



Found in Transition: Our Littlest Transgender People

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To cite this article: Diane Ehrensaft Ph.D. (2014) Found in Transition: Our Littlest Transgender People, Contemporary Psychoanalysis, 50:4, 571-592, DOI: [10.1080/00107530.2014.942591](https://doi.org/10.1080/00107530.2014.942591)

To link to this article: <http://dx.doi.org/10.1080/00107530.2014.942591>



Published online: 04 Nov 2014.



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FOUND IN TRANSITION: OUR LITTLEST TRANSGENDER PEOPLE

Abstract. An increasing number of children are coming with their parents to seek out mental-health services as they explore, question, or give voice to their gender concerns. This article presents a particular orientation of practice to help those children, the gender affirmative model, proposing that psychoanalytic practitioners are ideally situated to help these children within this approach, using techniques of listening, mirroring, suspension in psychic intermediate spaces, play, and interpretation. Concepts of the true gender self, false gender self, and gender creativity are presented. Particular attention is paid to prepubertal children who affirm that their gender does not match the sex listed on their birth certificate, and examines the question of whether it is in the best interests of these children to allow them to socially transition to the gender they affirm themselves to be. A case example is presented of a five-year-old exploring gender to demonstrate the gender affirmative clinical approach in a psychoanalytic context.

Keywords: true gender self, transgender children, gender creativity, gender social transitions, gender affirmative model, gender identity

“Now you will be quiet, you horrid frog!”

But as he fell, he ceased to be a frog, and became all at once a prince with beautiful blue eyes. — The Brothers Grimm, *The Frog Prince* (1973)

For more than 200 years, children all over the world have sat entranced, hearing the story of the frog, really a prince, who turned back into a prince when the princess, with a kiss, released him from

the wicked witch's spell. Little did all those parents realize that as they read this tale to their children, they were laying the groundwork, through parable, of the parallel story of the young transgender child, presented to the world by some wicked twist of fate as the gender they are not, hoping to be released from the horrible spell under the care of loving parents who will recognize them as the real gender they are, so they can live happily ever after. Across the Western world, these children have been hiding under mushrooms for centuries, and only recently have emerged from their hiding places as the social context of gender and the lexicon for understanding gender has shifted dramatically in a very short period of time, giving them the liberty to finally come out. Established clinics that have been seeing gender-nonconforming children have reported a geometric rise in the number of families seeking services (Hidalgo et al., 2013), and a proliferation of new gender clinics have appeared across the United States and beyond. The children come not to have a spell broken, but to release themselves into the gender they know themselves to be, rather than the gender others perceive them as being.

These children are the boys who say they are girls, the girls who say they are boys, and those who say they are neither/nor but something in between, or just a bit of everything. All of them present a significant challenge to the work of psychoanalytic clinicians who struggle to make sense of who these children are, what they are trying to tell us, and how we can best help them. The challenge is not only within each of us but among us—rarely has an issue been as fraught and contentious between clinicians, as the opposing understandings and often strong feelings emerge about what is to be done for these children who tell us they are not the gender we think they are (cf. Drescher & Byne, 2013).

I present here one viewpoint on this issue, one that I find sound in both theory and practice. Known as the gender affirmative approach, the underlying principle is that gender in all its variations is a sign of health, not illness; the clinical goals are not to “fix” gender but to provide the space for children to explore and establish their authentic gender self; and to build or strengthen gender resilience in the face of a social world not always ready to accept these children, while simultaneously challenging the world to be more gender inclusive. Although the gender affirmative model can be adapted to many schools of clinical practice, it is particularly suited to psychoanalytic child therapy, where through listening, playing, mirroring, observing, relating, and interpreting we strive to get to the heart of the gender matter—what's on the child's mind, what

are the developmental obstructions preventing the child from moving forward, and what are the intrapsychic and interpersonal knots that require untangling so that a child can discover his or her authentic gender self and go on being and growing with vitality and harmony?

Critics pose the question: “Can a young child, with all the developmental immaturities and lack of life experience that accompany early childhood, have the capacity to articulate a gender that is not the one that matches the sex listed on the birth certificate and can that child have the ability to establish a stable and authentic cross-gender identity?” This is exactly the question addressed in this article, along with the corollary question: “Can we actually tell if a very young child, prepubertal, is transgender?” To borrow from the 2008 campaign slogan of President Barack Obama, “Yes, we can.” The bulk of this article is devoted to answering the question: “How?”

