

# TREATING TRANSGENDERED CHILDREN: CLINICAL METHODS AND RELIGIOUS MYTHOLOGY

by *Melissa Conroy*

*Abstract.* Bruce Lincoln suggests that myth is “that small class of stories that possess both credibility and authority” (1992, 24). When studying the history of mythology we find that myths often are understood as something *other* people have—as if the group in question possesses the truth while others live by falsehoods. In examining contemporary North American society, we can see how Judeo-Christian narratives structure popular and medical discourses regarding sex and gender. The idea that humans are born into male and female, and male and female *only*, is a deeply held belief—so much so that it appears as fact rather than belief. Anthropologists such as Serena Nanda and Will Roscoe have documented the cross-cultural and historical “gender variants” who exist in societies where three or more genders are the norm. The origin of the belief in two sexes could well be the opening verses of Genesis where the origin of the human species is described in bipolar, dimorphic forms: “. . . in the image of God He created them; male and female created He them” (Genesis 1:27 NRSV). In the article I explore the mythology that underlies the clinical management of transgender children.

*Keywords:* gender variant; Jacques Lacan; psychoanalysis; religion and gender; religion and sex; religious ideology; religious mythology; transgenderism

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*Madness deals not so much with truth and the world, as with man and whatever truth about himself he is able to perceive.*

—*Michel Foucault*, *Madness and Civilization*

The two-sexes/-genders model of the West is one that is insufficient for those born between the genders, whether in body or in mind. In spring of 2008, National Public Radio aired a series on children who suffer from

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what some psychologists call Gender Identity Disorder (GID).<sup>1</sup> A child with GID, usually between the ages of two and four, often believes he or she has been born into the wrong biological body. It is not that the child wants to “become” a boy or girl; rather, he or she is certain he or she is in the wrong physical body. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR), the guidebook for doctors in America, lists additional behavioral signs, besides discomfort in one’s own sex, that indicate strong identification with the opposite sex. Behavior in such forms as type of dress, choice of toys, style of speech, role playing, and involvement in “rough-and-tumble play” are considered indicators of GID (Zucker and Bradley 1995, 11). Some children with GID grow up to pursue sexual reassignment surgeries (transsexuals); others blend masculine and feminine expressions of gender (transgenderists).

The term *Gender Identity Disorder* is itself controversial. According to the DSM-IV-TR, a disorder is “a clinically significant behavioral or psychological syndrome” that is associated with distress or disability or with “a significantly increased risk of suffering death, pain, disability, or an important loss of freedom” (American Psychiatric Association 2000, xxxi). The DSM-IV-TR stresses that the disorder “must not be merely an expectable and culturally sanctioned response to a particular event” but rather something that is “considered to be a manifestation of a behavioral, psychological, or biological dysfunction in the individual” (p. xxxi). Some clinical psychologists argue that GID is not a disorder at all. Rather, the experience of being transgendered (“an individual whose gender identity does not match [his or her] assigned birth sex” [Brill and Pepper 2008, 5]) in modern society presents a variety of symptoms, such as depression and anxiety, that result from familial and societal restrictions, not from the state of being transgendered. Some argue that transgenderism is not a disorder and that defining it as such is a political act of policing of sexuality in much the same way homosexuality was classified as a mental illness until 1973 (see Lev 2004, 178).<sup>2</sup>

Statistics that call attention to the rarity of transgenderism have been used to argue that it is a disorder. However, studies on the frequency of transgenderism vary greatly. Some studies state that less than 20 percent of transgendered children will become transgendered adults (Brill and Pepper 2008, i), without regard to how parents and society may influence that outcome. Moreover, studies that include persons who have transitioned from one sex to another implicitly accept a dimorphic model and effectively eliminate those who refuse this binary model. Dallas Denny, transgender activist and academic, notes: “More and more transsexual people are accepting their transgendered condition as a permanent state of being . . . [leading] to the realization that being pre-operative is not inevitably a way-station on the road to surgery, but perhaps a permanent state of non-operativeness” (Denny 2004, 39). There is a movement of adolescents in

America who choose not to take hormones and refer to themselves as transgender “no ho’s” (“no hormones”) (Brill and Pepper 2008, 219). Whether the “no ho’s,” or the individuals existing without operations, would be counted depends on the definition of transgendered.

