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A Boy's Life

Since he could speak, Brandon, now 8, has insisted that he was meant to be a girl. This summer, his parents decided to let him grow up as one. His case, and a rising number of others like it, illuminates a heated scientific debate about the nature of gender—and raises troubling questions about whether the limits of child indulgence have stretched too far.

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TEXT SIZE



THE LOCAL NEWSPAPER recorded that Brandon Simms was the first millennium baby born in his tiny southern town, at 12:50 a.m. He weighed eight pounds, two ounces and, as his mother, Tina, later wrote to him in his baby book, “had a darlin’ little face that told me right away you were innocent.” Tina saved the white knit hat with the powder-blue ribbon that hospitals routinely give to new baby boys. But after that, the milestones took an unusual turn. As a toddler, Brandon would scour the house for something to drape over his head—a towel, a doily, a moons-and-stars bandanna he’d snatch from his mother’s drawer. “I figure he wanted something that felt like hair,” his mother later guessed. He spoke his first full sentence at a local Italian restaurant: “I like your high heels,” he told a woman in a fancy red dress. At home, he would rip off his clothes as soon as Tina put them on him, and instead try on something from her closet—a purple undershirt, lingerie, shoes. “He ruined all my heels in the sandbox,” she recalls.



*Brandon Simms at age 5 in a Disney princess costume
(Courtesy of the family)*

At the toy store, Brandon would head straight for the aisles with the Barbies or the pink and purple dollhouses. Tina wouldn't buy them, instead steering him to neutral toys: puzzles or building blocks or cool neon markers. One weekend, when Brandon was 2½, she took him to visit her 10-year-old cousin. When Brandon took to one of the many dolls in her huge collection—a blonde Barbie in a pink sparkly dress—Tina let him bring it home. He carried it everywhere, “even slept with it, like a teddy bear.”

For his third Christmas, Tina bought Brandon a first-rate Army set—complete with a Kevlar hat, walkie-talkies, and a hand grenade. Both Tina and Brandon's father had served in the Army, and she thought their son might identify with the toys. A photo from that day shows him wearing a towel around his head, a bandanna around his waist, and a glum expression. The Army set sits unopened at his feet. Tina recalls his joy, by contrast, on a day later that year. One afternoon, while Tina was on the phone, Brandon climbed out of the bathtub. When she found him, he was dancing in front of the mirror with his penis tucked between his legs. “Look, Mom, I'm a girl,” he told her. “Happy as can be,” she recalls.

“Brandon, God made you a boy for a special reason,” she told him before they said prayers one night when he was 5, the first part of a speech she'd prepared. But he cut her off: “God made a mistake,” he said.

Tina had no easy explanation for where Brandon's behavior came from. Gender roles are not very fluid in their no-stoplight town, where Confederate flags line the main street. Boys ride dirt bikes through the woods starting at age 5; local county fairs feature muscle cars for boys and beauty pageants for girls of all ages. In the Army, Tina operated heavy machinery, but she is no tomboy. When she was younger, she wore long flowing dresses to match her long, wavy blond hair; now she wears it in a cute, Renée Zellweger-style bob. Her husband, Bill (Brandon's stepfather), lays wood floors and builds houses for a living. At a recent meeting with Brandon's school principal about how to handle the boy, Bill aptly summed up the town philosophy: “The way I was brought up, a boy's a boy and a girl's a girl.”

School had always complicated Brandon's life. When teachers divided the class into boys' and girls' teams, Brandon would stand with the girls. In all of his kindergarten and first-grade self-portraits—“I have a pet,” “I love my cat,” “I love to play outside”—the “I” was a girl, often with big red lips, high heels, and a princess dress. Just as often, he drew himself as a mermaid with a sparkly purple tail, or a tail cut out from black velvet. Late in second grade, his older stepbrother, Travis, told his fourth-grade friends about Brandon's “secret”—that he dressed up at home and wanted to be a girl. After school, the boys cornered and bullied him. Brandon went home crying and begged Tina to let him skip the last week.

Since he was 4, Tina had been taking Brandon to a succession of therapists. The first told her he was just going through a phase; but the phase never passed. Another suggested that Brandon's

chaotic early childhood might have contributed to his behavior. Tina had never married Brandon's father, whom she'd met when they were both stationed in Germany. Twice, she had briefly stayed with him, when Brandon was 5 months old and then when he was 3. Both times, she'd suspected his father of being too rough with the boy and had broken off the relationship. The therapist suggested that perhaps Brandon overidentified with his mother as the protector in the family, and for a while, this theory seemed plausible to Tina. In play therapy, the therapist tried to get Brandon to discuss his feelings about his father. She advised Tina to try a reward system at home. Brandon could earn up to \$21 a week for doing three things: looking in the mirror and saying "I'm a boy"; not dressing up; and not wearing anything on his head. It worked for a couple of weeks, but then Brandon lost interest.

Tina recounted much of this history to me in June at her kitchen table, where Brandon, now 8, had just laid out some lemon pound cake he'd baked from a mix. She, Bill, Brandon, his half sister, Madison, and Travis live in a comfortable double-wide trailer that Bill set up himself on their half acre of woods. I'd met Tina a month earlier, and she'd agreed to let me follow Brandon's development over what turned out to be a critical few months of his life, on the condition that I change their names and disguise where they live. While we were at the table talking, Brandon was conducting a kind of nervous fashion show; over the course of several hours, he came in and out of his room wearing eight or nine different outfits, constructed from his costume collection, his mom's shoes and scarves, and his little sister's bodysuits and tights. Brandon is a gymnast and likes to show off splits and back bends. On the whole, he is quiet and a little somber, but every once in a while—after a great split, say—he shares a shy, crooked smile.

