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BOYS WILL BE GIRLS, GIRLS WILL BE BOYS

Children Affect Parents as Parents Affect Children in Gender Nonconformity

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There are transformational possibilities in the family when presented with a child who is transgender or gender nonconforming. Challenging orthodox psychoanalytic thinking that these children's gender presentations are a consequence of poor parental rearing, trauma, or attachment disruptions, it is proposed that gender nonconformity is healthy rather than pathological and that typically these children initially just show up in their families, rather than being shaped by them. Looking at the metabolism of transphobia and the transformational possibilities within the family when boys will be girls and girls will be boys, 3 family types that either support or impede their children's creative gender development are presented: the transformers, the transphobic, and the transporting, with case material to illustrate each of the family types. A psychological construct is developed to explain the feedback loop between family and child: The transgender or gender nonconforming child who transgresses binary gender norms may face culturally imbued transphobia and psychological trauma within the family while simultaneously facilitating the family's transcendence of transphobia through transformative experiences with the child as he or she transitions from the gender assigned at birth to his or her authentic and affirmed gender identity or expression.

Keywords: gender nonconforming child, transgender, transphobia, family response to gender nonconforming child, true gender self

In recent times we have been confronted with the widely broadcast news of a number of gay youth who committed suicide following unrelenting teasing and bullying by their peers. Although all of the youth were identified as gay, reading more carefully

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about their lives, it soon becomes apparent that it was not their sexual orientation, but rather their gender presentation that drew the ire and disdain of their classmates—they were girly, they were fem. The term *genderist* has evolved to describe a set of beliefs and practices that derive from the assumption that there are only two genders and that those who stray from their assigned gender boxes, male or female, are to be challenged, chastised, or cajoled toward normativity. *Transphobia*, a term to which we may be more familiar, refers to the anxieties, prejudices, aspersion, aggression, and hatred cast on individuals who do not accept the gender assigned to them at birth but instead play outside that definition of self or perhaps any binary categorizations of gender, possibly to the extent of altering their body to fit their affirmed rather than their assigned gender.¹ Transphobic thinking and actions often take genderism and homophobia and wrap them up into a single package that attacks anyone who transgresses from the binary categories male/female either in their behaviors, expressions, identities, or choice of love objects. It is such transphobia that has placed so many children and youth at risk, either for physical or psychological harm.

These at-risk children are either gender nonconforming or transgender. They play at the margins of gender in their dress, play, choice of friends, choice of toys and activities, or very self-identities. They are young people who transgress the cultural expectations of binary girl/boy categories and express themselves as either fluid, creative, or cross in their gender development. As we know, these children do not grow up in isolation, but in the context of their particular families and specific cultures and communities. I address these transgender and gender nonconforming children, focusing specifically on their childhood experiences within the family and the ingredients for gender health within those families.

Transgender and gender nonconforming children, along with their gay and lesbian cohort, are a minority group in our society. In part, we can identify their minority status by paying attention to the -isms or phobias that confront them from the surrounding culture, from their families, or even from within themselves—homophobia, transphobia, sexism, and genderism. The children are differentiated, however, from almost all other minority children in that they may face aspersion from their very own families, who are supposed to be their protectors. That means that gender nonconforming and transgender youth, along with gay, bisexual, and queer youth, are one, if not the only group of minority children who cannot count on the love and support of their own families in their minority identities. For example, in our country many Black parents teach their children to have pride in their race, prepare them for the racism that is other people's problems, not theirs, and watch their backs if their children should meet up with prejudice or violence. The same is true for children of other racial, ethnic, or religious minorities. The parents and the children are emotionally bonded together in their shared minority status. Transgender, gender nonconforming, and gay youth cannot automatically count on such support or bonding within their families. In contrast with the shared status within ethnic, racial, or religious minority families, it is rare (but not unheard of) for gender nonconforming, transgender, or gay children and youth to share their gender or sexual identity minority status with their parents and/or siblings. In their position of otherness, it is not rare for these same children to meet up with prejudice or aspersion from their own family

¹ The term *assigned gender* refers to the gender placed on an individual's birth certificate, determined by medical personnel or observers of the infant's birth, typically based on the appearance of the external genitalia. The term *affirmed gender* refers to the gender an individual asserts as the one he or she identifies as being, which may or may not match that person's assigned gender.

members. Thus it is no accident that the ranks of homeless and foster care youth are disproportionately filled with transgender and gay and lesbian youth—they did not become gay, lesbian, or transgender because they lost their families; they were thrown out of their families or fled violence, abuse, or unrelenting harassment at the hands of family members precisely because of their gender or sexual identity. This singular risk factor for the youth is even more pronounced for gender nonconforming and transgender than gay youth (although it should be noted that it is not uncommon for the categories to overlap): There is greater opportunity to keep information about your sexual partners or desires in the family closet than to hide that once you were Jack, and now you are Jill.

The story is all too common of the child harassed, abused, or disowned by family members for being other than gender normal, as a result of parental or even sibling behaviors, behaviors that are driven by fear, anxiety, or hatred. I invite you to focus with me on the more uncommon story: the working through of genderism and transphobia by a child's family members and the transformational possibilities within the family when presented with a child who lives outside the culturally prescribed gender boxes based on assigned gender at birth. To do that, I call forth seven T words: transgender, transphobia, transgression, trauma, transition, transcendence, transformation. Put together in a sentence, the seven Ts create a formula that reads as follows: the transgender child who transgresses binary gender norms may face culturally imbued transphobia and psychological trauma within the family while simultaneously facilitating the family's transcendence of transphobia through transformative experiences with the child as he or she transitions from the gender assigned at birth and its prescribed social accoutrements to his or her authentic and affirmed gender identity or expressions. Depending on how that process unfolds, the child will either come out with an authentic gender self or with a bruised and battered psyche that at its worst could lead to partial or complete annihilation of the child if that self is denied its expression.

Holding this formula in mind, I pose the following questions: For the transgender or gender nonconforming child, what are the ingredients for family transformation? What are the impediments to family transcendence? These are not just academic questions, but urgent clinical queries. In 2009, Ryan, Huebner, Diaz, and Sanchez at the Family Acceptance Project at San Francisco State University published the first of their findings regarding the role of family support in the psychological outcomes for lesbian, gay, bisexual, and transgender youth. Although their preliminary report (2009) included only the first three categories of youth, Ryan (personal communication, September 3, 2010) indicated that the findings are equally applicable to transgender youth. The results of this study demonstrated that family rejection was associated with significantly higher rates of depression, suicidal ideation and attempts, substance abuse, and sex-related health risks for gay, lesbian, and bisexual youth in contrast to their peers who came from families with no or low levels of family rejection. In their report Ryan and her coauthors stated:

Because parents and key caregivers are perceived to play a vital role in an adolescent's health and well-being, it is surprising that so little attention has focused on parents and caregivers' influence on their LGB [lesbian, gay, bisexual] children and adolescents' health and well-being. (p. 346)

It is surprising. Not just gay, lesbian, and bisexual children and youth, but gender nonconforming and transgender young people as well need the same attention to their family experiences, and not just in adolescence, but across their entire span of development. The discourse that follows will hopefully prove to be a contribution to that effort of

developing a paradigm and set of practices for family acceptance that will transcend family rejection and lead to better mental health outcomes for gender nonconforming and transgender children and youth.

