



Finding Our Way

Karen Saeger PhD

To cite this article: Karen Saeger PhD (2006) Finding Our Way, Journal of GLBT Family Studies, 2:3-4, 207-245, DOI: [10.1300/J461v02n03_11](https://doi.org/10.1300/J461v02n03_11)

To link to this article: https://doi.org/10.1300/J461v02n03_11



Published online: 04 Oct 2008.



Submit your article to this journal [↗](#)



Article views: 322



View related articles [↗](#)



Citing articles: 15 View citing articles [↗](#)

Finding Our Way: Guiding a Young Transgender Child

Karen Saeger

SUMMARY. The world of mainstream psychotherapy encounters unfamiliar territory when a four-year-old girl, desperate to have a different-gendered body, is treated over a three-year period by a psychologist who is not a gender specialist. Evolution of the work with the child, family, extended family, and school is described. Implications for theories of the etiology of transgender identity are considered in light of the family structure. Treatment issues are highlighted, including the interface of transgender issues with family dynamics. doi:10.1300/J461v2n03_11 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2006 by The Haworth Press, Inc. All rights reserved.]

Karen Saeger, PhD, is Adjunct Professor in the Doctoral Program in Clinical Psychology at Alliant University in San Francisco. She also maintains a private practice in Berkeley, specializing in couple, family, and child therapy. She formerly served as core faculty at the California Graduate School of Marital and Family Therapy. In 1980, she and Robert Jay Green co-founded The Redwood Center, a private treatment and training institute that provided low-cost psychotherapy and pre-doctoral and post-doctoral clinical psychology internships. Her work is guided by a focus on the importance of the reciprocal influence of the interpersonal and the internal world.

[Haworth co-indexing entry note]: "Finding Our Way: Guiding a Young Transgender Child." Saeger, Karen. Co-published simultaneously in *Journal of GLBT Family Studies* (Harrington Park Press, an imprint of The Haworth Press, Inc.) Vol. 2, No. 3/4, 2006, pp. 207-245; and: *Interventions with Families of Gay, Lesbian, Bisexual, and Transgender People: From the Inside Out* (ed: Jerry J. Bigner, and Andrew R. Gottlieb) Harrington Park Press, an imprint of The Haworth Press, Inc., 2006, pp. 207-245. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-HAWORTH, 9:00 a.m. - 5:00 p.m. (EST). E-mail address: docdelivery@haworthpress.com].

Available online at <http://glbtf.haworthpress.com>
© 2006 by The Haworth Press, Inc. All rights reserved.
doi:10.1300/J461v2n03_11

KEYWORDS. Transgender, child therapy, family therapy, play therapy, gender identity, gender identity disorder, gender-variance, pre-school child, female-to-male

GENDER IDENTITY DISORDER IN CHILDREN

Many children struggle with gender identity and expression: the tom-boy; the sissy; the girl who is told she is too pushy or that boys don't like smart girls; the boy who wants to be a nurse or prefers ballet to team sports. I myself fumed as my sister and I washed dishes and ironed indoors with our mother while our brothers rode the lawn mower and built stone walls outside with our father. I hotly accused my mother of favoring her boys. I envied their privileges—not their anatomy. In contrast, some children despair over the fact of being a boy or a girl, desperate to have the gender—and genitals—of the opposite sex. These children tend to exhibit a cluster of feelings, attitudes, and behaviors labeled Gender Identity Disorder (GID) in the DSM-IVTR (APA, 2000) when there is distress and no concurrent physical intersex condition. Sometimes referred to as Gender Dysphoria or Transgenderism, this cluster often emerges between ages two and four.

Dressing in clothing typical of the other sex is usually the first obvious sign, and parents typically view it as play or as a passing phase. GID, however, involves “strong and persistent cross-gender identification” (APA, 2000, p. 581) with the child preferring and often insisting on wearing clothing stereotypical of the other sex. This cross-gender behavior extends to fantasy play, games, pastimes, and playmates. The child may claim to be, wish to be, or have persistent fantasies of being the other sex. He or she is delighted when mistaken for the preferred sex¹ and does not want parents to correct the error.

GID also involves “persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex” (APA, 2000, p. 581). A boy may say his penis is disgusting or will go away; may dislike rough-and-tumble-play; and reject stereotypical boy toys, games, and activities. A girl may say I have or I will grow a penis; may stand up to urinate; and reject stereotypical girl toys, games, and activities. Not to be confused with non-conformity to stereotypical gender norms, GID involves pervasive cross-gender wishes, interests, and activities or a “profound disturbance of . . . identity with regard to maleness and femaleness” (p. 580). Far fewer girls than boys come to the clinician's attention for GID, and few child and family therapists ever encounter it. I

had been in practice over 20 years before such a child was referred to me, at which point I knew little beyond the DSM-IV criteria. Three complex years of work that followed are described here.

“A BOY MINUS A PENIS”

Presenting Problems

Casey was not quite four years old when her upper-middle-class, professional parents consulted me. They were concerned about her description of herself as “a boy minus a penis,” long-standing difficulties with transitions, separation anxieties, tantrums, a germ phobia, nightmares, and night terrors. Tearfully, her parents described their desire to support Casey no matter who she was but asked: “Why does she have to be a boy to be herself?” Recently Casey had implored, “Call me ‘he.’ When you say ‘she’ it breaks my heart.” Her parents were considering such a change but wanted Casey to be in therapy before doing so. They declined my suggestion of a referral to a gender specialist. As social activist lesbians, they were adamant about wanting a “straight, mainstream, well-respected professional,” who would credibly advocate for their child and family in the legal system if needed.

Taken aback by such fears in our liberal city (Berkeley, CA), I learned the first of many lessons in Transgender Territory. Parents are deeply vulnerable to feeling accused of twisting their child’s gender identity—particularly non-traditional families. This family’s older daughter had, in fact, briefly been taken away by Child Protective Services when hospitalized as a toddler for a chronic health problem. Allegations were later dropped but the incident left its mark.

In addition to fear of social censure and social sanctions, parents may blame each other or themselves, particularly for harm from child-rearing practices, parent emotional problems, and family conflict. Of course, I wondered myself. What could cause such a young child, born to a family where femaleness was embraced and empowered, to be so miserable about her beautiful little female body? How could parents who themselves are comfortable with a wide range of how a female body can be dressed and expressed produce a child who can find no way at all to accept her anatomy? My training as a family systems therapist raised many possibilities but I was determined to learn from my young client and her family.

Family History

Casey lived with her moms, Jan and Lea, her older sister Nina, age 12, and her little brother Ty, age 15 months. Jan and Lea had both grown up with severely disturbed mothers who had been psychiatric inpatients. Jan's father left his suicidal, abusive, alcoholic wife when Jan was three years old, taking two of her brothers and leaving Jan and one brother behind. Lea's father was powerful and prominent in the professional world, very controlling, and deeply attached to Lea, his "Golden Child." For many years he was unable to protect his four children from his wife's erratic, terrifying behavior though later she benefited from extensive psychotherapy.

Both Jan and Lea identified as lesbians in adolescence, became independent early in life, and developed respected careers. Jan was fun loving, played music, and had a rebel quality; Lea was more reserved and had an "earth mother" presence. Jan was plagued by anxiety and was volatile at times; Lea's emotional life was very private. They had been partnered for seven years and were devoted, affectionate parents. Lea had given birth to Nina and Ty utilizing two different known donors who were still, peripherally, part of the children's lives. Jan had given birth to Casey via an anonymous donor. All three children were given gender-neutral names, and both parents were the legal guardians of all three children.

When she became pregnant with Casey, Jan, who hated men, really longed for a girl. At birth, Lea had welcomed Casey saying, "A girl—a family of girls." Lea went to work, but continued to run the household and tend to Nina. Jan loved her job and returned to it (over Lea's protests) when Casey was three months old, working from her home office in the garage from 5 a.m. to 10 a.m. except when Lea brought the baby to nurse. Casey's parents described her as colicky, especially from 9 p.m. until midnight. Lea comforted her while Jan slept. Jan stayed home with Casey until weaning her at two years, three months. During this time, Jan suffered the terrors of a post-partum psychosis that was not diagnosed until years later, clutching Casey protectively while bracing herself for bombs to drop or intruders to burst in. She was possessive of her baby, and "freaked" if away too long. Casey had difficulties with separations, transitions, nightmares, and night terrors before age one. She also began a game that would continue for years: crawling under Lea's shirt and pretending she was being born over and over.

As a toddler, Casey constantly played with dolls. Jan, who described herself as butch and gravitated to tattoos and fast cars, said, "When she was little, she was such a girly girl, and I thought, 'Jeeze, this is the last thing I want!' And now this!" At 15 months, when Jan took classes a few hours a week, Casey began saying she loved Lea more. She no longer called both parents "Mommy," but started calling Jan, her biological mom, "Daddy." Jan described how much this had upset her as it symbolized Lea as more nurturing. She added, "I hate it even worse when she does it in front of others because I don't want a man's energy in the house!" Jan did not correct Casey "because it would break her heart not to have a dad."

Just after Casey's second birthday, Lea became pregnant with Ty, and Casey's cross-gender statements and behaviors began. Jan was still preoccupied with her own fears at this point but they were intermittent, and she kept them private. She expanded her work hours bit by bit while Lea gradually moved into the role of stay-at-home parent. By two-and-a-half, Casey had started to pack, insisting on a visible bump over her pubis. She often packed both her underwear and her outerwear becoming distraught if she did not have a bump or if it did not look quite right. She became angry or upset if referred to as a girl and did not want her parents to correct anyone who referred to her as a boy. She got her hair shaved in a buzz cut, wore stereotypical boy clothing, and began passing as a boy. She pretended to have a penis saying things like, "Wait, I have to fix my penis!" and shouting, "It jiggles!" By then, Jan's post-partum symptoms had resolved though she still suffered mood swings and anxiety. As Lea's pregnancy progressed, the parents' already rocky relationship exploded into crisis. They began intensive couple therapy which continued long after the birth of their son.