Transgender Child as Agent

In *Fixing Gender*, Natasha Stiller (2011) writes, “I am suggesting that the unconscious imperatives of gender are in operation in all of us, even as some of us may challenge or resist the imperatives. Like being post-colonial or post-apartheid, we cannot help but be defined by the history we inherit” (p.16). This is true, but fails to acknowledge how the subject, in turn, pushes against that history to change it. So the child who long ago listened to “Free to Be You and Me,” a best-selling children’s song album about gender roles emerging from the feminist movement of the 1960s and 1970s, becomes the parent of the millennium, with the ability to envision and expand gender consciousness beyond the mid-20th-century conceptualization of rigid binary gender roles, but not yet ready to imagine a gender that deviates from the one dictated by the sex listed on the birth certificate. Yet this parent’s child can—because history not only legislates but provides stepping stones to new levels, levels the children will have a far easier time reaching than adults who may find themselves constrained, both consciously and unconsciously, by layers of historically entrenched gender messages. With the influence of three overlapping social movements, the women’s movement, the gay movement, and now the transgender movement, a new discourse of gender has been introduced into the public domain, and language is now available for a phenomenon that historically remained unspoken or spoken of only in pejorative terms, the phenomenon of little children

who defy the gender codes of their culture, either in the being or doing of gender. As this has transpired, children are now showing up in enough numbers that we begin to take notice; these are children who, as agents of their own future, push us to extend our gender flexibility further, as they tell us: "Guess what? You have it wrong. I'm not the sex listed on my birth certificate and I will be somewhere between unhappy to desolate if you keep insisting that I am." So we come to the questions: How did that little child know that? Does that child really know this? What is to be done about it?

These children, as agents of their own future, have been my most valuable teachers in directing me toward a practice of facilitating each child's authentic gender self. They have taught me that it is not for us to dictate or legislate, but for the children to explain their gender, whether it be conforming or nonconforming. Through my observations and clinical explorations, they have helped me situate myself in the school of thinking that conceptualizes gender as fluid rather than dichotomous, with an interplay of nature and nurture in its composition. Within this conceptual framework, the variations on gender do not constitute abnormality, but rather creative differences. To use Ken Corbett's (2009) words, "[g]enders both in their central and marginal expressions open out into lives that are led through many ways of being and feeling well" (p. 126).

I am neither an essentialist nor a social constructivist concerning gender. To be either at the exclusion of the other would be throwing the baby out with the bathwater, so to speak. Rather, I think of gender dialectically as a tension between body and psyche, body and culture, psyche and culture. To date, I have found no conclusive evidence to tell us the *why* of gender, although studies suggest that both nature and nurture have strong hands to play in the process. In the context of treatment, I propose that our main task is to concentrate more on the *how* of gender, specifically the ways in which gender is put together, either in conformity or transgression of cultural norms and social expectations. In making sense of gender, I embrace the dual concepts of gender identity and gender expression.

Gender identity is who I know myself to be as male, female, or other; gender expression encompasses all the ways in which I perform my gender, both for myself and for others (Brill & Pepper, 2008). To borrow from Winnicott (1971), gender identity is about the "being" of gender, whereas gender expression is about the "doing" of gender. In my observations and treatment of children and families, it appears that gender identity is far

more resistant to environmental intervention or shaping, whereas gender expressions are strongly influenced by nurture and culture.

The concept of the gender binary has been replaced in recent thinking by the concept of a gender spectrum—children place themselves along that spectrum in an infinite combination of gender expressions and gender identity formations. I have extended that idea one step further by proposing a concept of a gender web: Each child will weave together a three-dimensional web that will be the unique gender self, bringing together constitution and environment amidst chromosomes, hormones, hormone receptors, primary sex characteristics, secondary sex characteristics, brain, mind, socialization and culture, revealing a complex relationship among the body, the mind, and the surrounding world (Ehrensaft, 2011, 2012). Like fingerprints, no two people's gender webs will be the same; but, unlike fingerprints, one's gender web is not indelible—it can change over the course of a lifetime. In childhood, it is up to the child, not the parent, to spin that web. If the parents grab the web's threads from the child, it collapses the opportunity for the child to discover his or her own authentic gender.

Once again, I turn to the work of D. W. Winnicott, who afforded me the opportunity to extend my thinking even further about the child's crafting of the gender web. I have adapted Winnicott's concepts of the true self, false self, and individual creativity (Winnicott, 1965, 1971) to make sense of children's gender unfolding. In the gender adaptation, the concept I term the True Gender Self begins as the kernel of gender identity that exists from birth, residing most importantly in our brain, mind, and body. Once we are born, the True Gender Self is most definitely shaped and channeled through our experience with the external world, yet its center always remains our personal possession. In turn, 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. The concept I term Gender Creativity is the process of the child weaving together body, brain, mind, psyche, socialization, and culture in an effort to compose an authentic gender self.

Gender Creativity is where Irene Fast's (1984, 1999) theory of gender development comes into play. In her theory, very young children, once aware of gender, embrace gender inclusivity, i.e., "I can be all genders." This parallels a developmental stage of magical thinking (Fraiberg, 1959) in which there is a belief in infinite transformational possibilities and

subjective logic dictates that if a frog can turn into a prince, surely a girl can turn into a boy and a boy into a girl. With cognitive and emotional advances and navigation of the oedipal phase, a child grows to realize that it is impossible to be both a boy and girl or to trade between the two. According to Fast's theory, a requisite stage of mourning the loss of the gender that the child can never be prepares the child for the acceptance of his or her immutable singular gender and the relational and behavioral accoutrements that accompany the child's embraced and fixed gender.

