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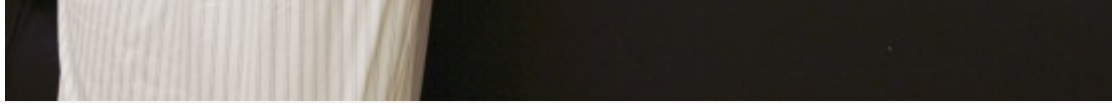

AP Photo/Jeff Roberson

Dr. Rob Garofalo, left, a physician specializing in adolescent medicine at Children's Memorial Hospital in Chicago, l
Broadway Youth Center in Chicago. Garofalo helped create the youth center, which is one of the few places across
transgender youth.

From the time she could talk, Maggie* has told her parents that she is a boy. She doe
She doesn't say, "I *feel* like a boy." She says, "I *am* a boy." She tells her classmates, to
school now—they've been having debates about it. "Maggie's a boy," one kid said r
matter-of-fact sort of way.

"No, you idiot," countered another. "She's a girl. She's wearing pink shoes."

On a recent Tuesday morning, psychologist Kenneth Zucker tells this story at a weekly group s
reviews cases with his dozen graduate students and postdocs. "As if, 'duh'—it's so obvious," he
along with him.

Head of the child and adolescent gender-identity clinic at Toronto's Centre for Addiction and M
North America's most widely published experts in the field of transgender and gender-variant
established in the mid-1970s, his clinic has assessed more than 600 kids with gender-variant b
dysphoria—the distress that results from feeling that one's body does not match one's sense of
100 of those children.

**Given how ea
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Given how early dysphoria can emerge in kids like Maggie and how deeply it cuts to the core of who they are, a growing number of therapists, doctors, and parents are advocating an early gender transition: If Maggie says she's a boy, then it's our duty to believe him and treat him as such. Given the very real risks to transgender people who remain in the closet—at one prominent clinic for transgender adolescents and young adults, 20 percent of patients have engaged in cutting or other self-mutilation, and almost 10 percent have attempted suicide—those in this camp say that to deny that Maggie is a boy is to set the child up for a life

“I asked her, ‘What’s a tomboy?’

“‘It’s a girl who likes to do boy things.’

“I said, ‘Do you think there’s one already here like that?’”

Maggie pointed to the girl who likes sports. “She said, ‘Oh yeah, that’s a tomboy,’” Vinik tells he this one over here”—Vinik points to the boy who likes dolls—“would be called a tomgirl.” Ever how Maggie then pointed again to the tomboy. “‘OK,’ she said, ‘This is me.’”

“That was very encouraging,” Vinik says. “She didn’t see herself as a boy anymore.”

This kind of therapy is precisely what worries Zucker’s critics. “That looks like psychodynamic coercive,” says Herb Schreier, a San Francisco Bay Area psychiatrist who has worked with chi kindergarteners to help facilitate gender transition. Schreier is part of a consortium of some 3 psychologists, and therapists who work with gender-variant children and their families. He’s c chorus of voices that accuse Zucker of relying on regressive gender stereotypes and practicing 1950s-style reparative therapy[2], which was used to “cure” homosexuality.

“The therapy session starts with an incredible assumption: that these kids have a problem. ‘W problem you’re dealing with that gives you this particular way of being.’ It’s not a neutral ther premise,” Schreier says. “Any therapy that starts with that assumption is bound to be problem parents to deny who the kids say they are.”

Schreier characterizes Zucker’s approach as, “I think we should change them, and this would Schreier and his colleagues, this sounds ominously paternalistic. “We would strongly raise the be had by denying a child’s identity?”

Zucker’s peers have written detailed, impassioned critiques of his work and his theories in pro writes detailed rebuttals—and his lectures and panels at professional meetings are often pepp comments. A quick Google search turns up scathing, profanity-laced takedowns of Zucker and Toronto the “global epicenter for oppression of sex and gender minorities.”