At age three years, Casey began preschool, enrolled as a girl, dressing as a boy with a bump, and often pretending to be a boy. By three-and-a-half years, Casey was saying, "I'm a boy in a girl's body," and "I'm an export with the wrong parts down there." Her parents informed her teachers, "Casey identifies 100% as a boy but was born in a girl's body." Subsequently, the parents in concert with the preschool sent this information via the newsletter to the parents of the other children. To their surprise, some of straight parents were very supportive while some lesbian parents were more questioning. Lea reported several months later that the children at the school, having known Casey as a girl, "did not respect Casey as a boy."

Meeting Casey

My initial meeting with Jan and Lea was followed by a home visit. I encountered a beautiful, fine-featured child who was at first sweet and shy, clinging to Jan's leg but peeking around with a curious smile. Later Casey and her 15-month old brother jumped on the sofa and showed me all around the house, excited to present their rooms, their dog, and their many dolls. Their older sister Nina joined in more quietly. All participated in the "Tell a Story, Taking Turns" task I gave with Casey dominating and Lea's gentle attempts to limit her being ineffective. The atmosphere was calm, warm, homey, playful, and at times appropriately rambunctious.

I felt uneasy—a non-specialist taking on this child. Was I practicing outside my area of expertise? Should I again suggest or even insist on a referral to an expert? Yet the parents had explicitly searched for a psychologist who was not a gender specialist, fearful of professionals whose established point of view would direct Casey toward an identity of either girl or boy. Unfamiliar with GID and unsure of my goals, I began studying the work of others who had knowledge and experience.

Based on her work in a gender clinic in France and citing Friedell, Zucker, Bradley, and Maing, Chiland (2003) states, "A girl who rejects her assigned sex was often an ugly baby, a horrible brat who would never elicit the comment: 'What a gorgeous little girl you have there!' . . . Her depressive mother was incapable of showing tenderness to her, dotting on her, or attaching value to her femininity" (p. 61). Zucker and Bradley (1995) cite maternal reactions to raising a child of the non-preferred sex² as a risk factor for subsequent cross-gender behavior. Yet Casey's lesbian-headed family attached supreme value to being female, and Jan was highly critical of men. The parents had eagerly showed me the photo album of their cherished, beautiful daughter. While pregnant with Casey, Jan had been vehement about not wanting a boy, and both parents had been delighted to have a girl. Jan had doted on Casey as had Lea to a lesser extent. A videotape of a celebration of Casey being weaned at age two years, three months shows an adorable, somewhat reticent Casey cuddling in Jan's lap, getting up and down to dance or reach for a pink balloon then returning to Jan. In addition, Casey was not particularly oriented toward sports and rough-and-tumble activity, a specific risk factor often found in girls with GID (Zucker & Bradley,

1995). On these points the experts did not seem to be describing Casey and her family.

However, four general risk factors identified by Zucker and Bradley (1995) were present with Casey: (1) a child with high levels of anxiety and insecurity possibly due to constitutional vulnerability to arousal under stress, who is particularly sensitive to parental affect. These traits in Casey were inferred from the developmental history and were observed over time; (2) a major stressor in the first three years. Two such stressors were quickly identified: the intense couple discord and Jan's post-partum psychosis. Much later I learned that their son Ty had almost died at birth at which point Casey had been expressing cross-gender behavior for over six months; (3) parent difficulty with affect regulation which interferes with secure attachment and leaves the parent prone to depression and withdrawal when couple distress is high. The child can experience this withdrawal personally. Though devoted to Casey, Jan's capacity to consistently nurture her infant had been impaired by several years of post-partum psychosis. She also had severe problems with affect regulation and tended to isolate and become depressed in the face of couple conflict. (She could also become volatile and angry and act out impulsively.) Still, Casey's other mom was nurturing and very consistent; (4) parent difficulties with limit-setting and tolerating the child's strong emotions. Jan, the coddler, had severe difficulties here, but Lea did not seem to.

I felt confused. Although I could see many parent and family dynamic issues that seemed relevant to Casey's anxiety and insecurity, how did the gender issues fit in? I had treated many deeply troubled families over the years with all of the above risk factors. Most had markedly fewer strengths yet none of those children had developed gender despair and confusion. I had worked with many families headed by lesbians, and their children seemed to have issues similar to the general population. What was driving Casey's cross-gender identification?

I turned again to the literature. I dusted off Stoller's 1968 classic *Sex and Gender* which describes the family's pathological etiological influence in cross-gender identified boys:

The essential task of treatment is to end the excessively gratifying symbiosis of the mother and her son. Since the boy's father failed to do this, the therapist must. Whether an overly symbiotic parent-

child bond played a role in etiology, it made sense . . . to promote a healthy balance of connection and separation. (p.253)

Coates's conceptualization, described in Zucker and Bradley (1995), also seemed compelling and possibly relevant: GID as the child's solution to overwhelming separation anxiety and annihilation anxiety induced by family pathology. Coates and Wolfe (1998) emphasize stress experienced by one or both parents as traumatic, even life threatening, as a contributing factor. I pictured infant Casey grasped tightly by her terrified mother, gripped by post-partum delusions, dodging bombs and planning escape routes, and wondered if those experiences had shaped her repudiation of femaleness. Yet why would becoming a boy be the chosen solution? Could such panic after giving birth suggest a high anxiety pregnancy with an androgenizing effect of prenatal stress hormones? Could other hormonal factors play a role?

I gratefully studied Zucker and Bradley's (1995) extensive literature review but was unnerved by a major theoretical principle: whatever role parental pathology or family conflict may play in etiology, caretakers who tolerate cross-gender behavior consolidate it due to their own emotional conflicts. Many gender specialists view such toleration as a risk factor for transgender identity and sharply disagree with approaches that target underlying pathology but "do not focus their treatment on the cross-gender behavior or try to alter it in any direct way" (p.267). Yet they also conclude there are "no formal empirical studies demonstrating that therapeutic intervention in childhood alters the developmental path toward . . . transsexualism" (p.270) and that "only a very small percentage persisted in their wish to change sex after puberty" (p.289).

I did not understand the logic of a definite strategy in pursuit of a goal that could not be achieved. I wondered whether direct attempts to alter cross-gender behavior were appropriate. Since GID children seem to reevaluate by adolescence, why not do everything possible to help a child make his or her own decision: address fears and vulnerabilities; strengthen coping strategies; support healthy family interaction; and target major family and couple stressors?

Brown and Rounsley (1996) suggest the lens of gender-variance and provide many case examples of transadults whose parents and even therapists had prohibited or punished cross-gender behavior merely driving it underground and deepening the isolation and shame of the

struggling child. As I searched the literature for understanding, I noted: (1) most of the cross-gender research, theory, and treatment was based on natal males (Coates and Wolfe [1998] report there are no long-term follow up studies of transgender natal girls.); and (2) all the clinical and theoretical material that I could find was based on heterosexual family structure. Casey's was a two-parent lesbian family. One of Stoller's central theses is that a transsexual girl has too much father and not enough mother. Zucker and Bradley's 1995 model, which in many ways astutely describes the functioning of Casey's family, also reflects a heterosexist etiological component. They view the experience of a girl with GID, given the four general risk factors described earlier, as follows:

The child perceives the marital conflict as a situation in which the mother is unable to defend herself. This creates intense anxiety about the child's own self. Furthermore, the mothers . . . feel acutely put down by their husbands, and the fathers tend to see females as less competent. When a daughter tries cross-gender behaviors in order to decrease anxiety . . . her mother, who may consciously or unconsciously believe in the confidence and strength of males, in contrast to her own sense of inadequacy, fails to discourage the cross-gender behaviors . . . This permits the child the fantasy of being the mother's protector through identification with the aggressor. (p. 264)

How can this theory make sense in a family with two moms particularly where Casey's earliest primary attachment was to Jan, the one who fits closely with the vulnerable mother described by Zucker and Bradley? Yet it is the other mom, Lea, who seemed more stereotypically feminine and more traditionally maternal and definitely held a more powerful position in the family. While Casey might well have internalized the role of Jan's protector, there seemed no logical reason why this child's embodiment of a protector would be male.

The summary of their model concludes that the highly anxious little girl's continued use of the fantasized boy self "is dependent on family members' inability to resolve their conflicts and to promote a sense of strength and confidence in being female to counterbalance the cross-gender solution" (p. 264).

Was it possible that the daughter of two feminist lesbians felt so insecure that she disidentified with the femaleness of both parents? This seemed unlikely given few strong males in her life with whom to identify, but I just didn't know. I turned to the "Wise Women's Council," three colleagues whose clinical wisdom I had come to value so much over many years of meeting and pooling our 98 years of professional experience as we grappled with clinical dilemmas. The rest of the council was unanimous: search for family dynamics that had shaped the self of a child so young, assist the family in resolving those conflicts, and free up this child to be her true girl self.

I turned to myself. I believed in helping Casey uncover her-or his-real self. I reasoned—on one hand—that if the interpersonal field had twisted her into a boy, therapy would, I hoped, help her find and reclaim her real girl self. If, on the other hand, Casey's real self had always been or had become male, therapy would promote coming to terms with the mismatch of a male self in a female body. My guiding premise which evolved as I wrestled with understanding Casey was that sex is an anatomical fact but gender is a subjective sense of being male or female. In my heart, I hoped I might help the lost little girl in Casey find her way home.