Who Are the Genders in Your Neighborhood?

“Gender nonconforming and transgender” is actually a very broad category, so before launching into a discussion of the family experience, allow me to delineate further the broad range of gender diverse children and youth of whom we speak. The schematic subcategories of gender diverse children and youth listed below are informed by two contemporary gender constructs: (1) gender expressions: those activities, behaviors, and modes of presentation that children embrace to communicate their gender; and (2) gender identity: the internal sense of self as male, female, or other (cf. Brill & Pepper, 2008). The types of children include:

- *Transgender children*: Affirm that the gender they are is opposite to the gender assigned at birth. They typically say they are a girl (boy), not that they want to be one. They represent a very small minority of gender nonconforming children. Many see these children as embracing a binary schema of gender in its extreme, simply reversing the gender box they live in, but albeit that this might be so, their gender expressions are often a fluid amalgam of many different “gender markers” of the culture.
- *Gender fluid children*: Do not abide by the binary norms of gender prescribed by the culture but instead flow along the spectrum from male to female, but not necessarily with a cross-gender identification or identity.
- *Gender priuses*: Think of themselves as hybrids—half boy, half girl, or some combination thereof (e.g., “I’m 60% girl, 40% boy”).
- *Gender tauruses*: Similar to priuses, except they assert they are one gender on top, another on the bottom—a creative solution to a mismatch between genitalia and the mind’s messages to the child about his or her authentic gender.
- *Protogay children*: Play at the margins of gender in the beginning stages of their gay development. They may remain gender fluid throughout their lives, or as they establish a gay identity may realize that earlier theories, such as loving a boy means having to become a girl, are untrue and that boys can love boys and girls can love girls. In early childhood, they typically do not say that they are a boy (girl), but that they want to be a boy (girl).
- *Prototransgender youth*: First come out as gay or lesbian but then later discover that they are not gay but actually transgender and therefore were living in an inauthentic gender identity. This appears to be more common in female-to-male transgender than in male-to-female transgender youth and young adults.
- *Gender queer youth*: Defy all categories of culturally defined gender altogether and prefer to identify as gender free, gender neutral, or outside gender at all.
- *Gender smoothies*: As seen in the gender fluid youth and gender queer youth, metaphorically take everything about gender, throw it in the blender, and press the “on” button, creating a fusion of gender that is a mix of male, female, and other.
- *Gender oreos*: Are layered in their gender, perhaps presenting as one gender on the outside, but feeling as another on the inside. These are often children who are hiding their authentic gender selves from public scrutiny or from their own psychic realization.

Accept this list as a working model, most likely incomplete and adjustable as new 21st-century gender lives unfold, as we now embark on the family journey for these gender diverse children and youth.

“Coming To” Versus “Coming Out”

According to PFLAG (2007), families of gay, lesbian, bisexual, and transgender persons may all experience the same stages of denial, anger, and grief, along with safety concerns and confusion when a family member comes out. I have no argument with this statement, except around the issue of coming out. When it comes to gender nonconforming and transgender children and youth, particularly in families with very young children who transgress cultural norms of gender, the predominant report from the parents is that for them, their children did not come out, but rather came to them. Repeatedly in my clinical interviews with parents and in reports from others, parents describe a history in which their gender nonconforming child just shows up, and often in extreme contrast to their other gender normative children. Traveling back in time, mothers and fathers often recall the first evidence of gender nonconformity somewhere in the second or third year of life, which is the exact age when children first cognitively grasp the concept of gender:

When he was two, he was always in my jewelry, my purses, always in the closet for my shoes; wanting to dress like me . . . I don't think anyone encouraged it. (Report from a mother, as cited in Green, 1987, p. 116)

Even before her son turned two, Sherry Lipscomb noticed that he wasn't like other boys. When she took him shopping, he would go gaga at sparkly dresses. He would toss his baby blanket around his head like a wig and prance on the balls of his feet. (Cloud, 2000, p. 90)

In my own consultation room, I heard similar reports: “When he was 18 months, he just started wrapping himself in flowing scarves and insisting on wearing my blue and yellow jeweled high heel sandals around the house”; or, “When I tried to put her in a dress for her second birthday party, she just started screaming and ripping it off.”

These parental accounts are corroborated by their children's reports. As long as they can remember, the children or youth always felt there was something different about them, and they often call on God, parents, doctors, or fate to fix the mistake that seems so visible to them but so invisible to others. As one little boy told me, “Why can't Mommy put me back in her tummy and make me come out a girl?” Another little boy echoed this longing for gender reincarnation, “I want to die and go to heaven and come back a girl.”

Contrary to psychoanalytic theorizing that gender nonconforming children are responding to trauma or attachment disruptions (Coates, Friedman, & Wolfe, 1991), expressing interfamilial conflicts (Zucker & Bradley, 1995), or serving as objects of their parents' own unresolved gender or psychiatric issues (Stoller, 1985), my clinical experience with families of young gender nonconforming children tells me that more typically the children simply present themselves early in life to their parents; and their parents, often initially bewildered, search for ways to respond. As expressed by Paul, one such confused father faced with a 3-year-old son who insisted on princess dresses over baseball bats: “It was really hard for me to be with him. I just wanted to play ball, not go to the ball.” How can we make sense of this “coming to” within a family context?

Late 20th and early 21st psychoanalytic gender theorists have challenged the theory of a biologically determined sex and gender system. As Corbett (2009) critiqued, “The claims of the binary are so powerfully compelled that they are unthought as natural and essential. Gender is routinely conflated with anatomy and gender is routinely conflated with that which produces our desires and personality traits” (p. 91). In contemporary psychoanalytic gender theory, gender is repositioned as a fluid spectrum, rather than a biologically determined dichotomy. I would go even further and propose that gender is actually a three dimensional web, woven together with threads from nature, nurture, and culture. Each individual weaves together his or her own unique gender web, and like fingerprints, no two will be exactly alike. The culture and family plays a strong hand in shaping the child’s web, but it is the child’s psyche that will metabolize the messages from both within and without to generate his or her own unique gender self. Whether we conceptualize a fluid spectrum or a three dimensional web, the prevailing contemporary theory asserts that all human beings, not just the gender nonconforming child or adult, carry within them the socially constructed attributes of both the feminine and the masculine along with characteristics that defy any such binary categorization (Dimen, 2003, 2005; Goldner, 1991, 2003; Harris, 2000, 2005). Yet this still does not tell us how a gender nonconforming child just comes to the parents, rather than being shaped by them.