“The reason there is such dislike of and distrust for Dr. Zucker in the community is because he power,” says Madeline Deutsch, a Bay Area emergency-room physician specializing in transge publishes so widely, and edits an influential journal in the field, Zucker’s opinions matter. His incorporate the very real empiric findings and experiences of other experts in the field, exper … and instead remain focused on attempting to prove his own theories.”

that “in order to have any credibility in the field of gender identity, the DSM must not include
science.”

The DSM is the primary tool by which psychiatrists and other mental-health professionals sta
crucially, bill insurance companies for—the mental-health problems their patients suffer. As t
guide for the National Institute of Mental Health, pharmaceutical companies, and other natio
organizations, the book’s practical and cultural significance is hard to overstate.

It’s also a historically loaded book for the LGBT community. Until 1973, homosexuality was lis
was under the guise of treating it as an illness that many psychiatrists offered reparative thera
that gay psychiatrists, psychologists, and psychoanalysts were forced to remain closeted in or
huge push by the gay community—and with fierce resistance by many association members—
removed.

Transgender advocates and activists say that in a generation we will see the diagnosis of gend
ridiculous. “Being differently gendered is not a psychiatric problem,” says Lisa Mottet, directo
Project at the National Gay and Lesbian Task Force. “It’s a human variation.” Or, as the Univer
child psychologist Diane Ehrensaft writes in a recent journal article, “As with left-handed chil
minority of the population, I believe these children who experience this discord [between thei
are not abnormal, they simply vary from the norm.” Ehrensaft and Zucker have sparred publi
identity disorder in children, or GIDC, is “a diagnosis and implied treatment that pathologizes
are simply expressing their authentic gender identity,” Ehrensaft writes. “The job of the clinic
transgender outcome, but to facilitate the child’s authentic gender journey.”

At the heart of the debate between Zucker and his critics lie fundamental questions:
this way,” as people who support early gender transition argue? Or is gender a set
“biological factors, psychosocial factors, social cognition,” and other mechanisms,

For Zucker, these questions are partly matters of scientific and intellectual curiosity. But for g
are much higher: If being transgender is part of one’s hard wiring, then to try to change kids li
at best, psychologically destructive at worst. Therapy that aims to change gay people’s sexual
harmful and unethical by a slew of major professional organizations, including the American
people subjected to conversion therapy as children have higher rates than their counterparts
self-harm, including suicide.

becomes a woman."

To embrace social constructionism means that there is no "born this way," no born any way, e the world begins spinning meaning and symbolism even before we are born. (See: blue nurse the latest, "gender reveal parties.") So to hear the politically progressive, trans-positive commu then to hear Zucker, the man they accuse of being retrograde, embrace social constructionism spin. Until you remember the gay gene.

When, in the early 1990s, geneticists discovered a relationship between homosexuality and ce members of the gay community embraced these findings, using them as the basis of a new pus born this way, the argument went, then you can't hold it against us; we can't help it. Indeed, th read from the floors of many a senate chamber, and the "gay gene" was part of what turned th of compassion and nondiscrimination.

But this emphasis on biological determinism is discomfiting. First of all, even if gay folks were "learn" to be gay or develop the identity over time as a result of complex social processes—wh to change their identities? Second, there's something apologetic about the whole premise that people because they can't help being gay. The unspoken part two of that argument is that if th would—or should.

It's now widely accepted that no amount of therapy can change a person's sexual orientation, try to do so. But gender identity and sexual orientation are not the same thing. Sexual orientat are sexually attracted to. Gender identity is more elemental: It's who you feel in your bones th that most transgender children know precisely who they are. "These kids come out very early wrong body,'" Schreier says.

