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[November 2008](#)

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 a rising number of others like it, illuminates a heated scientific debate about the nature of gender—and raises troubling questions about how much child indulgence have stretched too far.

[Hanna Rosin](#) Nov 1 2008, 12:00 PM ET



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.



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 s

*Brandon Simms
(Courtesy of the*

For his third Christmas, Tina bought Brandon a first-rate Army set—complete with a Kevlar hat, walkie-talkies, and a bandanna around his waist, and a glum expression. The Army set sits unopened at his feet. Tina recalls a year. One afternoon, while Tina was on the phone, Brandon climbed out of the bathtub. When she found him, he was 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 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-line the main street. Boys ride dirt bikes through the woods starting at age 5; local county fairs feature muscle cars all ages. In the Army, Tina operated heavy machinery, but she is no tomboy. When she was younger, she wore long blond hair; now she wears it in a cute, Renée Zellweger-style bob. Her husband, Bill (Brandon's stepfather), lays w At a recent meeting with Brandon's school principal about how to handle the boy, Bill aptly summed up the town p 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 kindergarten and first-grade self-portraits—“I have a pet,” “I love my cat,” “I love to play outside”—the “I” was a g and a princess dress. Just as often, he drew himself as a mermaid with a sparkly purple tail, or a tail cut out from bl stepbrother, Travis, told his fourth-grade friends about Brandon's “secret”—that he dressed up at home and wanted 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 thro Another suggested that Brandon's chaotic early childhood might have contributed to his behavior. Tina had never m when they were both stationed in Germany. Twice, she had briefly stayed with him, when Brandon was 5 months o she'd suspected his father of being too rough with the boy and had broken off the relationship. The therapist sugges with his mother as the protector in the family, and for a while, this theory seemed plausible to Tina. In play therapy discuss his feelings about his father. She advised Tina to try a reward system at home. Brandon could earn up to \$2 in the mirror and saying “I'm a boy”; not dressing up; and not wearing anything on his head. It worked for a couple

Tina recounted much of this history to me in June at her kitchen table, where Brandon, now 8, had just laid out som mix. She, Bill, Brandon, his half sister, Madison, and Travis live in a comfortable double-wide trailer that Bill set u met Tina a month earlier, and she'd agreed to let me follow Brandon's development over what turned out to be a cr condition that I change their names and disguise where they live. While we were at the table talking, Brandon was a show; over the course of several hours, he came in and out of his room wearing eight or nine different outfits, const mom's shoes and scarves, and his little sister's bodysuits and tights. Brandon is a gymnast and likes to show off spl 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 featur since he was a toddler, had liked to dress as a girl. Everything about Jazz was familiar to Tina: the obsession with g penis away, even the fixation on mermaids. At the age of 3, Jazz had been diagnosed with “gender-identity disorder Walters explained. The show mentioned a “hormone imbalance,” but his parents had concluded that there was basic

“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 last year. Dr. Peggy Cohen-Kettenis, who runs a clinic in the Netherlands, has seen the average age of her patients plummet since 2002. “We used to get calls mostly from parents of children being gay,” says Catherine Tuerk, who since 1998 has run a support network for parents of children with gender-identity disorder at the National Medical Center in Washington, D.C. “Now about 90 percent of our calls are from parents with some concern about their child’s gender identity.”

In breakout sessions at the conference, transgender men and women in their 50s and 60s described lives of heartache, estranged parents, suicide attempts. Those in their 20s and 30s conveyed a dedicated militancy: strictly vegan, and conducted heated debates about the definitions of *queer* and *he-she* and *drag queen*. But the kids were different. They ran around with parents chasing after them, fussing over twisted bathing-suit straps or wiping sweat from their brows. They were effortlessly androgynous, and years away from sex, politics, or any form of rebellion. For Tina, the sight of them was a relief. For Brandon: a normal life as a girl. “She could end up being a *mommy* if she wants, just like me,” one adoring mother told me. “My 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 is striving for suburban normalcy too. The change is fuel-ed mostly by a community of parents who, like many parents of children with special needs, even preschool children define their own needs. Faced with skeptical neighbors and school officials, parents at the conference used a kind of quasi-therapeutic language that, these days, inspires deference: tell the school the child has a “medical condition” that will be treated later, suggested a conference speaker, Kim Pearson; using terms like *gender-identity disorder* or *birth defect* was a point was to take the situation out of the realm of deep pathology or mental illness, while at the same time separating it from the idiom of garden-variety “challenge.” As one father told me, “Between all the kids with language problems, 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 without surgery. A few years ago, physicians in the U.S. started treating transgender children with puberty blockers, drugs originally intended to delay puberty in teens in a state of suspended development. They prevent boys from growing facial and body hair and an Adam’s apple, and prevent the other physical characteristics that a male-to-female transsexual would later spend tens of thousands of dollars to reverse. They also 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 crushing.” Parents sized each other up for signs of the magic drug, the way other teens might look for hip, expensive jeans: a 16-year-old girl with no breasts; a 17-year-old (natal) boy with a face as smooth as Brandon’s. “Is there anybody out there,” asked Dr. Nick LaPine, a psychologist in California, addressing a room full of older transsexuals, “who would not have taken the shot if it had been offered?”

