

# Do You Feel Like a Boy Today, or Do You Feel Like a Girl?

*A parent new to our listserve reported this question as something she was advised to ask her son each day. She began to wonder about asking such questions. In this essay, written in 2011, I use the term gender-nonconforming rather than gender-variant, which for many has become synonymous with transsexual. This essay was published in Child and Adolescent Psychiatric Clinics of North America in October 2011 as part of the preceding "Considerations" paper. It is reprinted here with permission.*

2011

I WAS GIVING A LECTURE TO MENTAL HEALTH PROFESSIONALS ABOUT gender-nonconforming children and their families in Florida in late 2006. A mother came up and introduced herself after the lecture. She was the mother of "Jazz," a five-year-old biological boy who had such profound gender dysphoria that his parents decided, with professional help, that he would transition socially as a girl. It had been six months since a story about Jazz had been published in the *Village Voice* (May 30, 2006)—"See Tom Be

Jane,” by Julia Reischel. A media blitz was in full force. We talked about Jazz. I had never heard a story like this before. I had never heard about such profound gender dysphoria happening at such a young age. We were both Jewish moms. She, like me, had tried everything. Her son’s transition was probably life-saving. But she also shared my fear that perhaps too many people with gender-nonconforming children would assume “transsexual” and would ignore the most likely outcome, “gay.”

We had a lot in common, but her story was about success and mine was about failure. Her situation was immediately embraced by the transgender community. My situation was vastly different. I had told our family’s story in the *Washington Post* in 1993. There was also a media blitz at that time—I appeared on *Nightline* and *60 Minutes*, my son on *Larry King*—but it fizzled quickly. People were reluctant to face the fact that all human sexuality begins in childhood, and they certainly did not want to think about gay children. They much preferred the idea that some awful parenting style, or sexual abuse, was turning teenagers gay. Our story also stirred up anger and shame in gay men and their parents—no one wanted to talk about wanting to wear a princess dress and play with the ubiquitous Barbie doll, and they didn’t want to hear our story of parents turning into gender cops and other forms of “physician-assisted child abuse.” They didn’t want to relive the pain. No one else, neither other parents nor gay people, was willing to talk about it. In contrast, the transgender community rallied around the positive story of Jazz.

Shortly after my son came out to us as gay, I tried to write a book about our story. I had an agent and several top publishers were interested. When my book proposal was sent around to some of the gay readers employed by the publishers to review gay-related ideas, the response was quick and extremely negative. One reviewer simply wrote “RETRO” in big red letters. Another said, “There is nothing that I find about this mother and her story that is admirable.” It appeared that no one was ready for my story. It was too early.

PFLAG became my way to tell the story. Being president gave me an even bigger voice. Always in the back of my mind was

the goal of starting a support program for parents of children like my son so that the abuse would stop. Like most people at that time, I knew almost nothing about transgender people. Not until the question surfaced in PFLAG chapters all over the country, "Was PFLAG for GLB people or GLB and T people?" When the issue was introduced at a national PFLAG convention in the mid-1990s, I listened to the pros and cons. For me it was a no-brainer: Of course our chapter was going to be transgender inclusive. I was totally shocked when I discovered that there were people on our PFLAG board who were very opposed. So we postponed the vote and engaged in a year-long educational program, which included professional speakers and people in the transgender community who shared their life stories. The stories were powerful. We all learned a great deal. I made transsexual friends, and our chapter had a transwoman (male to female) who was our liaison to the transgender community and continues to be a close friend and adviser. I saw almost no connection between the childhoods of my transwomen friends and my son's childhood. Not one person had reported playing with Barbie dolls and princess dresses. All were pretty conventional boys who harbored an awful feeling about their bodies and discomfort about their assigned gender. All had horrible childhoods and most didn't really become comfortable enough to transition until they were adults.

When I was talking with Jazz's mother, we both shared the dream that the horror could stop, and it could stop in childhood—early childhood. After five years as president of the totally inclusive DC PFLAG chapter, in 1998 I turned my attention to starting a support group for gender-nonconforming children and their families. Thanks to child psychiatrist Edgardo Menvielle and the support of the Children's National Medical Center, our program became a great success. As the first program of its kind, it influenced the way people came to understand the childhoods of gender-nonconforming children.