> **Children's gender identity is plastic and malleable, he says, shaped and forme them, by the feedback they receive, by the emotional resonance of the things t personal relationships, even by the clothes they wear.**

Sure, Zucker says, but that doesn't make it a fait accompli. Children's gender identity is plastic and formed by the world around them, by the feedback they receive, by the emotional resona their personal relationships, even by the clothes they wear. If this is true, then it should be pos

by bit, broadened, first to include "T" for transgender, and, more recently, to become the unwi
includes people who identify as queer, questioning, intersex,[3] asexual, and ally. "Transgender,
encompass a range of gender-variant people (including transsexuals, the word traditionally us
make a full medical change to the "opposite" sex), is bursting at the seams as 21st-century gen
are people who identify as genderqueer,[4] bi-gender,[5] agender,[6] Two Spirit.[7] There are trans pe
no hormones, hormones but no surgery, or no medical interventions at all.

To the extent that Zucker builds upon this gender diversity by encouraging kids to widen their
be—by helping kids feel comfortable as "tomboys" or "tomgirls," or other gender inventions in
worthy cause of making the two traditional boxes bigger or helping to break them down, rath
them. At the same time, Zucker knows that the more society moves in this direction, the more
"One could argue that with the emergence of gender-transition subculture, Western culture in
gender category," Zucker says.

"Gender-transition subculture" is Zucker's mildly dismissive go-to term for the approach of pe
who advocate allowing gender transition for very young children in certain cases. "One could
formulation—it's an easy way to distance himself from potentially controversial statements. H
it seems to imply—just that one could. "It could be that in the next 10, 15 years, there will be m
extremely gender-variant kids, and the reaction will be, 'Oh, he's just a transgender.' And we'l
acceptance, the argument that [not being transgender] is an easier pathway may be harder to

Alex exemplifies the growing acceptance of gender diversity. Born with a girl's body
cool little kid, really," says his mom, Andie. At school, he is a boy: boy clothes, boy h
home, we respectfully—somewhat faking it, because I'm not 100 percent there—w

Andie knew from the time Alex was a toddler that something was different. "I noticed that Ale
with the boys," Andie recalls. "She* preferred to do the boy things." At three, Alex refused to p
refused to wear dresses, then she refused to wear skirts, and then "it got down to, if there was
even notice on the shoulder," Alex would refuse to put it on. Still, Andie was herself a tomboy
dress how she wanted and didn't think much of it.

About halfway through Alex's kindergarten year, Andie's usually easygoing, happy kid seemed
discovered that Alex was polling kids at school: "Do you think I'm a boy or a girl?"

"And I go," Andie says, "'Why are you doing that? You're obviously a tomboy.'

"'Well, I want to be a boy.'

First there are hormone blockers, medications that are used to suppress puberty in one's birth reversible—an adolescent who stops taking them will begin puberty in their birth sex—and ar time to mature enough before he or she makes irreversible choices.

For adolescents who continue their transition, hormone blockers also help to prevent later sur never grows breasts in the first place need not have them removed. By around age 16, Alex co hormones, which would deepen his voice, cause hair to grow on his face and his chest, and pr changes of a typical teenage boy. Genital surgery—a much less common choice in transgender techniques are less advanced than they are for transgender women—can happen as early as a

Andie admits that she would prefer Alex not go down this path. Not because she has a problem but because she hates giving her kids medication. "I don't care what drug it is," she says. "I do putting drugs in their body. But I also want a kid that's alive," rather than at high risk for suici epilepsy. So he has to take high levels of meds to keep his body safe. I'm going to try to look at Alex needs to feel secure, that's what Alex will have."

Andie brought Alex to Zucker's clinic after Alex had a transition at school. She Googled Zucker only once he him and was shocked by the criticism she read; she s her approach and has never encouraged her to treat

"One starts, more or less, with where a family is at," see Alex in individual therapy to get a further and m Alex's internal, subjective world. I think that both An Alex will develop any alternative ways of how Alex c gender." Zucker stops short of saying that fostering t "It would have to be their aim," he says of Alex's fam

With encouragement from Zucker, Andie reminds Alex that he could grow up to be anything— between—and tries to encourage him in any case to love his body. "My goal is for Alex," she sa and to have the tools she needs to be able to say, 'Hey, this is who I am.' I have no right to tell s something that they're not."

