressing according to her gender identity around her mother, but her mother insisted Diane conceal her transgender identity around extended family. “*She doesn’t want the uncles or family to [know I’m transgender]. ... When I wear a dress, [and we] ... go somewhere, I [have] ... to go out [through] of the garage [so no one will see me].*” Diane was unsure whether to attribute her mother’s lack of support to feelings of shame or to fears that Diane’s health and safety might be at risk.

Evolving support. According to some participants ($n = 5$), their mothers became more supportive over time. For example, despite many painful interactions, Stephen’s mother eventually offered at least occasional support. Stephen’s example of support was the first time his mother referred to him by his chosen name. “It was the first time I felt ‘seen’ by her,” he stated. However, almost as if she had caught herself, she immediately reverted to using his birth name.

Participants noted that their mothers’ support did not follow a direct, linear path, but waxed and waned. Initially unsupportive mothers gradually became noticeably more supportive over time, sometimes in a matter of weeks or over the course of many years. A portion of mothers eventually became public advocates for transgender rights.

Their mothers’ increasing support seemed to parallel participants’ physical and emotional transformation. For example, male-affirmed participants commonly noted their mothers became more supportive as the participants’ appearance became more masculine. For example, Jordan (age 23, male-affirmed, TN) recalled his mother, the daughter of a minister in rural Alabama, initially rejected his transgender identity. However, as he continued to transition and became more masculine, she became more supportive. Jordan hypothesized that his changing appearance helped facilitate his mother’s acceptance of him. She publicly stated she had four sons instead of three and if “*he was happy, [she] was happy.*”

The journey for other mothers took days, months, or years before they could demonstrate even minimal support. June (age 25, female-affirmed, TN) recounted that her mother became upset and confused after June disclosed her transgender identity to her on the phone. According to June, her mother did not understand what *transgender* meant, and after June explained, her mother exclaimed she needed to “*absorb the news*” and abruptly hung up on her. A couple of days passed, and June’s mother called and apologized profusely for her initial reaction and from that moment on was supportive of June’s transition.

In sum, most participants perceived that their mothers were currently supportive, even though for some it had taken a while. Lack of maternal support was perceived as extremely painful for participants and led some to contemplate leaving their rural communities. On the other hand, five participants perceived that their initially unsupportive mothers went on to become staunch advocates on behalf of their transgender child and GLBTQ issues in general.

Mom's influence on family and community support

Participants perceived that their mothers influenced how their fathers/step-fathers and other family members treated them. Regardless of whether a mother was supportive or rejecting, other family members tended to follow her lead or at least modulate their behavior in her presence. Several participants perceived that their moms' attitudes and behaviors often curtailed potential prejudiced or biased remarks from others. Consequently, influential maternal interactions and expectations of others shaped participants' experiences of social support.

Fathers/stepfathers. Participants recalled times that their mothers influenced the way their fathers and stepfathers treated them. For example, some fathers were uncomfortable when they learned of the participants' transgender identity. However, when mom was a supportive ally, her spouse also exhibited support.

[Me and Dad] don't really talk about [me being transgender]. ... What [Mom] says goes. ... He listens to her. Once she was able to give [me her] full support, she helped him to do it as well. ... To him I was his little girl. ... It was hard for him, ... but once [Mom came] around, she was able to help him with pronouns. ... [Dad now] refers to me as "he." ... That's really great. (Samuel, age 21, male-affirmed, KY)

[My mom's husband] was really weirded out [about me being transgender] at first, ... but [he's] ... better now. ... He ... figured out quick that, if he slighted me or attacked me or hurt me, ... my Mom would ... leave him. ... [He] would never have accepted [me otherwise. ... He] wouldn't have changed if it hadn't been for Mom. (June, age 25, female-affirmed, TN)

Participants credited their mothers with considerable influence over their husbands' behaviors. Fathers, on the other hand, were not perceived as similarly influential. In the few cases where fathers were initially more supportive than mothers, participants perceived that their mother's eventual support was due to her own process of acceptance, rather than to her husband's influence.

Extended family. Participants perceived that their mothers modeled the behavior they expected from the extended family. Mothers demonstrated support by encouraging participants to publicly express their true gender. They also used the correct name and pronouns and insisted that other family members do likewise. Some mothers confronted and corrected extended family members if they were disrespectful to the participant. One mother went so far as to dare any family member to utter anything biased or discriminatory.

