
Bending Gender, Ending Gender: Theoretical Foundations for Social Work Practice with the Transgender Community

Barb J. Burdge

Gender is a ubiquitous social construct that wields power over every individual in our society. The traditional dichotomous gender paradigm is oppressive, especially for transgendered people whose sense of themselves as gendered people is incongruent with the gender they were assigned at birth. Transgendered individuals are targeted for mistreatment when others attempt to enforce conventional gender boundaries. This article discusses gender-based oppression and the resulting psychosocial difficulties experienced by many transgendered individuals. The discussion advances a critical analysis of the dominant gender paradigm using two alternative theoretical perspectives on gender—queer theory and social constructionism. The article argues that the transgender community is an at-risk population and that empowering practice with this population calls on social workers to target society's traditional gender dichotomy for change. An overview of practice implications and research needs is provided.

KEY WORDS: *at-risk populations; gender; queer theory; social constructionism; transgender*

This article puts forth a radical argument: Social workers should reject a dichotomous understanding of gender in favor of more accurate and affirming conceptualizations of gender. Best practices with the transgender population requires as much. In developing this argument, three central points will be defended: (1) transgendered people are oppressed in U.S. society (and, therefore, are a population of concern to social workers); (2) binary gender models are the foundation on which transgender oppression (and several other oppressive systems) depends; and (3) queer theory and social constructionism offer useful insights for social workers seeking an accurate understanding of gender.

Many disciplines have contributed to current knowledge of gender and the transgender community (for example, psychology, literature, medicine, sociology, anthropology, and philosophy). I have chosen to focus here on the sociological insights available at the intersection of social constructionism and queer theory. This conceptual site offers rich, thought-provoking considerations of gender, while creating fertile ground for no less than the elimination of gender-based oppression. As such, it offers alternatives to pathological models noted by several

authors as historically dominant in psychological and medical thinking about transgendered people (Cooper, 1999; Gagné, Tewksbury, & McGaughey, 1997; Langer & Martin, 2004). Social constructionism and queer theory make a compelling case, and one consistent with social work's values and ethics, for the validity of transgender identities and the pursuit of gender rights.

The transgender community has its own distinct (but not homogeneous) culture. As with any culture, it has generated a unique language with which to communicate its reality. This language is somewhat fluid and continually evolving. Some terms have emerged organically from within the community; others have been cast by science or academia. Keeping up with this quickly evolving lexicon can be challenging. Social workers must be able to appreciate ambiguous terminology—along with ambiguous genders. Self-definition is a matter of self-determination and social justice, which are basic values of the profession (NASW, 2000). As a result of this self-determined language, myriad terms have arisen. However, not all terms are accepted equally. "Transsexual" may be one person's label of choice. Another person, whose situation seems identical

to the first, may reject transsexual in favor of “genderqueer.” (“Queer” is an example of a previously negative term that is increasingly being reclaimed as a symbol of pride by the population it was once used against. In current usage, it generally refers to any person who transgresses traditional categories of gender or sexuality.)

Because it is empowering for oppressed groups to control the language representing them, social workers can honor the personal meaning of clients’ chosen words, even when no “official” definitions exist.

DEFINING THE TRANSGENDER COMMUNITY

“Transgender” is an umbrella term (Lev, 2004; Mallon, 1999b) applicable to a range of individuals who express their gender in nontraditional ways. In general, transgendered people find their sense of self as female, male, or other to be in conflict with their assigned gender role (which was based on genital anatomy at birth). The term transgender can be accurately applied to self-identified bigenders, gender radicals, butch lesbians, cross-dressing married men, transvestites, intersex individuals, transsexuals, drag kings and queens, gender-blenders, queers, genderqueers, two spirits, or he-shes (Burgess, 1999; Hunter & Hickerson, 2003; Mallon, 1999b). These individuals may form their own social networks, hence the term “transgender community.” For the purposes of this article, transgender is used to refer to people who claim the term on the basis of feelings that their assigned gender role is incongruent with their sense of self. Many people deviate from traditional gender norms. In the broadest sense, perhaps we all do, but most do not self-identify as transgendered. Lesbian, gay, and bisexual people, for example, may assume attitudes, behaviors, or clothes that do not fit their “appropriate” gender. However, I do not address these groups specifically here, as their identification rests on sexual orientation, not gender identity. Sexual orientation refers to one’s emotional and sexual attractions, whereas gender identity refers to one’s sense of self as being female, male, or otherwise gendered (perhaps transgendered or not gendered at all).