Alex plays on a local boys' hockey team; his dad volunteered to coach so Alex would feel more snowboarding and dirt biking with his mom. In advance of Thanksgiving, Andie called her ow around—to lay out the ground rules for their family dinner: "'Refer to Alex as he, or I'm not O complied.

approach," as one clinic describes it—neither encouraging nor actively discouraging. A few, lik group, will—in extreme cases—help children make an early gender transition. But none attem transsexuality as Zucker does.

With short silver hair and beard, mismatched belt and shoes, and a perpetual pen stain on his has the demeanor of, the workaholic grandfather that he is. The first thing you notice, talking basso timbre rumbles in a blend of Canadian and Midwestern accents. He has a dry sense of h deadpan teasing that at times catches even friends off guard. "One of the things I told everybo think about today," Zucker said at the opening of his Tuesday-morning clinic-supervision meet never even broke a smile, but he was (mostly) joking that everyone should try to impress the v best shirt and got here early and then"—he pointed to that day's pen stain—"put my blue pen

Zucker grew up in suburban Skokie, Illinois, the older of two kids (his sister Barbara, he points nicknamed Barbie). His "intellectual, left--winger" Jewish parents were victims of McCarthy-er several jobs, Zucker says, because he refused to "rat on his Commie friends." In Zucker's tellin "for the sake of their children, they needed to become conformist," and they moved to the sub scene—trapped in middle-class consumer subculture for the good of the cause."

Born in 1950, Zucker came of age at the dawn of a different kind of scene. During our time tog mention, in passing, a cow that stuck its head into his VW van at Woodstock and a summer he Massachusetts, driving "the People's Bus," but when I pressed for more details, he would say o What he will say is that he emerged from those times with a distaste for dogmatism and a sens is safer than fighting political, dogmatic battles."

He regards his detractors as dogmatists. "I would say one thing that does bug me about some c people's supreme confidence that gender is a complete social construction, or that gender is co determined, or that this can all be explained by specific psychodynamic mechanisms." Zucker agnostic." He thinks that gender emerges as a mix of these elements, but he feels that the mech

His fascination with gender identities began while Zucker was a psychology graduate student psychiatrist Richard Green, whose pioneering work in the emerging field of sexology laid the g practice today. Green's 1974 book Sexual Identity Conflict in Children and Adults was the first description of a cohort of "feminine boys" and included transcripts of Green's sessions with th Zucker was intrigued. "Identity is such a core part of what it means to be human," he says, "an aspect of the self that it's inherently interesting."

sharply in the last five years.

Does this mean that Green's numbers are an under-estimate—that with greater parental and s
"sissy boys" would have grown up to be transgender? New data might help to answer this que
Toronto, Zucker talked a lot about a scholarly paper currently under review by a group of wel
researchers. In their group, kids like Alex who underwent an early gender transition were mo
variant kids to be "persisters"—that is, to continue to identify as the opposite sex into adolesce

Because the Dutch data seem to support Zucker's theory—that the way parents respond to a ch
has an impact on whether it persists—the paper feels, to him, like something of a vindication.
data and reaches the opposite conclusion: The kids who transition early, he says, are the ones
vocally and from an early age—the ones who were clearly going to persist anyway.

In the vast majority of these kids, however, gender dysphoria resolves on its own. In light of th
know your interventions are working? He was honest: "I don't think we know."

As a child, Karl Bryant, now a sociologist at the State University of New York, New Pa
girl, and I expressed it often," he recalls. But this was the early 1960s—there was n
subculture—and Bryant was growing up in a small farming town about an hour fr
one of the earliest subjects of Richard Green's Feminine Boy Project. He was enrolled in the "t
with Green every other week.

