

# SEVENTEEN

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## Rachel's Story

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### Nurturing the Spirit

#### Transgender and Intersex Sexuality

Heterosexuality and homosexuality need to be differentiated from the concept of transgender sexuality and intersex conditions. *Transgender* is an umbrella term used to describe people whose gender identity (i.e., their sense of themselves as male or female), or gender expression (i.e., their behavior) differs from that usually associated with the sex with which they were born (APA Task Force on Gender Identity/transgender, 2009; Hunter & Hickerson, 2003; Martin & Yonkin, 2006). *Intersex* is a term that describes people who are born with atypical genitalia that may include both male and female external (genitalia) or internal (reproductive) attributes. Intersex individuals were formerly referred to as hermaphrodites, but the term has been rejected to depathologize and destigmatize the conditions (Martin & Yonkin, 2006).

Historically, gender variant experiences seem to have existed in all cultures. Particularly in the context of the performing arts and sports, cross-dressing has been (and still is) an accepted form of transgender expression. Gender variance and sexual orientation are, generally, not related concepts. Transgender and intersex individuals can be straight or gay and can vary across several dimensions, including their biological

sex, their psychological identity, their social presentation, and their legal sex (Lombardi & Davis, 2006). There are several types of transgender individuals, including cross-dressers and transsexuals, also known as gender variant (Martin & Yonkin, 2006). The majority of gender variances are expressed in cross-dressing. The majority of cross-dressers are heterosexual males (Martin & Yonkin, 2006).

A few transgender individuals live either part or their lives or most of their lives as transsexuals. Male-to-female (MTF) or female-to-male (FTM) transsexuals, for example, experience intense dissatisfaction with their birth sex or with the gender role associated with that and often seek sex reassignment with surgical procedures. According to the APA Task Force on Gender Identity/transgender (n.d., p. 1) "Transsexuals who are attracted to women prior to transition continue to be attracted to women after transition, and transsexuals who are attracted to men prior to transition continue to be attracted to men after transition." For example, a male who is attracted to females will be attracted to females, after transitioning to female, and may regard herself as a lesbian.

According to Feinberg (1996), transgender can be used to describe a person who reassigns the sex that they were labeled with at birth. Feinberg asserts, "transgender people traverse, bridge, or blur the boundary of the *gender expression* they were assigned at birth" (p. x). Feinberg (1996) goes on to explain how this differs from transsexual because, "transsexual men and women traverse the boundary of the *sex* they were assigned at birth" (p. x). For some, there is a surgical gender reassignment, for some, it is dressing and living as the opposite gender, and for some, it is blurring the feminine and masculine sides and living as "bigender" (Feinberg, 1996). Estimates of the number of people who are transgender is difficult to make. Transsexuals who are biologically male are about 1 in 10,000 and biologically female are about 1 in 30,000 (APA Task Force on Gender Identity/transgender, n.d.). It is estimated that as many as 2–3% of biological males engage in cross-dressing, at least occasionally (APA Task Force on Gender Identity/transgender, n.d.). Research conducted on the brains of transsexuals has indicated that the brains of male-to-female transsexuals' are similar to those of straight females, and that female-to-male transsexuals' brains are similar to those of straight males (Johnson, 2004). Biological factors seem to be most responsible for the development of genetic maleness or femaleness. Five components comprise the biological makeup of sex determination: somatotype (chromosomes), hormones, internal genitalia, external genitalia, and gonads

(Moses, 1982). Each of these aspects is subject to variation, so one's gender can be distinctly male or female, or fall on a continuum of male and female qualities (Moses, 1982). When the external appearance and the other biological factors (hormones, internal genitalia, etc.) are incongruent, it can lead to someone who is socialized to be one gender to "feel" that they are really the opposite gender or bigendered (male and female).