When ... any[one] ... give [Mom] ... lip about me, she ... shut them down really fast. ... I thought one or two of them might have been ... nasty about it, but they held it together. ... I didn't know [it] at the time, but ... Mom had ... laid into a few of them. ... It didn't bother her in the least to snap [her fingers] when it come time to put the family in line. (Blossom, age 59, female-affirmed, KY)

Participants perceived that their mothers' explicit expectations of family members' behavior provided an extra layer of protection from otherwise unsupportive

or rejecting interactions. Samuel (age 21, male-affirmed, KY) learned that his grandmother was only pretending to be supportive in front of his mother. As a result, Samuel was shocked when other family members revealed his grandmother's true feelings. Although he appreciated his mother's support for him and her firm boundaries with his grandmother, he also secretly wondered if there were other family members who only pretended to be supportive to escape his mom's reproach.

Unsupportive mothers were also influential. Diane (age 39, female-affirmed, KY) disclosed that her extended family attempted to commit her to a psychiatric facility because she was transgender. Thankfully, Diane was promptly released from the facility after staff members discovered why she had been admitted. From Diane's perspective, had her mother been more vocally and assertively supportive of her, the extended family would not have perpetrated such an act.

When mothers were not supportive of their transgender child's identity, supportive family members hid their own support, at least in her presence. One uncle referred to his nephew, Charlie (age 24, male-affirmed, TN) as "C," which also corresponded to the first letter of Charlie's birth name. The uncle confided to Charlie that he wanted to show support but also wanted to avoid his sister's anger. Whether she was supportive or unsupportive, extended family members followed mom's lead.

Co-workers. Sometimes mothers' influence reached the participants' social support in the workplace. For example, when Stephen's (age 43, male-affirmed, VA) mom showed up at his workplace and called him by his birth name and used feminine pronouns, his coworkers at the gas station began to do the same. Stephen said he believed they were doing so out of respect for his mother. Unfortunately, when this happened, it took a few days for his coworkers to return to consistently calling to him Stephen and using male pronouns. Stephen found these interactions stressful and painful.

Community members. Supportive mothers were also influential in the community. Some participants reported that their mothers contributed time and resources to advocacy efforts. Participants like Samuel (age 21, male-affirmed, KY) and Rebecca (age 27, female-affirmed, VA) reported that their mothers advocated on their behalf by educating others in the community about transgender identity.

Advocacy also occurred via informal channels. Samuel recalled that as his physicality changed and became more masculine, his mother sought to educate others. "*Once I started taking ... hormones, [Mom's] support ... went through the roof. ... She wants to help other people be more aware ... and ... understand [transgender identity].*" During Samuel's initial transitioning phase as a youth, his mother went to his small high school in one of the most rural parts of Kentucky. She advocated on his behalf with the principal and teachers, instructing them to avoid the use of gendered pronouns and to use his chosen name, an androgynous nickname at the time. He was relieved when these educators complied with his mother's requests. Samuel's mother evolved from being shocked and unsupportive to actively working to change the minds of others.

Another participant described her mother's involvement with the local PFLAG:

[Mom] was kind of alarmed at first, but ... this whole experience has changed her views. ... [She said to me once,] "I don't care. Gay people can do what they want. I just don't know about them getting married ... and raising kids." ... Now, she's a champion of the PFLAG group in town here and always hard-core volunteering. [Now,] she [tells me], "You need to ... find a nice wife and have some kids." (Rebecca, age 27, female-affirmed, VA).

Rebecca witnessed her mom's transition from being unsupportive to being a PFLAG "champion." Becoming active in a supportive group like PFLAG was a clear sign to Rebecca of her mom's transformation.

Important maternal figures weren't always the participants' biological mothers. Rebecca Lynn (age 61, female-affirmed, KY) recounted the fierce protectiveness of her elderly aunt. She described how her aunt "never hesitated" to admonish anyone in the tiny "holler" who was prejudiced or disrespectful to her: "My aunt would whip you all the way down the road if you said something about me in front of her." Maternal figures, whether mothers or aunts, commonly exercised authority in the family and community and provided a sense of safety and security for the participant.

Overall, the smaller the community, the more influence a participant's mother seemed to exert. Rural transgender participants perceived that their mothers provided the model for other family and community members to follow. Unsupportive mothers also influence others by discouraging a show of support. If family or community members did not agree with mom's stance, whether supportive or unsupportive, they often kept quiet about it.