Formulation

Casey's cross-gender identity, whether born or made, was a source of distress for Casey and her family. Whether her night terrors, nightmares, and difficulties with separation promoted her cross-gender identity or vice versa, she was a highly anxious child using fantasy and regressive strategies to cope with her feelings of vulnerability and confusion. She was hyper-attuned to Jan and had great difficulty tolerating negative emotions in herself or her parents. Jan's early parenting, which she described as "attachment parenting to the extreme: merger parenting," seemed to have been doting and responsive at times. At other times she was preoccupied and disorganized, warding off imagined terrors and in great conflict with Lea and later also with Nina. A self-described coddler, Jan had difficulties both setting limits and staying engaged. Lea was far more grounded and attuned. Both parents had been very involved in parenting Casey though her most intense bond at age four seemed to be her anxious, clingy attachment to Jan, her birthmother.

Severe inter-parental conflict combined with sensitivity to the emotional storms of her primary parent had undermined Casey's sense of a secure, continuous self. There also seemed to be a loyalty struggle with Casey's attachment to Lea and preference for Lea at age fifteen months feeling like a mortal blow to Jan. One possibility was that Casey tried to resolve feeling torn apart in the "Number One Mom Contest" by using fantasy, dismantling the contest by turning Jan into a "dad," perhaps then identifying with Jan-as-Dad by becoming a boy. Whatever the source of calling Jan "Dad," Jan's collusion with the "dad" fantasy reflected her own low self-esteem, her subordinate position in the parent dyad, her inclination to indulge rather than set limits, and her propensity to bend reality to create a comforting illusion and a sense of security or personal power. While Jan was the Family Patient, Lea was the Family Hero, bending over backwards to rein in or prop up Jan but in so doing shielding herself from her own underlying anxieties. Just as her own dad had over-accommodated to his wife's disturbed behavior, Lea did not set adequate limits on Jan's although she did try. Lea felt Jan had bonded to Casey more than ever once transgender issues emerged, fashioning herself as Casey's Gender Protector, relishing feeling so powerful and so needed, and throwing the role of the Troubled Self off of herself and onto Casey.

While early life experience seemed to have undermined Casey's secure attachments and contributed to her anxieties, they did not necessarily have a causal role in her cross-gender identity. Biological factors including prenatal stress hormones and temperament factors such as vulnerability to high arousal and heightened sensitivity to the mothers' affects may have played their part as well. Regardless of causal factors, once Casey's sense of living in the wrong body emerged, her confusion, turmoil, shame, and reliance on fantasy and pretending made her even more insecure with herself and more clingy with others, particularly Jan. Whatever the etiology—severe family stress and dysfunction, biological and constitutional factors, or gender-variance—there is a sensitive period (roughly 18 months to four years of age) for gender identity formation (Coates & Bradley, 1998). Thus, at the time treatment began—just before turning four—Casey's male self might already have been irrevocably consolidated.

Despite her difficulties, Casey and her family had many strengths. She was very intelligent, had an unusually advanced vocabulary, a sharp memory, and an excellent attention span. Although often timid in the physical world, she was quite agile. She was also curious, able to invest in elaborate fantasy play, had several friends, and had adapted

fairly well to preschool. Except for conversations about difficult emotions, behaviors, or situations, Casey was quite verbal. She had a very strong bond with both siblings as well as with members of her parents' friendship network. Lea and Jan were both dedicated to their children, spent considerable time with them, and especially after age two-and-a-half, provided Casey with much responsive, attuned nurturing and many opportunities for adventure and skill-building. They were very supportive, affirming, and accepting of a wide range of self-expression. Lea was well read in child development, and Jan had a wonderful sense of humor and playfulness. Both were invested in the treatment.

Family Stages

From the beginning Casey's parents were non-judgmental of her cross-gender behavior, dedicated to supporting her being whomever she might be, viewing her as gender-variant and not gender-deviant. Nonetheless, they were distressed and confused, as was their 12-year-old daughter, Nina. Adapting Lev's (2004) conceptualization of the four stages of the adult transgender person's family emergence to that of a young transgender child, Casey's family might be described as follows:

Discovery. Lea and Jan had gradually realized that, starting about age two, Casey identified more and more persistently as a boy.

Turmoil and Confusion. Casey's parents were unusual in that at the start of treatment they were familiar with transgenderism and committed to helping Casey find who she was—not trying to determine who she should be. Still, this was a very painful time. The year-and-a-half period prior to treatment, with its dawning awareness of Casey's emergence as a boy, brought with it the gradual disappearance of the daughter they had known. This loss of their little girl was hard enough, let alone Jan's avowed dislike of men. Jan's grief was profound while Lea adapted more easily to Casey's boy self.

When I presented information that childhood GID is not necessarily predictive of adult GID or adult transsexualism (Coates & Wolfe, 1998; Zucker & Bradley, 1995), both parents were relieved. Yet, they faced a complex challenge: to accept the reality of Casey's gender-variance and her present identity as a boy while not foreclosing the possibility that she might choose to live as a girl at some point. Jan, in particular, deeply grieved the loss of her little girl. At the same time, this little girl might some day return. The grieving process seemed akin to families of missing children or soldiers missing in action: the difficulty of accepting the

loss when the missing one might possibly reappear. One difference here was that, at least during the first years of Casey's journey to boy self, the parents, especially Jan, sometimes felt guilty and ambivalent, longing for their little girl's return and simultaneously feeling they should fully embrace the little boy who had showed up in her stead. Another difference was that these parents had lost the concept of their girl child, but they had not lost their child.

Most parents of transgender emergent children are tormented about why this has happened and may blame themselves or each other. Casey's parents were confused about the whys but related transgender identity to their own life experience. Neither thought of their lesbian self as caused. It was just who each was. Their social circle included a close transgender friend and many families with non-traditional gender expression. Still, theirs was a complicated and stressful situation. Their child was so miserable and much that had been assumed was changing. Just looking at Casey or an old photograph of Casey and thinking, "She . . . no he?" could be confusing and upsetting.

Casey's parents worried not only about her current distress but the struggles ahead, particularly her being disliked, bullied, or ostracized, feeling different, and increased suicide risk. They dreaded the suffering she would face if she fully transitioned to a male. However, their close friendship with a transwoman gave them a vision of a viable future for Casey. Their friend, born male, lived as a female in a committed relationship with a woman who had given birth to their treasured child.

However, Lea and Jan, comfortable with their own lesbian identities, embedded in a community that included many gender-variant people, were not typical of parents grappling with this situation. Most parents are frightened or even horrified that their child will become a transvestite or transsexual; some are confused about the difference between sexual orientation and gender-variance which can activate anxieties about homosexuality and the fear their child will be gay (Brown & Rounsley 1996; Lev, 2004; Zucker & Bradley, 1995). Many are ashamed, do not want anyone to know, and isolate themselves. Casey's parents worried about people finding out and then confronting her in a way that would devastate her since Casey was so desperate to pass as a boy. They were concerned about how best to support her. They felt grounded in the decision not to try to force her to think of herself as a girl, but wondered: was it really best to promote her "passing" as a boy? Were they teaching her to live a lie?

Decision-Making, Support, Negotiation and Advocacy. Despite unique aspects, Casey's parents faced many issues common to families

as they adjust to the transition, such as which pronouns to use, what types of clothing to permit, who and what to tell, how to deal with pretend genitals, and how to involve their other children and extended family. In addition to making decisions, parents must also actively assist the child in negotiating the social world. When I met them, Casey's parents had already become advocates with the preschool and the extended family.

Finding Balance. Families who are able to move through their initial reactions of confusion, ignorance, fear, guilt, or shame, then accept, support, and advocate for their child's transgender self can gradually return to the satisfactions of their daily lives. Transgender issues no longer dominate. Lev (2004) depicts this stage in her description of the adult transgender experience:

Balance does not necessarily infer transition, nor does it infer permanent resolution of the gender issues. It means that transgenderism is no longer a secret, that the family is no longer in turmoil and has negotiated the larger issues involving transgenderism. The family has learned there is a difference between secrecy and privacy. They will negotiate their own unique balance of revealing information if privacy is a concern, but they are not sworn to a painful secrecy . . . the family is now ready to integrate the transgender person—as a transgender person—back into the normative life of the family. (p. 291)

As I began my work with Casey I knew nothing of such stages. I knew only that the whole family seemed to have a broken heart.

Goals and Treatment Plan

I needed to educate myself: learn from the literature, from gender experts, and from Casey and her family. I developed the following treatment goals: (1) reduce Casey's anxieties related to her cross-gender distress, transitions and separations, night terrors and nightmares, and expand the focus from gender issues to the broader range of distress. Create a context of play for Casey to discover and develop her or his real sense of self; (2) explore and address possible family contributions to the formation and maintenance both of Casey's anxiety symptoms and her cross-gender identity; (3) support the nuclear and extended family and assist them in adapting to Casey's emergent sense of self. Underline the fluidity of outcomes (Coates & Wolfe, 1998; Weinrich, 1985) box-

ing Casey in as neither a girl or as a boy; (4) advocate for Casey and support the parents in advocating for Casey at home, at school, in the extended family, and in other important parts of her interpersonal world, such as friendships; and (5) document my observations in preparation for any medical-legal inquiry. The treatment plan included frequent parent meetings, weekly play sessions with Casey, periodic family therapy and family play sessions, meetings with grandparents, and collaboration with school personnel and other professionals involved with the family.