The gender-nonconforming child either dismisses or resists that mourning stage and continues to explore the margins of gender with its mix-and-match possibilities. Of concern is that such children are suffering from a developmental arrest, fixated at a stage based on delusion and artifice, rather than material reality. I propose the alternative possibility that these children refuse to relinquish the gender inclusivity of their earliest years, and have come to realize that gender is not simply dictated by the body, but strongly influenced by the children's psychic constructions. We could say that these children are the ultimate anti-essentialists who challenge us to reconsider that gender can be all and any, rather than either/or. In this sense, they are able to maintain what so many of us have relinquished in our earliest childhoods as we strived to accommodate to a social world in which gender is defined by what is between our legs rather than what is between our ears. Instead of a so-called "arrest," we can recognize the children's persistent gender inclusivity as an accomplishment, one in which they are better able than those who have relinquished gender inclusivity to privilege psyche and social construction over deterministic biological materiality, much to their artistic and creative credit. In "Gender in Free Fall," Virginia Goldner (2011) poses the question: "Is gender invariance necessarily a developmental achievement, another milestone in Piagetian conservation—or is it simply a concession to normativity?" (p. 162). In different terms, Goldner is raising the same concerns I am—perhaps the youngest of the gender nonconformers in our culture are resilient and creative enough to cast a wide gender net, not encumbered by as many years of the social gender prescriptions and proscriptions as their elders are and with the benefit of a cultural loosening of those very dictates and prohibitions over recent years. Rather than gender in free fall, they live gender in free form and, in their gender inclusivity, invite us to loosen our own binary bonds and do the same. Goldner acknowledges the new transgender adult mentality: "My body is no longer my destiny. It is now my canvass" (p. 166). For

the new generation of transgender and gender-fluid children, their body never was their destiny—and never will be—as long as they remain in a state of gender inclusivity with the opportunity to paint their own canvas.

Now we return to the situation of small children who are insistent, persistent, and consistent in their declarations, through either word or action, that their gender does not match the sex assigned to them on their birth certificate; it is either opposite or other. Can we rely on this as an authentic and stable declaration of an authentic gender self? If it were to change over time, within the model of lifelong unfolding of one's gender identity, could there be any harm in facilitating a prepubertal child's social transition to a gender that a child affirms is a better fit, even if that fit is no longer as good later in childhood or adulthood and there might be another gender shift in store? I would like to note that these questions are both compelling and controversial enough to generate, for the first time, a sizeable number of international scientific panels addressing this very issue of early social gender transitions, for example, at the 2014 WPATH (World Organization of Transgender Health, n.d.) biannual symposium.

Apples and Oranges: “Persisters and Desisters”

A group of clinicians in Amsterdam were instrumental in pioneering new practices for treating children who were gender nonconforming (Cohen-Kettenis & Pfäfflin, 2003). They established clinical protocols to assess whether a child was gender dysphoric. They provided mental health services for these children. They introduced puberty blockers as a new medical intervention for children entering puberty to put a temporary halt to hormonal changes in order to either buy the child more time to explore gender, or to ward off a potentially unwanted—if not traumatic—puberty for a child who clearly identified as the gender not indicated on the birth certificate. Yet, they were very conservative about giving a green light for young children to transition to a gender they believed themselves to be, positing that it was best to wait and see. They held to this stance because the vast majority of children they assessed as gender dysphoric in early life did not remain so at adolescence, therefore they believed it best to wait and see where the chips fell and not do anything precipitous.

For many of us doing in-depth clinical work with gender-nonconforming children and youth, the “wait and see” approach has not made sense. It appeared that we were confronting an “apples and

oranges” phenomenon that seemed to be lost on those who advocated the “wait and see” approach. The children who were the “persisters” (i.e., the ones who remained gender dysphoric up into adolescence), did not seem to be the same group of children as the ones who were the “desisters” (i.e., children who grew out of their gender dysphoria; Ehrensaft, 2011, 2012; Malpas, 2011). My own clinical experience told me that you could discern one group of children from the other prior to adolescence, not with 100% accuracy, but not far from it. Children who desisted were predominantly the proto-gay children, exploring gender on the way to establishing their gay and lesbian adolescent selves, or children who were nonbinary in their gender expressions, but clear about their gender identities matching the sex assigned on their birth certificates. Children who were persistent, insistent, and consistent in their declaration of a cross-gender or multigender identity over time, showed cross-gender signs as early as the latter half of the first year of life, used the language “I am a girl (boy)” rather than “I wish I were a girl (boy),” and were more distraught about the incongruence between their bodies and their perceived gender identities were found to be our youngest transgender people. When given the opportunity to transition to their affirmed gender, clinicians were observing a compelling, *ex post facto* test—following a social transition from gender matching the sex identified on the birth certificate to gender matching what the children were trying to tell others they felt themselves to be—these children, previously symptomatic with signs of distress, stress, anxiety, and agitation, appeared happier, calmer, and more at ease with themselves, and emotional symptoms and stresses dissipated, even in the face of the challenges of being a transgender child in a society that was not quite ready for them. It should be noted that the social transitions were not done in short order, but only after extensive clinical observation, interaction, and consultation—with the child, with the family, and with school and community groups involved in the child’s life. It should also be noted that if a transition had been facilitated that was not really in keeping with a child’s gender affirmations—but rather with a parent’s needs for gender clarity or a child’s creative gender explorations being mistaken for a firm and stable declaration of a true gender self—the outcomes were not so dramatically positive, showing either no changes in emotional well-being or even a worsening of psychological functioning.