The influence of Central Appalachian cultural beliefs and values on social support

The social support that mothers enacted directly and indirectly was shaped by traditional cultural values of the region. Participants specifically described their mothers' support-related behaviors in the context of cultural beliefs about gender roles for men and women, the primacy of family loyalty, respect for the individual, religious conservatism, and pride in one's "roots" or ties to Central Appalachia.

Gender roles. Participants described contradictions between the "lip service" paid to traditional gender role beliefs that accompanied politically and religious conservative values and the actual gender roles that they observed in their families. Compared to their fathers, participants perceived that their moms possessed more social power, and were often the problem-solvers and final arbiters of important financial decisions that affected the family and community. Stephen (age 43, male-affirmed, VA) noted that his mother feigned deference to his father, but wielded considerable power and control: "Mom [is] always ... deferential [and says], 'Dad is the head of the family.' ... When we have family get-togethers ... the men always ... go through the line first. ... [The women have to] wait. ... [However,] Mom ... controls the checkbook. ... She made all the major decisions. ... [She] was in charge."

Here, male privilege appeared to be superficial. Fathers may be served dinner first, before women and children, but decision-making power belonged to mothers.

Mothers were also “command central” in the flow of communication, often acting as a conduit for communication between family members. Charlie (age 24, male-affirmed, TN) described how his mother received and relayed information from one family member to another, “*If [Dad] has an issue, he talks to ... Mom ... and ... she relays [it] to me.*” In this instance, Charlie’s mother had the opportunity to filter and/or shape familial communication, thereby shaping relationships.

Participants noted that their mothers were frequently sought out for their wisdom and counsel. Blossom (age 59, female-affirmed, KY) observed this tendency within her family. “*[Mom] was the matriarch. ... [E]verybody came to [her] when they had problems.*” As the matriarch of the family, Blossom’s mom could convince family members to support her daughter’s authentic identity and treat her with love and respect.

Family loyalty. “*Blood is thicker than water*” was a common phrase that participants used to express the importance of family loyalty in their Central Appalachian communities. This loyalty seemed to override their mothers’ own fear and intolerance. Diane (age 39, female-affirmed, KY) perceived that her mother’s deep loyalty to her caused her to stay by Diane’s side even through attempts to hospitalize Diane when she came out as transgender. “*I don’t know for sure if I would stay [in this town] ... if I didn’t have my mom. We have an extra close relationship. ... We’re two odd ducks stuck together.*” Diane and her mother shared the values of family loyalty that also served to keep Diane attached to her home and rural community. Likewise, Michelle (age 64, female-affirmed, KY) reported that her elderly mother responded to Michelle’s disclosure of her transgender identity, by saying, “*You’re still my child. That will never end.*” Despite her religious conservatism and beliefs about gender expression, Michelle’s mother chose to express support for her child.

Conservative religious values. Conservative religious values are characteristic of Central Appalachia. Six participants described their mothers’ intense involvement in their local church. Other participants mentioned nothing about their mothers’ religious views or denominational affiliation. In some cases, a mother’s religious beliefs led her to reject and even condemn her transgender child’s identity. For instance, Stephen (age 42, male-affirmed, VA) stated that, “*My mother is convinced that I’m going to hell. ... I don’t believe that. ... I have a very strong faith [and] religious base.*” Another participant refused to tell her mother she was transgender due to her mother’s strict faith. “*[My] family on both sides ... [are] all really conservative Christian types. ... I don’t think that [me telling them I’m transgender] would go over too well*” (Ashley, age 30, female-affirmed, WV). However, a strong religious belief system did not always lead to intolerance and rejection. “*[Mom] identifies as Christian but she doesn’t shove the Bible down your throat,*” said Zach (age 23, male-affirmed, KY).

Pride of place. The beautiful Appalachian Mountains themselves shaped the social support experiences of participants by creating small, often isolated *hollers*

and tight-knit communities where families have lived together and intermarried for generations. In some participants' descriptions, the mountains themselves seemed to provide a sense of social support and belonging. Zane (age 22, male affirmed, WV) described several challenging experiences in his small hometown and the inconsistent social support his mother provided. Yet, at the end of the interview, he reflected on what kept him in his rural community: *"I love the mountains. I love Appalachia. I love that I was born here ... and my family is here. ... I've lived in other places ... but I always come back."*

This statement embodies a deep attachment to the mountains and the kinship ties within them.