Over the last twenty years, I have talked with probably more than 400 parents about their gender-nonconforming children.



The majority of these were professional consultations with parents entering the Children's National Medical Center's support group or listserve. During these consultations, I was always on the lookout for early gender dysphoria as described by transsexual friends and colleagues. I knew that some transsexual boys had a lot of feminine interests—not so much of the show-tune/Barbie/mermaid variety, but more the cooking/sewing/baby variety. Almost all the parents at that time focused on their fear of a gay outcome. I mostly looked for signs of dysphoria, boys not liking and feeling ashamed of their bodies, or other-sex bathroom and underwear practices. Occasionally I would see a red flag. When I did, I would suggest that the parent try the compromise/different-kind-of-boy approach. If the child reacted to this with a lot of resistance or increased anxiety, the parents should call me back and I would help them find a gender specialist to evaluate their child and provide professional guidance.

I also informed them of the only listserve that existed at the time, which was the Transfamily listserve created by Karen Gross, a PFLAG mother of a transsexual child. Later we created a special listserve for parents of girls. We also began a listserve for parents who may have had more gender-based concerns. We were able to find a core group of parents of gender-nonconforming girls, but no core group emerged from the parents with significant gender concerns.

Although some of the parents in our local support group (which is small compared to the listserve group) had gender concerns, nothing surfaced that didn't seem to get resolved with age. As the children aged out of the group, the small number of parents with whom we stayed in contact reported that their children had identified as gay. Last year, parents of girls started coming to the support group. I understand that the group now has one child, age ten, who is identifying as FTM transsexual.

By the time Julia Reischel's 2006 article appeared, the transgender community had come into its own. With the media blitz that followed her first article, everything changed. There seemed

to be more parents who were willing to talk with the media about their gender-nonconforming children. People in the transgender community were overjoyed (rightfully so) by the possibility that transsexual children would be identified early and spared a childhood of horror. It was shocking for the public to realize that children were born in the wrong bodies, but in some way it may have been easier to deal with this “birth defect” phenomenon than with the idea that gay children exist—perhaps because of the extent to which people associate gay with sexual behavior rather than identity. After each major media presentation, requests to be on our listserve increased. Most parents were making the assumption that their children were transsexual. It became apparent that gay children and transsexual children were being conflated.

It reminded me of what my longtime friend and mentor Dr. Greg Lehne told me about the early days of the gender clinic at The Johns Hopkins Hospital. When adult gender-dysphoric people read about Christine Jorgensen’s sex-change operation in 1952, they finally understood what they had been feeling and the possibility that they could get help. But it wasn’t just adults who were demanding care, it was also parents of gender-nonconforming boys. Dr. Richard Green decided that this was the perfect opportunity to study the childhoods of transgender people. He began his classic fifteen-year longitudinal study—which ended, to his surprise, with the vast majority of individuals identifying as gay, either at the end of the study or informally after the study ended. There was only one undocumented transsexual outcome.

This period, post-Jazz, feels like a repeat of that history. Everywhere, lay people and professionals who tend not to know the history or have much experience in this area are making the same assumption: that gender nonconforming is equivalent to transsexual. The term gender variance has become synonymous with transsexual in many people’s minds. I recently talked with Julia Reischel, who had been aware of the conflation that was happening. She wrote a second article, called “Queer in the Crib” in the Pride Week issue of the *Village Voice* (June 19, 2007), one year

after her first article. She was trying to remind the public not to overlook the little gay boys. It is interesting to note that the cover of that issue had a picture of a little boy dressed in leather with a whip, not a tutu.

After those articles, I decided to test the waters by writing about my concerns and circulating my *Considerations* paper (which precedes this essay) among people I knew who were involved in this issue. Some were parents. Others were activist friends and professionals—gay, straight, and transgender. The feedback was less than robust, which I interpreted as either they didn't agree with my concerns, or they didn't like the informal format (not listing my sources), or they were afraid to upset the transgender community. Indeed, my transsexual friends informed me that in the transgender blogosphere, my concerns were being interpreted as transphobia.