As many of us operating from the gender affirmative model began engaging in clinical protocols that included the facilitation of early social transitions, critics and skeptics responded with: “You cannot know at

such a young age,” and accused practitioners using the gender affirmative model of being guided by liberal psychiatric practices rather than by solid scientific evidence (Schwartz, 2012). Some called on the data from the Amsterdam clinic to demonstrate that it is best to wait and see. Defenders of the practice of social transitions, including myself, observed from our own clinical practices that the “wait and see” attitude was not yielding good results, instead resulting in children feeling frustrated, misunderstood, and continuing to demonstrate psychological symptoms and stress, which, needless to say, did not seem in the children’s best interests. Just as these controversies reached their height in 2013, members of the research team in Amsterdam released the following findings, based on a reevaluation of their earlier data on persisters and desisters in their clinic: The persisters had a complete childhood diagnosis of gender dysphoria at higher rates than desisters, showed more gender-nonconforming behavior and a greater degree of gender dysphoria throughout childhood; indicated that they believed they *were* the other gender, rather than wanted to be the other gender; and had greater discomfort with their sexed bodies and incongruence between their body and gender identity. In contrast, the desisters showed fluidity in their gender expressions and only said they wished they were the other sex rather than they *were*, and later, in adolescence, were more likely to express same-sex attractions (Steensma, McGuire, Kreuls, Beekman, & Cohen-Kettenis, 2013).

The findings of Steensma et al. (2013) were completely coincident with the clinical observations among the gender affirmative practitioners, who were facilitating early transitions by separating the apples (young transgender children) from the oranges (young proto-gay or gender-exploring children). Yet, curiously, the authors of the Amsterdam study still maintained a cautionary approach to early social transitions, worried about implementing new cognitive categories of sex (“Now I’m a boy”) inducing a psychological “fixedness” and potentially squelching a child’s unfolding developmental explorations of other gender possibilities; they were also concerned that making a transition from one gender to another at too early an age might create a delusional self-concept in which the child would repudiate or deny starting life with the natal sex body. Weighed against the enhanced well-being when allowed to live in an authentic gender, these risks seem minor (if they even exist). I propose that we need to scrutinize whether our own discomfort with children’s gender creativity clouds our perceptions. To guard against that, it will prove fruitful for all of us to don our scientific hats to find empirical

answers to these questions, engaging in longitudinal research to measure potential risk factors against the positive mental health outcomes for children who are given the space to make a social transition from one gender to another.

The Therapist: An Ear, a Mirror, and a Translator

Moving from the research lab to the consultation room, within the gender affirmative model, what is the role of the psychoanalytic therapist in the discovery of a child's authentic gender self and the determination that a social transition would be in the child's best interest? The basic principle of the model is simple: If you want to know what a child's gender is, listen: The child will tell you. It is not for us to say, but for the child to affirm. If taken at face value, this rubric generates waves of anxiety and reflexive criticism, leading to a misinterpretation of the practice modality as a thoughtless, speedy process in which the clinician pulls out a tablet, asks the child what their gender is, and then promptly rubberstamps what the child tells the clinician, because—after all—it is not for the clinician to say. Nothing could be further from the truth, and the simplicity of the basic principle can only be understood when converted into the complicated clinical processes that ensue and the role of the clinician in these processes.

Just as there is no infant without a parent (Winnicott, 1975), there is no gender journey without the child in a relationship with a holding environment—be it parents, therapist, or the social world surrounding the child. In the traditional psychoanalytic model in which gender variations are seen as neuroses or anomalies to be cured, the analyst, as an agent of change, is assigned the task of identifying distortions in masculinity and femininity and working to repair them by getting boys to be more masculine and females to be more feminine, typically with the intent of warding off a transgender or homosexual outcome. In the gender affirmative model, which acknowledges an infinite range of gender possibilities that transcend assigned sex at birth and its accompanying social proscriptions and prescriptions, no such agent of change is needed. Instead, the intent is to establish a therapeutic relationship that facilitates children living in their most authentic gender, be it male, female, or other, and be it matching or different from their assigned sex. The job of the clinician is not to ward off a homosexual, transgender, or gender-nonconforming outcome, but to facilitate the child's discovery of

the authentic gender self, making relational use of the child's and the clinician's gender creativity to do so.