Three participants talked about leaving their rural communities and families to find employment or a larger dating pool. Five wished for greater anonymity or access to transgender-specific health care and other resources. Four participants mentioned discrimination or transphobia as a reason to move. However, 15 transgender participants were happy with the support they received in their communities and found their Central Appalachian communities offered them a satisfying way of life. Rebecca (age 27, female-affirmed, VA) noted, *"I feel like I can't be blind-folded and throw a rock without hitting someone that's here to support me."* Kat (age 26, female-affirmed, TN) stated, *"People treat me differently because now they see me as the person ... I always was. The support has definitely changed for the better. I don't think it's because of my transition. I think it's because of my evolution."*

Blossom (age 59, female-affirmed, KY) articulated the advantages and disadvantages of living in a small rural Central Appalachian community in Eastern Kentucky:

In a small town, there is goods and bads. ... [You] have no anonymity. Everybody knows your business. Everybody knew who your family was ... [and] who your kids are. ... I went [to a larger town] and transitioned. ... I came back here because of [my wife's] sickness and mom and dad bein' old and startin' to get sick,. ... [For] a few weeks I was a phenomenon, just something to gossip about. Once they saw that I wasn't going to be some flamboyant flaming drag queen or something, it basically died out. ... In the long run I believe it's better to live in a small town. ... If you have good relations with neighbors before you transition, most will put aside any prejudice. At least mine have.

Blossom was drawn back to her small community and to her aging parents who now needed her support. Her insider status eventually prevailed when she returned after her transition to become their primary caretaker.

Discussion

Social support is a key mechanism that mediates the influence of relationships on health, and this pathway must be understood within the larger cultural values that shape relationships (Campos & Kim, 2017). In transgender individuals, social support from family and friends is associated with life satisfaction and higher self-esteem (Erich et al., 2008). Transgender adults in Central Appalachia perceived

that their mothers directly and indirectly influenced their experiences of social support. Like Koken et al (2009) sample of transwomen of color in New York City, Central Appalachian transgender adults in this study recounted supportive and unsupportive interactions with their mothers that evolved toward more support over time. Other studies of parents of young gender-variant children have likewise described acceptance and affirmation as a process, rather than an event (Kuvalanka, Weiner, & Mahan, 2014; Sansfaçon, Robichaud, & Dumais-Michaud, 2015)

Participants perceived that their mothers indirectly influenced their social support experiences by modeling and expecting certain behaviors from family and community members. In most cases, mothers influenced family members and community members to be more supportive, at least outwardly; however, in some cases, mothers suppressed others' displays of support. Similarly, mothers of young female-affirmed children led the way in creating family and community supports even in the face of resistance and blame, and like the mothers in the current study, became strong advocates for their daughters over time (Kuvalanka et al., 2014).

Participants interpreted their social support experiences in the context of the cultural values of the Central Appalachian region. Mothers who were supportive of their transgender child's identity appeared to resolve values conflicts among family loyalty, conservative religiosity, and traditional gender role beliefs. These findings recall Rahilly's (2015) interviews with a socially and economically privileged sample of 24 parents and Sansfaçon et al.'s (2015) participant action research with parents in Quebec; in both studies, parents resisted the "truth regime" (Foucault, 2000 as cited in Rahilly, 2015, p. 342) of the gender binary and responded to their gender-variant children's developing identities with support and advocacy. In another study, family members of trans-identified individuals invoked values related to family allegiance and unconditional acceptance to make meaning of their support; other family members invoked religious beliefs and other forms of social prejudice to make meaning of their rejection (Norwood, 2013). Together these studies highlight the importance of understanding the cultural values, beliefs, and meanings that facilitate and hinder family acceptance and affirmation.

Central Appalachia is commonly assumed to be a patriarchal culture with strict gender role norms (Coyne, Demian-Popescu, & Friend, 2006). Men are expected to work outside of the home, to be dominant, and to take responsibility for decision-making. Women are to be subservient and submissive to their husbands, and dominate only in running the household and child rearing (Welch, 1999). A common saying is, "What dad says, goes," however, a very different picture of familial gender roles emerged in the interviews. Only one out of 25 participants described a dominant, patriarchal father and a passive mother. Rather, many participants perceived that their mothers held the most power and influence in the family and community. Participants' stories of their families and communities revealed a matriarchal foundation underneath a patriarchal veneer. In general, mothers frequently controlled and oversaw financial affairs and decision-making, provided wisdom and counsel, and served as the *central clearinghouse* in the family communication network.