Let us begin with the premise that gender is always a fine choreography between the organism and the environment within a specific culture’s definitions of male/female. We then find a repeated pattern: Children show up to their parents as gender nonconforming and their parents insist that they did nothing to promote the gender nonnormativity but instead had to figure out how to meet up with it. Now let us consider possible organic underpinnings to this “showing up.” I am following the lead of medical researchers who believe that transgenderism, as homosexuality, is rooted in complex biological factors that exist at birth (Spack, as cited in Spiegel, 2008). There are still mysteries about how it all begins, but recent theories suggest a transgender or constitutional predisposition caused by the bathing of a fetus in opposite sex birth hormones while in utero or by some genetic carrier or spontaneous gene mutation. Relatedly, there has been a paradigm shift in the identification of the biological components of core gender identity: It is not what is between your legs but rather what is between your ears, that is, your brain functioning, that holds primacy. Culture definitively mediates and gives meaning to gender, including telling us what significance to give to the primary or secondary sexual characteristics of our bodies, dictating, for example, that a girl cannot have a penis and a boy cannot have a vagina. Yet, it appears that some core aspects of gender also may have some constitutional bedding. According to Menvielle (2004), cofounder of the Outreach Program for Children with Gender-Variant Behaviors and Their Families, now renamed the Gender and Sexuality Advocacy and Education Program, “parents have little or no influence on the child’s core feelings that define him or her as gender typical or gender variant. Such core feelings appear immutable” (p. 3).

Immutable may be too strong a word, but I certainly observed among many young children an enduring and persistent sense of those core feelings about their gender. However, now I would like to move beyond biology to propose another way of thinking about the phenomenon of the transgender and nonconforming children “just showing up” that is rooted neither in the brain nor in the genitalia, but in the psyche. I borrow from Winnicott’s concepts of the true self, the false self, and individual creativity. In his concepts of human development, Winnicott (1960, 1965) identified the true self as the authentic core of one’s personality, from which spontaneous action and a sense of realness come. He proposed that the original kernel of the true self is evident at birth. The potential

for the true self to unfold is predicated on appropriate mirroring and emotional holding by the primary caretakers, in which the adults do not impose their own selves on the child's psyche but rather allow the child's authentic self to emerge. Winnicott defined the false self as that part of the personality that accommodates to the demands of outer reality and functions to shield the true self from annihilation. Within family life, this means that the child, through the false self, will develop the capacity to comply with the parents' expectations about who their child is and how they expect their child to be. According to Winnicott's theory, there are different points along a spectrum at which any one individual must call forth the false self to protect the true self's existence. One of those points is where the true self is acknowledged as a potential and allowed a secret life, whereas the false self holds forth to accommodate to the expectations and demands of the environment. The psychic intention at that point is the preservation of the individual despite abnormal environmental circumstances (Winnicott, 1960). Individual creativity is the psychological function that launches the true self and allows it to stay afloat. It facilitates spontaneity, authenticity, and "feeling real." In the beginning, individual creativity is reliant on a co-construction between the child and the people who comprise the holding environment, adults who in optimal circumstances will be responsive to the child's true self and able to follow the child's lead rather than imposing their own sensibilities about how that child should be. Individual creativity works to help an individual build a meaningful personal world for him- or herself—a weaving together of internal desires with external realities to build one's subjectivity. When allowed to function unfettered, individual creativity leads to the discovery of one's quintessential self. Individual creativity is the opposite of compliance. In compliance one recognizes an external world in which one must fit. In creativity, an individual calls on his or her own lens through which to view that external world while taking liberties to define the personal meaning of that vision. In existential terms, individuals will either find themselves living creatively and feel that life is worth living or end up finding no such creativity and doubting the value of living at all. Through creativity, the goal of life is to allow one's true self and individuality to blossom. Danger prevails when the false self takes over and suffocates the true self. In the most extreme case, an individual might want to stop living completely rather than let the false self continue to beat the true self into submission.

Although Winnicott (1960; 1965), never intended these concepts as defining features of gender, the three terms are remarkably adaptable to a nonbinary theory of gender development (Ehrensaft, 2009). The true gender self begins as the kernel of gender identity that is there from birth, residing within us in a complex of chromosomes, gonads, hormones, hormone receptors, genitalia, secondary sex characteristics, but most important in our brain and mind. Once we are born, the true gender self is most definitely shaped and channeled through our experience with the external world, but its center always remains our own personal possession, driven from within rather than from without. Even in the face of imposed prescriptions, proscriptions, or repudiation, we strive to both establish and claim rights to our true gender self, which will include both our gender identity and our gender expressions, and although stable, may still shift over the course of our lives. A child's early affirmation of the core kernels of the true gender self might explain why a parent will report that their gender nonconforming child just came to them that way and why medical researchers are proposing a constitutional factor in transgenderism.

The false gender self is the face a child puts on for the world, based on the expectations of the external environment and the child's interpretations and internalizations of either "appropriate" or adaptive gender behaviors. Any child can and probably will develop a

false gender self, running the gamut from the cisgender² gentle boy who puts on a macho persona to empower himself and please his Marine dad to the transgender child who hides dresses in the closet to avoid punishment from disapproving parents. Living an authentic gender life is a particular challenge for children who experience an extreme discrepancy between the gender assigned to them at birth and the gender they know themselves to be, particularly if that discrepancy is not welcomed by the family or community in which they live. The gender nonconforming and particularly the transgender child may need to wrap a blanket over the true gender self to ensure surviving in a world that might not be ready to embrace that child for who he or she is. That world qualifies as “abnormal environmental circumstances” in Winnicott’s (1960), terminology and that blanket would be the false gender self. This process can occur either consciously or unconsciously. If such children are not given the opportunity for their true gender selves to emerge, they may find themselves at the most extreme end of the true self–false self spectrum, in which intense efforts by the false gender self to shield the true gender self from annihilation, if failing, can result in the child’s desire to die or be destroyed—from the despair of the true gender self never having a chance to emerge or the distress of being trapped in a life and/or body that feels too unreal. This dynamic might account for the higher rates of suicidal ideation and attempts among the youth who met up with family rejection in Ryan et al.’s (2009) study of family support.

To guard against such morbid eventualities, gender creativity steps in, defined as each individual’s unique crafting of a gender self that integrates body, brain, mind, psyche, socialization, and culture to establish his or her authentic gender identity and expressions. In the creative impulse of gender, a little child is drawn to make something of gender that is not based just on the inside (the child’s body, the child’s thoughts and feelings), nor just on the outside (the family, the culture’s expectations), but a weaving together of the two, with the child in charge of the thread that spins the web. Every child’s gender creativity will be unique. Every child will depend on a supportive environment to allow his or her gender creativity to unfold. Every child will suffer if an intrusive environment grabs the thread from the child and spins its own web around the child. For those children who are gender nonconforming, gender creativity works actively to circumvent the false gender self and privately keep the true gender self alive even in situations where it is not safe to let it come out.

It is important to differentiate gender creativity from gender creation. If a transgender child just “shows up” rather than being shaped by the parents, how is his or her core transgender self “creative” rather than “just is”? Would the concept of gender creativity erroneously suggest that a child made a decision to “choose” this identity, rather than coming into the world with it as the kernel of the true gender self? As with any child, gender creativity is not the end product, that is, the gender identity and expressions, but rather the act of putting together the wardrobe of the affirmed true gender self, both literally and symbolically.