THE FIRST SIX MONTHS: AGE FOUR TO FOUR-AND-A-HALF YEARS

Family Session

This session, the week after the home visit, will be briefly described to convey the scope of the treatment and the importance of including siblings.

I met with the parents and Nina, who cried as she described missing her little sister, wishing she still had a sister. The family related a recent interaction with Casey. Pointing to a photo of her with long hair, Lea had said, "That's when we thought you were a girl." Casey replied, "I never was." What followed were outpourings of grief with Nina wishing Casey would be a girl again, Lea holding it open, and Jan not wanting Casey to live the tough life of a transgender person.

They discussed the awkwardness of pronoun choice with Nina still saying "she" while her parents avoided pronouns altogether or used "he." Nina said the use of mixed pronouns was not a problem for her when friends came over. She described how her grandfather lectured Casey on being proud to be a girl but Casey replied, "No, I'm a boy." My inquiry into what Nina might wish to change about her family led to the revelation of two incidents, one quite violent, when Jan had erupted. Coalitions emerged with Jan complaining that Lea always took Nina's side, aligning with their child instead of with Jan, and Lea viewing Jan as an acting-out child.

Nothing like this degree or type of conflict had emerged in the two-hour intake, nor was there any indication of it during the home

visit. This session had opened a window into core issues that later proved highly relevant.

Parent Meetings

During the course of parent meetings, we decided the following:

1. Pronouns: Those comfortable with “he” would use it. Others would use gender-neutral pronouns or avoid using pronouns altogether. In time, both parents adopted male pronouns, and Casey’s siblings followed suit.

I felt uneasy. Was I colluding with a fantasy? Or is gender (the sense of being male or female) by its essential nature subjective, and core gender identity (the sense of maleness and femaleness) only able to be expressed, not assigned?

2. Appearance: Parents would continue to support Casey in choice of clothing and haircut. They would assist with packing the bump but would refer to it as “making it look like you have a penis.” If Casey insisted by saying things like, “I do so have a penis for real,” parents would reframe this as a wish and empathize with Casey’s distress.
3. Limit-setting: Jan would set limits on Casey’s calling her “Daddy,” reflecting back, “Maybe you wish I were your daddy,” or “Maybe you wish you had a mommy and a daddy.” She also would offer to “Play the Daddy Game,” inviting Casey to say how the game of pretending Jan is her Dad goes. Jan would play along but clearly indicate it was a pretend game with a beginning and an end.

Lea was relieved by these discussions; Jan found them excruciating. She agreed with the logic of trying to ground Casey in reality but did not want to upset her. We explored Jan’s own use of fantasy to manage anxiety. At times she herself seemed to equate words with facts. Saying the words, “OK, I’m your Daddy” became in her own mind a remedy for her child’s insistence on calling her “Dad.” Agreeing, “Yes, OK, you have a real penis” became a solution for Casey’s despair and unrelenting insistence that Jan agree. It was as if saying the words solved the problem, and as if this fantasy solution would not be challenged by reality in

the future. We named this pattern “Saying It Makes It So.” Only with the elucidation of this pattern, confrontation of its destructiveness, and assistance with alternative strategies did Jan feel able to follow through on the above decisions.

Play Sessions

The first play session was just before Casey’s fourth birthday. She walked in and immediately showed me her Batman underwear. Right from the beginning she only played male roles in fantasy games, and only much later would she even speak any female parts in doll play. But she did play with male and female dolls, her favorite being Jack, a non-gendered baby doll. With few exceptions, she ignored traditional male toys, such as power figures, transportation toys, tools, and wild animals.

She asked me to read the same book, *Mother Goose and the Sly Fox* (Conover, 1991) over and over when she was most insecure but much of the time she played with dolls. Gender themes were dominant. She would point to the boy doll’s testicles and say, “I have testicles.” She would sometimes dress the dolls for parties or school but mostly she undressed them and explored their genitals. She often took a male doll’s penis in and out of his pants and had the other male dolls urinate standing up over and over. She asked me to “sew the boy doll’s penis on really tight.” Returning the next week she went straight to the doll and said, “Of course it’s still there.” Another time she asked, “What’s that?” pointing to pubic hair on a woman doll. I replied, “Pubic hair. Girls get it when they are 12 or 13.” A few minutes later, she pointed to the boy doll and said, “He shot all the babes.” Once she cuddled her favorite doll and said, “Adriana used to be Jack and is a girl but has a penis. But he identifies as a boy so he is a boy.”

Such sophisticated language of a subjective determination of gender hardly sounded like a four year old. Could her parents be spoon-feeding not only the words but the concept? Over time I observed advanced linguistic and conceptual skills across many content areas, and Casey expressed “I feel like a boy so I am a boy” with a wide range of words and play. I concluded that discussions with parents had affirmed and given words to Casey’s inner reality, but had not imposed that reality.

Casey created birth after birth. Usually the babies were boys though some were born girls until the mom realized they were boys. Often the babies died or Casey hid them saying they were lost or killed though usually the babies were found and were “not dead any more.” Play tended to

be gentle and sweet or enthusiastic and very directed. But there were periods when Casey repeated the story line over and over to have me hit, kill, injure, or flush the baby down the toilet “because the baby had been so bad.” Some doll stories mixed interest in genitals with envy and aggression like having the man doll urinate then stating, “When he dies I’m going to eat his penis.” Casey told me, “I like to kill people and animals,” but her parents reported only gentle behavior with the latter.

Early in our work we looked at Casey’s baby album, including some naked pictures and quite a few of her in a pink dress. She made no comment about her dress or female anatomy. Sometimes Casey dressed in gender-neutral clothing such as jeans and a big sweatshirt, but more often wore more male-identified items. Once she arrived proudly displaying nail polish eager to show me her baby doll. She was typically very interested in my appearance asking why I wore dresses and wanting to touch my stockings, try on my heels, and apply make-up to my face. Casey’s parents, who tended to wear shirts and pants, reported that she had no exposure to such stereotypical female items at home and that I was the most femme woman in Casey’s world.

I was startled. Me, tomboy of the past, marathon runner of today—femme?

Emerging Themes and Issues

Casey’s response to Jan clarifying that she is a mom—not a dad—was to vehemently insist that Jan is a man “because your pants show a bump.” Eventually she began calling Jan “Mama.” Casey experimented with a series of boy names. By four years, four months, she wanted to be called “Evan Reed,” “Reed” being her brother Ty’s middle name. She finally settled on “Benjamin Jack.”

Both Casey and brother Ty experimented with clothing. Ty, almost two years, enjoyed wearing dresses occasionally. Casey, who lived and dressed as a boy, saw one of Ty’s dresses and asked to wear it also requesting tights and girl’s underwear. When the dress proved too small, Lea offered to shop for a dress. Casey replied, “Okay, but I don’t want anyone to think I’m a girl so maybe I could just wear it at home.” The next day she declined shopping for a dress but played cowgirl with Jan, the first time she had played a girl’s fantasy role in a very long time.

I could not help myself: my heart soared. Maybe Casey was finding her real, girl self. Then I reminded myself: this is Casey’s life, not mine.

Comment

After six months of work, Casey, going by the name “Ben,” was living as a boy and accepted as a boy both at home and at preschool. Jan and Lea had struggled with the choice of kindergarten and whether to apply for Casey as a boy or a girl. They decided on the former and informed the school of Casey’s cross-gender identity. Gradually I myself shifted to “Ben” and found myself using “he,” reminding Jan and Lea (and myself) that Casey was still trying to figure it all out.

(Note: From this point on, male pronouns and the name “Ben” will be used instead of Casey, except for (1) referring to the period prior to age four-and-a-half and (2) in the section dealing with the grandparents, who were more comfortable with the name Casey.)

MONTHS SEVEN THROUGH 12: AGE FOUR-AND-A-HALF TO FIVE YEARS

Overview of Events

At age four-and-a-half, Ben went out of the country on a three-and-a-half week family trip with Lea and Ty, the most extensive separation from Jan up to that point. Although both Jan and Ben expressed fears of kidnapping, plane crashes, germs, and being away from each other, Ben, in fact, loved the trip, had no nightmares, and played naked on the beach with other children. It was on this trip that the name “Ben” was chosen. However, while the others were away, Jan developed a serious mood disorder, which impaired her ability to take care of Nina and frightened the younger children when they returned. Couple tension and loyalty battles soon emerged as themes in parent meetings and play sessions, and Ben’s nightmares resumed within two weeks. Despite all this, there was a major step on the transgender journey. At a large extended family holiday celebration soon after the trip, Lea orchestrated Ben’s first coming out experience, requesting that family members use his chosen name and chosen gender.

Play Sessions

After the trip, a buoyant Ben greeted me accompanied by Ty who was carrying a purse and wearing a skirt, pink tank top, and a girl’s hat.

He announced with a grin, “I’m a little lady!” Ben told me as he took dresses off the dolls he called “the Big Sisters,” had me braid their hair, and dressed them in jeans and boots: “Ty and I wear dresses. Ty wears pink.”

Had Ben’s urgent need to live as a boy shifted, and had he become interested in gender typical clothing in the weeks away from home and away from Jan? Was Ty taking on or taking over the urge to cross-dress? Why might two children in one family cross-dress, one girl-to-boy, the other boy-to-girl? I had noticed Ty’s soft clothing and occasional skirts before but he was just turning two, and fantasy play and flexible gender behavior are typical at his age. Yet at this point Ty’s delight in dressing as a girl and pretending to be a girl concerned me. Did Ben’s cross-gender identity have less to do with gender-variance and more to do with the impact of family dynamics? The more I thought about the family system, the more I wondered about the combined impact of Ben’s little brother growing up in a home that welcomed a broad range of gender expression as well as growing up with Ben as a sibling.