The number of transgendered people is unknown (Burgess, 1999). One report has suggested that self-identified transgendered people account for 2 percent to 3 percent of the overall lesbian, gay, bisexual, and transgender (LGBT) community (Rollins & Hirsch, 2003), but the inability to measure

actual population size is a consistent theme in the literature. Until oppression of transgendered people is eradicated, we can never be certain of an exact count; many transgendered individuals may conceal their true gender identity given the lack of safety in the social environment.

The broad spectrum of people who fall under the umbrella of transgender also complicates attempts to estimate the size of this population. Prevalence rates have been estimated for two transgender subgroups: (1) intersex individuals (people born with ambiguous genitalia) and (2) postoperative transsexuals (people who have undergone sex reassignment surgery). Intersex people are frequently counted according to rates of infant genital modification surgeries. The Intersex Society of North America (2004) reported that each year approximately one to two infants out of every 1,000 born are surgically modified to “normalize” genital appearance. Prevalence estimates for postoperative transsexuals, based on number of sex reassignment surgeries performed in a given year, range from 1:500 to 1:2,500 (Conway, 2002). These ratios represent the combined estimations for both male-to-female (MTF) and female-to-male (FTM) surgeries, although MTF sex reassignment surgeries are more prevalent.

THE OPPRESSION OF THE TRANSGENDER COMMUNITY

Transgendered people are among the most misunderstood and overlooked groups in our society (Burgess, 1999). Their very existence challenges the traditional gender dichotomy, and by stepping outside these fundamental social norms, they are vulnerable to discrimination and oppression. Young gender nonconformists face the complicated developmental task of building identities in a social environment that invalidates their reality and may even punish them for violating traditional gender roles (Bem, 1993; Brooks, 2000). Families cannot necessarily be depended on to offer a safe haven for transgendered youths. Parents are often ill equipped to understand their transgendered child (Burgess). Many transgendered youths’ families may not only be unable to empower them, but may also perpetuate societal oppression. Likewise, transgendered adults can face severe social punishment—including harassment, social and familial rejection, workplace discrimination, denial of parental rights, and physical and sexual assault—for violating gender categories (Burgess; Donovan, 2001). Pierce (2001) suggested

the term “shunning” to describe society’s response to the transgender community.

In the face of this negative social environment, transgendered people try to adapt and survive. They may experience confusion, low self-esteem, and depression (Burgess, 1999). Many transgendered youths run away from home for self-preservation, but end up homeless and turn to prostitution (that is, “survival sex”) in exchange for food, money, and shelter (personal communication with L. Davidson, former executive director, Indiana Youth Group, Indianapolis, April 12, 2005). Desperation to achieve consonance between gender identity and physical sex may drive transgendered individuals to self-mutilate or to use hormones obtained from the street (Swann & Herbert, 1999). Some transgendered individuals become suicidal (Burgess). Such behaviors, however, are too often viewed as the problem, when external factors (for example, rejection or assault by peers and family, hostile work or school environments, lack of supportive people and role models, pressures to conform to ill-fitting gender expectations) are the root cause (Burgess).

It is not surprising, then, that transgendered people seek social work services for a variety of reasons. Conversely, social workers may play different roles in the lives of transgendered clients. They may be case managers for transgendered youths in child welfare or youth services (see Mallon, 1999a). They may serve as therapists assisting families of transgendered people to respond affirmatively to their transitioning loved one (see Lesser, 1999). School social workers can create safe places for transgendered youths (see Burgess, 1999), and medical social workers could help sex reassignment surgery patients navigate the psychosocial aspects of their transition (see Bockting, Robinson, Benner, & Scheltema, 2004). Social workers can help transgendered victims of hate crimes (see Bush & Sainz, 2001). At a broader level, social workers join political advocacy efforts to ensure the civil rights of the transgender community (see Grise-Owens, Vessels, & Owens, 2004).