Further issues, such as the acceptance of cross-dressing in young girls (“tomboys”) and society’s negative fetishization and punishment of young males who dress as women, complicate the nature of the statistics and frequency of diagnosis. As we shall see, many cultures have what Serena Nanda calls “gender variants”—a range of sex/gender positions that lie between purely male/masculine and purely female/feminine persons. Using this broader definition, some argue that gender-variant children, those who fall outside the accepted norm of an interrelation between sex and gender, are very common, perhaps 1 in 500 (Brill and Pepper 2008, 2).

The NPR series on transgendered children concluded with a segment on listeners’ comments. One person called in and said that it would be a cruel creator who deliberately put individuals into the wrong bodies. But perhaps it is the religious grounding of our culture that makes us think that there are only two types of bodies. In popular, medical, and academic discourses we have become accustomed to thinking that biological, dimorphic sexes are natural. We assume that sex is made up of “biologically determined properties which members of society simply recognize on the basis of scientific evidence,” while genders, despite various culturally constructed differences, “are presumed to be naturally occurring social manifestations of sexes” (Devor 1997, 72). Sex and gender appear to be “naturally” aligned. As Anne Bolin notes, “in the Western paradigm women are people with vaginas; therefore, if a man believes himself to be a woman, he must look the part, down to the genitals. This paradigm has no room for the social woman with male genitals as is found elsewhere in the world” (1994, 54). Bolin points out that sex, gender identity, sexual orientation, and gender role or identity are “taken-for-granted premises and regarded in a number of scientific discourses as ‘naturally’ linked” (1994, 59). Males are thought to be naturally heterosexual and masculine in appearance, while females are similarly heterosexual and feminine. Both categories are thought to be exclusive and dimorphic. One is not both male and female any more than one is both genders.

Sex is “bipolar” as opposed to “dimorphic,” but only if one assumes that the poles of pure male and pure female represent the opposite ends of a range of possibility; absolute dimorphism does not exist, whether at the microlevel of chromosomes and hormones or the macrolevel of sex organs and genitalia (Fausto-Sterling 2000). Dutch brain researchers investigating male transsexual brains have demonstrated that even at the level of brain structure, purely male and purely female do not exist (Zhou et al. 1995). The brain research “revealed that the genetically male transsexuals had a female brain structure” in an area of the brain “essential for sexual

behavior” (Ettner 1999, 57). Although the study’s outcomes and methods have been questioned (see Herbert 2008), the study has been used for political change: The discoveries of the scientists of the Netherlands Brain Institute have been used successfully to lobby for transsexual rights in Europe. New laws reflect the idea that transsexuality is a biological reality, not a choice, and thus transsexuals are entitled to appropriate medical treatment and full legal protection.

Although the Dutch research is certainly available to scientists, clinical psychologists, and politicians in the United States, North Americans have not adopted the European stance toward people who are transgendered or transsexual. The reasons for this are complex, and here I am chiefly concerned with the way religious mythology has structured the medical and popular discourse.

In her short article “Should there be only two sexes?” Anne Fausto-Sterling suggested that it would be more accurate, biologically speaking, to use five sexes instead of the usual two. Her suggestion created a great deal of controversy among certain Christian groups. Fausto-Sterling describes the reaction to her tongue-in-cheek proposal:

Right-wing Christians somehow connected my idea of five sexes to the United Nations–sponsored 4<sup>th</sup> World Conference on Women . . . apparently seeing some sort of global conspiracy at work. “It is maddening,” says the text of a *New York Times* advertisement paid for by the Catholic League for Religious and Civil Rights, “to listen to discussions of ‘five genders’ when every sane person knows there are but two sexes, both of which are rooted in nature.” (Fausto-Sterling 2000, 78)

It is clear that the implicit dimorphism of the story of Adam and Eve deeply conditions our understanding of the possibilities of our species. Fausto-Sterling’s controversial question “Should there be only two sexes?” is one I would like to explore. To answer a question that investigates the relationship between biological sex, cultural gender norms, and religious ideology, I use the work of psychoanalytic theorist Jacques Lacan. Lacan’s work is useful for examining the complex relationship between sex and religion and between the individual and society. In order to understand the sex/gender paradigms of our implicitly religious medical models, I examine cross-cultural examples of gender-variant societies along with the Judeo-Christian roots for the Western model. I then explore how modern medical discourses, in both clinical assessment and treatment, are informed by a particular religious way of understanding bodies.