Intersex individuals are those who are born with genitalia of both sexes involving atypical features in the external genitals, internal reproductive organs, sex chromosomes, or sex-related hormones (Martin & Yonkin, 2006). Often infants who are born with ambiguous genitals (without a penis or without a vagina) are surgically and hormonally assigned a gender to give them a male or female identity (APA Task Force on Gender Identity/intersex, n.d.). Other reasons for surgical and hormonal treatments include to preserve fertility, bowel and bladder function, or genital function. Intersex conditions are not always apparent at birth, though, and some intersex conditions are not discovered until puberty, when decisions about surgical or hormonal treatment are made. Sometimes, decisions about surgical corrections at birth are made without the parents' consent and often the child is never told that he or she was born intersex (Martin & Yonkin, 2006). It is estimated that 1 in every 1,500 babies is born with ambiguous genitals that cannot be easily classified as male or female (APA Task Force on Gender Identity/intersex, n.d.).

Recently, there has been movement toward the recognition that the push toward the selection of one gender or another is not absolutely necessary to live a productive life and that the pressure to attain a specific gender appearance need not be followed in order to function adequately (Lombardi & Davis, 2006). Individuals holding these views challenge the existing Western binary and categorical sex-gender system, increasingly identifying as bigender, gender blender, or gender free. In some cases, they realize that they can live as transgendered without surgical or hormonal alternations (Hunter & Hickerson, 2003).

## Implications for Professionals

Providing support and information is the first task of the counselor working with transgender or intersex individuals. Helping to find the right medical care, educating the family, advocating for the individuals and their families, and securing supportive environments can be facilitated by providing a nonjudgmental and safe place to discuss these

issues. In addition, the clinical considerations described previously are also applicable, including homophobia, HIV, suicidality and substance abuse, resiliency factors, and others.

## Discussion Questions

1. Do you agree that the concept of homosexuality needs to be differentiated from the concept of transgender sexuality?
2. Discuss the differences between gender variance and sexual orientation.
3. Discuss how you could help transgender individuals reconcile the social presentation with their legal sex.
4. What are your views of the diagnosis of Gender Identity Disorder?
5. In a continuum from total comfort to total discomfort related to discussing issues related to transgender sexuality, where would you place yourself? If your level is low, what steps could you take to increase your level of comfort with the issues presented in this section?

## Rachel's Story

[rom]

**A** mothers' account of raising a transgendered child

Rachel's mother is the author of this story. She writes about the first few years of Rachel's life when she was known as Ryan. This is the story of how Ryan became Rachel.

Rachel is a beautiful, well-adjusted, happy and healthy nine year old little girl. She likes to do all the things little girls at this age like to do. Sleepovers and ice-cream sundaes are by far her favorite things in life. But her life to this point has not been easy. Rachel was born with a boy's body. This is our story . . .

In 1996, I gave birth to twins, a boy and a girl, Ryan and Alissa. They were the most beautiful babies I had ever seen. I had struggled to have children; these two were the result of 11 invitro fertilizations in five years, with five miscarriages along the way. This was, by far, the happiest day of my life.

I was not the type of mom that learned everything from books; I thought that the best parenting would come from within and I wanted to tap into my maternal instincts. I had no expectations for my children's lives; I just wanted to raise happy, secure, productive adults.

It was apparent from the beginning that these two kids were completely different. Alissa was active and alert and always needing to know what was going on; she slept in short intervals. Ryan was very quiet and serious, he enjoyed cuddling and sleeping and he hated to be held by different people. My mom and I would joke, "typical boy."

By two-and-a-half, both children were active and speaking. Ryan would always correct us when we said things like "Good Boy" or "Boys do it like this." He would say "But I'm a girl." He would get upset when he wore blue while his sister was dressed in pink. He was not interested in typical boys' toys nor did he like us to describe him as "handsome"; he insisted on "pretty" or "beautiful."

We attributed all of these behaviors and confusions to having a twin sister who hit her milestones earlier. She was the first to crawl, the first to walk, the first to speak and the first to potty train. Ryan was always competitive, even early on, so we thought that Ryan just wanted to be like Alissa.