So now we circle back to the question of gender nonconforming children just showing up rather than being molded by their parent. The child’s gender as a product of the parents’ shaping has been the rubric of orthodox and even some contemporary psychoanalytic thinking, in which it is either argued or assumed that gender nonconforming children are typically the products of their parents’ untoward actions or emotions. Yet this assumption or argument appears to fly in the face of observational evidence of the children who just

²*Cisgender* refers to a person who is living in the gender assigned to him or her at birth.

“come to” their parents, often to the parents’ perplexity. It seems reasonable, therefore, to propose an alternative concept: In the feedback loop between parent and child, the transgender or gender nonconforming child may be shaping the parent far more than the parent is shaping the child. The shaping begins with a child who is presenting the original kernel of the true gender self that existed at birth, whether as a result of genetics, biochemistry, prenatal environment, or some yet to be explained phenomenon.

In Winnicott’s (1965), theory, it is the parent–infant dyad that is critical in setting the stage for the expansion of that early kernel of the true self by allowing the child’s spontaneous expressions to unfold rather than imposing the parent’s will and personality on the child. The facilitation of the true self’s emergence is accomplished through the process of mirroring—reflecting back to the child the child’s image rather than imposing the parent’s. For the time being, let us hold this concept of mirroring and facilitation as a pivotal key to understanding the capacity of the parent to either support or impede a child’s exploration of the true gender self.

Transphobia and Baby Love: A Case of Cognitive Dissonance

Where does transphobia come in? The family is paramount as the primal and primary cultural entity in which a child first develops a sense of self as boy, girl, or other. Far before the baby ever knows what a boy or girl is, the parents hold that category in mind as they minister to the baby who was announced at birth to be a boy or a girl (Fast, 1984, 1999). What happens to parents who over months or years have established a relationship with their child as boy or as girl only to hear from their child that they have it wrong, as the child persistently and perhaps transgressively refuses to accommodate to assigned gender expectations? What happens if those parents are bound to an “unthought” binary gender system as the norm of health and well-being?

They may suffer from a profound sense of cognitive dissonance. *Cognitive dissonance* is defined as a mental conflict that occurs when beliefs or assumptions are contradicted by new information. The family of the gender nonconforming or transgender child is ripe for just such a conflict. The family is the first place a child first develops a sense of self as boy, girl, or other. Consider the two phenomena of the young gender nonconforming children who just come to their parents and those older youth who might later come out to their parents. In the course of development, it is the parents, not the child, who first hold in mind that their child is a boy or a girl. Now the parents who thought they knew their child’s gender status may be confronted with new information when they hear from their child that they have it wrong—I am not the girl (boy) you thought I was. What if normative binary gender is the very bedrock of the parents’ own being and of their dreams for their children? Herein lays a perfect storm of cognitive dissonance in the collision between transphobia and baby love: Transgender and gender nonnormative people are sick or deviant and to be despised or feared versus I love my child who is now showing up or telling me that he or she may be one of those people. How does the family resolve this? Holding the seven Ts formula in mind, what could cause a shake-up in the family to make parents accept rather than reject their child, given this conflict?

From the child’s point of view, she or he can only hope that baby love will trump transphobic fears, and that the attachments that have already been built will guide the parents away from their negative beliefs to a more positive sensibility about their child’s gender creativity and gender nonconformity. Even if it takes several years and myriad layers of emotional turmoil, a child may maintain hope, all the while never realizing that

the most powerful moving force in the resolution of the cognitive dissonance may be the child him or herself. The power of the child to bring the parents around to acceptance will most certainly depend on the strength of the bonds of love that child has with the parents, bonds that must prevail in overcoming the virulence of the countervailing transphobic assumptions and beliefs that serve to condemn the child.

Few parents will have read Judith Butler's (2004) work in preparation for starting a family, but her proclamation in *Undoing Gender* could have a profound effect on them when confronted with a gender nonconforming or transgender child: "What is most important is to cease legislating for all lives what is livable only for some" (p. 8). Translated into experiential family life, can the parents make room for their gender nonconforming child to establish his or her own true gender self? Will the parents instead feel obligated or compelled to insist that their child squelch his or her gender creativity and present to the family and to the world with a false gender self that will compromise the child's well-being but conform to the socially legislated norms of gender health? In the resolution of the cognitive dissonance of baby love pitted against transphobic beliefs, what is the difference between the family who allows transphobia to prevail and the family who calls on baby love to pull up the roots of transphobia?

The Family as a Pulsating and Changing Organism

A child's gender development is not created from thin air. As previously stated, it is a dialectical creation between the organism and the environment. To once again quote Butler (2004):

One only determines "one's own" sense of gender to the extent that social norms exist that support and enable the act of claiming gender for oneself. One is dependent on this "outside" to lay claim to what is one's own. (p. 7)

Let us consider the family as a microcosm of this "outside" for the child, which is in turn affected by the culture surrounding the family. Both in traditional and transgressive psychoanalytic theories of gender development, parents of gender nonconforming children are typically cast as conservative, coercive, confused, or condemning forces, with a psychology that does not change over time (Ehrensaft, 2007). Yet we learn from our psychoanalytic theories and training that no thought, feeling, or belief is static. This applies to families as well as individuals, which will change with evolving developmental thrusts, life experiences, or direct interventions. The arrival of a gender nonconforming child in the family will be just such a catalyst of change. Bell, Weinberg, and Hammer-smith (1981) explained as follows:

Familial factors commonly thought to account for homosexuality may themselves be the result of a prehomosexual son or daughter being "different" to begin with. For example, a boy who is constitutionally predisposed to be less "masculine" than other boys with regard to his temperament, his interests, or his sense of identity may be regarded with regret—if not open hostility—by a father who insists his son be as "masculine" as he. The father may respond to such a son by withdrawing emotionally or becoming openly hostile. The son, in turn, may dislike or feel bitter toward his father and become less likely to identify with him. (p. 218)

The authors aptly pointed out that the child shapes the parent as well as the parent shapes the child; what they overlook is that not only might the child's protogay disposition shape his father's emotional withdrawal and bring forth his homophobic reactions;

this same child offers the father the opportunity to face his own internal aspersions toward his son and work through them in an effort to stay connected rather than estranged from his little boy.