About a year and a half ago, Tina's mom showed her a Barbara Walters 20/20 special she'd taped. The show featured a 6-year-old boy named "Jazz" who, since he was a toddler, had liked to dress as a girl. Everything about Jazz was familiar to Tina: the obsession with girls' clothes, the Barbies, wishing his penis away, even the fixation on mermaids. At the age of 3, Jazz had been diagnosed with "gender-identity disorder" and was considered "transgender," Walters explained. The show mentioned a "hormone imbalance," but his parents had concluded that there was basically nothing wrong with him. He "didn't ask to be born this way," his mother explained. By kindergarten, his parents were letting him go to school with shoulder-length hair and a pink skirt on.

Tina had never heard the word *transgender*; she'd figured no other little boy on Earth was like Brandon. The show prompted her to buy a computer and Google "transgender children." Eventually, she made her way to a subculture of parents who live all across the country; they write in to listservs with grammar ranging from sixth-grade-level to professorial, but all have family stories much like hers. In May, she and Bill finally met some of them at the Trans-Health Conference in Philadelphia, the larger of two annual gatherings in the U.S. that many parents

attend. Four years ago, only a handful of kids had come to the conference. This year, about 50 showed up, along with their siblings—enough to require a staff dedicated to full-time children's entertainment, including Jack the Balloon Man, Sue's Sand Art, a pool-and-pizza party, and a treasure hunt.

Diagnoses of gender-identity disorder among adults have tripled in Western countries since the 1960s; for men, the estimates now range from one in 7,400 to one in 42,000 (for women, the frequency of diagnosis is lower). Since 1952, when Army veteran George Jorgensen's sex-change operation hit the front page of the New York *Daily News*, national resistance has softened a bit, too. Former NASCAR driver J.T. Hayes recently talked to Newsweek about having had a sex-change operation. Women's colleges have had to adjust to the presence of "trans-men," and the president-elect of the Gay and Lesbian Medical Association is a trans-woman and a successful cardiologist. But nothing can do more to normalize the face of transgender America than the sight of a 7-year-old (boy or girl?) with pink cheeks and a red balloon puppy in hand saying to Brandon, as one did at the conference:

"Are you transgender?"

"What's that?" Brandon asked.

"A boy who wants to be a girl."

"Yeah. Can I see your balloon?"

Around the world, clinics that specialize in gender-identity disorder in children report an explosion in referrals over the past few years. Dr. Kenneth Zucker, who runs the most comprehensive gender-identity clinic for youth in Toronto, has seen his waiting list quadruple in the past four years, to about 80 kids—an increase he attributes to media coverage and the proliferation of new sites on the Internet. Dr. Peggy Cohen-Kettenis, who runs the main clinic in the Netherlands, has seen the average age of her patients plummet since 2002. "We used to get calls mostly from parents who were concerned about their children being gay," says Catherine Tuerk, who since 1998 has run a support network for parents of children with gender-variant behavior, out of Children's National Medical Center in Washington, D.C. "Now about 90 percent of our calls are from parents with some concern that their child may be transgender."

In breakout sessions at the conference, transgender men and women in their 50s and 60s described lives of heartache and rejection: years of hiding makeup under the mattress, estranged parents, suicide attempts. Those in their 20s and 30s conveyed a dedicated militancy: they wore nose rings and Mohawks, ate strictly vegan, and conducted heated debates about the definitions of *queer* and *he-she* and *drag queen*. But the kids treated the conference like

a family trip to Disneyland. They ran around with parents chasing after them, fussing over twisted bathing-suit straps or wiping crumbs from their lips. They looked effortlessly androgynous, and years away from sex, politics, or any form of rebellion. For Tina, the sight of them suggested a future she'd never considered for Brandon: a normal life as a girl. "She could end up being a *mommy* if she wants, just like me," one adoring mother leaned over and whispered about her 5-year-old (natal) son.

It took the gay-rights movement 30 years to shift from the Stonewall riots to gay marriage; now its transgender wing, long considered the most subversive, is striving for suburban normalcy too. The change is fuel-ed mostly by a community of parents who, like many parents of this generation, are open to letting even preschool children define their own needs. Faced with skeptical neighbors and school officials, parents at the conference discussed how to use the kind of quasi-therapeutic language that, these days, inspires deference: tell the school the child has a "medical condition" or a "hormonal imbalance" that can be treated later, suggested a conference speaker, Kim Pearson; using terms like *gender-identity disorder* or *birth defect* would be going too far, she advised. The point was to take the situation out of the realm of deep pathology or mental illness, while at the same time separating it from voluntary behavior, and to put it into the idiom of garden-variety "challenge." As one father told me, "Between all the kids with language problems and learning disabilities and peanut allergies, the school doesn't know who to worry about first."

A recent medical innovation holds out the promise that this might be the first generation of transsexuals who can live inconspicuously. About three years ago, physicians in the U.S. started treating transgender children with puberty blockers, drugs originally intended to halt precocious puberty. The blockers put teens in a state of suspended development. They prevent boys from growing facial and body hair and an Adam's apple, or developing a deep voice or any of the other physical characteristics that a male-to-female transsexual would later spend tens of thousands of dollars to reverse. They allow girls to grow taller, and prevent them from getting breasts or a period.

At the conference, blockers were the hot topic. One mother who'd found out about them too late cried, "The guilt I feel is overwhelming." The preteens sized each other up for signs of the magic drug, the way other teens might look for hip, expensive jeans: a 16-year-old (natal) girl, shirtless, with no sign of breasts; a 17-year-old (natal) boy with a face as smooth as Brandon's. "Is there anybody out there," asked Dr. Nick Gorton, a physician and trans-man from California, addressing a room full of older transsexuals, "who would not have taken the shot if it had been offered?" No one raised a hand.

After a day of sessions, Tina's mind was moving fast. "These kids look happier," she told me. "This is nothing we can fix. In his brain, in his *mind*, Brandon's a girl." With Bill, she started to

test out the new language. “What’s it they say? It’s nothing wrong. It’s just a medical condition, like diabetes or something. Just a variation on human behavior.” She made an unlikely friend, a lesbian mom from Seattle named Jill who took Tina under her wing. Jill had a 5-year-old girl living as a boy and a future already mapped out. “He’ll just basically be living life,” Jill explained about her (natal) daughter. “I already legally changed his name and called all the parents at the school. Then, when he’s in eighth grade, we’ll take him to the [endocrinologist] and get the blockers, and no one will ever know. He’ll just sail right through.”