Ty’s interest in wearing skirts and dresses could have been shaped in many ways. The parents, in their efforts to support Ben, definitely intensified and became more blatant in championing their long-held values of self-expression in general, gender expression in particular. They elaborated their own understanding of gender identity as a subjective sense of self and seized opportunities to discuss this concept at home. Words like *typical boy* and *tranny boy* were introduced. When babies were born to friends, Ben always asked, “Is it a boy or girl?” Jan or Lea would reply, “We don’t know. We’ll have to find out when the baby can tell us but all we know right now is that the baby has a penis (or a vagina).” Thus, Ty not only grew up in an environment in which freedom of gender expression was valued and gender-typical clothing was atypical but one that highlighted and encouraged the right to select your own gender.

Ben’s status as the “special child,” molded from birth in the symbiotic union with Jan, was enhanced by his transgender issues. Tremendous concern, time, and attention was dedicated to understanding and supporting an anxious child who was not only vulnerable and high maintenance to begin with, but was now at risk due to gender identity struggles. As Ty’s own sense of self developed, perhaps there was an

association between cross-gender behavior and being “special,” particularly to Jan.

This “special child equals tranny child” force, present throughout Ty’s life, may have become even more powerful six months later when the parents separated. The dissolution was highly destabilizing to Jan who clung desperately to Ben. Her attachment to both Ty and Nina became inconsistent, practically abandoning Ty for about six months. She picked Ben up for “special time,” leaving a sobbing Ty behind with the explanation, “Ben needs me,” and a rarely kept promise to have “special time” with Ty “sometime soon.” At age three, Ty asked me, “Why am I always the one left behind?”

Ben’s envy of and hatred for Ty for being born the boy that he was not may have made it feel safer for Ty to disavow the treasured gender. Constantly being hit, told he was hated, and being verbally and physically intimidated, including threats to kill him and cut off his penis, perhaps led Ty to mask his boy self in a dress and, in a certain sense, disclaim his boyness. Ben passing as a boy and the period of pretending to have a penis may also have been confusing to Ty or may have given him the idea of pretending to be a girl. Ben seemed delighted when Ty pretended to be a girl or dressed as a girl, which would have been reinforcing to Ty.

Ben and Ty had a very close bond, and as Ben became less aggressive, Ty became the adoring, obedient little brother. Young children typically prefer or even insist on playing their own gender in fantasy play, e.g., boys play Dad, policeman, or cowboy while girls play Mom, nurse, or princess. When Ben and Ty played together, Ben insisted on playing male roles or baby roles. He played Daddy, big brother, or baby brother, leaving Ty to play the female roles usually Mommy. Although there was a clear leader-follower dynamic in their relationship, it might also be argued that pretending to be the girl so Ben could pretend to be the boy was Ty’s gift to Ben. In addition, being a girl in fantasy offered Ty a chance to play with his beloved brother, and also provided a means to disarm Ben’s envy-driven animosity and earn his acceptance. Thus a crucial role in Ty’s relationship with Ben was pretending to be a girl, which may have generalized. Interestingly, their bonding activities involved playing house, playing school, and tending the babies as they gently dressed, rocked, and fed their dolls—stereotypical girl-play.

The impact of Jan's avowed dislike of men is unknown particularly during Ty's first year before Ben's full transition to living as a boy. By all accounts, Jan was warm and cuddly with this delightful toddler when she was not preoccupied with her own turmoil. While it is unlikely that she aimed anti-male sentiments—her hatred of men and envy of male privilege—directly at Ty, it is possible that he picked up her attitude and that it had some effect particularly since she felt repulsed by the thought or sight of a penis. I heard these views expressed many times when children were not present but never when they were. In high distress, Jan tended to have rageful outbursts, and after the couple separated she used poor judgment about what she said with the children in earshot. However, one of Jan's two dearest, long-term friends was a man, and anti-male sentiments certainly had not suppressed Casey's male identification.

By the time Ty was two years old, Jan was supportive of Casey as a boy. She used phrases and planned activities that embraced and enhanced both children as boys. For example, she might ask, "Would you boys like to play T-ball or learn to mountain bike today?" and signed them up for martial arts. Maleness was elevated to a desirable attribute, which may have happened anyway in the natural course of raising and affirming Ty, a son.

Perhaps Ty would have been inclined to cross-dress even without Ben's influence. With parents and a broader community that embody and embrace freedom of gender expression, it could be that he was freer than most boys to experiment. He was comfortable in dresses, right along with several friends, sons of heterosexual parents who joined the many gatherings at his house. Like his own parents, the "hippies" in this community of family friends championed soft clothes for both boys and girls and were fiercely opposed to gender stereotyping. The "soft boys" in this family network differed from most of the children at Ty's preschool. His classmates were pretty gender typical kids, though they did not adhere to rigidly stereotypical clothing or behavior, and their parents were much more conventional. Although at age three-and-a-half Ty dressed occasionally as a girl and was often mistaken for a girl, he did not claim to be or want to be a girl nor did he express dislike for his gender or genitals. At preschool, being mistaken for a girl upset him, but he firmly stood up for his right not to have to dress or look in any particular way.

In Ben's sessions, heterosexual themes strongly emerged by way of: (1) repetitive highly sexualized play, e.g., the male doll inserting his penis into the female doll; (2) fascination and curiosity that I was part-

nered with a man; and (3) emergent heterosexual orientation, e.g., statements such as, "I'm straight; I'm going to partner with a woman." Another theme involved the big brother nurturing the little brother while the big sister hurt the little brother, saying, "I don't know why I did it." Ben explained, "The sister hates the baby brother and wants a sister, not a brother." (Ben was somewhat less aggressive with Ty at home during this period.) This play perhaps symbolized the denial of Ben's own envy-fueled aggression toward his own brother and toward all little boys, displacing it onto the sister, who hates the baby brother for being the wrong gender. The sister may represent Ben, the sister he used to be, hating his own self for being the wrong gender. She may also represent Nina, who in reality missed her sister Casey, i.e., she wants a sister and hates Ben for being a brother.

Meeting with Grandparents

At Lea's request I met with her parents, who lived close by, both of whom were very upset about their grandchild's cross-gender behaviors. Lea had been unable to derail her father's campaign to redirect Ben back to being a girl. Ben's grandmother had complied with Lea and Ben's requests to treat him as a boy though she was reluctant to use the chosen boy name. The grandfather refused, resulting in conflict between the grandparents, tension with Lea, animosity from Jan, and stress for Ben. During our two-and-a-half hour session, they used Casey for her name and used female pronouns.

With both relief and uneasiness I joined their language, finding gender-neutral Casey much easier to use than "she." I avoided pronouns if possible, feeling duplicitous, as if I were standing up for something I didn't quite believe in and betraying everyone involved at the same time. Although it had been some months since I had gradually adopted first the boy name, then the male pronouns, the old girl name still came to mind sometimes, and I never forgot the natal sex of the boy-identified child named Ben. Sitting there with the grandparents looking to me for guidance, I felt fragmented: the sense of Ben's real self boyness that had been creeping unwanted into my consciousness for several months collided as it had so often with my earlier sense of Casey's real self girlness. But now it was more intense. I had stressed to everyone involved that I was not an expert on GID, but, nevertheless, here was the world outside the nuclear family looking to me for under-

standing—waiting for me to take a position and explain it. To think “she” and use the word “she” betrayed the boy child Ben, his parents, one GID expert I had studied, and a part of my personal reality and professional self. To think “he” and use the word “he” betrayed the girl child Casey, her parents, her grandparents, much of my training, most of my colleagues, and part of my personal and professional self. I wondered if these dual realities, this sense of no coherent reality, resonated with the experience of family members of GID children.

Both grandparents had experienced Casey as high maintenance from birth. They reported, “Every time we see Casey there is a problem, a tantrum, or something else.” They viewed their daughter, Lea, as the saving grace for all the children; they saw Jan as troubled and highly problematic. They attributed Casey’s emotional fragility, behavior difficulties, and gender confusion to Jan’s parenting, describing her as having no good maternal role models, going back to work too soon, and “paying attention to the other children more than to Casey.” They also believed the birth of Ty had contributed to Casey’s problems. They thought that once Lea, the truly nurturing parent had been occupied with her newborn son Ty, that Casey associated being a boy with what she desperately wanted: being Lea’s child.

Despite the grandparents’ complex explanations of Casey’s behaviors, they were notably receptive to my input. I had taken the precaution of consulting in advance with a prominent child psychiatrist known to the family and used my consultant’s credibility together with my own limited knowledge to convey my best understanding. I pointed out that Casey’s cross-gender behavior began before the sex of Lea’s baby was known and summarized the different schools of thought on the genesis of GID. I recommended: (1) following the parents’ wishes, thereby minimizing confusion and stress; (2) accepting Casey’s proclaimed gender as a fact of her identity but not as a fact of her body, and giving the therapy a chance to unfold; and (3) bonding with Casey by participating in activities she was invested in, both girl-identified activities, such as cooking, and boy-identified activities, such as T-ball. The logic I presented was that whether a boy or a girl, warm attachments with extended family can promote resilience, and I underlined the potential importance of a grandfather to a child who had few adult men in her life. Following this meeting, tensions diminished, and the session later helped form a bridge to Ben acknowledging his transgender experience to me. When I discussed the meeting with Ben he was silent, but a few

months later when I mentioned grandparents he said, “My grandfather knows I’m a boy but won’t call me Ben ’cause he’s not comfortable with it but he doesn’t say ‘she’ anymore.” After a period of avoiding using any name, the grandfather gradually did begin using Ben, Casey’s chosen boy name.