Such a process of transformation is never a point in time but may unfold over many years of family life. The transphobic or homophobic parent of today may be the PFLAG parent of tomorrow. Marlene Shyer raised a gender nonconforming son in the 1960s and 1970s, a child who definitely qualified as a protogay boy who later came out as gay in his college years. When Christopher was in kindergarten, Marlene went to the teacher saying she was afraid that he might grow up to be a homosexual, based on his cross-sex interests and aversion to rough and tumble play. Throughout his childhood she took Christopher to several professionals, one who administered a full-day battery of tests with the following feedback: "This test is perfectly conclusive. It's just as I suspected: it indicates without any doubt that your son is perfectly normal, and will grow up to be totally heterosexual" (Shyer & Shyer, 2001, p. 61). Marlene described her response at that time: "I sailed, wafted, skipped, whistled and sang my way out of that office" (Shyer & Shyer, 2001, p. 61). Years later, looking back, she lamented her lack of support for her son and the pain she caused him: "I suppose like many people of my generation, I deserve to have my brain washed out with soap, but it's a long evolutionary process and I'm still learning" (Shyer & Shyer, 2001, p. 230). Her attitude toward her son has done a 180 degree turn:

I see my son as the special bequest the gods had up their sleeves for me, a gift so generous I sometimes think I don't deserve my luck. It is not that I'm privileged to have a child who is gay; I am privileged to have a gay son who is Chris. (Shyer & Shyer, 2001, p. 75)

I personally never had an opportunity to interview either Marlene or Christopher Shyer, nor see them in psychotherapy, but as the mother of a gay son myself, I resonated not with the content of her exact experience with her gender nonconforming son, but with the evolving process of parental acceptance that took place not only over the course of my son's childhood but also over the span of two decades of history in which sea changes were occurring in the culture's and in my profession's understanding of gender and sexual development and in the growing acknowledgment of the diversity of genders and sexualities.

Several years ago parents would sit in my office crying that their child might be gay. These days I more likely hear, "It's just fine if he's gay, but I just couldn't deal with him being transgender." Marlene Shyer might have been one of those parents in my office many years ago. I can only assume from her written account that her own evolution out of homophobia and toward affirmation of her gay son was driven not just by the changing times that witnessed the elimination of homosexuality as a disorder in the *Diagnostic and Statistical Manual for Mental Disorders* (American Psychiatric Association, 1994) and the increasing cultural acceptance of gay people, but also by her deep personal bonds with her son. Will the same transformation over time be possible for the 21st century parents of transgender children with transphobia as the next frontier to be traversed?

Both internally and interpersonally, what can we identify as the dynamics of that transformation? What will allow some families to submit themselves to a psychological soul-searching process in which they confront their own anxieties and aversions to their gender nonconforming child's presentation so as to give their child space to find his or her own gender identity? What makes other families surrender to either coercive or manipulative measures in an attempt to legislate their child's gender outcomes? There are some obvious answers that concern the open versus close-mindedness of the community

surrounding the family, the religious or philosophical beliefs deeply embedded in the parents' psyches, and the level of anxiety about the child's safety in a world unfriendly to a gender nonconforming child. All of these are factors that originate in the environment outside the family. I shift the focus to the intrapsychic and interpersonal dynamics that emanate from within the family as I offer a schematic outline that will hopefully open a discussion and lead us toward deeper understanding of family acceptance versus rejection. In these pulsating family organisms, I have been able to differentiate three different kinds of families of gender nonconforming or transgender children: (1) the transformers, (2) the transphobic, and (3) the transporters. Albeit overlapping and never so clearly delineated, for clarity's sake I would like to present each family type separately.

Transformers

The transformers are the parents who have worked through and are comfortable in their own gender authenticity, whatever it may be, have the ego capacities to hold and metabolize anxiety and conflict, have the capacity to de-center and recognize their child as a separate person, and possess bonds of love to their child stalwart enough to transcend all other adversities that might intrude on their relationship with their child. These parents will stand a good chance of overcoming whatever transphobic reactions may reside within them to evolve into parents who both meet their child where he or she is and become an advocate for their gender nonconforming child in the outside world. In the seven Ts formula, these are the parents who will achieve transformation. Some of them may have to go through a challenging or grueling psychological process in the evolution toward transformation. Others may have already embarked in such a process well before their child ever came to them, either because of their own gender journey or because of a personal existential and emotional sensitivity that permits expansiveness and creativity, rather than rigidity and conformity, in meeting with otherness, whether in family members or in the culture at large. Rarely, however, do parents have no issues to work out in relating to their gender nonconforming or transgender child.

Especially for parents with a transgender child, there will be loss and mourning to be addressed, a process that may be a necessary and painful one. I am reminded of a single mother who embarked on a prolonged and stressful search to adopt a daughter. In her own visions of building a family, she could envision it with a daughter, but never a son. For 10 years she lived out her dream with her adopted daughter, until her 10-year-old became insistent that she was a boy, not a girl. Committed to accepting her child for who she (or he) was, she nevertheless was overcome with grief that she would be losing the daughter whose gender was so profoundly important to her as she embarked on motherhood. Indeed, she had a great deal of mourning to do.

Many committed parents of a transgender child rush to short circuit the process of mourning the child they had as they learn to accept the child they have lest it be misconstrued as transphobia or transmitted to their child as lack of acceptance. Yet the mourning process does not equate with unremitting transphobia, but rather with a confrontation of a real life experience of losing the child that the parents had always held in mind. In fact, if the mourning process is swept under the rug, the psychological residue will only impede a truly transformative experience of leaving behind the child as known to accept the child who needs acknowledgment.

Paul was the father who lamented his son going to the ball rather than playing ball. Paul spent the first 4 years of his son Jonathan's life angry at his wife, Jennifer, and

blaming her for cradling their son in a blissful mother–son bubble that he believed shut him out. Jonathan had always been a child who gravitated toward art and drama. When it came to decorating his room, he chose pink and fuchsia and chiffon and ruffles. The first-born child, he and his mother did have a very close connection, and they shared many happy moments together doing complex art projects, these moments later becoming ammunition for Paul’s resentment of Jennifer for emasculating their son and entangling him in her own feminine sphere. Paul himself was a sports and an outdoors man, and connected much more easily with Jonathan’s younger brother, Charlie, who was all about soccer and T-ball, the kind of ball that fit Paul much better than Jonathan’s princess balls. I find it interesting that Paul held a professional position in a field typically populated by women, although, as is often the case, he had worked himself up into an administrative position that drew higher wages and better status than any of his female colleagues.

For the family, Jonathan’s birthdays began to become fraught. Every year Paul hoped this would be the year that Jonathan would begin being like all the other boys. Every year Jonathan made a wish that he could be like all the other boys, both so he could fit in more with his peers at school but more important to please his father. Every year as he blew out the candles he knew the wish would never come true. He watched how easily his father related to Charlie around “boy stuff,” and he grew to hate Charlie for the gift he had that Jonathan lacked— a normative if not hyperbolic male gender presentation and the loving attention of their father. In light of his observations of that differential attention, Jonathan grew to believe that his parents, particularly his father, saw Charlie as an angel and himself as the devil. Eventually, it would be exactly that belief on Jonathan’s part that, when brought to Paul’s attention, became Paul’s wake-up call. However, until that time, Jonathan held the fantasy of “selling Charlie at a yard sale and sending him far, far, far away, the further the better. And I’ll make my parents think Charlie ran away, and that would be the end of it.”