One night I was bathing the kids; they weren't three yet. After the kids played and washed up, I took them from the tub and wrapped them in towels. I left the bathroom for a moment to get something (I can't remember what) and when I returned, Ryan was trying to remove his penis with an unopened nail clipper. Shocked, I said, "Hey Buddy, what are you doing?" He replied, very innocently, "I have to cut this off, it doesn't go there." I told him that it would hurt and took the clippers. We continued with the rest of the nightly activities; I went on as best I could.

As time went on, Ryan's need to express like a girl became more and more apparent. He loved nail polish and lipstick. He liked to play dress-up for hours to the point where they became his daily attire. He gave us a hard time when it was time to go somewhere. He got upset when his sister would be able to wear a dress and he couldn't. He stopped attending his own birthday parties and refused to open gifts. Even Christmas was disappointing; he needed to be coaxed through each present, constantly eyeing his sister's booty.

Ryan's mood was more and more depressed and he was only four years old. I kept hoping that this was just confusion or a phase, but it wasn't ending, it was getting worse. At home during the day, he was happy in his dress-up things or wearing some of his sister's old clothes. He played with other little girls in the neighborhood and it was really apparent to the other moms that Ryan was very feminine in both his actions and his activities.

Ryan and Alissa started kindergarten at age five. I went in and met Ryan's teacher and told her that he preferred to play as a girl and that was okay with his father and me. I asked her to tell me if there were any problems or if kids started picking on him and she promised that she would. She supported a child's right to be happy even if it meant not behaving as defined by our society's roles for gender.

Kindergarten was uneventful. Ryan's grades were average and his friends were girls in his class. Mornings were brutal however; he never wanted to go to school, and he never wanted to get dressed. It was a constant struggle. Just before first grade began, one hot August night, I was putting him to bed and we were saying our prayers. When he ended, he looked at me and said "I'm so mad at God. Every night after I say my prayers, I close my eyes and ask God to make me into a girl, and every morning when I wake up I'm still a boy. God made a mistake mommy and he won't fix it, no matter how hard I wish."

My heart broke. I said, "I know honey. I know you want to be a girl. And when I was your age I wanted to be a boy. But when I grew up I was glad I was a girl." And he asked "What if I grow up and I still don't want to be a boy, what then?" I replied, "Then I'll help you find a doctor that can change your body into a girl's." His face lit up like it was Christmas. "You mean like when I'm 25?" I said "yes, when you're 25." He slept that night with a smile on his face.

When first grade started I explained his needs to the teacher and again asked that she watch for bullying. This teacher too, was supportive and understanding. Each day was again met with a struggle and matters got worse. At school, Ryan began to have panic attacks; he had emotional breakdowns daily. He was unable to do his work; he could not concentrate or pay attention.

He would say things to me like "You don't know what it's like to be me" or "Mom, I wish I was dead." We had long talks about his need to be a girl but he would not discuss these issues with anyone else. My heart was breaking. I could not find a doctor who understood what he was going through. Doctors didn't want to get involved with a child so young for fear of lawsuits in the future. Ryan was only happy when he was able to express as a girl so I found myself becoming more and more lenient with this behavior. His father, on the other hand, was doing his best to "mold his son" into a boy. This caused added tension into a house that was already in turmoil.

It was an agony. I was often accused of "encouraging" Ryan's feminine behavior, but I couldn't have stopped it if I tried. To me, it didn't

seem right to force a child to like things he didn't like, or dress in a way that made him uncomfortable, or play in a way that wasn't fun, just to please everyone else. My gut told me something was wrong, and the solution was uncomfortable for everyone except me and my child.

I remember making the analogy of having a child who was trapped in a wheelchair. If this were the case, and I could do something to allow this child to run and play like all other kids for a few hours a day, wouldn't I be lax as a mother if I didn't allow this miracle to occur. To me, Ryan had a little girl trapped inside, and letting her out made him happy, and seeing him happy made me happy, no matter what it took.