I realized that the paper was a rather amateurish way of testing the waters, but it did get people thinking. I am not an academic. I did not intend to write an academic paper, which is why I did not list my main sources. Most of what I have learned is from professionals in the field of gender and sexuality, from my own experience as a therapist, and from reading books, papers, and commentaries about people's lives. I have lived part of that life myself, being the mother of a gay son who was gender nonconforming in childhood. I am also reliving that experience through a child who is very close to me.

Three years have passed since I wrote the *Considerations* paper. I continue to have the same concerns. More and more parents are convinced that their children are transsexual. More transgender listserves and programs are available. It might also be that parents are more aware of the red flags of gender distress. Maybe they are also more comfortable reporting and talking about the signs of dysphoria. Perhaps their children are more comfortable talking about these feelings with supportive and affirming parents. Also perhaps something is happening in the physical environment. In the past few years, new research suggests that possible effects of



environmental chemicals may account for, among other things, an increase in male infertility and genital malformations in boys. Whatever the reasons may be, more and more children are being considered transsexual and sometimes they are told about the possibility of being "born in the wrong body" during the "magic years" when fact and fantasy are very much commingled.

I fear that the normal stage of the development of gender constancy could be undermined or prolonged. By gender constancy I mean the developmental milestone where the child realizes that his or her gender is fixed and does not change over time. It occurs somewhere between the ages of two and seven. Until it occurs, the child does not understand that people cannot change gender like they can change clothes, names, and their behaviors. Once a full understanding is attained, the child becomes increasingly motivated to observe, incorporate, and respect gender roles. This concept was developed by Lawrence Kohlberg, PhD. It has been and continues to be somewhat controversial. I am concerned that opportunities to help clarify the bewildering experience of gender-nonconforming children may be missed or not reinforced enough. We know, for instance, that adopted children frequently fantasize that it was some imperfection in them that resulted in rejection by their birth mothers. We also know that children often fantasize that they were somehow responsible for their parents' divorce. We do not hesitate to clarify, consistently and repeatedly, their misconceptions in these situations. Although I appreciate the gender spectrum and the idea of gender fluidity, I believe it is easier for most children to be able to have some clear sense of gender that is consistent with being either a boy or a girl. Like it or not, we depend on gender to make sense of our sexuality, society, and ourselves. I fear that prolonged gender distress will lead to increased high-risk behaviors during adolescence, such as seeking illicit hormones or silicone injections, drug and alcohol abuse, or suicide. I also know that no matter how much we try to help them clarify their gender issues, for some children it will be simply impossible.

I do not want to sacrifice the life of one transsexual child, but I do get concerned about the vast majority of gender-nonconforming children who are gay and not transsexual. I think we should always proceed with caution, knowing that for these kids it is much easier to pass as a girl or be a girl rather than to be a boy who likes girl things. It would only be natural for kids who see no other kids like themselves, nor any adult role models, to be perplexed about where they fit in the world of boys and girls, and eventually men and women. They learn very early on that their way of being a boy is a problem for people, so they develop strategies to avoid the stigma and search for an understanding of themselves. This search is borne out by comments that children make:

"Maybe I'm half boy and half girl."

"Maybe I'm a girl on top and a boy on the bottom." Or, my favorite,

"Maybe I just swallowed a girl" (which fits with the pregnancy fantasy of some young children).

Perhaps when we fail to help these children understand their perplexity in not seeing others like themselves, the issue remains muddled and disturbing. In my experience, many (but not all) children express relief when they can have a way of defining and understanding themselves as just a different kind of boy. Many gay people report remembering times of gender confusion when they were young. One lesbian patient reported, "I remember the exact moment, at around eight years old, when I realized that I didn't have to be a boy to grow up and marry a girl." Many gay men remember, as young boys, disliking their fathers' body hair and other masculine body features.

New research and clinical observations indicate how mental disorders may impact, or be impacted by, intense gender-nonconforming interests and behaviors. For example, concurrent conditions such as attention deficit-hyperactivity disorder, bipolar disorder, anxiety disorders, or the autism spectrum disorders may make a child more vulnerable to social ostracism or gender



confusion. This may help us understand some of the disturbing reactions that are so often reported by parents, like emotional hypersensitivity, severe mood swings, oppositional behavior, temper tantrums, attention problems, anxiety, and depression.