“I live in a small town,” Tina pleaded with Jill. “This is all just really *new*. I never even heard the word *transgender* until recently, and the shrinks just kept telling me this is fixable.”

In my few months of meeting transgender children, I talked to parents from many different backgrounds, who had made very different decisions about how to handle their children. Many accepted the “new normalcy” line, and some did not. But they all had one thing in common: in such a loaded situation, with their children’s future at stake, doubt about their choices did not serve them well. In Brandon’s case, for example, doubt would force Tina to consider that if she began letting him dress as a girl, she would be defying the conventions of her small town, and the majority of psychiatric experts, who advise strongly against the practice. It would force her to consider that she would have to begin making serious medical decisions for Brandon in only a couple of years, and that even with the blockers, he would face a lifetime of hormone injections and possibly major surgery. At the conference, Tina struggled with these doubts. But her new friends had already moved past them.

“Yeah, it is fixable,” piped up another mom, who’d been on the *20/20* special. “We call it the disorder we cured with a skirt.”

In 1967, Dr. John Money launched an experiment that he thought might confirm some of the more radical ideas emerging in feminist thought. Throughout the ’60s, writers such as Betty Friedan were challenging the notion that women should be limited to their prescribed roles as wives, housekeepers, and mothers. But other feminists pushed further, arguing that the whole notion of gender was a social construction, and easy to manipulate. In a 1955 paper, Money had written: “Sexual behavior and orientation as male or female does not have an innate, instinctive basis.” We learn whether we are male or female “in the course of the various experiences of growing up.” By the ’60s, he was well-known for having established the first American clinic to perform voluntary sex-change operations, at the Johns Hopkins Hospital, in Baltimore. One day, he got a letter from the parents of infant twin boys, one of whom had suffered a botched circumcision that had burned off most of his penis.

Money saw the case as a perfect test for his theory. He encouraged the parents to have the boy, David Reimer, fully castrated and then to raise him as a girl. When the child reached puberty, Money told them, doctors could construct a vagina and give him feminizing hormones. Above

all, he told them, they must not waver in their decision and must not tell the boy about the accident.

In paper after paper, Money reported on Reimer's fabulous progress, writing that "she" showed an avid interest in dolls and dollhouses, that she preferred dresses, hair ribbons, and frilly blouses. Money's description of the child in his book *Sexual Signatures* prompted one reviewer to describe her as "sailing contentedly through childhood as a genuine girl." *Time* magazine concluded that the Reimer case cast doubt on the belief that sex differences are "immutably set by the genes at conception."

The reality was quite different, as *Rolling Stone* reporter John Colapinto brilliantly documented in the 2000 best seller *As Nature Made Him*. Reimer had never adjusted to being a girl at all. He wanted only to build forts and play with his brother's dump trucks, and insisted that he should pee standing up. He was a social disaster at school, beating up other kids and misbehaving in class. At 14, Reimer became so alienated and depressed that his parents finally told him the truth about his birth, at which point he felt mostly relief, he reported. He eventually underwent phalloplasty, and he married a woman. Then four years ago, at age 38, Reimer shot himself dead in a grocery-store parking lot.

Today, the notion that gender is purely a social construction seems nearly as outmoded as bra-burning or free love. Feminist theory is pivoting with the rest of the culture, and is locating the key to identity in genetics and the workings of the brain. In the new conventional wisdom, we are all pre-wired for many things previously thought to be in the realm of upbringing, choice, or subjective experience: happiness, religious awakening, cheating, a love of chocolate. Behaviors are fundamental unless we are chemically altered. Louann Brizendine, in her 2006 best-selling book, *The Female Brain*, claims that everything from empathy to chattiness to poor spatial reasoning is "hardwired into the brains of women." Dr. Milton Diamond, an expert on human sexuality at the University of Hawaii and long the intellectual nemesis of Money, encapsulated this view in an interview on the BBC in 1980, when it was becoming clear that Money's experiment was failing: "Maybe we really have to think ... that we don't come to this world neutral; that we come to this world with some degree of maleness and femaleness which will transcend whatever the society wants to put into [us]."

Diamond now spends his time collecting case studies of transsexuals who have a twin, to see how often both twins have transitioned to the opposite sex. To him, these cases are a "confirmation" that "the biggest sex organ is not between the legs but between the ears." For many gender biologists like Diamond, transgender children now serve the same allegorical purpose that David Reimer once did, but they support the opposite conclusion: they are seen as living proof that "gender identity is influenced by some innate or immutable factors," writes Melissa Hines, the author of *Brain Gender*.

This is the strange place in which transsexuals have found themselves. For years, they've been at the extreme edges of transgressive sexual politics. But now children like Brandon are being used to paint a more conventional picture: before they have much time to be shaped by experience, before they know their sexual orientation, even in defiance of their bodies, children can know their gender, from the firings of neurons deep within their brains. What better rebuke to the *Our Bodies, Ourselves* era of feminism than the notion that even the body is dispensable, that the hard nugget of difference lies even deeper?

In most major institutes for gender-identity disorder in children worldwide, a psychologist is the central figure. In the United States, the person intending to found “the first major academic research center,” as he calls it, is Dr. Norman Spack, an endocrinologist who teaches at Harvard Medical School and is committed to a hormonal fix. Spack works out of a cramped office at Children's Hospital in Boston, where the walls are covered with diplomas and notes of gratitude scrawled in crayons or bright markers (“Thanks, Dr. Spack!!!”). Spack is bald, with a trim beard, and often wears his Harvard tie under his lab coat. He is not confrontational by nature, but he can hold his own with his critics: “To those who say I am interrupting God's work, I point to Leviticus, which says, Thou shalt not stand idly by the blood of your neighbor”—an injunction, as he sees it, to prevent needless suffering.