These findings are consistent with other scholarship on the influence of rural poverty on changing gender relations in families as fathers' employment opportunities decrease and mothers become primary providers in low-paying jobs (Burton et al, 2013). Yet, mothers continue to perform the majority of emotional work in the family, as well. A study of over 2,500 Appalachians adults recently documented that women invested more meaning in their family care and relationship-oriented activities than men (Hamby, Segura, Taylor, Grych, & Banyard, 2017). Ethnographic studies have also documented that Appalachian mothers hold primary decision-making power in matters related to family health (Denham, 2002).

This central role of mothers in the family system and larger community shaped the social support experiences of transgender children. The smaller the community, the more prominent mom's influence appeared to be. For example, in one of the smallest communities in Eastern Kentucky, a small holler, one participant's aunt demanded support for her identity from everyone. Despite the negative attitudes toward gender and sexual minorities that aligned with conservative politics and religious belief systems, participants reported that their mothers' influence often determined how others in the family and community treated them.

Transgender participants in this study painted a more complex picture of the socio-ecological context of Central Appalachia that is seldom depicted. Conservative religiosity and lack of legal protections against discrimination might suggest that support and affirmation of transgender identity would be unlikely. However, consistent with Salyers and Ritchie's (2006) case study analysis, participants in the current study revealed what Eudora Welty famously called a "sense of place" (cited in Eller, 1991, p. 30) that made their Central Appalachian family and community important to their perceived social support and sense of belonging. The beloved rural landscape was home, and was difficult to leave even for the promise of more social support, easier access to services, and economic opportunities elsewhere.

Limitations and future directions

This study is one of the few to situate transgender adults' experiences of social support within a nested system of culture, family, and community. Studies of transgender people have generally recruited clinical or otherwise high-risk samples from urban centers (e.g., Koken et al., 2009); however, we were able to recruit volunteers from rural communities in Central Appalachia to ascertain aspects of strength and resilience. Some limitations of this study should be considered in designing future studies.

This study focused on the retrospective reports of transgender adults, however, gender identity and expression begin to emerge in childhood. Several studies have interviewed parents of young gender-variant children (e.g., Kuvalanka et al., 2014; Rahilly, 2014; Sansfaçon et al., 2015), and Norwood (2013) interviewed a sample of spouses, siblings, children, and parents about the meanings that they attribute to their family member's transgender or gender nonbinary identity. It was beyond the scope

of this study to interview mothers and other family members as well as their transgender children. Understanding the resilience of transgender individuals in the context of their families and communities will benefit from contemporary reports from transgender and gender nonbinary youth and their parents. Future research studies might gather data from multiple informants in the system (see Katz-Wise et al., 2017) including youth and young adults, siblings, parents, extended family, and community members. Such a methodology would be more consistent with Walsh's (2016) multilevel, dynamic, systemic framework for understanding human resilience.

Snowball sampling may have limited the diversity of experiences that we were able to gather in this study. We acknowledge that our sample was diverse in age and transitioned in different socio-political contexts that likely shaped their social support experiences but were not the subject of direct inquiry and analysis. Participants in this study identified as male- or female-affirmed, hence nonbinary or more fluid gender identities are not represented. Despite rapidly changing demographics of the "new rural America" (Burton et al., 2013, p. 1131), the sample recruited for this study was racially homogeneous with most participants identifying as White. In this study, we did not find differences in transmen and transwomen's perceptions of their mothers' social support; however, other studies have documented gender identity and gender expression-related differences in perceptions of social support (Budge et al., 2013; Warren, Smalley, & Barefoot, 2016). Inconsistencies in findings across studies could be clarified in future studies. Larger samples using survey methods would allow important within-group analyses to better understand the impact of developmental stage, transition status, and length of time since transition on social support experiences (Budge et al., 2013).

Despite these limitations, the findings from this study provide unique insight into the intersection between transgender identity and cultural identity. By using a multilevel, dynamic, systemic conceptualization of resiliency in a stigmatized population, we discovered strengths and resiliencies in the relationships between individuals, their families, and their communities in a specific cultural context (Campos & Kim, 2017). Rather than wholesale rejection or unwavering support, transgender individuals perceived a sense of place in their rural communities that included complex combinations of both, but that evolved in the direction of acceptance and support. Their mothers' relationships with them and with others in the family and community played a significant role in that outcome.