The NASW *Code of Ethics* (2000) obligates social workers to serve oppressed and vulnerable populations, eliminate discrimination based on sex, and seek social change to ensure the well-being of all people. (In anticipation of the 2005 NASW Delegate Assembly, the NASW Alaska Chapter conducted a petition drive to garner support for adding “gender orientation” to the list of vulnerable statuses named in the NASW *Code of Ethics*. This addition would

have clarified social work’s commitment to transgendered individuals, but the effort did not succeed.)

Service to the transgender community is a prime opportunity for social workers to fulfill this charge. With so many possibilities for working with the transgender community, social workers should be prepared. Effective social work with transgendered clients requires a high level of cultural competence, skills to create change at all levels, and sophisticated theoretical frameworks for understanding gender and gender-based oppression.

DECONSTRUCTING THE GENDER BINARY

Gender is present in our lives from the time our genitals are first discernible—often in utero. It is the first “question” that is answered for us by the adults who welcome us at birth. Labeling a baby as either male or female (on the basis of visible genitalia) is generally seen as a simple matter, even though this label will be used to define the child and will have monumental implications for the course of the child’s life (Cooper, 1999). The practice of assigning a gender label at birth operates with only two potential outcomes. Even in cases in which the genitalia are ambiguous, medical professionals and families generally pursue surgical modifications to **make** one gender fit (Cooper). Babies must fit within a label—either male or female. Very literally, our bodies must fit our words (Wilchins, 2004). We recognize no other options. Nonetheless, someone could look at an intersex infant and think, “Clearly, Nature [*sic*] has other things in mind” (Wilchins, p. 76).

Traditional gender assignment relies on three fundamental assumptions: (1) that anatomy determines identity (Cooper, 1999), (2) that reproductive functions accurately predict distinctive psychological and behavioral propensities in humans (West & Zimmerman, 1987), and (3) that only female and male genders exist (Bem, 1993). These assumptions, however, are consistently called into question by social research. Anthropological studies have described cultures that allow for gender-variant identities. Cooper cited certain Native American tribes, and Lorber (1994) illuminated certain cultures of Papua New Guinea and the Dominican Republic. The existence of transgendered people casts doubt on a binary, anatomical gender model.

In the classic article, “Doing Gender,” West and Zimmerman (1987) made the enduring argument that gender is constructed by, and for, social interaction. Everyone “does” his or her gender (through

dress, grooming, behavioral modifications, and so forth), not only to reflect one's internal self, but also to facilitate the social process. From this perspective, gender is a performance for which every person alters outward appearances to align with an internal sense of gender identity (Butler, 1990).

Gender becomes a powerful ideology to which people, as social actors, are held accountable (West & Zimmerman, 1987). To capture the ubiquitous nature of gender, Garfinkel (cited in West & Zimmerman) coined the term "omnirelevance." One implication of gender's omnirelevance is that any person can be held accountable for her or his status as a woman or a man during their performance of virtually any activity. In other words, we have no choice but to "engage in behavior at the risk of gender assessment" (West & Zimmerman, p. 136). The outcome of this assessment determines whether we are rewarded or sanctioned (for example, are ignored, receive awkward stares, receive threats, or experience violence). Children learn at an early age that they must accomplish gender successfully to be considered competent social actors (West & Zimmerman). This ideological system renews itself as individuals become entrenched in the myth of a gender binary and take it upon themselves to monitor and enforce the gender divide.

Another corollary of gender's omnirelevance is that "doing gender is unavoidable" (West & Zimmerman, 1987, p. 137); one cannot **not** do gender in our society. People will go so far as to do gender **for** someone who is not "appropriately" displaying her or his gender (Lucal, 1999). In other words, lacking traditional gender cues, observers will decide which gender category "should" apply and begin using it to conceptualize the gender-variant person.