*In the psyche, there is nothing by which the subject may situate himself as a male or female being.*

—Jacques Lacan, *The Four Fundamental Concepts*

Tim Dean states that one of the most useful things he has gained from Lacan’s insights is that his theory “makes fully evident how the private,

individual realm of subjectivity ultimately cannot be separated from the realm of public life” (Dean 2000, 1). In a similar vein, James DiCenso argues that for Sigmund Freud religion was not simply a projection of the unconscious mind; rather, religion was formative. It constructs both the outer world and the internal self. “To be human is to inhabit a world constituted by cultural symbolic forms, and to internalize these constructs so that they become one’s own” (DiCenso 1998, 24).

The following story, told by Lacan, demonstrates how deeply society creates internal constructs.

A train arrives at a station. A little boy and a little girl, brother and sister, are seated across from each other in a compartment next to the outside window that provides a view of the station platform buildings going by, as the train comes to a stop. “Look,” says the brother, “we’re at Ladies!” “Imbecile!” replies his sister, “Don’t you see we’re at Gentlemen?” (Lacan 2002, 143)

In *Figuring Lacan*, Juliet Flower MacCannell argues that Lacan’s train station is not simply about the arbitrary nature of signifiers but about the emptiness of the signifiers themselves. MacCannell suggests, “*Signifiers* carry the entire burden of gender identification—the sorting out of boys and girls: words, title, clothes, accoutrements” (1986, 51). She concludes that the “truth” of this story is that sexuality exists only at the level of representation; there is nothing “under” the clothes that makes one a man or a woman. As we shall see, clothes often bear the burden of being the primary signifier of gender.

Although the sexuality of the being is undetermined at the psychic level for Lacan, at the level of language and culture one is quilted or knotted into a particular sexual identity. The knots connect the signifier to the signified in the being’s mind, quilting together this arbitrary reality. To be considered normal, a person must be able to join together the right signifier and signified out of a range of possible meanings. With the two properly joined, the individual’s personal dilemma—“How do I, as a unique individual, act?”—is positioned in the whole of signification—“How do I act as a ‘man?’” Thus, as Charles Shepherdson points out, for Lacan there is no easy division for sex and gender, biology and culture. Sex and gender are not solely products of culture, and they are not purely biology: “the facts of anatomy are insufficient to determine sexual identity, which is understood in terms of identification and is therefore no longer a question of biology; on the other hand, sexual difference cannot be reduced to a purely historical and socially constructed phenomenon” (Shepherdson 2008, 134). Fausto-Sterling argues in *Sexing the Body* that the cultural arena of gender is instrumental in shaping “nature.” She claims that “scientists create truths about sexuality” that “our bodies incorporate and confirm” (2000, 5). Lacan’s model of quilting suggests that society stitches the individual into a patchwork of meaning. Cultural discourse, medical and otherwise, determines what individual signifiers mean.

Although it is beyond the scope of this essay to demonstrate Lacan's arguments fully, a single example may suffice. Lacan's work on the phallus, the symbolic level of the penis, demonstrates that the biological object of the penis cannot be understood as simply genitalia. The penis has a symbolic level where maleness and power are joined to it. This insight has been confirmed by studies showing that by "about age two the child concretely associates the penis with his maleness" (Lothstein 1992, 92).

Thus, in the case of the interrelation of sex and gender, the two being stitched together tightly, societies determine the range of possible stitches for the individual. By examining the different ways societies have created the relation between sex and gender we may examine the particular way Western society, in popular, religious, and medical discourse, has determined that relation.

Although many groups of people may usefully be compared to transgenderists in North America, it is important to note that transgenderism is not a universal term. The term implies change and fluidity, something many transsexual and transgendered people do not experience. The idea of crossing genders or mixing genders, in the way the Western world conceives those terms, is possible only when a fixed sense of gender underlies this movement. I use the term *transgenderism* given that it is the lack of fluidity of sex/gender in our culture, and the presence of it in others, that I wish to explore. Nanda prefers the term *gender variant* to describe persons in any culture who fall outside the alignment of a binary sex/gender. The cultures that have gender variants vary greatly in their treatment of gender variants. Nanda's introduction to her study *Gender Diversity* gives this complex overview: "attitudes toward gender diversity are ambivalent and complicated. Such attitudes include awe, fear, respect, ridicule, disgust, dismay, pity, bemusement, and often a contradictory combination of these emotions" (Nanda 1999, 4). This dissimilarity in attitudes is useful in that it exposes how a religious system might provide or limit a space for a gender-variant person. The religious system often creates the very possibility for that person to exist in a particular formation of sex/gender.