Implications for practice

One-third of the most rural counties in Central Appalachia lack any health professionals to provide mental health treatment. Transgender-specific resources or specialized health services are almost nonexistent. Few health service providers have training in providing competent, affirmative services to this population, which can result in harm (Xavier et al., 2012). Service providers need accurate information and training to effectively serve families and communities that include people with

diverse gender identities and expressions (American Psychological Association, 2015). Facilitating family and community support may be particularly important in rural settings because of the dearth of professional services and the depth of cultural values that prioritize family loyalty and kinship.

The findings from this study suggest that in addition to the well-documented stigma and stress that compromises the health of transgender people, there are also strengths and resources that need to be highlighted and nurtured. Previous research has documented transgender individuals' perceptions of their identity strengths, which included the unique perspective and insight that they gained from their gender-related experiences, and strong relationships that they forged with friends and family members who accepted their gender identity and expression (Riggle, Rostosky, McCants, & Pascale-Hague, 2011). The findings from this study show that these strengths impact and are impacted by other family and community relationships that reinforce them and by the shared cultural values that undergird them all.

Mental health practitioners can assess cultural values, family strengths, and community resources and then draw upon these sources of resilience in systemic-level interventions that promote individual, family, and community well-being. In cultures where kinship is the cornerstone, practitioners may help transgender clients to assess and strengthen their relationships with their mothers to the benefit of both. The inclusion of family members in sessions may be more culturally appropriate and effective than individual sessions.

Mothers play a particularly significant role in the social support experiences of their transgender children, and this mother-child relationship should be considered and included in interventions as appropriate. In our study, many mothers were supportive, and even those who were not initially supportive evolved into sources of support over time. This information may help inspire hope in transgender individuals who currently lack their mother's support.

Clients may benefit from role-playing assertive requests for social support and delivering effective feedback about hurtful interactions. Rural mental health professionals may also offer to meet privately with mothers if their transgender clients want help negotiating a more positive and supportive relationship. Mothers might welcome an opportunity to freely express their fears or concerns and ask questions they may not feel comfortable asking in their transgender child's presence.

From a systemic perspective, increasing support for mothers may indirectly affect the social support experiences of their transgender children. For example, online peer support groups for rural mothers could provide needed social connection to other similarly situated families with similar values and concerns. Our findings are consistent with Lev's (2004) findings that families, including mothers, undergo their own emotional process of transition as their children physically transition. Supporting family members' resistance to the gender binary "truth regime" (Rahilly, 2015) is an important role for service providers. A peer support group for mothers could diminish common feelings of shame and isolation

(Johnson & Benson, 2014) and increase understanding, support, and empathy for one another and for their transgender children.

Families that adhere to rigid gender role norms may be less likely to provide social support to a transgender family member; however, family members may be willing to emphasize competing cultural values such as family loyalty and kinship. Understanding the cultural values of families and communities can help practitioners to appeal to important strengths that will promote individual, family, and community well-being.

Finally, a systemic approach to resilience suggests that psychoeducational interventions could be effective in strengthening families and communities. Transgender adults perceive that information and social support would have helped their parents to be more accepting and supportive of their gender identities when they were growing up (Riley et al., 2013), and parents' reports suggest that on-line resources and communities were vital to their acceptance process (Kovalanka et al., 2014; Sansfaçon et al., 2015). Practitioners might also offer psychoeducational workshops that provide information about gender and sexuality to spiritual communities and school groups. Ministers, teachers, business leaders, and health-care providers are particularly important audiences for outreach programming and advocacy efforts on behalf of rural transgender individuals and their families (Singh, Chang, & Rehrig, 2017). Intervening at this level of the system could also side-step cultural mistrust that may be directed at mental health professionals who are considered *outsiders* to the community.

In sum, the findings from this study highlight the importance of understanding the specific cultural context of resilience and the individual and family strengths that can facilitate well-being. Interventions are more likely to be effective when culturally-informed and based on identified strengths. Enhancing maternal support, identifying and integrating salient cultural values, working from a strengths-based perspective to build resilience, and recognizing the influence of family members align with culturally appropriate and transgender-affirmative therapeutic practices in Central Appalachia.

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