As gender emerges out of social situations, it can be understood both as an outcome of and as a rationale for the division between two genders (West & Zimmerman, 1987). Doing gender both relies on and produces a societal belief in the reality of two distinct genders. The differences between groups are portrayed as "fundamental and enduring" (West & Zimmerman). The ensuing social arrangement, supposedly reflecting "natural differences," reinforces and authorizes hierarchical arrangements in which one gender category is valued above the other. Such a binary model, when under the influence of patriarchal culture, spawns a hierarchy of gender categories in which the nonmale category is devalued (Lucal, 1999). This misogyny fuels sexism,

and homophobia, and heterosexism (Brooks, 2000). In this way, women, gay men, lesbians, bisexuals, and transgendered people share the common prison of the dichotomous gender paradigm (Wilchins, 2004). Similarly, Lorber (1994) viewed gender as "a process of creating distinguishable social statuses for the assignment of rights and responsibilities" (p. 32). This process relies on individuals presenting their genders "clearly" so that privileges may be granted accordingly.

QUEER THEORY AND THE END OF GENDER

Lorber (1996) poignantly asked: "Why, if we wish to treat women and men as equals, there needs to be two sex categories at all" (p. 145). If gender categories are oppressing people, should we not dismantle them? Is this a worthwhile goal for social workers wanting to eliminate gender-based oppressions? I suggest the answer to these questions is "yes." However, to date, there has been no audible call for social workers to strike gender-based oppression at its heart by challenging the gender binary. Queer theory provides a useful postmodern analysis framing the subversion and potential elimination of dichotomous gender constructs. Despite its multidisciplinary roots, queer theory can be organized under a set of core assumptions. Stein and Plummer (1996) outlined four primary tenets of queer theory:

- 1) an idea that sexual power runs throughout social life and is enforced through boundaries and binary divides;
- 2) a problematization of sexual and gender categories as inherently unstable and fluid;
- 3) a rejection of civil rights strategies in favor of deconstruction, decentering, revisionist readings, and anti-assimilationist politics; and
- 4) a willingness to interrogate areas which normally would not be seen as the terrain of sexuality. (p. 134)

Consistent with queer theory, many authors suggest specific tactics for subverting gender (for example, Cooper, 1999; Lorber, 1994; Lucal, 1999; Morrow, 2004; Risman, 1998; West & Zimmerman, 1987; Wilchins, 2004). Wilchins offered a thoughtful deconstruction of gender, in which language becomes a primary target for social change. West and Zimmerman called concerned individuals to choose the paths of greater resistance and subvert

gender by refusing to conform: Undermine gender by insisting on doing it differently. Lucal (1999) considered bending her own gender (for example, through dress, grooming, and body language), a personal contribution toward dissembling oppressive gender structures. At the same time, any person who wishes to undermine the binary gender system faces numerous interactional and structural barriers (Gagné et al., 1997). Gender activists will undoubtedly be met with awkward, and possibly dangerous, social moments.

If eliminating gender seems a dizzying proposal, be assured that it is. Risman (1998) studied families who transcended traditional gender categories and titled her subsequent book *Gender Vertigo*. This is an apt phrase reflecting the disorientation we will surely experience when society begins to transcend gender. Nevertheless, challenging oppressive gender structures and making gender rights a priority are critical steps toward universal freedom from punishment for gender nonconformity (Wilchins, 2004).

IMPLICATIONS FOR SOCIAL WORK PRACTICE

What does this mean for social work practice? My conclusion is that social workers must challenge the rigid gender binary, either by eliminating it or expanding it to include more gender possibilities. To accomplish this, it helps to remember our commitment to the person-in-environment perspective, which calls us to be prepared to target one or more systems for change. The following surveys possible applications for the theoretical perspectives discussed thus far.

Different authors (for example, Burgess, 1999; Langer & Martin, 2004) have advocated for eliminating gender identity disorder (GID) from the *Diagnostic and Statistical Manual of Mental Disorders* (4th edition, text revision) (American Psychiatric Association, 2000). This diagnosis is a mechanism by which a major social institution (that is, medicine) blatantly enforces gender role conformity (Brooks, 2000). GID bolsters gender stereotypes by pathologizing behaviors and attitudes that violate the rigid gender dichotomy. The diagnosis first appeared in 1980, shortly after homosexuality was removed from the DSM (Cooper, 1999). Langer and Martin suggested that GID was developed as an indirect way to treat suspected homosexuals. However, obtaining sex reassignment surgery requires a diagnosis of GID (Burgess). So, paradoxically, transgendered people desiring surgical intervention are dependent

on being labeled with this diagnosis—one built on gender stereotypes. Authors who have argued for eliminating GID have suggested that the treatments of choice for gender-variant clients are to provide accurate information about gender, hormones, and sex reassignment surgery and help them (and their families) learn to love and accept their gender-variant selves (Burgess; Cooper; Langer & Martin).