Spack has treated young-adult transsexuals since the 1980s, and until recently he could never get past one problem: “They are never going to fail to draw attention to themselves.” Over the years, he'd seen patients rejected by families, friends, and employers after a sex-change operation. Four years ago, he heard about the innovative use of hormone blockers on transgender youths in the Netherlands; to him, the drugs seemed like the missing piece of the puzzle.

The problem with blockers is that parents have to begin making medical decisions for their children when the children are quite young. From the earliest signs of puberty, doctors have about 18 months to start the blockers for ideal results. For girls, that's usually between ages 10 and 12; for boys, between 12 and 14. If the patients follow through with cross-sex hormones and sex-change surgery, they will be permanently sterile, something Spack always discusses with them. “When you're talking to a 12-year-old, that's a heavy-duty conversation,” he said in a recent interview. “Does a kid that age really think about fertility? But if you don't start treatment, they will always have trouble fitting in.”

When Beth was 11, she told her mother, Susanna, that she'd “rather be dead” than go to school anymore as a girl. (The names of all the children and parents used as case studies in this story are pseudonyms.) For a long time, she had refused to shower except in a bathing suit, and had skipped out of health class every Thursday, when the standard puberty videos were shown. In

March 2006, when Beth, now Matt, was 12, they went to see Spack. He told Matt that if he went down this road, he would never biologically have children.

“I’ll adopt!” Matt said.

“What is most important to him is that he’s comfortable in who he is,” says Susanna. They left with a prescription—a “godsend,” she calls it.

Now, at 15 and on testosterone, Matt is tall, with a broad chest and hairy legs. Susanna figures he’s the first trans-man in America to go shirtless without having had any chest surgery. His mother describes him as “happy” and “totally at home in his masculine body.” Matt has a girlfriend; he met her at the amusement park where Susanna works. Susanna is pretty sure he’s said something to the girl about his situation, but knows he hasn’t talked to her parents.

Susanna imagines few limitations in Matt’s future. Only a minority of trans-men get what they call “bottom” surgery, because phalloplasty is still more cosmetic than functional, and the procedure is risky. But otherwise? Married? “Oh, yeah. And his career prospects will be good because he gets very good grades. We envision a kind of family life, maybe in the suburbs, with a good job.” They have “no fears” about the future, and “zero doubts” about the path they’ve chosen.

Blockers are entirely reversible; should a child change his or her mind about becoming the other gender, a doctor can stop the drugs and normal puberty will begin. The Dutch clinic has given them to about 70 children since it started the treatment, in 2000; clinics in the United States and Canada have given them to dozens more. According to Dr. Peggy Cohen-Kettenis, the psychologist who heads the Dutch clinic, no case of a child stopping the blockers and changing course has yet been reported.

This suggests one of two things: either the screening is excellent, or once a child begins, he or she is set firmly on the path to medical intervention. “Adolescents may consider this step a guarantee of sex reassignment,” wrote Cohen-Kettenis, “and it could make them therefore less rather than more inclined to engage in introspection.” In the Netherlands, clinicians try to guard against this with an extensive diagnostic protocol, including testing and many sessions “to confirm that the desire for treatment is very persistent,” before starting the blockers.

Spack’s clinic isn’t so comprehensive. A part-time psychologist, Dr. Laura Edwards-Leeper, conducts four-hour family screenings by appointment. (When I visited during the summer, she was doing only one or two a month.) But often she has to field emergency cases directly with Spack, which sometimes means skipping the screening altogether. “We get these calls from parents who are just frantic,” she says. “They need to get in immediately, because their child is about to hit puberty and is having serious mental-health issues, and we really want to

accommodate that. It's like they've been waiting their whole lives for this and they are just desperate, and when they finally get in to see us ... it's like a rebirth."

Spack's own conception of the psychology involved is uncomplicated: "If a girl starts to experience breast budding and feels like cutting herself, then she's probably transgendered. If she feels immediate relief on the [puberty-blocking] drugs, that confirms the diagnosis," he told *The Boston Globe*. He thinks of the blockers not as an addendum to years of therapy but as "preventative" because they forestall the trauma that comes from social rejection. Clinically, men who become women are usually described as "male-to-female," but Spack, using the parlance of activist parents, refers to them as "affirmed females"—"because how can you be a male-to-female if really you were always a female in your brain?"

For the transgender community, *born in the wrong body* is the catchphrase that best captures this moment. It implies that the anatomy deceives where the brain tells the truth; that gender destiny is set before a baby takes its first breath. But the empirical evidence does not fit this argument so neatly. Milton Diamond says his study of identical transgender twins shows the same genetic predisposition that has been found for homosexuality: if one twin has switched to the opposite sex, there is a 50 percent chance that the other will as well. But his survey has not yet been published, and no one else has found nearly that degree of correlation. Eric Vilain, a geneticist at UCLA who specializes in sexual development and sex differences in the brain, says the studies on twins are mixed and that, on the whole, "there is no evidence of a biological influence on transsexualism yet."



"Me and My Pets,"
a self-portrait drawn by Brandon
in kindergarten
(Courtesy of the family)

In 1995, a study published in *Nature* looked at the brains of six adult male-to-female transsexuals and showed that certain regions of their brains were closer in size to those of women than of men. This study seemed to echo a famous 1991 study about gay men, published in *Science* by the neuroscientist Simon LeVay. LeVay had studied a portion of the hypothalamus that governs sexual behavior, and he discovered that in gay men, its size was much closer to women's than to straight men's; his findings helped legitimize the notion that homosexuality is hardwired. But in the transsexual study, the sample size was small, and the subjects had already received significant feminizing hormone treatments, which can affect brain structure.

Transsexualism is far less common than homosexuality, and the research is in its infancy. Scattered studies have looked at brain activity, finger size, familial recurrence, and birth order. One hypothesis involves hormonal imbalances during pregnancy. In 1988, researchers injected hormones into pregnant rhesus monkeys; the hormones seemed to masculinize the brains but not the bodies of their female babies. “Are we expecting to find some biological component [to gender identity]?” asks Vilain. “Certainly I am. But my hunch is, it’s going to be mild. My hunch is that sexual orientation is probably much more hardwired than gender identity. I’m not saying [gender identity is] entirely determined by the social environment. I’m just saying that it’s much more malleable.”