Kathryn Helms contends, regarding gender formation, that there are two main types of religious systems. Religions that are monistic see gender variants as "an affirmation of the essential continuity of all life and a natural expression of the spectrum of life" (Helms 1997, 401). Religions that are transcendent "offer no formal place for cross-gender behavior in their rituals. In fact they share a common mistrust of blurring of lines between the sexes" (1997, 401). In the following paragraphs I briefly examine views toward gender variants in Buddhist, Hindu, and Native American societies. I then examine attitudes toward gender variants in Christianity.

Gender variants in Thailand and India are well documented. Both cultures provide origin myths that explain the existence of gender variants. They also have religious concepts, such as karma, that help to explain why

people are born between purely male and purely female. Randi Ettner notes that as a whole Hindus and Buddhists have little concern about transgendered behavior: “the condition is thought to be a residual manifestation of a previous life as a member of the opposite sex” (Ettner 1999, 27). The kathoeyes of Thailand, men who are transgendered, are understood to be transgendered because of their karma. In light of this, they “should be pitied rather than ridiculed” (Nanda 1999, 74).

However, transgendered behavior is not simply something to be pitied in people with bad karmic fates. Both religions have stories in which multiple sexes/genders are part of the world of the gods and the natural variety of human beings. More specifically, the clerical codes of conduct, the *Vinaya*, lists multiple sex/gender categories. One category, the *Ubhatobyanjanaka*, means “a person with signs of both sexes/genders.” “The category of *ubhatobyanjanaka* persons described in the canon should therefore be understood as including both biological and ‘psychological’ hermaphrodites, that is, persons who combine culturally ascribed male and female sexual or behavioural characteristics” (Jackson 1996). Thus, human beings are thought to exist in multiple formations of sex and gender.

Hinduism also has origin stories concerning mixed gender: “multiple sexes and genders are acknowledged as possibilities, albeit ambivalently regarded possibilities, both among humans and deities” (Nanda 1999, 28). Nanda’s chapter on the hijras, people who are “neither man nor woman,” show how narratives can provide a space for persons outside the binary gender divide. Hijras are biological males who become a third sex/gender via castration. Hijras dress in women’s clothes and traditionally perform rituals at marriages and the births of baby boys. Stories such as the epic of the *Mahabharata*, where the hero, Arjun, lives for a time as a eunuch-transvestite, and the creation myth of Shiva give the foundation to their religious function and appearance. The story of Shiva is especially important:

. . . when Shiva was finally ready to begin creation he saw that the universe was already created [by Brahma] and got so angry, he broke off his phallus saying “there is no use for this,” and threw it into the earth. Paradoxically, as soon as Shiva’s phallus ceased to be a source of individual fertility, it became a source of universal fertility. (Wendy O’Flaherty, in Nanda 1999, 31)

Thus the apparent paradox of infertile males linked to fertility rites can be explained by the Hindu cosmos where binary oppositions are not polemical but instead are complementary.

Perhaps the most useful societies to consider are the tribes of North America. Because of the nature of contact between Europeans and Native Americans, we see in high relief the religious oppositions of culture. When explorers arrived in North America, they used terms from their own cultures such as berdache, hermaphrodite, and *garçon effeminés* (Roscoe 1988, 48). Berdache is commonly used in scholarship despite the fact that the term is derived from an Arabic word meaning “male prostitute” (Nanda

1999, 11). The term *berdache* refers to persons who are not considered men or women and who partake, in part or wholly, in cultural aspects of the opposite biological sex. Some 110–150 societies have documentation of a gender-variant system, some with three genders and others with four. These systems show that gender identity is fluid and impermanent. For example, male gender variants would wear women's clothes and hairstyles partially or wholly, permanently or intermittently. In many cases, clothing was related to occupation in that a female gender variant might wear male clothes when hunting but women's clothes while doing women's work (Nanda 1999, 15).

