E.G. Howe, "Letter: In Response to Kimberly and Colleagues," *The Journal of Clinical Ethics* 33, no. 2 (Summer 2022): 159-60.

In Response to Kimberly and Colleagues

I would like to thank Laura Kimberly, Kelly McBride Folkers, Baer Karrington, Jeremy Wernick, Samantha Busa, and Caroline Salas-Humara for expressing their concerns in a letter to the editor in this issue of *The Journal of Clinical Ethics* (*JCE*)[1] in response to my article, "Caring for Transgender Adolescents" published in the winter 2021 issue of *JCE*.[2] I could have been clearer setting out my views—more so because the approach I suggested seems counterintuitive.

The single, most critically important point I will address is what I meant by suggesting that careproviders might consider praising parents whose behavior is "toxic." My point was that for careproviders to have any hope of "getting through" to parents, the parents must be receptive. Thus, the first goal is to try to maximize parents' receptivity to new information.

In most cases theses parents still love their children. Given this, it is worth a try, radical although it might be, to respond in a way that is most likely to create an opening to repair their relationship with their child. Obviously, this will be a subtle and highly suggestive effort, but it may be the only hope for reconciliation. It is a most worthy effort. If parents feel love for their child and can offer support to their child, however faint, the outcome for both may be a beginning.

The initial goal for careproviders who want to get through to these parents is to establish a relationship with sufficient trust that the parents can be receptive. I believe the best way to do this is to focus on how the parents still feel love for their child. Then, perhaps, the parents will not feel judged and, as a result, not dismiss whatever their careprovider tells them.

So I will seek to "repackage" what I meant to convey in my original piece. I had written,

> A critically important intervention that is sometimes not emphasized . . . is how to respond with parents in a way that may leave them most open to change. Pragmatically, careproviders who recognize this possibility, and who praise parents for their deep feelings of caring, may maximally move parents to be open to what careproviders say, when otherwise they might not change. Following this acceptance, careproviders may be able to help parents by exploring with them the precise, idiosyncratic sources of their toxic feelings and help them to ameliorate them.[3]

The praise I suggest is not, then, for the harm that these parents clearly do, but for the love that they may continue to feel and may be able to newly express for their child. Parents may be able to find an opening, following validation from their careprovider, that will give them a different way to go forward. Their careprovider would attempt to give parents "permission" to recognize whatever loving feelings they have for their child. Their child may see this change as enough, for a start.

This approach is referred to as "validating." Validating an emotion does not mean that you agree with the other person wholly or in what they do, but that you think you understand how they may feel—or at least want to understand. When careproviders demonstrate that they are at least trying to understand, there is a greater possibility that toxic parents will see their careprovider as a possible ally, not adversary. Logically, this approach may seem unlikely to succeed. But there is evidence that it is emotionally solid, and bears fruit.[4] Validaton acknowledges others as worthy and equal, rather than as being impaired and unequal because they lack insight. It avoids demeaning and shaming others.

It is useful in other contexts as well. Gillian Galen, an instructor of psychology in the Department of Psychiatry at Harvard Medical School, states that validation can be used "to acknowledge and accept someone else's inner experience, their thoughts, feelings, and behaviors as valid and understandable." That is, "validation can be a gateway to change and supports change," such that "people listen more to what you are saying when they feel that you understand or at least are trying to understand their experience."[5]

My goals align with those that Kimberly and colleagues express in their letter to the editor: to arrive at what is best for children and their parents and to possibly help them to repair their relationships. Validation may be our only, last,

best effort to do this.

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NOTES

1. L. Kimberly et al., "Letter to the Editor: In Response to Howe's 'Caring for Transgender Adolescents,' " in this issue of *The Journal of Clinical Ethics* 33, no. 2 (Summer 2022).

2. E.G. Howe, "Caring for Transgender Adolescents," *The Journal of Clinical Ethics* 32, no. 4 (Winter 2021): 277-86.

3. Ibid.

4. S. Lerner and X. Jimenez, "Empathic Failures from the Patient Perspective: Validation in the Acute Setting," *Journal of Patient Experience* 2, no. 1 (May 2015): 29-31; M.M. Linehan, "Validation and Psychotherapy," in *Empathy Reconsidered: New Directions in Psychotherapy,* ed. A.C. Bohart and L.S. Greenberg (Washington, D.C.: American Psychological Association, 1997), 353-92, *https://doi.org/10.1037/10226-016*.

5. G. Galen, "Validation: Making sense of the emotional turmoil in borderline personality disorder," *McLean Hospital.org, https://www.mcleanhospital.org/sites/default/files/shared/BPDWebinar-Galen-Validation-Webinar10.13.16.pdf.*