Vilain has spent his career working with intersex patients, who are born with the anatomy of both sexes. He says his hardest job is to persuade the parents to leave the genitals ambiguous and wait until the child has grown up, and can choose his or her own course. This experience has influenced his views on parents with young transgender kids. “I’m torn here. I’m very ambivalent. I know [the parents] are saying the children are born this way. But I’m still on the fence. I consider the child my patient, not the parents, and I don’t want to alleviate the anxiety of the parents by surgically fixing the child. We don’t know the long-term effects of making these decisions for the child. We’re playing God here, a little bit.”

Even some supporters of hormone blockers worry that the availability of the drugs will encourage parents to make definitive decisions about younger and younger kids. This is one reason why doctors at the clinic in the Netherlands ask parents not to let young children live as the other gender until they are about to go on blockers. “We discourage it because the chances are very high that your child will not be a transsexual,” says Cohen-Kettenis. The Dutch studies of their own patients show that among young children who have gender-identity disorder, only 20 to 25 percent still want to switch gender at adolescence; other studies show similar or even lower rates of persistence.

The most extensive study on transgender boys was published in 1987 as *The “Sissy Boy Syndrome” and the Development of Homosexuality*. For 15 years, Dr. Richard Green followed 44 boys who exhibited extreme feminine behaviors, and a control group of boys who did not. The boys in the feminine group all played with dolls, preferred the company of girls to boys, and avoided “rough-and-tumble play.” Reports from their parents sound very much like the testimonies one reads on the listservs today. “He started ... cross-dressing when he was about 3,” reported one mother. “[He stood] in front of the mirror and he took his penis and he folded it under, and he said, Look, Mommy, I’m a girl,”” said another.

Green expected most of the boys in the study to end up as transsexuals, but nothing like that happened. Three-fourths of the 44 boys turned out to be gay or bisexual (Green says a few more have since contacted him and told him they too were gay). Only one became a transsexual. “We

can't tell a pre-gay from a pre-transsexual at 8," says Green, who recently retired from running the adult gender-identity clinic in England. "Are you helping or hurting a kid by allowing them to live as the other gender? If everyone is caught up in facilitating the thing, then there may be a hell of a lot of pressure to remain that way, regardless of how strongly the kid still feels gender-dysphoric. Who knows? That's a study that hasn't found its investigator yet."

Out on the sidewalk in Philadelphia, Tina was going through Marlboro after Marlboro, stubbing them out half-smoked against city buildings. The conference's first day had just ended, with Tina asking another mom, "So how do you know if one of these kids stays that way or if he changes?" and the mom suggesting she could wait awhile and see.

"Wait? Wait for what?" Tina suddenly said to Bill. "He's already waited six years, and now I don't care about any of that no more." Bill looked worried, but she threw an Army phrase at him: "Suck it up and drive on, soldier."

The organizers had planned a pool party for that night, and Tina had come to a decision: Brandon would wear exactly the kind of bathing suit he'd always wanted. She had spotted a Macy's a couple of blocks away. I walked with her and Bill and Brandon into the hush and glow, the headless mannequins sporting golf shorts with \$80 price tags. They quietly took the escalator one floor up, to the girls' bathing-suit department. Brandon leaped off at the top and ran to the first suit that caught his eye: a teal Hannah Montana bikini studded with jewels and glitter. "Oh, I love this one," he said.

"So that's the one you want?" asked Tina.

Brandon hesitated. He was used to doing his cross-dressing somewhat furtively. Normally he would just grab the shiniest thing he saw, for fear his chance would evaporate. But as he came to understand that both Tina and Bill were on board, he slowed down a bit. He carefully looked through all the racks. Bill, calm now, was helping him. "You want a one-piece or two-piece?" Bill asked. Tina, meanwhile, was having a harder time. "I'll get used to it," she said. She had tried twice to call Brandon "she," Tina suddenly confessed, but "it just don't sound right," she said, her eyes tearing.

Brandon decided to try on an orange one-piece with polka dots, a sky-blue-and-pink two-piece, and a Hawaiian-print tankini with a brown background and pink hibiscus flowers. He went into a dressing room and stayed there a long, long time. Finally, he called in the adults. Brandon had settled on the least showy of the three: the Hawaiian print with the brown background. He had it on and was shyly looking in the mirror. He wasn't doing backflips or grinning from ear to ear; he was still and at peace, gently fingering the price tag. He mentioned that he didn't want to wear the suit again until he'd had a chance to wash his feet.

At the pool party, Brandon immediately ran into a friend he'd made earlier, the transgender boy who'd shared his balloon puppy. The pool was in a small room in the corner of a hotel basement, with low ceilings and no windows. The echoes of 70 giddy children filled the space. Siblings were there, too, so it was impossible to know who had been born a boy and who a girl. They were all just smooth limbs and wet hair and an occasional slip that sent one crying to his or her mother.

Bill sat next to me on a bench and spilled his concerns. He was worried about Tina's stepfather, who would never accept this. He was worried that Brandon's father might find out and demand custody. He was worried about Brandon's best friend, whose parents were strict evangelical Christians. He was worried about their own pastor, who had sternly advised them to take away all of Brandon's girl-toys and girl-clothes. "Maybe if we just pray hard enough," Bill had told Tina.

Brandon raced by, arm in arm with his new friend, giggling. Tina and Bill didn't know this yet, but Brandon had already started telling the other kids that his name was Bridget, after the pet mouse he'd recently buried ("My beloved Bridget. Rest With the Lord," the memorial in his room read). The comment of an older transsexual from Brooklyn who'd sat behind Tina in a session earlier that day echoed in my head. He'd had his sex-change operation when he was in his 50s, and in his wild, wispy wig, he looked like a biblical prophet, with breasts. "You think you have troubles now," he'd yelled out to Tina. "Wait until next week. Once you let the genie out of the bottle, she's not going back in!"