Bryant liked Green and remembers trying hard to please him. "I knew at a certain point what
recalls. Bryant wrote his Ph.D. dissertation on the politics of gender identity disorder, and he
introduction. "I remember occasionally trying to muster the kinds of masculine behaviors tha
naturally express," he writes. "Ultimately I learned to hide as best I could my feminine behavi

Bryant grew up to be a happy, successful gay man, and he refuses to speculate how, or whethe
different if his parents had allowed him to follow his fervent childhood wish to be a girl. But h
despite, not because of, Green's interventions. The study, he says, gave him the lasting impress
me, and that I trusted the most, disapproved of me in some profound way." He says it's hard to
knowledge can inflict: "The study and the therapy that I received made me feel that I was wro
my core was bad, and instilled in me a sense of shame that stayed with me for a long time afte

kids might think in binary terms—'I'm not like that, therefore, the only alternative is to be a gi
realize there are different ways one can be a boy, maybe that lessens the wish to be a girl. Bec
have to be running around on a soccer field as the only way one can be a boy. I can do someth

Zucker also relies on more traditional behavior--modification therapy, in which you reinforce
and ignore or discourage others. He encourages "limit setting," like allowing your boy to wear
the house, for example, or only for a certain number of hours a day. But he stresses that each
individualized: For a kid like Alex, encouraging him to be flexible in the way he thinks about g
a kid like Olivia, he felt comfortable going further. This is largely because Olivia's parents felt

Olivia is nine now. But from the time she was two, "She wouldn't wear things if there were a p
mom, Erin, says. Olivia wouldn't drink from a pink cup or eat off a pink plate. She refused to g
because the teacher gave girls a princess crown to wear on that day. "And if there was a specia
that a dress was required, there would quickly be juice dumped down the front of it." Erin lau

Erin also noticed that Olivia couldn't tolerate social situations. She got teased a lot at school, a
came over with their kids, Olivia would either go up to her room and shut the door or sit and
she was autistic," Erin says.

By the time Olivia was four or five, they would argue about her gender constantly. "I would cl
the heck," Erin recalls. "I would say, 'Olivia, you're a girl. You're a bit of a tomboy. You're a girl
started into the whole dialogue of, 'When am I going to become one?' That's when I realized th

Erin was referred to Zucker by a therapist she was seeing, but having read some of the criticis
"My values are that you take people for who they are, and people can be whoever they want t
daughter chooses to be a boy or chooses to be gay or whatever, so be it, and I'll love them and
I can to make them happy in their world."

But then Zucker asked her a question that stuck with her: "If your daughter said to you that sh
the morning, would you let her?" No, Erin told him. "Well," Zucker continued, "she's telling yo
change into one. And she's young enough that we think in this clinic that she's confused, and y
What do you think about that?"

Erin thought, "OK, let's try this."

continue to want to play with Barbies. And so on. “There is a back-and-forth between gender i
Zucker argues. “I’ve been trying little questions out lately, like: ‘If you like to eat leaves off tall
giraffe?’ Some little kids fit that kind of thinking. Kids conflate identity with appearance.”

This was certainly true for Olivia. Finding gender--neutral girls’ clothes was a challenge, but sh
on some collared shirts and cargo pants cut in a girl’s style. “What happened over time was, sh
school because she stopped looking like a boy,” Erin says. “It would get her confidence going.”

On days that Olivia came home from school and complained that “so-and-so called me a boy,”
reply, “Well, you kinda look like one today, Liv. Your choice. I don’t know what you’re expectin
point where she would get upset when people would get confused, calling her a boy. Even thou
wanted.”

The final recommendation her parents followed was to help Olivia make more female friends
friends than girl friends, but her parents enrolled her in girls’ soccer and hockey and were am
“The girls are like her,” Erin says. “They’re still more girly than her, but they’re rough, and wh
they’re just tearing around playing Hunger Games. They relate to her.”