Along these lines, social workers can present a transgender identity as a viable identity option for gender-variant clients. Cooper (1999) voiced concern that too many transgendered people internalize the socially constructed gender binary and, therefore, experience extreme intrapsychic pressure to pick either a male or female body or gender identity. Social workers can help relieve this pressure by educating clients about the sex–gender continuum and the social construction of gender and by giving them permission to identify themselves without reference to the traditional binary (NASW, 2003; Swann & Herbert, 1999). Health and mental health professionals are shifting from encouraging gender-variant individuals to adjust to one of two gender options to supporting self-identification as a transgendered person (Bockting et al., 2004). Today, more transgendered people are claiming space outside the gender binary (Cooper).

The emergence of a visible transgender community facilitated this paradigm shift (Bockting et al., 2004). The transgender community has become increasingly politically active in recent years. Groups such as the Intersex Society of North America, GenderPac, and the National Transgender Advocacy Coalition are engaged in sophisticated public education and political advocacy efforts. Social workers are ethically obligated to take political action to create just and equitable laws. Therefore, social workers can advocate for workplace protections, relationship supports, immigration rights, and legal identity recognition for transgendered individuals and their families. At the same time, social workers can encourage transgendered clients to become politically involved, which can increase self-esteem and self-acceptance (Lombardi, 1999).

On a macrocultural level, we can empower our transgendered clients by working to alleviate the societal pressures they feel (Burgess, 1999). Ending gender oppression to help transgendered people is analogous to finding structural solutions to eliminate poverty, rather than trying to help individual poor people cope with their unfortunate plight in

a hostile environment. We cannot end gender oppression by ignoring the inherent oppressiveness of the hierarchical gender binary (McPhail, 2004; Wilchins, 2004). Social workers can work to disrupt the traditional gender binary and advocate for gender rights—the freedom to be one’s authentic self.

The first step for social workers in ending gender oppression is to challenge gender stereotyping unceasingly. Given the ubiquitous nature of gender stereotyping in our society, social workers need to be acutely perceptive and prepared to challenge gender stereotyping in any setting at any time. This may be accomplished in numerous ways depending on the specific context. Interpersonal strategies may include requesting clarification when gender-stereotyped jokes or comments are heard; reversing gender-stereotyped roles in everyday etiquette (for example, opening doors for others); or expressing reservations about gender-stereotyped assumptions of a person’s appearance, personality, or sexual orientation. Introspective social workers can identify ways in which they may personally be conforming to gender stereotypes against their own sense of authenticity. With courage, they may choose to pursue a more genuine gender expression, thereby leading by example with their refusal to participate in an oppressive gender system.

In addition, social workers can educate the public on gender diversity (Bush & Sainz, 2001; NASW, 2003; Pierce, 2001). The specific manner in which this is done will depend on our community contexts and the nature of coalitions we build with entities that share our concerns. Our educational strategies may involve writing letters to the editor; talking with our elected officials; sponsoring a public lecture series; facilitating community discussion groups; creating professional development events; distributing educational materials at our local LGBT Pride Festivals; or hosting performances that challenge traditional notions of gender (for example, films, plays, and drag shows) and engaging the audience in discussions of the social construction of gender.

Whatever the forum, we must be capable of sophisticated conversations on gender if we hope to cure the social diseases of sexism, homophobia, heterosexism, and transphobia. In all our communications, we can intentionally inject the language of diversity and inclusivity into a gendered world. In doing so, we begin changing the broader gender discourse, lessening its oppressive power. Accom-

plishing this demands our adoption of accurate, albeit unconventional, theoretical frameworks for understanding gender (Bush & Sainz, 2001)—a significant intellectual challenge to our field. Two such frameworks—queer theory and social constructionism—have been suggested here as worthy of our consideration.