After a day of sessions, Tina’s mind was moving fast. “These kids look happier,” she told me. “This is nothing we could have done for 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 variation on human behavior.” She made an unlikely friend, a lesbian mom from Seattle named Jill. Jill’s son, a 5-year-old girl living as a boy and a future already mapped out. “He’ll just basically be living life,” Jill explained. “He’s 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 doctor for 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 you were telling me this is fixable.”

In my few months of meeting transgender children, I talked to parents from many different backgrounds, who had all been told to handle their children. Many accepted the “new normalcy” line, and some did not. But they all had one thing in common: their children’s future at stake, doubt about their choices did not serve them well. In Brandon’s case, for example, if his mother had begun letting him dress as a girl, she would be defying the conventions of her small town, and the majority of parents in her town would be against the practice. It would force her to consider that she would have to begin making serious medical decisions for her child.

The reality was quite different, as *Rolling Stone* reporter John Colapinto brilliantly documented in the 2000 best seller *Lords of the Cross*. Reimer never adjusted to being a girl at all. He wanted only to build forts and play with his brother's dump trucks, and instead was a social disaster at school, beating up other kids and misbehaving in class. At 14, Reimer became so alienated that when he was told him the truth about his birth, at which point he felt mostly relief, he reported. He eventually underwent phalloplasty. 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. The new orthodoxy of the culture, and is locating the key to identity in genetics and the workings of the brain. In the new conventional wisdom, things previously thought to be in the realm of upbringing, choice, or subjective experience: happiness, religious aversion, and Behaviors are fundamental unless we are chemically altered. Louann Brizendine, in her 2006 best-selling book, *The Female Brain*, from empathy to chattiness to poor spatial reasoning is "hardwired into the brains of women." Dr. Milton Diamond, at the University of Hawaii and long the intellectual nemesis of Money, encapsulated this view in an interview on the BBC in 2000 that Money's experiment was failing: "Maybe we really have to think ... that we don't come to this world neutral; that there is a 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 turn out to be the same sex. For him, these cases are a "confirmation" that "the biggest sex organ is not between the legs but between the ears." For transgender children now serve the same allegorical purpose that David Reimer once did, but they support the opposite conclusion: the proof that "gender identity is influenced by some innate or immutable factors," writes Melissa Hines, the author of *Gender Up*.

This is the strange place in which transsexuals have found themselves. For years, they've been at the extreme edges of the culture, but now children like Brandon are being used to paint a more conventional picture: before they have much time to be shaped by their sexual orientation, even in defiance of their bodies, children can know their gender, from the firings of neurons deep in the brain. It's a notion more to the *Our Bodies, Ourselves* era of feminism than the notion that even the body is dispensable, that the hard nugget of identity is inside.

In most major institutes for gender-identity disorder in children worldwide, a psychologist is the central figure. In the United States, the first 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 in gratitude scrawled in crayons or bright markers ("Thanks, Dr. Spack!!!"). Spack is bald, with a trim beard, and often wears a white lab coat. He is not confrontational by nature, but he can hold his own with his critics: "To those who say I am interrupting your work," he once said, 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 were not paying attention to themselves." Over the years, he'd seen patients rejected by families, friends, and employers after a sex-change operation. He'd heard about the innovative use of hormone blockers on transgender youths in the Netherlands; to him, the drugs seemed like a way to delay the inevitable.