Dr. Kenneth Zucker has been seeing children with gender-identity disorder in Toronto since the mid-'70s, and has published more on the subject than any other researcher. But lately he has become a pariah to the most-vocal activists in the American transgender community. In 2012, the *Diagnostic and Statistical Manual of Mental Disorders*—the bible for psychiatric professionals—will be updated. Many in the transgender community see this as their opportunity to remove gender-identity disorder from the book, much the same way homosexuality was delisted in 1973. Zucker is in charge of the committee that will make the recommendation. He seems unlikely to bless the condition as psychologically healthy, especially in young children.

I met Zucker in his office at the Centre for Addiction and Mental Health, where piles of books alternate with the Barbies and superheroes that he uses for play therapy. Zucker has a white mustache and beard, and his manner is somewhat Talmudic. He responds to every question with a methodical three-part answer, often ending by climbing a chair to pull down a research paper he's written. On one of his file cabinets, he's tacked up a flyer from a British parents' advocacy group that reads: "Gender dysphoria is increasingly understood ... as having biological origins," and describes "small parts of the brain" as "progressing along different pathways."

During the interview, he took it down to make a point: “In terms of empirical data, this is not true. It’s just dogma, and I’ve never liked dogma. Biology is not destiny.”

In his case studies and descriptions of patients, Zucker usually explains gender dysphoria in terms of what he calls “family noise”: neglectful parents who caused a boy to overidentify with his domineering older sisters; a mother who expected a daughter and delayed naming her newborn son for eight weeks. Zucker’s belief is that with enough therapy, such children can be made to feel comfortable in their birth sex. Zucker has compared young children who believe they are meant to live as the other sex to people who want to amputate healthy limbs, or who believe they are cats, or those with something called ethnic-identity disorder. “If a 5-year-old black kid came into the clinic and said he wanted to be white, would we endorse that?” he told me. “I don’t think so. What we would want to do is say, What’s going on with this kid that’s making him feel that it would be better to be white?”

Young children, he explains, have very concrete reasoning; they may believe that if they want to wear dresses, they are girls. But he sees it as his job—and the parents’—to help them think in more-flexible ways. “If a kid has massive separation anxiety and does not want to go to school, one solution would be to let them stay home. That would solve the problem at one level, but not at another. So it is with gender identity.” Allowing a child to switch genders, in other words, would probably not get to the root of the psychological problem, but only offer a superficial fix.

Zucker calls his approach “developmental,” which means that the most important factor is the age of the child. Younger children are more malleable, he believes, and can learn to “be comfortable in their own skin.” Zucker says that in 25 years, not one of the patients who started seeing him by age 6 has switched gender. Adolescents are more fixed in their identity. If a parent brings in, say, a 13-year-old who has never been treated and who has severe gender dysphoria, Zucker will generally recommend hormonal treatment. But he considers that a fraught choice. “One has to think about the long-term developmental path. This kid will go through lifelong hormonal treatment to approximate the phenotype of a male and may require some kind of surgery and then will have to deal with the fact that he doesn’t have a phallus; it’s a tough road, with a lot of pain involved.”

Zucker put me in touch with two of his success stories, a boy and a girl, now both living in the suburbs of Toronto. Meeting them was like moving into a parallel world where every story began the same way as those of the American families I’d met, but then ran in the opposite direction.

When he was 4, the boy, John, had tested at the top of the gender-dysphoria scale. Zucker recalls him as “one of the most anxious kids I ever saw.” He had bins full of Barbies and Disney princess movies, and he dressed in homemade costumes. Once, at a hardware store, he stared up at the glittery chandeliers and wept, “I don’t want to be a daddy! I want to be a mommy!”

His parents, well-educated urbanites, let John grow his hair long and play with whatever toys he preferred. But then a close friend led them to Zucker, and soon they began to see themselves as “in denial,” recalls his mother, Caroline. “Once we came to see his behavior for what it was, it became painfully sad.” Zucker believed John’s behavior resulted from early-childhood medical trauma—he was born with tumors on his kidneys and had had invasive treatments every three months—and from his dependence during that time on his mother, who has a dominant personality.

When they reversed course, they dedicated themselves to the project with a thoroughness most parents would find exhausting and off-putting. They boxed up all of John’s girl-toys and videos and replaced them with neutral ones. Whenever John cried for his girl-toys, they would ask him, “Do you think playing with those would make you feel better about being a boy?” and then would distract him with an offer to ride bikes or take a walk. They turned their house into a 1950s kitchen-sink drama, intended to inculcate respect for patriarchy, in the crudest and simplest terms: “Boys don’t wear pink, they wear blue,” they would tell him, or “Daddy is smarter than Mommy—ask him.” If John called for Mommy in the middle of the night, Daddy went, every time.

When I visited the family, John was lazing around with his older brother, idly watching TV and playing video games, dressed in a polo shirt and Abercrombie & Fitch shorts. He said he was glad he’d been through the therapy, “because it made me feel happy,” but that’s about all he would say; for the most part, his mother spoke for him. Recently, John was in the basement watching the Grammys. When Caroline walked downstairs to say good night, she found him draped in a blanket, vamping. He looked up at her, mortified. She held his face and said, “You never have to be embarrassed of the things you say or do around me.” Her position now is that the treatment is “not a cure; this will always be with him”—but also that he has nothing to be ashamed of. About a year ago, John carefully broke the news to his parents that he is gay. “You’d have to carefully break the news to me that you were straight,” his dad told him. “He’ll be a man who loves men,” says his mother. “But I want him to be a happy man who loves men.”