As a child therapist in training, I was taught to wait until a child brings material to you; you do not force it on the child. This should fit in nicely with the gender-affirmative model of "listen and the child will tell you," except for one problem. In a social world, replete with angst about gender variations, the child who comes to us with gender conundrums may have read cues, either consciously or unconsciously, and internalized at a very young age that their gender transgressions in thought or action are things of which we do not speak, not even to the nice lady who knows about gender and is supposed to help with those things. Thus, one can wait until hell freezes over and a child will remain sealed off, either to the clinician or to oneself, if the gender material is buried under layers of the unconscious. So the first seeming contradiction in the listening approach is the sometimes necessary "breaking of the rules" by initiating the conversation about gender, rather than waiting for it to unfold. We can consider it an invitation and initial facilitation, offering a potentially "safe" space, one which the child can eagerly or tentatively accept, or alternatively throw in our face as trespassing on the child's private internal space, at which point, like in any other treatment, we back off, watch and wait.

At the same time that we offer a hand to the child, we work to build an alliance with the parents. In this model, there will be no child in therapy without active participation of the parents, who are typically the first to tip the clinician off with their own perceptions of their child's gender behaviors and feelings, along with whatever weight they carry about their own responsibility for or reactions to their child's gender presentations. As we meet with the parents, we may also experience an intense push from without or a pull from within to quickly arrive at a conclusion. The parents are often anxious, if not desperate, to get some answers so they can locate their child in a gender space. In Western culture, for both clinician and parent, gender has typically been embedded in our psyches as bedrock—we have to know: girl or boy, man or woman. The child may be in no such hurry or under no such binary gender orders, so the obligation of the therapist is to overcome the angst of not knowing and live in an intermediate space of gender ambiguity, of gender-not-knowing, and help parents do the same. This is exactly why, far from the misperceived instantaneous rubber stamping of gender authenticity based on a child's initial report, the child's discovery of the authentic gender

self and the clinician's acknowledgement of that self may move as slow as molasses, and only come months, if not years, after a therapeutic dyad has been firmly in place. So to listen is also to wait.

Over time, the function of the therapist, while waiting and listening, parallels the task of the parent in a child's early development: to mirror back to the child what the child is presenting to the parent. From the oft-quoted passage in *Playing and Reality*, Winnicott (1971) states that "[p]sychotherapy is not making apt and clever interpretations; by and large it is a long-term giving the patient back what the patient brings. It is a complex derivative of the face that reflects back what is there to be seen" (p. 117). This quote applies to the nth degree to the clinical work with a child who is coming to us to discover their true gender self—finding the gender that is there to be seen. A young patient of mine bemoaned to me: "Why did God get it wrong and make me a boy when I'm supposed to be a girl? Doesn't He know I'm a girl?" If I were to interpret to this child that the child was externalizing his frustration on others rather than accepting and mourning the loss of what he wished he was but was not, at a minimum he would feel let down, experiencing me as not hearing what he was telling me. At a deep level, he might experience himself as having entered a fun house where the mirrors are all distorted and reflect back to him some grotesque image of himself, rather than the person he was trying to tell me he was, not based on his birth certificate, but on what his psyche told him. Like the persisters in the Amsterdam study, this child was communicating not that he *wished* he was a girl, but that he *was* a girl, a state of being that even the deity got wrong by giving this child the wrong external genitalia in light of his own internal reflection of self as a girl, one who liked to wear dresses and have long, flowing hair, rather than the shaved buzz cut he was forced to have under his father's critical and watchful eye. To mirror back to this child what was there to be seen was to articulate, "You so much want me to see you as the girl you are, not the boy everyone thinks you are, because of the mistake God made with your body."

Finding the face that is there to be seen is another one of those deceptively simple formulas when it comes to gender, because of the required stretching, imagining, and pushing oneself out of one's comfort zone as the therapist has to rewire the therapist's own brain synapses to hold in mind that penis does not equal boy, and vagina does not equal girl, and that boy and girl clothes are really all just people clothes, and so forth. If this were not enough of a challenge, the therapist also has to strain

to translate what the child is showing or hiding through feeling, speech, and action about both the true gender self and the false gender self that may be cloaking the inner gender core. Children do not necessarily have cohesive narratives about their gender, any more than an adult does. They cannot communicate the *why* of gender, only the *what* and *how* of gender, so it is an absurd question to pose to a child: “Why do you want to be a girl?” With a blank face, a child might respond: “Because I am one.”

To make matters even more complicated, the reflection of the child’s “gender face” that we search to give back is often opaque or shrouded, particularly in the context of a social world not necessarily welcoming of a child who goes against the gender grain, creating either conscious suppression or unconscious repression. Concurrent with suppression or repression may be manifest anxiety or depression because of distorted or inaccurate gender mirroring by the child’s social environment, contributing to the gender face that is clouded over and hard to find.

Yet there are some children not so hard to read: They demonstrate clearly from a very young age that they are not the gender that is indicated on their birth certificate; they are either the opposite one or some other one altogether. Their declarations are made clear in a single verb—“am” rather than “wish to be.” They are persistent, insistent, and consistent from an early age in their communication through word, action, and affect about their affirmed gender identity. These are the children who are best found in transition, rather than asking them to wait so we can see. I would like to present some material from an extensive clinical evaluation of one of these children to highlight the collaborative process among child, parents, and clinician as a child’s transgender self is uncovered and discovered.