The problem with blockers is that parents have to begin making medical decisions for their children when the child is still a child. At the first signs of puberty, doctors have about 18 months to start the blockers for ideal results. For girls, that's usually between ages 10 and 14. If the patients follow through with cross-sex hormones and sex-change surgery, they will be permanently sterilized. "When you're talking to a 12-year-old, that's a heavy-duty conversation," he said in a recent interview. "You're talking 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 used as case studies in this story are pseudonyms.) For a long time, she had refused to shower except in a bathing suit. Every Thursday, when the standard puberty videos were shown. In March 2006, when Beth, now Matt, was 12, they decided to go 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 for testosterone.

Now, at 15 and on testosterone, Matt is tall, with a broad chest and hairy legs. Susanna figures he's the first trans-male in their family.

about to hit puberty and is having serious mental-health issues, and we really want to accommodate that. It's like 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, probably transgendered. If she feels immediate relief on the [puberty-blocking] drugs, that confirms the diagnosis," the blockers not as an addendum to years of therapy but as "preventative" because they forestall the trauma that comes when who become women are usually described as "male-to-female," but Spack, using the parlance of activist parents, responds — "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 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."

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]? But my hunch is, it's going to be mild. My hunch is that sexual orientation is probably much more hardwired than 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 he usually leaves the genitals ambiguous and wait until the child has grown up, and can choose his or her own course. This explains why he talks to parents with young transgender kids. "I'm torn here. I'm very ambivalent. I know [the parents] are saying the child has a right to self-determine. I consider the child my patient, not the parents, and I don't want to alleviate the anxiety of the parents by surmising 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 decisions for their younger kids. This is one reason why doctors at the clinic in the Netherlands ask parents not to let young children decide about going on blockers. "We discourage it because the chances are very high that your child will not be a transsexual by 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 Masculinity." Dr. Richard Green followed 44 boys who exhibited extreme feminine behaviors, and a control group of boys who did not. The boys played with dolls, preferred the company of girls to boys, and avoided "rough-and-tumble play." Reports from their mothers and testimonies one reads on the listservs today. "He started ... cross-dressing when he was about 3," reported one mother. "He took his penis and he folded it under, and he said, 'Look, Mommy, I'm a girl,'" said another.

would evaporate. But as he came to understand that both Tina and Bill were on board, he slowed down a bit. He calmed now, was helping him. “You want a one-piece or two-piece?” Bill asked. Tina, meanwhile, was having a hard time. 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 one-piece with pink hibiscus flowers. He went into a dressing room and stayed there a long, long time. Finally, he called in the adult show of the three: the Hawaiian print with the brown background. He had it on and was shyly looking in the mirror 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 shoes 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 bedroom in the corner of a hotel basement, with low ceilings and no windows. The echoes of 70 giddy children filled the room. 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 skin, 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 him. His father might find out and demand custody. He was worried about Brandon’s best friend, whose parents were strict about their own pastor, who had sternly advised them to take away all of Brandon’s girl-toys and girl-clothes. “May I tell you,” he told Tina.

Brandon raced by, arm in arm with his new friend, giggling. Tina and Bill didn’t know this yet, but Brandon had a new name. His name was Bridget, after the pet mouse he’d recently buried (“My beloved Bridget. Rest With the Lord,” the memorial service 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 50s, and in his wild, wispy wig, he looked like a biblical prophet, with breasts. “You think you have troubles now, but 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 with other researchers. But lately he has become a pariah to the most-vocal activists in the American transgender community. The *Statistical Manual of Mental Disorders*—the bible for psychiatric professionals—will be updated. Many in the transgender community see an opportunity to remove gender-identity disorder from the book, much the same way homosexuality was delisted in 1973. A committee that will make the recommendation. He seems unlikely to bless the condition as psychologically healthy.

I met Zucker in his office at the Centre for Addiction and Mental Health, where piles of books alternate with the Bay of Pigs play therapy. Zucker has a white mustache and beard, and his manner is somewhat Talmudic. He responds to every question with an answer, often ending by climbing a chair to pull down a research paper he’s written. On one of his file cabinets, he has a sign for an advocacy group that reads: “Gender dysphoria is increasingly understood ... as having biological origins,” and describes it as “progressing along different pathways.” During the interview, he took it down to make a point: “In terms of empiricism, I’m not a scientist 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 “trauma.” It caused a boy to overidentify with his domineering older sisters; a mother who expected a daughter and delayed naming her. Zucker’s belief is that with enough therapy, such children can be made to feel comfortable in their birth sex. Zucker doesn’t believe they are meant to live as the other sex to people who want to amputate healthy limbs, or who believe they are suffering from an ethnic-identity disorder. “If a 5-year-old black kid came into the clinic and said he wanted to be white, would we encourage him? 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 should be girls. But 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, let them stay home. That would solve the problem at one level, but not at another. So it is with gender identity.” All these solutions, he says, 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. You can’t force a child to believe, and can learn to “be comfortable in their own skin.” Zucker says that in 25 years, not one of the patients will