The girl’s case was even more extreme in some ways. She insisted on peeing standing up and playing only with boys. When her mother bought her Barbies, she’d pop their heads off. Once, when she was 6, her father, Mike, said out of the blue: “Chris, you’re a girl.” In response, he recalls, she “started screaming and freaking out,” closing her hand into a fist and punching herself between the legs, over and over. After that, her parents took her to see Zucker. He connected Chris’s behavior to the early years of her parents’ marriage; her mother had gotten pregnant and Mike had been resentful of having to marry her, and verbally abusive. Chris, Zucker told them, saw her mother as weak and couldn’t identify with her. For four years, they saw no progress. When Chris turned 11 and other girls in school started getting their periods,

her mother found her on the bed one night, weeping. She “said she wanted to kill herself,” her mother told me. “She said, In my head, I’ve always been a boy. ”

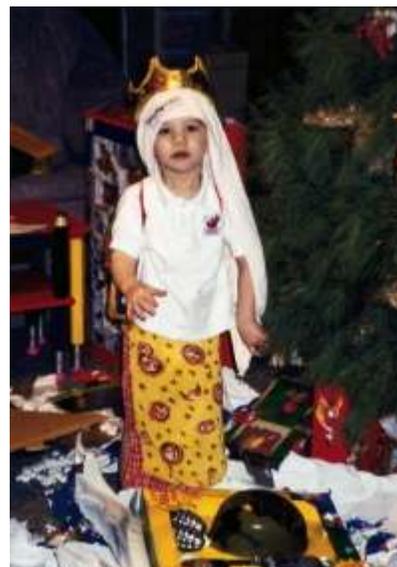
But about a month after that, everything began to change. Chris had joined a softball team and made some female friends; her mother figured she had cottoned to the idea that girls could be tough and competitive. Then one day, Chris went to her mother and said, “Mom, I need to talk to you. We need to go shopping.” She bought clothes that were tighter and had her ears pierced. She let her hair grow out. Eventually she gave her boys’ clothes away.

Now Chris wears her hair in a ponytail, walks like a girl, and spends hours on the phone, talking to girlfriends about boys. Her mother recently watched her through a bedroom window as she was jumping on their trampoline, looking slyly at her own reflection and tossing her hair around. At her parents’ insistence, Chris has never been to a support group or a conference, never talked to another girl who wanted to be a boy. For all she knew, she was the only person in the world who felt as she once had felt.

The week before I arrived in Toronto, the Barbara Walters special about Jazz had been re-aired, and both sets of parents had seen it. “I was aghast,” said John’s mother. “It really affected us to see this poor little peanut, and her parents just going to the teacher and saying ‘He is a “she” now. Why would you assume a 4-year-old would understand the ramifications of that?’”

“We were shocked,” Chris’s father said. “They gave up on their kid too early. Regardless of our beliefs and our values, you look at Chris, and you look at these kids, and they have to go through a sex-change operation and they’ll never look right and they’ll never have a normal life. Look at Chris’s chance for a happy, decent life, and look at theirs. Seeing those kids, it just broke our hearts.”

Catherine Tuerk, who runs the support group for parents in Washington, D.C., started out as an advocate for gay rights after her son came out, in his 20s. She has a theory about why some parents have become so comfortable with the transgender label: “Parents have told me it’s almost easier to tell others, ‘My kid was born in the wrong body,’ rather than explaining that he might be gay, which is in the back of everyone’s mind. When people think about being gay, they think about sex—and thinking about sex and kids is taboo.”



Tuerk believes lingering homophobia is partly responsible for this, and in some cases, she may be right. When Bill saw two men kissing at the conference, he said, “That just don t sit right with me.” In one of Zucker s case studies, a 17-year-old girl requesting cross-sex hormones tells him, “Doc, to be honest, lesbians make me sick ... I want to be normal.” In Iran, homosexuality is punishable by death, but sex-change operations are legal—a way of normalizing aberrant attractions.

Brandon on Christmas Day 2002, wearing his mother's bandanna around his waist and a towel around his head (Courtesy of the family)

Overall, though, Tuerk s explanation touches on something deeper than latent homophobia: a subconscious strain in American conceptions of childhood. You see it in the hyper-vigilance about “good touch” and “bad touch.” Or in the banishing of Freud to the realm of the perverse. The culture seems invested in an almost Victorian notion of childhood innocence, leaving no room for sexual volition, even in the far future.

When Tuerk was raising her son, in the 70s, she and her husband, a psychiatrist, both fell prey to the idea that their son s gayness was somehow their fault, and that they could change it. These were the years when the child psychologist Bruno Bettelheim blamed cold, distant “refrigerator mothers” for everything from autism to schizophrenia in their children. Children, to Bettelheim, were messy, unhappy creatures, warped by the sins of their parents. Today s children are nothing like that, at least not in their parents eyes. They are pure vessels, channeling biological impulses beyond their control—or their parents . Their requests are innocent, unsullied by baggage or desire. Which makes it much easier to say yes to them.

Tuerk was thrilled when the pendulum swung from nurture toward nature; “I can tell you the exact spot where I was, in Chevy Chase Circle, when someone said the words to me: There s a guy in Baltimore, and he thinks people are born gay. ” But she now thinks the pendulum may have swung too far. For the minority who are truly transgender, “the sooner they get into the right clothes, the less they re going to suffer. But for the rest? I m not sure if we re helping or hurting them by pushing them in this direction.”

It s not impossible to imagine Brandon s life going in another direction. His early life fits neatly into a Zucker case study about family noise. Tina describes Brandon as “never leaving my side” during his early years. The diagnosis writes itself: father, distant and threatening; mother, protector; child overidentifies with strong maternal figure. If Tina had lived in Toronto, if she d had the patience for six years of Dr. Zucker s therapy, if the therapy had been free, then who knows?

Yet Zucker s approach has its own disturbing elements. It s easy to imagine that his methods—steering parents toward removing pink crayons from the box, extolling a patriarchy

no one believes in—could instill in some children a sense of shame and a double life. A 2008 study of 25 girls who had been seen in Zucker's clinic showed positive results; 22 were no longer gender-dysphoric, meaning they were comfortable living as girls. But that doesn't mean they were happy. I spoke to the mother of one Zucker patient in her late 20s, who said her daughter was repulsed by the thought of a sex change but was still suffering—she'd become an alcoholic, and was cutting herself. “I'd be surprised if she outlived me,” her mother said.