Sammy/Caroline

Sammy was five when he was first brought to see me by his foster-adopt mother and father. He resided with his younger biological brother and older foster brother. He and his younger brother had been removed from their home following his brother’s birth, after his brother tested positive for drugs. Following two failed foster placements, Sammy and his younger brother were taken in by the Davidsons. For a period of time,

Sammy continued to see his birth mother, but those visits were discontinued because of the birth mother's ongoing use of drugs. Visits with the birth father were sporadic.

Sammy seemed to bond well with the Davidsons, and soon after he arrived he began to express a desire to wear dresses and appear as a girl. The foster parents were open to allowing Sammy to do this, but the birth parents were both opposed. The birth father's attorney brought the gender issue to the attention of the court, and the court ordered an extensive evaluation with Sammy to assess his gender behaviors and needs.

Sammy's birth parents were not available to participate in the evaluation, but did provide the Davidsons and the social worker with developmental history. Mr. and Ms. Davidson actively participated in the assessment process, which included meetings with them, individual play sessions with Sammy, and observations of parent-child interactions. I learned from the Davidsons that soon after arriving at their home at age three, Sammy expressed an avid interest in mermaids. He was very rigid in his gender organization—boys do this, girls do that. With that said, Sammy was only drawn to the “girl” things. The Davidsons attempted a “free to be you and me” approach, communicating to Sammy that both boys and girls were free to do all kinds of things; it did not matter if you were a boy or girl. He looked at them skeptically, and felt frustrated that they were not getting it. It is understandable that when Sammy first arrived at their home, after being removed from his birth mother's home and enduring two failed foster care placements, he was observed to be extremely oppositional. He remained in this state until the Davidsons allowed Sammy increased opportunities to make his own gender choices in clothing and activities. As boxes of hand-me-down clothes came into the home from well-meaning friends and relatives, Sammy discovered that some of the boxes included girls' clothes, and he was elated, begging to wear the female clothing items, which eventually became Sammy's full-time wardrobe. From that time on, his oppositionality diminished considerably. As I gathered this information from the fost-adopt parents, I queried to myself whether Sammy's gravitation toward “girl” things was an attempt to stay connected to his birth mother by becoming her, rather than an early sign of an authentic transgender identity.

Yet a report from the birth mother revealed that Sammy's cross-gender interests did not suddenly emerge at the Davidsons' house subsequent to his removal from her care. As early as his second year of life, while living with his birth mother and father, Sammy would put on his mother's

t-shirts and convert them into a dress, or don one of his mother's actual dresses. A Child Protective Services worker who had been following Sammy and his brother for several years communicated to the Davidsons, "You've got a transgender issue going on here." The paternal grandfather (the birth father's father) made the same observation, reporting to the social worker who was assigned to the Davidsons that he had always known, from early on, that Sammy was a girl in a boy's body.

By the Davidsons' report, now, when Sammy walked down the street, people just assumed Sammy was a girl. This was the Sammy that I first met, and if I had not known Sammy's history as reported to me, I would have never known that the child I came to get in the waiting room was a natal male. Sammy easily came with me into my office, dressed in leggings and a floral skirt, and I was aware of my own countertransference reactions, with the Johnny Cash song, "A Boy Named Sue" running through my head. Also, although the purpose of the evaluation was to assess Sammy's gender, it seemed that that train had already left the station, with Sammy making clear his gender desires and the family accommodating to them. This made me a little nervous, and I did not think we had all the pieces in place to confirm a social gender transition. Was there a precipitous action being taken by the foster parents for their own purposes or from their own anxieties? I could not attribute their actions to any "politically correct" agendas, as this was a religious family from a conservative community. I tabled these questions so I could get to know the child before me.

Although Sammy had some speech delays, he spoke with confidence and clarity about his gender. He told me that he used to be a brother, but now he's a big sister to his little brother. When I asked him who lived in his present family, he informed me that "There are three boys and two girls, my daddy, my little brother, and my big brother, and then my mommy and me." He explained, "I really am a girl, but my Mommy Rosie [his birth mother] doesn't want me to be a girl." Then he added: "But when I was little, Mommy Rosie use to paint my finger and toe nails, but then my Daddy found out, and he got real mad, and my Mommy had to stop." His mood deflated and he looked decidedly sad and dejected as he said that, and I could not detect whether he was remembering the mother he missed, the father who did not accept him and dominated his mother, or the loss of the earlier freedom and recognition as a result of his father's gender policing. It was too early to delve deeper into Sammy's deeper feelings and fantasies, but I was aware of a tidbit from an earlier

parent meeting that held my inner attention: Sammy consistently tucked his penis in to look more like a girl. As if reading my thoughts, Sammy looked up at me and murmured, with a tone of defeat overlaying a bed of defiance, “I’m not supposed to be a girl.”