FUTURE RESEARCH

Social work research can take many paths from this point. Although there is some consensus in the social work literature on best practices with transgendered people, most of these claims are based on anecdotal evidence. Such writings have emerged from an urgent need to jumpstart a gender–transgender dialogue among social workers. Of course, this is important information from social workers who have direct knowledge of the transgender community. Eventually, however, the profession will need the results of intentionally planned research projects to delve into the myriad facets of practice with transgendered people. There is also a need for more articles related to transgender issues in mainstream social work journals. Currently, such articles seem relegated to specialty journals, where they risk being read only by “the choir.”

Fundamental questions regarding social work’s role with the transgender community remain unanswered. For example, how often do transgender people seek services from social workers? How many social workers regularly provide services to this population? What do transgendered people want social workers to do? What are their lived experiences? What attitudes do social workers hold toward transgendered people?

Earlier studies have documented disturbingly high levels of homophobia and heterosexism among social workers (for example, Berkman & Zinberg, 1997; Wisniewski & Toomey, 1987). The links among sexism, homophobia, and heterosexism are well established in the literature, so, given the common root of gender stereotypes these oppressions share, we might expect to find discomfort or phobic responses among social workers toward transgendered people. Conversely, from a strengths perspective we need to identify trans-affirming social workers and learn from them. This could include assessing their skills, previous experiences, and theoretical frameworks and articulating what qualities make them trans-affirming. Ultimately, social work researchers need to establish alliances with the transgender community

and create forums for transgender people to tell their own stories. There is much to learn from the transgender community about courage, resilience, authenticity, and social justice.

Social work students need to learn empirically supported and emerging theories of gender (McPhail, 2004). This will be no easy task. Not only is such content a radical departure from what many students perceive to be a fundamental certainty, it also conflicts with various religious and political beliefs. Nonetheless, we need to identify best educational practices for teaching about gender and gender theory, transgendered people, and cultural competence with this population.

To begin comprehending what a world with three or more genders (or even no genders) might look like, we could study people who are transcending the gender binary. Detailed case studies and phenomenological research would provide rich data to help social workers understand the nuances of being transgendered. From this, we may discover strategies for managing our own “gender vertigo” and envisioning a society beyond the gender binary.

CONCLUSION

I have argued that the transgender community is marginalized and misunderstood. They face discrimination at every turn, which too frequently leads to self-rejection or desperate acts to alleviate distress and survive. As the profession dedicated to serving vulnerable and disenfranchised populations, social work is positioned to take a closer look at the societal forces impinging on the lives of transgendered people and consider ways to dismantle the oppressive gender structure in society. Queer theory and social constructionism theoretical perspectives could effectively frame social work practice with the transgender community and our broader efforts to end all forms of gender oppression. **SW**

REFERENCES

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.

Bem, S. L. (1993). *The lenses of gender: Transforming the debate on sexual inequality*. New Haven, CT: Yale University Press.

Berkman, C. S., & Zinberg, G. (1997). Homophobia and heterosexism in social workers. *Social Work, 42*, 319–332.

Bocking, W., Robinson, B., Benner, A., & Scheltema, K. (2004). Patient satisfaction with transgender health services. *Journal of Sex & Marital Therapy, 30*, 277–294.

Brooks, F. L. (2000). Beneath contempt: The mistreatment of non-traditional/gender atypical boys. *Journal of Gay & Lesbian Social Services, 12*(1/2), 107–115.

Burgess, C. (1999). Internal and external stress factors associated with the identity development of transgendered youth. *Journal of Gay & Lesbian Social Services, 10*(3/4), 35–47.

Bush, I. R., & Sainz, A. (2001). Competencies at the intersection of difference, tolerance, and prevention of hate crimes. *Journal of Gay & Lesbian Social Services, 13*(1/2), 205–224.

Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York: Routledge.

Conway, L. (2002). How frequently does transsexualism occur? Retrieved December 12, 2004, from <http://ai.eecs.umich.edu/people/conway/TS/TSprevalence.html>

Cooper, K. (1999). Practice with transgendered youth and their families. *Journal of Gay & Lesbian Social Services, 10*(3/4), 111–129.

Donovan, T. (2001). Being transgender and older: A first person account. *Journal of Gay & Lesbian Social Services, 13*(4), 19–22.