In Hinduism and Buddhism, the origin of gender variants is rooted in a religious mythology. Holly Devor notes that in many societies' religious literature "It is not uncommon . . . to encounter supernatural beings who change sex or gender, who incorporate aspects of both male and female in one being, and who change themselves" (Devor 1997, 5). Gender variants thus embody the ambiguity of the natural and religious world. Gary Bowen, an Apache transman, explains their contemporary role in this way:

Transgendered people, combining elements of male and female, are at the interstice of the material and spiritual worlds and thus able to act as mediator for the benefit of our communities. . . . For this reason the sacred people are an integral part of our communities, not alienated or shameful, but often hidden to protect them from the ravages of the dominant culture. (Bowen 1998, 65)

There is evidence that gender variants historically did play important religious roles. According to Jacques Le Moyne, an artist who traveled to the New World in the 1500s, the *berdache* carried provisions when the men went to war. They buried the dead, and, in cases of injury or illness, they would "take the sick on their shoulders to places selected for the purpose and feed and care for them until they are well again" (quoted in Roscoe 1988, 48). Among the Tolowa of northern California, shamans who were either women or "transvestite males" cured physical and spiritual illness (Roscoe 1998, 51). Roles were not simply religious, either. Many documents show that gender variants were politically and socially important: "Women became hunters, warriors, mediators, even chiefs in many tribes of North America. Some were female *berdaches*—they lived and dressed like men and married other women" (Roscoe 1988, 65). The *berdache* households often were noted for their prosperity; a *berdache* named Woman Chief was able to support four wives successfully (Callender and Kochems 1993, 376).

Within their own communities, *berdaches* were both feared and esteemed. When Christian missionaries arrived, the *berdaches* were treated as sinful homosexuals. In his short personal essay, "Portrait," Bowen states, "My own transgendered state is a sacred calling given to me by Spirit, not a neurosis discovered by white medicine" (1998, 63).<sup>3</sup> Bowen's essay shows how a culture's ideology constructs gender in a particular way. In his case,



his own culture historically has constructed gender along lines that differ from those in the dominant white culture.

*We will pray for your conversion to the Lord, and a return to manhood. Until a full return is made to your masculinity, we consider you to have severed your relationships with all of us.*

—letter to a male-to-female transsexual from her children (Ettner 1999)

The modern Judeo-Christian understanding of human sexuality is decidedly dimorphic and uncompromising. The rhetoric concerning such a view focuses on the story of creation in Genesis and the idea that humans were created as male and female only. Any confusion about gender is thought to go against the natural God-given order of things. The text itself is complex, with equally complex scholarship and interpretations available. In this essay I am concerned only with discussing how the text is relevant to Christianity's modern understanding of gender diversity.

Despite the emphasis on dimorphism, scholars have a basis for understanding God, and even Adam, in a nongendered way. It is argued that because both men and women are made in the image of God, God must necessarily embody male and female traits: "both genders are incorporated in the divine name because the human sexes reflect the image of Elohim" (Phipps 1989, 3). Likewise, before the original creature Adam (human) was divided into Adam (male) and Eve (female), it was without gender. Phyllis Tribble holds that "until the differentiation of female and male ([Genesis] 2:21–23), 'adham is basically androgynous'" (1992, 74).

Although God and Adam are described as being androgynous and without gender, the primordial human couple, Adam and Eve, are sexed and gendered. Tribble notes that while Genesis begins with androgyny, it ends with sexuality (1992, 74). Likewise, William Phipps writes that while "h-adam" is the original androgyne, this is not the preferred state of humanity. Eve is taken from Adam, resulting in the creation of sexual difference. This act cures the androgyne of loneliness and gives rise to the sexual division of humanity. Thus, the story of creation in the book of Genesis makes it clear that human beings originally were created in male and female forms. Sex is thought to be unchanging, and gender is thought to be naturally aligned with sex. As Arlene Istar Lev points out, any thought of changing one's sexual identity "makes many people squeamish and evokes charges of the 'natural order' and 'messing with God's creation'" (2004, 43).