Sammy continued to attend all his sessions dressed in informal girls’ clothes—dresses over leggings. As part of my gender assessments, I ask children to do a Draw-a-Person followed by a request to draw a self-portrait. When asked to draw a person, Sammy drew two mermaids. When asked to draw a self-portrait, Sammy drew himself as a girl standing next to his fost-adopt mom, both with smiles, but mom with short, cropped hair (accurate) and Sammy with exaggerated long blond locks (inaccurate). He drew himself in a pink dress, which he reported was his favorite color. He drew his mother wearing purple pants, one of his other favorite colors, and said as he drew that he was drawing her in pants because she likes to wear pants. Was he saying that he knew that girls could wear pants and boys could wear dresses, or was he reversing positions, and saying, “I’m the girl and my mommy’s the boy”?

At the beginning of our work together, Sammy seemed confused about his gender history and present status. On the one hand, he reported that he was born a boy, and is still a boy; on the other hand, he counted himself as one of the girls in his new family. In his play, Sammy alternated between being a mermaid and princess and being a strong protector with a sword, although with far greater spontaneous interest in the princesses and mermaids. When asked what his three wishes were, he became subdued and said, “I don’t know,” then reported, after again articulating that he was born a boy, “I want to be a girl.” I took note that he was not meeting the “transgender” qualification of stating “I am a girl” versus “I wish I was a girl,” but in the context of his birth father’s strong proscriptions regarding cross-gender expressions, I silently interpreted his statement as meaning, “My birth father will never accept me if I’m a girl—I want to but he won’t let me.” In each of our sessions, if given a choice between being a male or female toy character in the play, he consistently chose the female figure. When I put out three figures, one a boy, one a girl, and one gender fluid, and asked Sammy to pick the one that was him, he immediately chose the girl. However, in one of our sessions, after talking to me at length about wanting to be a girl, he abruptly switched over to playing foosball, a game often associated as more of a boy’s activity in our culture. Remembering his sword play from a previous session, I reflected with him that maybe he wanted to have both boy and girl

inside him; he looked at me indignantly and reprimanded me, “Haven’t you ever seen a girl play foosball?” Touché—my gender blooper.

In one session, Sammy showed up in tears and for the first time I experienced his anger and frustration head on. At his school they had a boys’ line and a girls’ line, and if that wasn’t bad enough, they just passed out Easter baskets and instead of getting the pretty pink Easter basket that all the girls got, he got the stupid orange and blue one because they thought he was a boy. At the end of that session, he collapsed on the floor and cried that he missed his Mommy Rosie and “whenever I think about her I get crazy and wild.” And could it also be that he gets “girl?”

At this point in our work together, I certainly saw signs that Sammy was a transgender child: There was history going back to the second year of life of cross-gender expressions; in all of the play and projective measures, Sammy situated himself as female. He was not happy with his male genitalia and pretended to have a vagina. He presented as a girl. Although he never said to me, “I am a girl,” he never used the word “wish” either; but rather “want to” in the face of known opposition from his birth father and lack of mirroring or recognition by his classroom teachers. At the same time, Sammy was a child in the foster-care system abruptly removed from his mother’s care and finally placed in a foster-adopt situation in which he may very well be adopted, with his birth mother losing her parental rights.

Although the Davidsons appear to be a positive and supportive family for Sammy, he is left in a gender bind. In his mind, to stay in his new home is to be given the freedom to explore his authentic gender self; to reunite with his birth mother, whom he misses very much and gets crazy and wild when he thinks about her, and with his birth father, whom he experienced as the gender police, he has to stay the boy he is supposed to be. In observation, Sammy demonstrates rich fluidity in his gender expressions, particularly his play—he can be the princess, he can be the protector. However, regarding his core gender identity, in each of the projective psychological measures, he indicated female as his best representation of self.

At this point in my clinical work with Sammy, the court was asking for my recommendations, set by the timelines of the dependency court schedule, rather than the flow of my clinical work. Rather than “wait and see,” I just had not seen enough to know yet, so was only able to recommend to the court that Sammy be allowed to continue to come to see me and to continue to explore gender so that he could move

beyond the gender bind he was in, associated in his mind with returning home to his birth mother versus staying with his new family. The Davidsons were doing an excellent job of offering familial support to a gender-nonconforming child; without that support Sammy would be at risk for several psychological problems, including anxiety, oppositionality, anger outbursts, hyperactivity and inattentiveness, or childhood depression (Roberts, Rosario, Corliss, Koenen, & Austin, 2012). Indeed, Sammy's original oppositionality subsided after the Davidsons allowed the space for Sammy to express his gender in new ways. On the other hand, perhaps they were jumping the gun by moving too quickly toward a full social transition. I wrote in my report:

As the court comes to a decision about Sammy's dependency status, hopefully the dust will settle around that issue and Sammy will get out of the gender bind and be able to articulate more freely his true gender status, rather than tying it to attachment losses. There is a strong possibility that Sammy's articulated gender will be a transgender one. If that should evolve, I would recommend a full social transition from male to female for Sammy. In the meantime, as Sammy continues to work this out, allowing Sammy to present as a girl in the world while not making a full declaration of gender identity is in Sammy's best interests, as long as Sammy has the social supports from everyone in Sammy's environment to do so.