Parent Meetings

Meetings with Jan and Lea focused on the transition to the new school and parenting issues at home. Lea was disturbed by Ben’s “violent, racist, and sexist language,” particularly his continued threats of “If you don’t, I’ll kill you” to get his way. They were particularly concerned about the impact on Ty. In order to deal more effectively with this, we decided that: (1) Jan would join Lea in clarifying fantasy versus reality in response to Ben’s pretend genitals. Although pretend-penis talk had been addressed in early parent meetings, Jan had not consistently followed through. I emphasized the importance of a clear message every time. If Ben were to say, “I have a penis for real,” the reply would be, “You wish (or you like to imagine) you have a penis,” and together we figured out that possibly adding, “because it seems that would make your body feel right to you” made this reality confrontation feel less cruel and thus more acceptable to Jan; (2) both parents would take a stronger stand in the face of aggressive language and behavior, still empathizing with underlying feelings but adding a stern tone to admonishing behavior; and (3) Lea and I would meet with the heads of the new school since Jan found the prospect of participating too upsetting.

Collaboration with the School

Lea and I met with the two heads of a small, private school shortly before Ben began kindergarten, one known to champion diversity but never before having enrolled a transgender child. It seemed like groping in the dark as we tried to figure out what to do about bathrooms, who in the school would and would not be told, and how the faculty would be educated and supported. Lea stressed that Ben did not want anyone at the school to know although Lea had explained to him that his teacher and the administrators must know. The heads of the school favored informing all their staff, but Lea was adamant that so many people knowing all at once would leave Ben feeling “too outed.” Based on our discussion, the following decisions were made: (1) one bathroom would

be designated as gender-neutral; (2) privacy would be guarded but all the teachers would be told; (3) an upcoming faculty meeting would be devoted to introducing the topic. I would attend to present some basic information, open up discussion, and answer questions; and (4) a trainer in gender-variance would be found to present a comprehensive, full-day faculty training on transgender children.

Reflection

Just before turning five years old and starting kindergarten, Ben still pretended to have a penis and testicles. He sometimes said, “They’re just up inside,” but told Ty, “They were cut off.” Ben had never discussed his actual anatomy with me or having made a transition to living as a boy and never mentioned the name Casey. He told Jan and Lea, “I hate my body and how others think of it.” There had been a very upsetting incident with his oldest friend who insisted, “Ben is a girl!” Ben was devastated and sobbed to his parents, “I tried to tell him but he would not listen.” After this incident he was quite frightened of being found out, especially at the new school.

Ben and his parents watched an Oprah Winfrey segment featuring transgender children and their families. Jan and Ben looked through *The Body Alchemy* (Cameron, 1996) which discusses options of hormone treatment and sex change surgery. It also presents photographs of transgender people and their post-surgery genitals. Lea and I both felt the descriptions and photographs of genitals were too graphic due both to Ben’s age and his long-standing fear of bodily injury. About this time Ben developed a phobia of vomiting.

I was concerned about Jan’s judgment. Discussing genital surgery with a child not yet five years old? Does this push Ben to consolidate a male identity before he has really worked that through himself? Does her anxiety about his uncertainty and her pain about his suffering, together with her difficulty tolerating negative affect obscure Ben’s needs and compel Jan toward premature closure? Does she need her child to be a boy at this point? If so, did she all along? Or does viewing the book together lessen anxiety by reducing Ben’s feeling of being trapped in the wrong body and thus free up inner resources to find his—or her—true self?

***THE NEXT 12 MONTHS:
AGE FIVE TO SIX YEARS******Including Nina***

A family meeting between Ben's older sister, Nina, and Jan addressed Nina's jealousy of Ben's special status with Jan. Nina clearly adored Jan but sobbed that Jan broke promises to her, that Ben got away with everything, and that Jan dismissed her claim that Ben lied to get her in trouble. A later session included Ben who covered his ears and sang, "If I ever be mean, I erase the whole tape." Jan challenged this magical avoidance strategy saying gently, "You may wish you could erase the memory and erase what happened but some tapes cannot be erased." I was struck by how warm, responsive, attuned, strong, and open Jan was with both children.

Meeting Ben's Teacher

Ben's kindergarten teacher had been told about his transition and work with me before school began. After agreeing to Ben's request to promise not to acknowledge him at the school, I introduced myself to his teacher during the hustle and bustle of the beginning school day, and glanced around the classroom. The boys were all sitting together, Ben among them, tense and fragile. Later I spoke to the teacher by phone. At the next therapy session I told him, "I met your teacher. We discussed privacy and bathrooms." My goals were to make myself accessible to the teacher, and to create a bridge between our sessions, life at school, and the reality of his anatomy. At this point, Ben had still never acknowledged to me his girl body or having once lived as the girl Casey.

In-Service Trainings

As planned in the earlier meeting with Lea and the administrators of the school, I was invited to a faculty meeting to discuss transgender issues and collaborate on incorporating Ben into the school. In preparation, I first met with Jan and Lea. We developed an agenda: general information about transgender children, privacy concerns, pronouns, answering children's questions, and teacher anxiety. We knew that a transgender man had previously spoken at the school as a member of a gender diversity panel, and we anticipated a receptive group. I was stunned when I walked in: every teacher, aide, administrator, and clerk

was present though Lea and I had discussed Ben's fear of exposure and had pressed the head and assistant head to agree that only teachers would be told. Lea was there as well though neither I nor school staff expected her. The uneasy meeting began with a violated agreement between parent and school, and staff feeling somewhat constrained in the presence of a parent. I concluded that anxiety about the topic, even in a progressive school in a progressive city, had impaired communication and cooperation.

The teachers were invested in trying to understand Ben's needs. Some wanted to know what caused transgenderism and whether it was a disorder or a difference; others voiced discomfort at using male pronouns and were reluctant to mislead or deceive the students and parents by relating to Ben as a boy. They worried about how to answer other children's questions and parents' questions particularly since several children had attended preschool with Ben—then living as the girl known as Casey. Several staff felt that the ideal solution would be for the secret to be out so Ben would have nothing to hide and everyone could deal openly with the situation. Both Lea and I answered questions as best we could and tried to encourage dialogue. Together we conveyed that Ben was still at a very early stage in coming to terms with his body and identity. At this point he acknowledged the facts of his anatomy and his prior life as a girl only sometimes and only to his family. The rest of the time he tried to pass as a boy like any other. We stressed that greater self-acceptance would help him face his school community and that coming out was preferable to being outed. Some felt sure the truth would emerge and that much would be gained by proactively structuring the disclosure.

A few months later, a gender-variance trainer conducted a full day in-service workshop for the staff. The main issues addressed were: managing personal discomfort with the unknown territory of transgenderism; promoting acceptance of gender diversity on a school-wide level; and answering children's questions, particularly if Ben's natal sex became known. The trainer made the very useful analogy to how teachers handle the privacy of a child with a medical condition and recommended drawing out the child's concerns and answering questions about the condition without giving information about a particular child.

Summary of Themes and Events

Soon after Ben started kindergarten, Nina's chronic illness became life-threatening for several months. Lea mobilized her care, taking the

younger children with her to the hospital or to babysitters. Jan, who feared illness and everything associated with it, withdrew from Nina. Lea had no idea where she was for large blocks of time. This enraged Lea and further destabilized their relationship. Jan became more and more erratic: defensive, unpredictable, angry, and impulsive. I had sensed for some time she might be living a double life. She took medication but claimed not to need it, and said she was addressing these issues in her own therapy. Her employer, Lea's dad's company, demoted her and she quit but hid this from Lea for months. She was unemployed for almost a year. Lea became more critical, controlling, and dismissive.

Nina's health improved, but Jan and Lea's relationship deteriorated and home life became infused with couple discord and Jan's internal chaos. Conflict between Nina and Jan intensified. Jan distanced herself from everyone. With their relationship lurching toward dissolution, she quit couple therapy in protest saying that the therapist sided with Lea.

We expanded our parent meetings on a short-term basis to deal with the couple crisis. Jan refused to meet with any other therapist. When tensions subsided, they consulted a new couple counselor who felt unable to work with them after Jan described herself as a master scammer. In crisis again, they returned to me, and I saw with them for several months. They agreed on a separation just before Ben began first grade. After learning that her own therapist, whom she trusted, was having an affair with another client, Jan terminated her individual treatment. Her decision, though appropriate, left her stranded.

What about Ben? His verbal and physical aggression toward Ty escalated—threatening to cut off his head and sometimes threatening for days to maim or kill his whole family. As Nina's health improved, Ben's aggressive behavior decreased or was disowned: "I'm worried about my 'bro'; if someone was going to kill him I would step in front so they would kill me, not him." He also stopped packing. At home he no longer pretended to have a penis. He talked openly with his parents but not with me about his body and his longing to be a boy and to have a penis: "I hate myself because I'm a girl;" "I'm sad the way my body is;" and "I love my body the way it is and my mamas know." When Ty asked, "Do you have a penis?" Ben answered, "No." When Ty countered, "Yes you do, a small one," Ben replied, "I'll come back in my next life as Ty."

Ben was shy and somewhat withdrawn at school. For months he was uncomfortable using even the unisex bathroom, which was far from the classroom, preferring to wet himself instead. Later he used the regular boy's bathroom. He became very sad when two close friends moved out of state, telling his parents that these friends knew about him and ac-

cepted him. Jan and Lea discussed with Ben other gender-variant people they knew, one being a family friend, and they described options, such as being a transman, binding breasts, and having a baby. After the parents decided to separate but before telling the children, Ben woke up sobbing, “Mommy, don’t leave me.”