would tell him, or “Daddy is smarter than Mommy—ask him.” If John called for Mommy in the middle of the night, she would tell him, or “Daddy is smarter than Mommy—ask him.” If John called for Mommy in the middle of the night, she would tell him, or “Daddy is smarter than Mommy—ask him.”

When I visited the family, John was lazing around with his older brother, idly watching TV and playing video games in his Abercrombie & Fitch shorts. He said he was glad he’d been through the therapy, “because it made me feel happy,” but in most part, his mother spoke for him. Recently, John was in the basement watching the Grammys. When Caroline was 10, she found him draped in a blanket, vamping. He looked up at her, mortified. She held his face and said, “You never have to do around me.” Her position now is that the treatment is “not a cure; this will always be with him”—but also that 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,” she 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, so 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, she freaked out,” closing her hand into a fist and punching herself between the legs, over and over. After that, her mother connected Chris’s behavior to the early years of her parents’ marriage; her mother had gotten pregnant and Mike had been angry and verbally abusive. Chris, Zucker told them, saw her mother as weak and couldn’t identify with her. For four years, until she turned 11 and other girls in school started getting their periods, her mother found her on the bed one night, weeping. “Chris,” 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. She cottoned to the idea that girls could be tough and competitive. Then one day, Chris went to her mother and said, “Mom, I’m going shopping.” She bought clothes that were tighter and had her ears pierced. She let her hair grow out. Eventually she started wearing makeup.

Now Chris wears her hair in a ponytail, walks like a girl, and spends hours on the phone, talking to girlfriends about her life. She looks through a bedroom window as she was jumping on their trampoline, looking slyly at her own reflection and tossing her hair. In her insistence, Chris has never been to a support group or a conference, never talked to another girl who wanted to be a girl, or a 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 watched it with John’s mother. “It really affected us to see this poor little peanut, and her parents just going to the teacher and saying, ‘My kid is gay,’ and 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, 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, 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.

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.

were happy. I spoke to the mother of one Zucker patient in her late 20s, who said her daughter was repulsed by the 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, reminding them of a time when life was simpler, when a stranger could ask them whether their baby was a boy or a girl straightforwardly. Many parents shared journals with me that were filled with anguish. If they had decided to let their child be a girl, it meant cutting off ties with family and friends who weren't supportive, putting away baby pictures, mourning the loss of a child. If they chose the other route, it meant sending their child out alone into a possibly hostile world. If they chose the other route, it meant denying the child's gender day after day, in the uncertain hope that one day, it would all pay off. In either case, it meant choosing a course on which 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 tell him "Bridget" and, except for a few slipups, "she." She'd packed up all the boy-clothes and given them to a neighbor, and bought 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 work, extensions!" Tina said.

That morning, Tina was meeting with Bridget's principal, and the principal of a nearby school, to see if she could tell them Bridget, not Bridget-who-used-to-be-Brandon." Tina had memorized lots of lines she'd heard at the conference, and she was nervous. She told the principals that she had "pictures and medical documentation." She showed them a book called *Transgendered*. "I can 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 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. After lunch, Bridget went outside in a pair of high heels she'd found in the closet. Tina's stepfather saw the child and 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. She has a marriage bumper sticker on her white van. For two years, she'd picked up Brandon nearly every day after school, and she'd been a good mother. But that wasn't going to happen anymore. Karen told Tina she didn't want her children "exposed to that kind of thing." Tina 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 bit of a misbehaver, but she was misbehaving. Her cross-dressing had amped up; she was trying on makeup, and demanding higher heels and more. When 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 to do," Tina said.

Thursdays, the family spends the afternoon at a local community center, where both Bridget and her little sister, Madison, can see Abby there; the two of them are in the same class and usually do their warm-up together, giggling and going over the basics. It 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. 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, and she was nervous.

Maybe one day they would move, she said. But thinking about that made her head hurt. Instead of the future, she turned to the past. “Remember that camping trip we took once, Brandon?” she asked, and he did. And together, they started singing on to 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.