Scholars have noted that certain biblical verses and figures in the Christian tradition do not support such a narrow view. Joan Roughgarden chronicles the treatment of gender variants in the Christian tradition. Starting with Matthew 19:11–12, where Jesus recognizes the various kinds of eunuchs ("For there are eunuchs who have been so from birth, and there are eunuchs who have been made eunuchs by men, and there are eunuchs who have made themselves eunuchs for the sake for the kingdom of heaven")

[NRSV]), Roughgarden shows how this view of sex/gender created an atmosphere in Christianity where eunuchs could be accepted into the Ethiopian church (2005, 258f.), but the advent of monasticism and the ideal of the (noncastrated) monk ended this time of acceptance for gender variants.

As we have seen, gender diversity is not limited to one's sexual organs. For the berdache, kathoey, and hijra, dressing in the clothes of the opposite sex is part of having a gender-diverse identity. A biblical verse often used to show how Christianity prohibits cross-dressing is "A woman shall not wear a man's apparel, nor shall a man put on a woman's garment; for whoever does such things is abhorrent to the LORD your God" (Deuteronomy 22:5 NRSV). The passage is set among verses that prohibit all kinds of mixing: One must not wear wool and linen together or yoke an ox and an ass together. Gender-variant behavior is likewise thought to confuse distinctions. A famous case of this in the Christian world is that of Joan of Arc, a woman religiously called to wear men's dress in the name of God. She was killed for her gender expression. The Grand Inquisitors stated, "you have continually worn man's dress, wearing the short robe . . . with nothing left that could show you to be a woman: and on many occasions you received the Body of our Lord dressed in this fashion" (Feinberg 1996, 35). Such prohibition of mixing clothing, especially in the case of men wearing women's clothes, persists in the modern era. The DSM-IV-TR recognizes transvestic fetishism only in heterosexual males. This indicates that homosexual males, and all women, who cross-dress are not considered mentally ill. Clearly, religious prohibitions today are selectively chosen and enforced.

The aforementioned NPR series looks at the ways Western parents treat their transgendered children. The most popular approach is exemplified by Dr. Ken Zucker of Toronto's Clarke Institute of Psychiatry. Zucker was one of the doctors who defined "Gender Identity Disorder" for the DSM-IV-TR, and his clinic has treated more than five hundred children. Given his influence in determining the definition and creating and enacting a treatment model, I focus here on his work. Lev observes that although his treatment is not accepted by all clinicians, it is not motivated by political or religious ideology (Lev 2004, 180). Zucker and his associates are genuinely concerned for the children they treat and the future they will have. Zucker's strategy is to remove all "feminine" things (clothing, toys, even the color pink) from male children who have this "disorder" and vice-versa for female children. In this therapy, children are not allowed to play with children of the opposite sex, draw pictures of children of the opposite sex, or pretend to be of the opposite sex.

The DSM-IV-TR states that mental disorders cannot be caused by society, yet clearly the traits of the disorder (wearing clothes of the opposite sex, playing with toys of the opposite sex) are about society's understanding of gender. Zucker states that children with GID show that they have a

“disability” in that they often misclassify their own gender. Lev argues that misclassifying one’s gender is not an objective test:

One could argue that believing that gender is a fundamental and unchanging aspect of self is simply inaccurate, since gender (attributions, behaviors, appearance, and identities) can and do change throughout time and situations. Gender-variant children who are “failing” to develop according to the normative principles as applied to their genitalia might not be developmentally arrested but tactually be expressing their own innate intelligence about their own identity. (Lev 2004, 125)

The DSM-IV-TR assumes that gender expressions for boys and girls are fundamentally different and that gender expression is naturally aligned with sexual identity/physical differences that a child should be able to recognize from an early age. If a child is not able to align sex with gender, to recognize the stitches that hold our cultural order together, the child is considered to be mentally ill. The enforcement of order is arbitrary and selective. In general, boys are punished more for transgender behavior. They are more often treated and diagnosed for GID. In the case of clothing, “boys need only to ‘prefer’ girls’ clothing, but girls must ‘insist’ on boys’ clothing to meet the diagnostic criteria” (Lev 2004, 176).

The alignment of maleness with all things masculine is reinforced by the DSM-IV-TR’s understanding of sex/gender: “The DSM assumes that boys and girls are different and should wear different clothes, enjoy different kinds of games, engage in different kinds of play, and have friends of the same sex” (Lev 2004, 175). Gender expression is allowed to be only singular in that it must properly align all aspects of masculinity with maleness or all aspects of femininity with femaleness. Like the Christians who objected to Fausto-Sterling’s suggestion for five sexes, the DSM-IV-TR assumes that there are only two sexual/gender expressions and one can only be one or the other. In fact, the DSM-IV-TR states that to be diagnosed with GID, one must have “a stated desire to be the other sex;” there is no room to be between the sexes. There are no gender variants in this polarized view of the sexes.