Parent Meetings

Parent meetings expanded to address the couple issues, and at times I met individually with each partner. Lea had become more controlling and mistrustful; Jan more defiant and erratic. Both were miserable yet neither could bear to break up the family. Jan’s behavior seemed to drive the couple at this point and affected everyone. Helping her relate in a less impulsive, more predictable manner meant directly addressing her own dynamics, particularly her denial and chaotic oscillation between merger and distance. She was drowning, and Lea, ever the boss and caretaker, was fed up. She tolerated, as she had with her own mother, Jan’s disturbing behavior. Their chaotic attachment became increasingly polarized into “Good Mother/Crazy Bad Child” roles. They decided to separate, which triggered a downward spiral for Jan. She warded off desperation by raging against Lea and clinging to Ben.

I met with Jan and Lea together and separately and referred Jan to a competent psychiatrist for medication. I felt pressured by the situation, not manipulated by the couple, to take on the task of helping Jan and Lea manage their disintegrating relationship. In the past year I had twice said no to seeing them as a couple in order to safeguard my relationship with them as Ben’s parents. At this point, however, their couple relationship and Jan’s mental health were deteriorating, as was my child client’s well-being. Jan had quit her individual therapy following a serious rupture and refused to meet with anyone but me. Despite years of therapy, Jan had kept most issues hidden from her therapist. She had refused to return to the couple therapist of many years, feeling ganged up on and misunderstood, defended, and defiant. The other couple therapist they had consulted refused to continue with them. Both Jan and Lea urged me to meet individually with Jan and with the two of them during this crisis as I had the power no one else had: knowledge of the issues at hand, credibility as Ben’s advocate, and both Jan and Lea’s trust. I felt like the lynchpin holding the family’s future. Recognizing this countertransference vulnerability in myself,

I sought consultation. My consultant agreed: fulfill these multiple roles but clearly stop short of mediation.

Ben's Development

Ben engaged in violent doll play, primarily aimed at boy babies—often directing me to hit, pinch, and make them bleed: “I get so mad because I can’t stand Baby crying.” This type of play frightened him. He typically followed it with more gentle, nurturing play, often with himself as the loving brother: “The Baby is crying and no one realizes it.” His joyful proclamations that he or his doll is a boy or has male genitalia alternated with ambivalence about living as a boy: “Baby wants to wear a dress but isn’t allowed to because he’s a boy.” At other times, however, he acknowledged having already transitioned from his natal sex, for example, dressing one of the Big Sister dolls in tights and having the Brian doll say, “These ‘undies’ used to be mine.” As the couple’s stress escalated, gender themes diminished, replaced, or intertwined with themes of mommies dying and leaving.

Other important developments emerged as well: (1) naming the daddy doll in his stories “Jan”; (2) engaging in play but not always with dolls, e.g., singing made-up songs like, “Oh man, I gotta penis” and playing a game with the trolls called “No Girls Allowed”; (3) insisting on exaggerated “boy play.” For example, he announced, “I *don’t* want to play with babies!” He then had power rangers “kill everyone, and then a boy”; (4) intensifying interest in my clothing, particularly skirts and dresses; and (5) constructing scenarios infused with hopelessness and death, for example, making up a story about “a sick snake and they give him medicine but it is poison so he got shots to die peacefully.”

I wondered, “Is my ‘medicine’ actually poison?”

Due to Ben’s aggression toward Ty and the persistent violent play directed at baby brothers, I alerted the parents to monitor Ben closely. As the couple moved toward physically separating, Ben became quite anxious.

THE FINAL 15 MONTHS: AGES SIX TO SEVEN YEARS

Summary of Themes and Events

Just before turning age six and starting first grade and despite dreams and play themes of mommies leaving and dying, Ben clung markedly

less to Jan, handled transitions much more easily, and seemed much more at ease with his transgender self. He had a physical exam with a specialist, who found no atypical physical signs. With a beaming smile and a raised fist, Ben identified himself to the doctor as a transsexual. Ben parted from Jan without incident when Lea took the children camping. Ben told Lea he felt guilty for not missing Jan and for wishing Lea were his only mom. He also asked, "Have you heard me scream? I tell myself every night, 'Don't scream'."

However, once the children were told of the impending separation, the pain, grief, and turmoil typical of couple dissolution became the heartbreak of a child torn in two. Jan finally started working but lost the battle to remain in the family home, leaving Jan terrified that her children would hate her for abandoning them. Lea's insistence on 70 per cent custody outraged Jan, and both considered legal action to resolve custody disputes. Jan, already in a tailspin, deteriorated further, and Lea feared the children were not safe with her. Jan clung to Ben, ignored Ty, and battled with Nina. Ty reacted to the separation with grief, rage, and despair. For many months, he kicked, hit, bit, and cried. Jan spent little time with him but guarded her "Special Time" with Ben.

Parent meetings were used to manage the transition to a two-household family including custody issues and financial arrangements. Of particular concern was supporting Ben, who seemed especially vulnerable given his transgender issues, separation anxieties, and heightened sensitivity to parental affects. Frequent individual meetings with Jan supported her through the crisis of separation, and I met alone with Lea periodically after joint parent meetings became acrimonious.

Jan, only recently employed again, managed to keep her very demanding job despite several months of anxiety, depression, and chaos. Major issues were her feelings of worthlessness and the threat of fusion with her bipolar mother, who had spiraled down after her husband left her and ultimately committed suicide. Just as her own mother had clung desperately to three-year-old Jan, she clung desperately to six-year-old Ben. The feeling that she had lost her children overwhelmed her, and fear that Lea would take her children away tormented her. At times she blamed and demonized Lea. The news that Lea had a new girlfriend who was spending more and more time with the children was very distressing and further destabilizing. Jan both idealized and vilified the newly forming family while inside she felt discarded, abandoned, alone, and replaced.

Setting up and running a household which had been Lea's domain was very difficult for Jan, and her perceived failures—not cooking, run-

ning out of Nina's life-saving medicine—fueled the Good Parent/Bad Parent split that she had struggled with for years. Her main relief was drawing Ben close especially when they slept. Gradually she became more stable, but still waged an unconscious battle to guard every moment with him and to bind him to her as his Protector and Lifeline. Jan told him the story of King Solomon, emphasizing how the biological mother was the real mother willing to sacrifice her own needs for the good of her child while the other mother would have let the child die.

Ben liked Lea's new girlfriend, May, though he hid this from Jan. The first time they met he said, "You look like a man. Are you?" She replied, "No. You look like a boy. Are you?" He smiled and said, "No." This was a triumphant milestone since it was the first time Ben had initiated coming out. Soon he showed May his baby album holding his hand over the genitals of the girl he once was. She reassured him, "Your body is beautiful." In the coming months, he talked easily with May about transgender issues as he already did with both his parents, and they became very close. As a child, May had wanted to be a boy. In college she had lived as a typical sorority girl and later married a man and had a daughter. She still longed to have been born a boy but she did not feel she was a boy.

Six months after the separation the two-household family had stabilized. Ben began referring to himself as a *tranny boy* with family members and trusted adult friends. It was at this point that May and her 10-year-old daughter Sara officially moved in with Lea. Given the complexity of hiding your body from someone who is becoming your step-sister, Lea encouraged Ben to come out to Sara. He almost revealed his secret in a play session with Ben, Ty, and Sara in which the transgender dolls discussed their lives. When I enacted Seymour, saying "When I was born, I was a girl and my name was Samantha," Ben turned to Sara, and said, "When I was born, my name was Cas . . ." He stopped himself, and Sara went right on playing. But a few days later at home Lea took his hand and said, "Now is the time." Sara was surprised but very accepting.

Lea and May seriously considered moving out of state with all four children as soon as possible with the children flying back often to spend time with Jan. I was stunned by this proposal, given the likely impact on a young child of separating from a parent he was very close to—even merged with; a child who not only had vulnerabilities related to being transgender but who had long-standing separation issues and difficulties with transitions. Such a move would also be a severe narcissistic blow to Jan and to the co-parent relationship, probably precipitating a

destructive mutual escalation and a legal battle. Ben, exquisitely sensitive to his parents' emotions, would definitely be hit in the crossfire. My strong recommendation against such a move seemed to alienate Lea. She seemed uncharacteristically blind to the needs of her children.

Jan, who had finally been getting back on her feet, learned that May had moved in just as the newly blended family, including Ben, departed for a long trip together—one that excluded Jan. She felt abandoned by the only real family she had ever had and replaced by May as Lea's partner and the children's other mother. Her feelings overwhelmed her, ushering in a four- to five-month period of panic, insomnia, over-medication, and suicidality. The more devalued she felt, the more preoccupied she became with the certainty that Ben, due to his special closeness to her and his vulnerability as a transgender child, was unable to handle the current custody schedule and needed to be with her more.

Ben, who had been thriving in first grade for many months, returned from the trip subdued and became increasingly withdrawn and depressed at home and at school. His teacher called me, alarmed by his parents' acrimony, his "almost not human" self-portrait and his "seeming to try to disappear." Not only had Ben returned to a parent who was in the midst of her worst crisis ever, but on the trip, an old preschool friend of Ben's had insisted in public, "You are a girl." Ben became tormented with fear of being outed by the other children. Life in both homes became stressful as hostilities between his parents flared, Jan insisting Ben be with her more. Ben developed a full-blown separation anxiety disorder made worse by my month-long vacation. He hated Lea, sometimes hitting her, and clung to Jan, sobbed when away from her, and literally counted the days and minutes until he could be with her.