Hanna Rosin is an *Atlantic* contributing editor and the author of *God’s Harvard: A Christian College on a Mission*.
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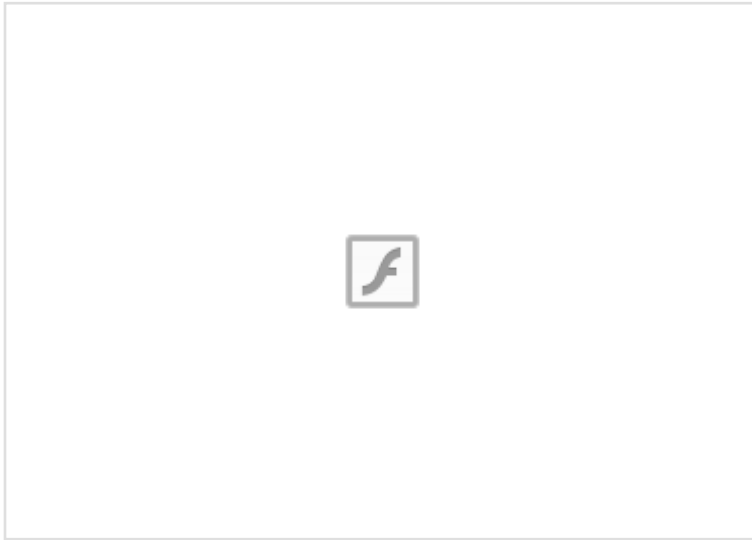
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puberty after no intervention, they will develop all the characteristics of the sex they don't identify with. This causes gender dysphoria and often led to suicide. (I went through agonies for all of my childhood and early adult life and desperately wish I had lived through puberty when my puberty could have been put on hold until I could make an adult and enlightened decision.)

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VET03 → Sarah_Jane_Lambert · a year ago

Sigh...

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Sarah_Jane_Lambert → Sarah · 3 years ago

Hello Sarah

These children are not transvestites; they want to BE the opposite sex as much as possible, not just dress as the opposite sex. Without any intervention, they will develop all the characteristics of the sex they don't identify with. This causes gender dysphoria and often led to suicide. (I went through agonies for all of my childhood and early adult life and desperately wish I had lived through puberty when my puberty could have been put on hold until I could make an adult and enlightened decision.)

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Orlando321 → Sarah_Jane_Lambert · 11 months ago

"Transvestites" is a term that tends to have negative connotations. Yes, the children mentioned in the article are transsexual, and allowing them to live as the sex they feel they are and subsequently have puberty is a positive. But there are undoubtedly some boys who like wearing dresses or jewellery or playing with dolls who are not transsexual, and will - like this article says - grow up instead to be gay or bisexual males, or even straight men. It is a shame that society still places quite narrow boxes on how males and females should behave. At the boys' and girls' aisles in toyshops (though it has always been easier for tomboys than "janegirls") it is a mistake to too quickly assume a girlish boy or boyish girl is transsexual and to start treating them as such. Children who have a phase of thinking they would like to be the opposite sex continue to think so in later life. Immediately encouraging a girlish boy to think he is a girl could in some cases be as unhelpful as telling a boy to be sissy and play football and play with toy guns, or whatever (which would just make him repress his feelings about them, and then maybe question his gender again in later life) instead of just letting him discover his own identity one way or another.

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bikerusl → Sarah · 3 years ago

I think you are right but you are talking about an ideal world. Where I live, Vancouver, BC, I could imagine that if my son turned out to have gender identity issues I would do what you suggest and I think that would be a good thing. I could be supportive, I don't see too many places where it would be a huge problem.

However, looking at the place where "Brandon" lives I think there is a heck of a lot more opposition. Those parents would be comfortable saddling my own child with that fight all on his own.

Personally I think that absolute gender is an imaginary construction that dumbs down our full humanity - that about sexual attraction: the Kinsey scale. However, to argue that people are not 100% biologically determined who want to "reprogram" gayness. Politically, depending on the climate, it makes sense to argue that gender is more determined than it maybe is. I think the gay rights movement sort of did that with the argument that there was no such thing as a gay gene in the 1990s. Now that more mainstream acceptance has happened a more nuanced and sophisticated view has emerged. Absolute since the people who want to reprogram sexuality are thoroughly discredited. However, the appropriate response is not universal acceptance, meaning the arguments of the 1990s have not been fully resolved.

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