Sammy and his family continued to come see me for an extended period of time. During that time, the court ordered that the Davidsons' adoption of Sammy go forward and that the parental rights of both birth parents be terminated, as both had repeatedly failed to fulfill their obligations required for reunification and Mommy Rosie continued to use drugs. Indeed, as the placement became stabilized, so did Sammy's insistent, persistent, and consistent articulation that the girl he wanted to be was actually the girl he was. Sammy was about to make the transition to kindergarten, and announced to Mr. and Ms. Davidson that he wanted to change his name to Caroline and be called "she" instead of "he." After extensive consultation and observation of Sammy in the playroom, the parents decided to allow Sammy to be Caroline over the summer and go to camp as "she" rather than "he." Ex post facto data were consistent with those reported above for other children: Sammy, now Caroline, began to blossom, and was never so happy, outgoing, and relaxed. The staff at Sammy/now Caroline's camp reported to the Davidsons that their

child was wonderful, social, and well-behaved, a far cry from the angry, tantrum-throwing child they had first taken in.

On the other hand, the social transition may have been precipitous, because the formal adoption had not yet been finalized, and not unpredictably an eruption ensued among some of the staff at the social services agency managing the foster-adopt transition. In a communication to me as evaluator, one of the social workers articulated:

There is a lot of discussion at my office about Sammy being five years old and concerns that Ms. Davidson is doing a lot of the transition for him and may be pushing the process or “shaping him.” My director is really concerned and believes it may be more Ms. Davidson than Sammy. What do you feel about this? Should this be occurring? Is there concern it may be more Ms. Davidson? Can a five-year-old decide everyone has to refer to him as she? I don’t think so, but I have no experience with working with transgender youth. He is five years old, I am not sure he wants people to say “she” when referring to him or call him Caroline. But, I could be wrong and he is the one guiding this process.

After reviewing my own clinical notes and mulling over the social worker’s comments, which deserved careful consideration, I responded with the following:

In no way did I have any sense of Ms. Davidson leading Sammy by her own agenda, and indeed there were many indications that Sammy, if not constrained by the equation that his continued tie to his birth parents is dependent on his remaining a boy, would be clearer in his articulation of core gender identity, which may very well be female. At five there are many children who articulate their affirmed gender as opposite or other than what is on their birth certificate, and my observation was that the foster parents were following the lead of Sammy as Sammy presents at their house. It seems that the real complication is not whether the foster parents are acting in Sammy’s best interests, but whether they have the legal authority to allow a transition at this time. The vast majority of children whom I have observed who have done an early gender transition after careful observation and with parental support have shown an increase in well-being and a decrease in psychological and behavioral symptoms when allowed to transition. If, on the other hand, a child expresses a desire or need to transition back to the assigned gender, parents should be encouraged to allow that to happen. To date we have no data that

would indicate that this would be harmful to the child. I was struck by the comment made by the paternal grandfather that he recognized from early on that Sammy was a girl in a boy's body. This would have been before Sammy was introduced to his foster parents and suggests that Sammy was already exhibiting some cross-gender identifications and just came to the foster parents with those feelings already in place, rather than having those feelings shaped by the foster parents. I think it would be equally important to ask what harm might be done in preventing Sammy from expressing gender in the manner that feels most authentic and real. Data do demonstrate that those children show poorer mental health outcomes (cf. Caitlin Ryan, Family Acceptance Project). My best hope for Sammy is that Sammy be given the space to claim the gender that feels most right to Sammy, rather than to either his birth parents or his foster parents.

Some months later, after I had terminated my work with the Davidson family, I received a note from Ms. Davidson sharing a moment in which Sammy, now Caroline, had the opportunity to meet an adult transgender woman. The woman told her story that when she was growing up, everyone thought she was a boy. But she knew she was a girl, so she finally changed her name and lived as a girl. Caroline lit up and exclaimed, "Me, too. My name used to be Sammy but now I'm Caroline. I'm a girl with a penis."

Conclusion

Over four decades ago, when I first embarked on my doctoral dissertation on gender role socialization in preschool-age children, I never dreamed that many years later I would be engaging with boys becoming girls and girls becoming boys, rather than boys playing with dolls and girls playing with trucks. In less than a generation, there has been a sea change in gender possibilities for both children and adults, and with it a need to crack open all that we were taught about gender so we can learn from the children that frogs may not really become princes, but boys really can become girls, and girls really can become boys, and some can become neither/nor or both/and, with none the worse for wear. So, in answer to the question, "Can we recognize when a young child is transgender?" I hope to have demonstrated, "Yes, we can." Rather than being lost in translation by a world that does not understand who they are, my best wish is that we as a mental health community contribute to the well-being of our youngest transgender children by facilitating them being found in

transition, so like the prince, they can be released to shine with their own beautiful eyes.

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