Zucker and Susan Bradley (1995) point to various causes for transgender behavior, none of which is biological or explicitly societal in their view. Recall that the DSM-IV-TR does not consider something to be a disorder if it is caused by society. Critics of Zucker and Bradley’s work argue that the causes and diagnosis of transgenderism could easily be considered societal. Zucker and Bradley argue that the onset of transgenderism stems from poor parenting more than anything else: “parental tolerance of the cross-gender behavior at the time of its emergence is instrumental in allowing the behavior to develop” (1995, 258f.). Mothers, in particular, are censored for following “recent trends toward rearing children in ‘nonsexist’ ways” (p. 224). Other parents recall wishing for a child of the opposite sex and having that influence the nontraditional way they raised their child.

In this view, rearing masculine males and feminine females is a social process that prevents “disorders.” Keeping sex and gender differences between boys and girls clear and separate is implicitly considered a positive step in preventing GID.

Another cause of GID, according to Zucker and Bradley, is that the transgendered female-born child does not identify with her mother or with women at all. Either the mother is considered helpless or incompetent, or the mother herself thinks women’s roles are bad (1995, 252). Both Zucker and Bradley and Devor give case-study examples that show how often sexual abuse is a factor in girls with GID. Zucker and Bradley cite one study where “sexually abused girls were more masculine and/or less feminine than the normal control girls” (p. 254). Not surprisingly, “some of the sexually abused girls were ambivalent about their female gender status and perceived it to be associated with risks” (p. 254). Devor gives first-person narratives from individuals who were victims of constant sexual, psychological, and physical abuse as children, who then became female to male transsexuals in adulthood. One transgendered adult, “Ken,” relates the following: “I didn’t know if I would grow up to be a man. I knew that I didn’t want to be like my father, but I wanted to be in control. Yes, I wanted to be a boy” (Devor 1997, 128).

These heartbreaking stories do little to explain why boys choose to become girls, especially when boys are the ones primarily diagnosed with GID. Nor does it explain why some abused children have GID while others do not. Conversely, it does not explain why children without abuse may identify as transgendered. What it does show is that femininity is a social idea, given to children via personal interactions with others, just as the understanding that penis means maleness is given in society. Being a man or a woman is clearly a social decision, made by individuals, family, doctors, and society at large. These forces determine what one’s biological reality *means*.

As Lev notes, Zucker and Bradley are genuinely concerned with helping their patients. Their intentions are not dishonorable in any way. However, their reasoning as to why transgendered children need help in the first place reveals their implicit ideology. They argue that transgendered children should be treated for three reasons. The first is that, left untreated, the children will be “ostracized by their peers,” which will “result in alienation, social isolation, and associated behavioral and emotional difficulties” (Zucker and Bradley 1995, 266). These problems will get worse as the child gets older, so treatment will “prevent the development of longer-term psychopathological sequelae” (p. 266). Finally, treatment is preventative in that it will prevent transsexualism in adulthood (p. 267).

Zucker and Bradley state that these reasons are “so obviously clinically valid and consistent with the ethics of our time that they constitute sufficient justification for therapeutic intervention” (p. 269). The reasons are

based on the fact that transgenderism and transsexualism are pathologized by our society. Both sex and gender expressions are considered mental illnesses, so it is not surprising that society treats individuals in a negative light. The reasoning given for treatment sounds similar to arguments suggesting that interracial marriage should not be allowed because of the pain and discrimination children of such marriages might face. Even closer is the argument for “reparative” therapy, a practice not accepted by any psychological association, to “cure” homosexuality because gays will face discrimination. “Treatment is often pursued not because of the subjective pain of the client, but because their deviant behavior conflicts with societal expectations,” writes Lev (2004, 150). Peter Jensen and Kimberly Hoagwood suggest that mental illnesses are never located within individuals but that “‘mental’ disorders reside in communities, neighborhoods, and families” (Devor 1997, 238). Our biblical understanding of gender and sex has limited the ways we conceive of gender and sexual expression.