At age 9, Jonathan’s desire to be female was overt and repeatedly expressed by him. Paul and Jennifer and the boys were spending the summer in another state, and they decided to allow Jonathan to enroll as a girl in a summer camp there. That same summer Paul and Jennifer also consulted with a renowned specialist at a pediatric gender clinic to assess whether Jonathan was a candidate for hormone blockers. Truth be told, the evaluation did not go well for Jonathan—he was totally intimidated by the interview questions and suddenly found everyone around him going way too fast into catapulting him into a transgender category: “I don’t want to be a girl. I like myself just the way I am.” Yet he was still stalwart in his desire to dress up in princess costumes and be the belle of the ball.

At that point, Paul and Jennifer were totally stymied. If the word *gender* was mentioned in his presence, Jonathan burst out crying. If Paul tried to entice him to go out and throw a ball around, he ran in his room and slammed the door. It was during this time that I received a call from Jennifer, asking if I could work with their family. Paul and Jennifer were beginning to get into fights about what to do about Jonathan’s gender and were becoming more and more polarized, as Jennifer seemed to ease seamlessly into accepting wherever Jonathan wanted to go with his gender and Paul could only hold onto to his queasiness and growing realization that he did not like the son he had and continued to hold Jennifer accountable. Jennifer warned him and Paul himself came to realize that his son was not changing and that either he was going to have to accept Jonathan for who he was, or remain ever alienated from him. That is when I began working with Jonathan and his family.

I learned quickly that Paul had a tendency to blow up at Jonathan, who definitely could be obstinate, rebellious, and dramatic in his feelings and reactions. In an individual session, Jonathan cried and said how afraid he was of his father. He had memories of being four and his father yelling at him for the things he liked to do. By Jennifer's report, "Paul gets tweaked when he comes home from work and sees Jonathan in a female get-up." With distress in his voice, Jonathan confessed to me that he was not normal because of the boy-girl thing: "Well, most people aren't like that, so I'm not normal." In my first sessions with him when I asked him to list the things he would like me to know about him, Number 8 in a list of nine items was, "I'm not normal," and Numbers 5 and 6, respectively were, "I love my family," "Well, sometimes not."

Paul was the quintessence of a parent caught on the horns of a dilemma: I love Jonathan (even though he is trying)/I do not like Jonathan's girly self. The trigger for Paul's transformation toward an acceptance of his gender nonconforming son came from a simple message from me to him in a parent session: "Jonathan really misses you and thinks you don't want him." This was followed by further explanation of Jonathan's distress and pain in coming to believe that his father did not like him for who he was, angst that was accompanied by anger, if not rage, that his father expected him to be someone who he was not—a boy's boy like his little brother.

Paul's first reaction to taking in this information was to well up with tears. Jennifer reached over and put her hand on his knee, comforting him, but also added that what I said rung true. Paul definitely wanted to find his way back to Jonathan, or maybe for the first time find his way to Jonathan, but first he needed therapeutic space to freely express his queasiness and difficulty in connecting to Jonathan. The biggest mistake many gender-accepting parents make is to sweep any negative feelings under the rug as being "politically incorrect," only to find that the feelings get relegated to unconscious malaise or free-floating conscious angst or irritability. Jennifer also needed help to stay with him and listen, rather than tightening up and withdrawing when he expressed his discomfort with Jonathan's gender presentations. It was particularly difficult for her to sustain a listening ear when Paul articulated his "nurture" theory that held Jennifer accountable for Jonathan's girly self and went like this: Jonathan was the way he was because of Jennifer's indulgent hovering and unwillingness to allow Jonathan an individuation process; not being able to escape from the orbit, Jonathan succumbed to living inside it with her as a pseudofemale; and she was all too happy to encourage it. These are not crazy thoughts; Paul's theory about Jennifer and Jonathan mirrors traditional psychoanalytic texts that posit that a son needs to separate from his mother to be able to identify with and reproduce the masculinity of the father (cf. Stoller, 1985). A fight that had already been brewing for years, Jennifer was both incensed by and dismissive of Paul's accusations of her culpability in creating a boy who was "fem." As so many parents around her, she held that Jonathan just came that way. However, her ire and dismissal only fed into Paul's feelings that his wife indeed had something to be guilty about—why else would she get her backup so much? In turn, the confirmation of Jennifer's fears that Paul felt rejecting of their gender nonconforming son made her compensate by bending over backward to affirm Jonathan in all his gender expressions, perhaps even going overboard beyond where Jonathan himself was ready to go, as when they took him to the gender clinic for an evaluation for hormone blockers.

Paul and Jennifer continued to work together to untangle these gender knots, but it was actually through Paul's new experiences with Jonathan that Paul transformed into a gender-accepting father. Distraught that his son thought he did not want him, Paul looked for ways to connect with Jonathan, following Jonathan's lead rather than trying to direct

him. The irony was that it was really not so hard to do. When push came to shove, Paul himself was not so much a Marlborough man (material that was emerging in the collateral parent sessions), and he began to realize that Jonathan was actually not so other from himself. They both shared an interest in the physical sciences, which is the field Paul worked in. Paul began to take Jonathan to work with him, where Jonathan marveled at the wonderful things his dad got to do there. Paul made special Saturday dates with Jonathan—they went out bike riding and exploring nature. Paul began to take more time to watch Jonathan's impromptu solo drama productions, where Jonathan was always the queen, the princess, or the mermaid. During this time, Paul also began to read up on gender nonconformity and the new theories of gender health predicated on fluid rather than binary gender development.

The road to transformation had several pathways: Paul and Jennifer needed space both together and individually to explore the full range of their feelings about Jonathan's gender presentations and possible transgender identity; they needed time to absorb the feedback of my impressions of Jonathan from my individual sessions with him; they needed the opportunity to take their new insights home and apply them to their interactions with Jonathan. With Paul, I interpreted not only his worries that he would never accept his son, but his fear that his son would never accept him. He had the fortitude to examine his own anxieties about having a son who liked to wear dresses. He had the ability to de-center off his own needs and focus on the needs of his son and how he could meet them. He had a resilient observing ego that allowed him to explore his defenses and his own gender angst, not just about his son but about himself as well.

By the end of a year's work, Jonathan had settled into being a gender fluid boy. I think there is a good possibility that he may be a protogay boy who will evolve into a gay young man, but that part of the story is yet to unfold. Whereas it remained true that Paul found it much easier to accept that he had a son who was gender fluid rather than a son who was transgender, he grew to recognize that it was Jonathan, not Jennifer or himself, who would be the architect of Jonathan's own unique gender web. He saw that if he stepped in to tweak his son's gender to his own liking, he would not only alienate his son, he might even damage him. He loved his son too much to do that. As a transforming parent, Paul was now ready to escort Jonathan to the ball.