While Lea was emphatic that Ben should no longer have Special Time with Jan because Ty did not, Jan was convinced the ongoing 70-30 custody was harmful to Ben: "We have that special bond. He lost time with me after the separation, which is making him more insecure." Although Jan seemed genuinely distraught at Ben's distress, she seemed to instill anxiety in him, then rush to his rescue. She elevated herself as The One He Needs, launching an all-out effort to gain primary custody, and proclaimed over and over, "He needs to be with me more." Ben became afraid she could not sleep if he were not there and sobbed, "I have to see her because I never know if she will be there." In my office he begged me to drive him over to Jan's house.

What broke the spell was a long, arduous period of individual sessions addressing Jan's own separation anxieties. I reviewed the long-standing problems she and Ben had being away from each other, pro-

viding a context for his distress that was broader than just the custody schedule. I shared with her the knowledge that transgender children have a high incidence of separation difficulties. I helped her to see that learning to be separate from her was crucial to Ben's well being. She calmed down, examined her own needs and behavior, and realized, "I conveyed, 'You cannot live without me because you need me to protect you', just as my mother conveyed to me." She became aware of the many ways she had promoted regressive behavior, such as "coddling" him, having him hide behind her, discouraging him from going into the classroom alone, and having to sleep in bed with her. We then worked out a plan to help Ben and Ty learn to sleep separately and incorporated some cognitive behavioral suggestions to help Ben separate in a healthier way. The hard work of follow through is still in progress.

Play Sessions

Play sessions addressed three domains: divorce issues, transgender issues, and separation anxiety issues. After several months of play with divorce themes, I introduced ten androgynous dolls, one by one. Ben used them to create complex stories: transgender boys discovering their true identities, making friends with other tranny boys, being killed or rejected when outed, facing discrimination, marrying, and having families.

One of many moving scenarios was "First Day of School" in which a first grade morning circle time became the trans child's opportunity to come out. In "Wedding Day," Ben's favorite tranny boy doll Seymour became Samantha and married a man. In "Genital Checking," a doll was subjected to forced inspection when she and her friends went together to a hair salon. When she returned, a sign had been posted: "No Transgenders Allowed." Her former friends conspired to kill her but performed a sex change operation instead. While playing, Ben said to me, "I'm a tranny boy." These characters sometimes played out vicious divorce scenarios, always with heterosexual couples, with the triplets and the Big Sisters incorporated as the devastated and forgotten children.

Two play sessions were held with Ben, Ty, and Sara. Ben showed Ty and Sara the dolls, explaining which ones were transgender and which were typical. A discussion of these dolls' lives followed, including fears of telling other people about themselves. I whispered in Ben's ear, "Do you want to tell Sara now?" He replied, "No, at home." When they all returned the next week, Sara had been told, and we had a Coming Out Party complete with balloons that turned into penises flying around the

room, wild singing of original songs, and discussion of how everyone felt.

Gradually doll play diminished. Instead Ben wrote stories on the computer with themes of boys' mischief, crushes on girls, and violent retribution. He also asked me to read biographies, perhaps hopeful each week that a new life story would be waiting for him.

Follow-Up

A year after the separation, Ben's parents were getting along reasonably well. Jan was more stable, had progressed in her career, was beginning graduate school, and had started dating. She was reconnecting with Ty, who was still showing many signs of stress and was having great difficulty adjusting to preschool in part due to his girl-identified clothing. Nina's health had improved, and she seemed like a typical teenager though she and Jan had only partially repaired their relationship. Jan still struggled to set appropriate limits. She felt reduced to the typical divorced weekend dad—indulgent, fun, and secondary. She grieved the loss of the special bond with Ben, yet knew it set them both free. Lea had no plans to move away and had established a stable stepfamily. She seemed to have moved out of the roles of Caretaker and Critic, more able to address her own issues in the context of her mutually supportive relationship with May. And, most important, Ben's path was becoming clearer.

At seven years, three months, Ben was living as a boy out in the world. With his trusted circle he referred to himself as a *girlboy* or *tranny boy* and talked openly about his natal sex and cross-gender concerns, including his future surgery. He lived without secrets in his immediate and extended family and with several of his parents' adult friends. He joined Lea in a meeting with parents of gender-variant children and spoke up for their right to be themselves. At age four, Ty was gender-variant, not transgender, while Nina and Sara were gender-typical.

Ben appeared much more secure and exhibited far less verbal and physical aggression although a recent disturbing incident while camping involved graphic violent imagery and inciting Ty to punish Sara with a spear. He still had difficulty when he did not get his way or was not the best at some activity, particularly physical activities with other boys, and sometimes lied or cheated when unable to achieve or win by fair play. Separation anxiety and clinginess had mostly dissipated and nightmares were rare.

In order to not present transgenderism as a mental health issue in and of itself, I did not introduce myself to the second grade teacher. Instead, I left her a message that I was involved with Ben and his family and available if needed. His teacher reported a smooth transition to second grade, high academic achievement, good athletic abilities, and was very well liked by peers as well as by older and younger children. The teacher's feedback presented areas of difficulty as minor. Ben scoffed at the less athletic boys. Some early non-compliance problems emerged but they resolved except for homework sometimes being missing or incomplete. At times he would not understand verbal instructions and seemed to respond by wandering off. Although his friendship pattern had long been to gravitate to alpha males, this year he bonded with the school bully. Rumors reached his parents that some of the children were talking to each other and to their parents about Ben being a girl but no incidents had occurred ten weeks into the school year.

In many ways, Ben was a typical seven-year-old boy. In other ways, his struggles were unique: body image; the inevitable discovery at school of his natal gender; the dreaded changes of puberty; the question of whether to take androgenizing hormones prior to puberty; and the task of incorporating his female body and history into his identity. Whether parent stability and cooperative co-parenting will be maintained remains to be seen but both families are stable and thriving at this time. Whether Ben will continue to identify as a boy and live as a boy, particularly after puberty, is unknown. The road ahead is rocky but he is finding his own way.

CONCLUSIONS

The transgender journey described here may or may not offer principles generalizable to other transgender children and their families. There may be subtypes involving different etiological contributions, including prenatal risk factors. What shapes natal boys may differ from what shapes natal girls. Those factors operating in heterosexual families may differ, and the manner in which a child's natal sex unfolds with same-sex versus opposite-sex parents, or with a single parent, is unknown.

The family of this child was unusual in many ways, not only because the parents were both lesbians but also because they embraced a wide range of gender expression. Their knowledge about gender was extensive, and I learned a great deal from them. They also went through many

years of personal and couple crisis, dissolution of their partnership, and consolidation of a new stepfamily during the years Ben's gender issues emerged. They coped with job loss, extended unemployment, several dangerous periods when Nina's illness put her at grave risk, and the near-death of Ty when he was born. Like all families, they had particular strengths and vulnerabilities. I do not know what role these complex factors played in how Ben's self unfolded.

The schools Ben attended, although unsure how to proceed, were highly supportive of their transgender student much more so than the average school might be. Ben's experience was also atypical in that not only his parents but most of his community of adult family friends and their children embody and support a broad range of gender expression.

The treatment described here was invented as it unfolded and may or may not have been the most therapeutic path to take. With no special background in gender identity issues, I'm sure I made many mistakes. The principles, formulations, and approaches I utilized may or may not be useful in other cases. Our work seems to have strengthened the well being of Ben and his family though I worry that my lack of expertise allowed a brief sensitive period for gender identity fluidity to expire.

The treatment of the young transgender child cannot be simply reduced to that of gender identity issues. The self unfolds within the context of the child's other traits and life experiences, as well as in a sea of community, school, family, marital, parental, and sibling dynamics.

To the family and child therapist who does not specialize in gender issues, the young transgender child presents tremendous personal and professional challenges. Guideposts are greatly needed. My decision not to try to divert Ben from a transgender trajectory either directly in the therapy or via parental intervention had far reaching implications for the treatment. My decision to assume so many different roles—particularly the addition of individual work with Jan and couples work surrounding the break-up of the parents' relationship—allowed me great influence but left me with the weight of tremendous responsibility. Looking back over these years, seeing how this child, this family, and this therapy have unfolded, I understand so much more than when I began. I do not regret the decisions I made as I searched to find my own way.

NOTES

1. Preferred sex refers here to the sex the child wishes or pretends to be.
2. Non-preferred sex refers here to parent preference for the sex of their not yet born child.

REFERENCES

- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Brown, M., & Rounsley, C. (1996). *True selves: Understanding transsexualism*. San Francisco: Jossey-Bass.
- Cameron, L. (1996). *The Body Alchemy*. Pittsburgh, PA: Cleis Press.
- Chiland, C. (2003). *Transsexualism: Illusion and reality*. Middletown, CT: Wesleyan University Press.
- Coates, S., & Wolf, S. (1998). Assessment of gender and sexual development in children. In J. Noshpitz, S. Greenspan, J. Osofsky, & K. Pruett (Eds.), *The handbook of child and adolescent psychiatry* (pp. 242-252). New York: John Wiley & Sons.
- Conover, C. (1991). *Mother goose and the sly fox*. Canada: HarperCollins.
- Lev, A. I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families*. Binghamton, NY: Haworth Clinical Practice Press.
- Stoller, R. (1968). *Sex and gender: On the development of masculinity and femininity*. New York: Science House.
- Weinrich, J. (1985). Transsexuals, homosexuals, and sissy boys: On the mathematics of follow-up studies. *Journal of Sex Research*, 21, 322-328.
- Zucker, K., & Bradley, S. (1995). *Gender identity disorder and psychosexual problems in children and adolescents*. New York: The Guilford Press.

RECEIVED: November 20, 2005

ACCEPTED: March 5, 2006

doi:10.1300/J461v2n03_11