Gagné, P., Tewksbury, R., & McGaughey, D. (1997). Coming out and crossing over: Identity formation and proclamation in a transgender community. *Gender & Society, 11*, 478–508.

Grise-Owens, E., Vessels, J., & Owens, L. W. (2004). Organizing for change: One city's journey toward justice. *Journal of Gay & Lesbian Social Services, 16*(3/4), 1–15.

Hunter, S., & Hickerson, J. C. (2003). *Affirmative practice: Understanding and working with lesbian, gay, bisexual, and transgender persons*. Washington, DC: NASW Press.

Intersex Society of North America. (2004). Frequency: How common are intersex conditions? Retrieved October 9, 2004, from <http://www.isna.org/drupal/node/view/91>

Langer, S. J., & Martin, J. I. (2004). How dresses can make you mentally ill: Examining gender identity disorder in children. *Child and Adolescent Social Work, 21*, 5–24.

Lesser, J. G. (1999). When your son becomes your daughter: A mother's adjustment to a transgender child. *Families in Society, 80*, 182–189.

Lev, A. I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant individuals and their families*. New York: Haworth Press.

Lombardi, E. L. (1999). Integration within a transgender social network and its effects on members' social and political activity. *Journal of Homosexuality, 37*(1), 109–126.

Lorber, J. (1994). *Paradoxes of gender*. New Haven, CT: Yale University Press.

Lorber, J. (1996). Beyond the binaries: Depolarizing the categories of sex, sexuality, and gender. *Sociological Inquiry, 66*, 143–159.

Lucal, B. (1999). What it means to be gendered me: Life on the boundaries of a dichotomous gender system. *Gender & Society, 13*, 781–797.

Mallon, G. P. (1999a). A call for organizational transformation. *Journal of Gay & Lesbian Social Services, 10*(3/4), 131–142.

Mallon, G. P. (1999b). A glossary of transgendered definitions. *Journal of Gay & Lesbian Social Services, 10*(3/4), 143–145.

McPhail, B. A. (2004). Questioning gender and sexuality binaries: What queer theorists, transgendered individuals, and sex researchers can teach social work. *Journal of Gay & Lesbian Social Services, 17*(1), 3–21.

Morrow, D. F. (2004). Social work practice with gay, lesbian, bisexual, and transgender adolescents. *Families in Society, 85*, 91–99.

- National Association of Social Workers. (2000). *Code of ethics of the National Association of Social Workers*. Washington, DC: Author.
- National Association of Social Workers. (2003). Transgender and gender identity issues. In *Social work speaks: National Association of Social Workers policy statements 2003–2006* (6th ed., pp. 345–349). Washington, DC: Author.
- Pierce, D. (2001). Language, violence, and queer people: Social and cultural change strategies. *Journal of Gay & Lesbian Social Services, 13*, 47–61.
- Risman, B. J. (1998). *Gender vertigo: American families in transition*. New Haven, CT: Yale University Press.
- Rollins, J., & Hirsch, H. N. (2003). Sexual identities and political engagements: A queer survey. *Social Politics, 10*, 290–313.
- Stein, A., & Plummer, K. (1996). "I can't even think straight": "Queer" theory and the missing sexual revolution in sociology. In S. Seidman (Ed.), *Queer theory/sociology* (pp. 129–144). Cambridge, MA: Blackwell.
- Swann, S., & Herbert, S. E. (1999). Ethical issues in the mental health treatment of gender dysphoric adolescents. *Journal of Gay & Lesbian Social Services, 10*(3/4), 19–34.
- West, C., & Zimmerman, D. H. (1987). Doing gender. *Gender & Society, 1*, 125–151.
- Wilchins, R. (2004). *Queer theory, gender theory: An instant primer*. Los Angeles: Alyson Books.
- Wisniewski, J. J., & Toomey, B. G. (1987). Are social workers homophobic? *Social Work, 32*, 454–455.

Barb J. Burdge, MSW, LSW, is assistant professor and director, Social Work Program, Manchester College, 604 East College Avenue, Box 178, North Manchester, IN 46962; e-mail: bjburdge@manchester.edu.

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