After talking with parents, I have also become more convinced that some of the intensity of the interests that we see in gender-nonconforming boys is related to being talented in the arts, especially in graphic and theater arts. This seems reasonable when we think about the huge contribution to the arts made by gay people. Most intense and persistent interests and talents seem to start early. An article in the July 2009 *Smithsonian* magazine profiled an accomplished biologist who specialized in ant behavior. According to his mother, his interest in ants began when he was "in diapers." Imagine if his interest in science at an early age had been stigmatized!

In the past, many transsexual people, especially female-to-male, transitioned through the gay and lesbian community, identifying first as gay or lesbian, only to realize a transsexual identity. Today, with a greater visibility and appreciation of the transgender community, perhaps we are seeing an opposite trend. It seems as though feminine gay men may be finding refuge in the transgender community, particularly in the minority communities where homosexuality is more stigmatized. Recently the director of an inner-city transgender community program told me that in his group for transsexual teens, many were actually identifying as gay. This made him change the title of his group to be gay inclusive.

I remember a presentation at an American Psychiatric Association meeting about a social worker who worked with mostly black and Hispanic severely disadvantaged inner-city children. He had followed a couple of them informally as they resurfaced from time to time within the city's social service system. These gender-nonconforming teens, who had found homes and affirmation in the transgender community, had been highly homophobic and identified as transsexual. Many years later, the social worker had a chance encounter with one of the kids, now 26 years old.

He had managed to overcome his tumultuous background, was gainfully employed, now identified as gay, and was living happily with a gay partner.

I recently met a woman during a Pride parade. I was very excited to talk with her because she was the mother of a transsexual male-to-female teenager. She reported that when her new daughter came out to her, she was absolutely unaware of any childhood gender-nonconforming behavior or any gender distress. This is consistent with the experiences of my transsexual friends who were also not interested in playing princess. However, looking back, she thinks that perhaps there may have been some clues that she missed.

I am overjoyed that the lives of transsexual children have the possibility of being much better. An aware and affirming parent may pick up early clues and completely change the childhoods of transsexual people, so they do not need to develop the masculine or even hyper-masculine defenses of denial and repression.

The World Professional Association for Transgender Health (WPATH) *Standards of Care* guidelines provide a slow and thoughtful progression toward gender transition for adolescents and adults. With young children it is hard to differentiate between impulsive survival instincts, inability to know how they fit into the world, and magical thinking without much ability to perceive what could lie ahead. Much research is happening, including some being started as part of our program at the Children's National Medical Center. Never before have we had the opportunity to study the outcomes of a large number of children (boys and girls) with gender-nonconforming behaviors who have experienced positive parenting during early childhood. Things will become clearer. At some point, we will probably be able to differentiate between transsexual kids, gay kids, straight kids, and some who will undoubtedly be somewhere in between.

In the *Considerations* paper, after consulting several sources, I wrote that the incidence of transsexualism is one in 15,000 to 25,000. Now, it is not uncommon for people to say one in 500.

That is a big difference. If that incidence is referring to individuals across the gender spectrum with gender dysphoria, then perhaps it is reasonable. If it is meant to indicate the incidence of transsexuals, then it seems doubtful. Once again we are left awaiting more well-defined and agreed-upon terms, and more research.

It is remarkable and wonderful that the transgender community is finally receiving the recognition and acceptance that the gay and lesbian community enjoys today, even though it is still far from true equality. For years I have said that the painful stigma of being gay doesn't begin in middle school, it begins in nursery school. We can say the same for transgender people. But I am not sure that the gay "girly boys" are not once again being misunderstood—perhaps because of lingering homophobia, femphobia, erotophobia, and misogyny—just when the concept of "queer in the crib" is making considerable headway.

An article titled "Is Your Child a Prehomosexual? Forecasting Adult Sexual Orientation" was published recently in *Scientific American* (September 15, 2010). Could this be a sign of the "comeback kid?"