When I was reporting this story, I was visibly pregnant with my third child. My pregnancy brought up a certain nostalgia for the parents I met, because it reminded them of a time when life was simpler, when a stranger could ask them whether their baby was a boy or a girl and they could answer straightforwardly. Many parents shared journals with me that were filled with anguish. If they had decided to let their child live as the other gender, that meant cutting off ties with family and friends who weren't supportive, putting away baby pictures, mourning the loss of the child they thought they had. It meant sending their child out alone into a possibly hostile world. If they chose the other route, it meant denying their child the things he or she most wanted, day after day, in the uncertain hope that one day, it would all pay off. In either case, it meant choosing a course on the basis of hazy evidence, and resolving to believe in it.

About two months after the conference, I visited Brandon again. On Father's Day, Tina had made up her mind to just let it happen. She'd started calling him “Bridget” and, except for a few slipups, “she.” She'd packed up all the boy-clothes and given them to a neighbor, and had taken Bridget to JC Penney for a new wardrobe. When I saw her, her ears were pierced and her hair was just beginning to tickle her earlobes. “If it doesn't move any faster, I'll have to get extensions!” Tina said.

That morning, Tina was meeting with Bridget's principal, and the principal of a nearby school, to see if she could transfer. “I want her to be known as Bridget, not Bridget-who-used-to-be-Brandon.” Tina had memorized lots of lines she'd heard at the conference, and she delivered them well, if a little too fast. She told the principals that she had “pictures and medical documentation.” She showed them a book called *The Transgender Child*. “I thought we could fix it,” she said, “but gender's in your brain.” Brandon's old principal looked a little shell-shocked. But the one from the nearby school, a young woman with a sweet face and cropped curly hair, seemed more open. “This is all new to me,” she said. “It's a lot to learn.”

The week before, Tina had gone to her mother's house, taking Bridget along. Bridget often helps care for her grandmother, who has lupus; the two are close. After lunch, Bridget went outside in a pair of high heels she'd found in the closet. Tina's stepfather saw the child and lost it: “Get them damned shoes off!” he yelled.

“Make me,” Bridget answered.

Then the stepfather turned to Tina and said, “You’re ruining his fucking life,” loud enough for Bridget to hear.

Tina’s talk with Karen, the mother of Bridget’s best friend, Abby, hadn’t gone too smoothly, either. Karen is an evangelical Christian, with an anti-gay-marriage bumper sticker on her white van. For two years, she’d picked up Brandon nearly every day after school, and brought him over to play with Abby. But that wasn’t going to happen anymore. Karen told Tina she didn’t want her children “exposed to that kind of thing.” “God doesn’t make mistakes,” she added.

Bridget, meanwhile, was trying to figure it all out—what she could and couldn’t do, where the limits were. She’d always been a compliant child, but now she was misbehaving. Her cross-dressing had amped up; she was trying on makeup, and demanding higher heels and sexier clothes. When I was over, she came out of the house dressed in a cellophane getup, four-inch heels, and lip gloss. “It’s like I have to teach her what’s appropriate for a girl her age,” says Tina.

Thursdays, the family spends the afternoon at a local community center, where both Bridget and her little sister, Madison, take gymnastics. She’d normally see Abby there; the two of them are in the same class and usually do their warm-up together, giggling and going over their day. On the car ride over, Bridget was trying to navigate that new relationship, too.

“Abby’s not my best friend anymore. She hits me. But she’s really good at drawing.”

“Well, don’t you go hitting nobody,” Tina said. “Remember, sticks and stones.”

When they arrived at the center and opened the door, Abby was standing right there. She looked at Bridget/Brandon. And froze. She turned and ran away. Madison, oblivious, followed her, yelling, “Wait for us!”

Bridget sat down on a bench next to Tina. Although they were miles from home, she’d just seen a fourth-grade friend of her stepbrother’s at the pool table, and she was nervous.

“Hey, we need to work on this,” said Tina. “If anybody says anything, you say, I’m not Brandon. I’m Bridget, his cousin from California. You want to try it?”

“No. I don’t want to.”

“Well, if someone keeps it up, you just say, You’re crazy.”

Tina had told me over the phone that Brandon was easily passing as a girl, but that wasn’t really true, not yet. With his hair still short, he looked like a boy wearing tight pink pants and earrings. This meant that for the moment, everywhere in this small town was a potential land mine. At the McDonald’s, the cashier eyed him suspiciously: “Is that Happy Meal for a boy or a girl?” At the playground, a group of teenage boys with tattoos and their pants pulled low down did a

double take. By the evening, Tina was a nervous wreck. “Gosh darn it! I left the keys in the car,” she said. But she hadn’t. She was holding them in her hand.

After gymnastics, the kids wanted to stop at the Dairy Queen, but Tina couldn’t take being stared at in one more place. “Drive-thru!” she yelled. “And I don’t want to hear any more whining from you.”

On the quiet, wooded road leading home, she could finally relax. It was cool enough to roll down the windows and get some mountain air. After high school, Tina had studied to be a travel agent; she had always wanted to just “work on a cruise ship or something, just go, go, go.” Now she wanted things to be easy for Brandon, for him to disappear and pop back as Bridget, a new kid from California, new to this town, knowing nobody. But in a small town, it’s hard to erase yourself and come back as your opposite.

Maybe one day they would move, she said. But thinking about that made her head hurt. Instead of the future, she drifted to the past, when things were easier.

“Remember that camping trip we took once, Brandon?” she asked, and he did. And together, they started singing one of the old camp songs she’d taught him.

Smokey the Bear, Smokey the Bear,
Howlin’ and a-prowlin’ and a-sniffin’ the air.
He can find a fire before it starts to flame.
That’s why they call him Smokey,
That’s how he got his name.

“You remember that, Brandon?” she asked again. And for the first time all day, they seemed happy.

ABOUT THE AUTHOR



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