The Transphobic

The transphobic are the parents who are still not secure in their own gender authenticity, experience their child as an extension of themselves, respond to adversity in their relationships with their child as deep narcissistic wounds, and are therefore rendered unable to call on the bonds of love to shepherd them through the turbulent waters of meeting up with their gender-nonconforming child. Instead, they may resort to primitive defenses, particularly splitting and projection, and essentially spit their child out amid a spray of disdain, disgust, or despair. These parents may be prone to the scapegoating that Waddell (1998) pointed out is so prevalent during adolescence when an individual is needed to disavow parts of the self and project them on to an other. During this phase, anxiety about identity arouses an acute intolerance of difference, either in the self or in the other. Pressures toward conformity cause the group to find a nonconforming individual, eject him or her from the group, and batter that person with intolerance. This dynamic precisely describes the parents who, along with other family members, disavow their child in a storm of transphobic reactivity that allows no room for nonconformity, transforming

love into hate based on their child's transgressive gender identity. This group of parents appears to have never transitioned from the stage of adolescence to truly meet the demands of parenthood, which involve making room for a child who is a "not-me."

Jesse was 15 when he came to see me. He and his mother, Marlene, heard me interviewed on a radio program on transgender children and he looked at his mother and said, "That's me. Can we go see her?" His mother contacted me, and so began our work together. Gender-wise, Jesse had always been a child who played outside the box, both literally and figuratively. Ever since early childhood, Jesse always preferred things feminine. All of his friends have been girls, and through midchildhood, he reveled in playing dress-up in girls' clothes. Both of his parents were accepting and supportive of his gender nonconforming self, but at age 8 his father suddenly died. Left with two young children to support, Marlene quickly got involved with an acquaintance of hers, Samuel, who moved into the home with his teenage son. Samuel was subject to violent outbursts, as a result of having been abused as a child. These outbursts scared Jesse and his younger sister, Claire. Whereas Jesse's mother and father had always been accepting of his gender nonconformity, he was not so fortunate with Samuel and Samuel's son, Michael. Jesse latched on to Michael, a new older brother whom he idolized, but Michael in turn teased Jesse mercilessly for liking girl things. As Jesse reached puberty and began to express himself alternatively as gay, gender queer, or transgender, Samuel, too, started laying into Jesse, calling him faggot for "prancing" around the house in boxer shorts over leggings and accusing him of bestiality for liking boys. Regretfully, Marlene, never recovering from the sudden and traumatic loss of her husband and the resulting financial downward spiral, was now emotionally spent and totally dependent on Samuel both economically and psychologically. This meant that Jesse lost not just one but two allies, mother and father, as Marlene did nothing to put a stop to either Michael or Samuel's harassment, becoming instead a passive bystander to Samuel and Michael's taunting of her son. By age 15, Jesse showed up for treatment angry and deeply gender dysphoric.

Marlene came in for regular collateral sessions while Jesse was seen individually, and occasionally I would meet with both of them together. Samuel, however, declined participation in the treatment, as he did not want to have anything to do with all this "sick stuff" about Jesse's gender. Whereas Marlene was doing her best to support Jesse in his explorations of his gender identity, she demonstrated both impotence and unwillingness to intervene with Samuel, either to allow me to have contact with him, to insist herself that he attend our sessions, or to demand that he stop his verbal abuse of Jesse at home. She defended Samuel, saying he really was a good man, and felt he was doing enough already to support her family so she did not want to rock the boat.

During the course of the treatment, Jesse transitioned to being female, simply adding an *i* to Jesse to make it a girl's name. As one could well imagine, the situation at home did not get easier. Jessie found herself angry all the time. Samuel's animosity grew in proportion, and it was during this time that Samuel accused Jessie of bestiality and called Jessie a "fag." Jessie reported these behaviors to her teachers and counselor at school, and told them that his mother did nothing to stop them. The school, which was supportive of Jessie's gender transition, wondered whether they should report the family to child protective services for emotional abuse. Although Samuel was the one harassing Jessie, Jessie also expressed rage toward her mother: "She just wasn't ready to have a tranny. If she was, I wouldn't have been so confused about who I am—a boy or a girl. Tranny babies are like mentally retarded babies—parents should be prepared for whatever."

I never had the opportunity to either meet or speak with Jesse/Jessie's stepfather, but by all reports Samuel's actions indicated that he was consumed with transphobic rejection

of his stepchild. I think it is a fair hypothesis that the bonds of love were never secure enough to counterbalance the vitriolic hatred this man had for anybody who dared to transgress binary gender norms. Had Marlene been able to intervene in placing demands on Samuel to at minimum cease and desist his verbal abuse and at best enter a therapeutic process that would allow some dialogue on their parental experience of Jesse/Jessie, perhaps this could have offset the transphobic process. Instead, Samuel, riddled with angry and anxious transphobic reactions, was unavailable for treatment or reflection. Marlene colluded by finding excuses for Samuel's unrelenting negativity: "You have to understand, he's had a hard life and he's going through a lot." Like many widowed parents who find themselves suddenly alone and financially strapped, Marlene was caught between the needs of her child and the dependency on a man who, ironically, she originally brought into the family to try to make it better for her children. Marlene obviously loved her child and made that phone call for her child to come see me, but yet was unable to de-center from her own reliance on Samuel and center on Jessie's needs to be protected from harm at home. Thus she became complicit in the transphobic attacks on her child within her own family. In the formula of the seven Ts, Jessie's family did not stand a chance of arriving at transcendence, a transcendence that might only proceed if Samuel was either mandated to participate in the treatment or asked to leave the home. Yet to date there is no treatment mandate for transphobia, as there is for other forms of abuse, so Jessie's family remains in the ranks of the transphobic.

Transporters

The transporters are a set of parents who are insidious in presentation. By all outward appearances they appear to have completely purged themselves of any transphobic remnants and fully embrace their transgender child. Yet, on closer examination, we discover a flight into health or a manic trajectory toward acceptance.

When Sammi first came to me, she was Sam. Sam had just turned 16. A late developer, Sam looked in the mirror and noticed the beginning of peach fuzz on his face. So did his parents, Maria and Nicco, and they began publicly acknowledging, with pleasure, the physical signals of his budding, albeit somewhat late, transition to manhood. Rather than feeling buoyed up by his parents' glowing praise, Sam was wracked with agonizing anxiety. He silently contemplated suicide. Maria grew alarmed, observing how withdrawn Sam had become. She approached him and asked him what was going on. In a state of desperation, panic, and turmoil, he blurted out, "Because I'm a girl." Sobbing, he told her that he did not want to become a man; he wanted to become a woman.

For years prior to this startling announcement, Sam had hid in his room painting his nails, looking in the mirror, and envisioning his girl self. He had known since preschool that he was "different," but mostly kept it from view, particularly in the context of the strict Catholic school he attended. His parents noticed some of the behaviors, such as his interest in dolls, and simply told him that he could not do those things because he was a boy. When he persisted in these activities, his parents punished him, sometimes physically. As he grew older he became a social isolate and began to act out at school. By the time he entered high school he was showing signs of major depression, spending most of his time in the basement doing chemistry experiments or locked in his room surfing the web for transgender sites and joining chat room discussions with other transgender youth.