Social interactions still don’t come easily for Olivia, but Erin feels the changes they made have
confidence she needs to move through the world more peacefully. “I think that if I hadn’t gotte
allowed her to continue to dress the way she was, and life would have been really tough,” says
been very withdrawn and disturbed and had difficulty making friends, and been bullied.” Erin
uncertain: “Who knows what she’s going to decide? Is she going to be gay? Is she going to be tr
do know that she’s going to be a confident person and be her own person and feel like she can
recognize how to fit in and how society works. I think this place has saved her.”

There’s a chance, of course, that Olivia might feel otherwise later in life. “If your par
Zucker to figure out your gender, and they are already perhaps less than supportiv
confused, and then you sit in a play space with an authoritative doctor suggesting
you think the child would do?” asks emergency-room physician Madeline Deutsch, who is tran
see a large number of Dr. Zucker’s former patients in their thirties, forties, or fifties seeking ge
regret having not been able to do so decades earlier.”

friends they most connect with—on the basis of a dubious guess that some tiny one day want to have sex-reassignment surgery.

Because of this proliferation, critics like Bryant say, Zucker is basing his work on an outdated parents radically change the way their children live—not let them play with the toys they choo make them most comfortable, or play with the friends they most connect with—on the basis o percentage of them will one day want to have sex-reassignment surgery. Or, worse, on the bas the world will not accept them for who they are. This seems as unsettling as Zucker's parents conforming for the good of the cause. It's fair to ask: Whose cause, exactly?

Although the DSM is strictly a diagnostic manual—it does not make treatment recommendatio existence of a diagnosis is the suggestion that it warrants treatment. This is largely the concer mental-health professionals had when they heard that Zucker would be chairing the DSM's Se Disorders work group.

Zucker's approach "has this default assumption that not identifying with the sex you were ass psychopathology," says Karl Bryant. "It treats the gender of the child [as] a problem that merit

But transgender advocates concede that the new diagnostic criteria represent an improvemen DSM, for instance, the bar seemed lower for diagnosing boys than girls: To meet the criteria, b "preference for" wearing girls' clothes, whereas girls had to "insist on" wearing boys' clothes. more analogous. The new DSM, which will be published in May, also recognizes the limitation that a child could express either "a strong desire to be of the other gender" or "some alternati assigned gender."

Still, whether the diagnosis should be in the DSM at all remains a contentious issue. Because h sex-reassignment therapy cost tens of thousands of dollars, transgender people are in a bind: health-insurance coverage for their transition-related medical care. Zucker and his colleagues community's concerns by renaming the diagnosis "gender dysphoria." This means that it's not but rather the distress that may result from that identity. A gender-variant kid—a boy who lik —wouldn't automatically meet the criteria, unless the behavior caused him "clinically signific other words, unless he were suffering.

The name change alone was a big deal, says psychiatrist Dan Karasic of the University of Calif implies that "the distress of gender dysphoria is the pathology as opposed to gender identity."

—resolve after kids are able to transition.

While I was in Toronto, a teenage patient of one of the other psychologists in the clinic came in person had the body of a female but covered his breasts in layers of binders and was so afraid wouldn't leave the house, even for school—he attended high school online and ventured out o once a week, to the in-person component of his curriculum. He told his psychologist, one of Zu wouldn't refer him for hormone therapy, he would kill himself. The colleague stopped by Zuck do.

The standards of care say someone is ready for hormone therapy when he has lived successfu period of time. Did this person qualify, if he never left the house? Is his extreme distress the re Or is the depression clouding the psychologists' ability to get an accurate read on his gender id theoretical, though. In the next room was a real patient who was suffering, and Zucker did wh referred him to the endocrinologist to begin hormone therapy.

**The names of Zucker's patients and their family members have been changed to protect their pr*