Not all doctors agree with Zucker and Bradley. Dr. Diane Ehrensaft views Zucker’s approach as unethical. She does not see the child’s crisis as a disorder in need of a cure but instead encourages the parents to allow the child to live how she/he chooses. Stephanie Brill and Rachel Pepper argue that symptoms such as anxiety, depression, and suicidal tendencies disappear when “children are allowed to live in accordance with their gender identity or to express their gender in the ways that feel most natural to them” (Brill and Pepper 2008, 202). Denny suggests that it is the society, not the child, that is sick:

... if there is a pathology, it might more properly be attributed to the society rather than the gender-variant individual. Those who are most visibly different are at risk from discrimination, hostility, and violence from an intolerant culture, and often from their schools, churches, police and other government officials, and even family members. (Denny 1994, 31)

Zucker and Bradley helped write the DSM-IV-TR, and their treatment method is more widely practiced and accepted than other approaches that let children be who they want to be. And disagreements about the validity of treatment are not simply theoretical. In August 2000, Children Services in Ohio removed six-year-old Aurora Lipscomb from her home. Aurora was born a boy but has been transgendered since she was two. Her parents consulted a therapist who advised them to allow her gender expression. When the parents allowed her to express her preference at school, authorities were called. “They want us to change Aurora to be male,” said Paul Lipscomb. “We are having conflict with physicians [and] Children Services in both Franklin and Hamilton counties in Ohio. They are talking about residential care, which removes us as the parents. They are beginning to say we are unfit parents, because we allow Aurora to exist” (see Newman and Grauerholz 2002, 113, and references there).

“Is it a boy or a girl?’ I think it’s a bit early to start imposing roles on it, don’t you?”

—Monty Python’s *The Meaning of Life*

Freud often has been criticized for his limited understanding of sexuality, especially with respect to women, yet one finds in his work a surprising openness toward the idea of gender variance. In *Three Essays on the Theory of Sexuality* a footnote, added in 1915, is rather telling of Freud’s understanding of gender:

. . . observation shows that in human beings pure masculinity or femininity is not to be found either in a psychological or a biological sense. Every individual on the contrary displays a mixture of the character-traits belonging to his own and to the opposite sex; and he shows a combination of activity and passivity whether or not these last character-traits tally with his biological ones. (Freud [1905] 1953, 219f.)

Reading through Freud’s work, and examining how medical discourse limits expressions of sex and gender, one arrives at the idea that society determines how psychic realities are or are not allowed to play out in the individual. Bruce Wexler’s book *Brain and Culture: Neuroscience, Ideology and Social Change* (2006) has a similar premise. Frank Bures describes Wexler’s central argument in the following way:

. . . much of human conflict arises from our efforts to reconcile the world as we believe it to exist (our internal structures) with the world we live in. . . . That different internal structures exert different pressures on the mind (and body) should not be surprising. Every culture has its own logic, its own beliefs, its own stresses. Once one buys into its assumptions, one becomes a prisoner to the logic. For some people, that means a march toward its more tragic conclusions. (Bures 2008, 65)

In the case of transgendered children it is clear how our culture creates certain assumptions that we then become prisoner to. Lev notes the paradoxical situation we have created for gender variants in the West: “In order to receive medical treatment, transgendered and transsexual people must prove themselves ‘disordered.’ In order to be granted civil rights, transgendered and transsexual people must prove themselves mentally sane” (Lev 2004, 181). Lev, a therapist, argues that the time has come for “today’s clinicians to decide whether to be social control agents or harbingers of social change and social justice” (p. 109). As religion scholars we must critically examine the narratives that inform our world. The religious mythology of our culture is certainly far too limited for the range of minds, bodies, and desires we have been given.

## NOTES

1. I thank *Sightings* of the Martin Marty Center for the Advanced Study of Religion for allowing me to reprint parts of “Transgenderism and Religious Narratives” (Conroy 2008) in this article.
2. For a discussion of how the term *transgender* has changed and developed in forty years of its existence see Elkins and King 2006, 13–23. Because I am interested in the medical discourse, I conflate transgenderism and GID in order to discuss its status as a “disorder.”
3. The religiosity of gender-diverse people is something that has been studied. Lev reports a study that suggests that a large majority (93 percent) of gender variants have had “transcendent spiritual events” and/or “unusual ‘paranormal’ abilities” (Lev 2004, 198).

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