The onset of puberty was what catalyzed Sam's disclosure to his mother. Before that, behind closed doors, he could live out the fantasy of his girl self. Now his body was

betraying him and destroying his dreams. This is not an uncommon experience for transgender youth, with puberty experienced as a nodal point of trauma rather than a celebratory transition to adulthood (Ehrensaft, 2009).

Sam and his family were referred to me for psychotherapy by a psychiatrist who did the initial evaluation and determined that Sam was transgender. The psychiatrist had also referred the family to a pediatric endocrinologist so that Sam could begin hormone blockers forthwith to staunch the flow of an unwanted male puberty, and the psychiatrist, the endocrinologist, and I continued to collaborate as a team throughout Sam's treatment. The psychotherapy involved a combination of individual sessions for Sam, parent sessions, a sibling session for Sam's younger brother to explore his reactions to his brother's gender transition, and family sessions as needed.

When Maria first contacted me, she reported that she and Nicco were in shock. In their first parent session Nicco asked, "What if it's just a phase? What if he comes back years later and says, 'This was a mistake. Why did you let me have surgery and everything?'" In their minds, both parents had already jumped ahead from hormone blockers to sex reassignment surgery. They also were worried that Sam's elite private school would demand that Sam leave, once it was disclosed that Sam was transgender. They shared their worry with Sam.

When I first met with Sam, who was now asking to be called Sammi, my initial reaction, written in my notes, was, "This young person is like a train that left the station." There appeared to be no holding back on Sam/Sammi's unbridled "full-steam-ahead" approach to transitioning to female. I wondered whether this was a "honeymoon" period following the relief of finally revealing to his parents his identification as a girl and whether a set of more complex feelings about his gender transition would emerge later.

Within a matter of weeks, Sammi's parents had hopped on Jessie's fast moving gender journey. Aside from expressing their initial shock, there was no exploration of the range of feelings brought up by Sammi's affirmation of a female gender. Maria and Nicco were now providing complete family support for their child to fully live her life as a girl, which included signing off on parental permission for Sammi to have sex reassignment surgery before age 18. During this time Maria reported: "When I look at my child, I see a girl. Not a boy being a girl." Sammi actually had some complaints about her mother's zealous embracing of Sammi as a daughter: "Now she gets on my case to clean my room, and says that a daughter should be neater than a son." Nowhere on the transgender sites she had been surfing on the Internet did she read that once you became a girl, your parents make you abide by a higher state of cleanliness. Every time I attempted to explore with either Sammi or her family the full range of emotions they were experiencing during this transition period, I was met with either a blank look or a closed door.

Early in the treatment, Sammi was approached by a local gender education and advocacy organization and asked if she would be willing to tell her story publicly. Sammi and I thought about this together, particularly because she was adamant about not being part of the transgender community but just a girl. Sammi, with a streak of what felt like inauthentic altruism and intellectualizing, explained to me, "That would be okay to do if it's growth building for other kids." There was no reflection on how the experience of going public would feel for her own self. During that same period Maria was eager and willing to be interviewed with Sammi for an article in Sammi's school newspaper, written sympathetically to give recognition to and support for the

first transgender student at their school and for transgender people in general.³ In the article, Maria, in words echoing Marlene Shyer, spoke of seeing Sammi's identity as a gift: "God gave me my child back." This is an interesting choice of words, suggesting the child she had had before, Sam, did not feel like hers. My own work with Maria certainly made me wonder whether Sammi fulfilled Maria's wishes for the daughter she never had so rather than mourning the loss of her son, she could now celebrate the good fortune of finally having a daughter. From shock and doubt, Sammi's parents had quickly catapulted themselves into the position of poster family for transgender youth.

As our work progressed, I found that Sammi's parents focused on myriad other issues in their family life and made less and less reference to their child's transgender journey or their feelings about it, simply treating it as a *fait accompli*—"done is done." Indeed, even though I estimated that Sammi was only at the early stages of being able to even dip her toe into the pool of feelings about her gender transition, Maria wondered why the therapy needed to continue: Sammi had completed all of the steps in the transition, was living fully as a girl, and what else was there to address? Rather than transcending their initial genderist or transphobic reactions to Sam's gender nonconformity, Maria and Nicco, as well as Sammi, simply transported themselves to a plane of existence in which all was well and we do not speak, think, or feel of such things as mourning, confusion, angst, or conflict about this gender journey. It was my experience that this family suffered from a *folie a trois*, with each family member lacking the emotional resources, reflecting ego, or psychological stamina to transcend their own personal defenses of denial, delusion, or perhaps even reaction formation. It was this that made them transporting rather than transcendent.

As a postscript, I would add that life did not turn out to be so fine for Sammi and the transporting came at a very high price. Unlike other transgender children and youth who appear to settle down and develop a more cohesive and integrated core after being allowed to transition to their authentic selves, Sammi began to spin more and more out of control, culminating in a hospitalization and placement in residential treatment. Could this have been averted if more effort was made to halt the transporting and move at a slower pace toward transition, transformation, and potential transcendence? Most likely so; but the persistent manic defenses and almost hysterical avoidance of depressive feelings cancelled out any opportunity for reflection and reverie for Maria, Nicco, and for Sammi as well. They operated from a binary formula, transphobia → transporting, which is never a good substitute for a process that includes full consideration of each of the seven Ts and allows for family exploration of the full scope of feelings, both negative and positive, that may surface when a transgender or gender nonconforming child just shows up.

Toward Gender Acceptance

Each of these schematic families—the transcendent, the transphobic, and the transporting—will have work to do if they are to affirm their transgender or gender nonconforming child. Transphobia runs through the family, yet it also can seep into the family and be bled out of it as well. Psychoanalytic psychology has a vital role to play in facilitating this process. To begin, we who treat transgender or gender nonconforming youth and their families need to go through

³Interesting enough, rather than expelling Sammi from their school, as the parents feared, the school fully embraced Sammi as a transgender student and sought out training and consultation for both students and staff to ensure that their school community would be one of gender acceptance.

our own process of self-reflection and scrutiny of our own biases and feelings about children and youth who go against the gender grain. We also need to unlearn theories of gender that bound us to a binary notion of normative masculinity and femininity. Only then can we provide the therapeutic space and emotional safety for family members to explore their feelings and reactions to a child who comes to them as gender nonconforming or transgender. For the families, this will not just be an opportunity to emote. Parents or other family members will be invited to scrutinize the effects of their feelings on the children and the source of those feelings within themselves. In the cognitive dissonance model, when there is gender negativity, which will prevail—love for their child or gender beliefs? It is not for the parents to be blamed but for the parents to consider what it would mean to accept the child they have rather than the one they either thought they had or wished they could have. Some families can go through this process on their own, others will need the help of a professional. Either way, albeit this process takes both considerable time and emotional energy and allows for no short cuts, transphobia can be transcended and trauma or tragedy averted. The goal is to facilitate the parents' affirmation of their child's authentic gender self and help them overcome deeply embedded negative attitudes that stand to tatter the bonds with their child if not actually tatter their child. In achieving this goal, our best allies and teachers will be the children themselves, as they continue to just come to us.

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