I always believed that each child is born with a spirit, a reason to be. It was my greatest responsibility as a parent to nurture that spirit and help him become who he was meant to be, not who I wanted him to be. But how do you, as a mom, allow your child to express behaviors that are appalling to society? My dilemma was clear, and so was my mission. I needed to create an environment where Ryan could be happy and others could accept him. But how?

By six years old, Ryan was suicidal. We had to lock the windows upstairs because he threatened, on a regular basis, to jump out and end his life. I spent my days crying to anyone who would listen, insurance-care providers, doctors, secretaries, receptionists, teachers, family members and friends . . . the list goes on.

In March of that year, we found a pediatric doctor who specialized in child behavioral and gender issues. She explained that Ryan had Gender Identity Disorder; he is Transgendered. Putting it into laymen's terms, she told us that while not much is known about this condition, it is believed to be caused when the child's brain develops like that of the opposite gender, in this case female. This development takes place in utero; a signal from the fetus, depending on the biologic gender, tells the mother's body to produce estrogen or to masculinize that estrogen into a form of testosterone. The hormones produced then wash the brain causing a part of the hypothalamus to develop differently in men than in women. The XX and XY chromosomes control fetal body development only.

It is believed that something in the hormonal wash goes wrong, or the signal from the fetus is misinterpreted, and the brain develops resembling that of the opposite sex as opposed to that of the biologic sex. That is why Ryan felt like a girl inside, because, chances are, that his brain was developed as such.

The good news was there was a diagnosis. The bad news was that the only "cure" for such a condition was to allow an individual to express as

the identified gender. She was not aware of any cases where a child this young was allowed to express openly in this manner. She explained the Harry Benjamin Standards of Care for Transgendered Adults, and said if we chose to allow our child to follow these standards, she would support us, but it was going to be a tough road for all.

Slowly, Ryan began his transition. It started at home and in the neighborhood. He was allowed to freely wear whatever clothing he liked; I began purchasing him his own wardrobe of "girls clothes." I also spoke to anyone that would listen, explaining the best I could, what this condition was and how it affected him. People were understanding, and for the most part, accepting; but I always got the feeling they walked away saying, "Wow, she's got a handful, glad that's not my kid." But I was glad that Ryan wasn't theirs, too.

Ryan started second grade as Reggi; his initials are REG (and Reggi was the girl character on his favorite cartoon). Because of his anxiety during first grade and his inability to learn or retain, he began second grade testing at a mid-year kindergarten level. I explained his recent diagnosis to the teachers and administrators; all were accepting and understanding and willing to do whatever it took to help him out.

The first few months seemed to be confusing for everyone but Reggi. His hair was growing a little longer; his clothing was all purchased in girl's departments but "unisex" would be the word I would use to describe his attire. Reggi was happy; happy to go to school; happy to be learning; participating in all the lessons for the first time in his life.

All of the teacher's noticed his change, but so did the other students. While I could go to the staff and explain what was occurring, no one could discuss the subject with the other students without parental permission. So the kids asked questions like "Hey, is your kid a boy or a girl?" and I would reply "It doesn't matter to me as long as Reggi is happy." Funnier yet, no one knew what pronouns to use, so everyone avoided them. I would joke with the teachers that we all spoke like Elmo on Sesame Street.

Reggi settled into 2nd grade and had an incredible year. For the first time, he was invited to a birthday party. He came home and said, "Mom, I got invited to Julia's Birthday Party for next Saturday. All the girls in the class were invited! Can I go? Please?" Of course my child was attending.

In March of Reggi's seventh year, I found an incredible Internet support group, [www.transfamily.org](http://www.transfamily.org), that provided a method of communication among parents of transgendered children. Most of the parents on the list were moms of children in their 20s and 30s, but several of the moms



had children as young as Reggi. Within 48 hours of finding this site, I found more information than I could have imagined about children suffering in bodies that don't match their identified gender.

After discussing this new information with the rest of the family, I went to the school and told Reggi's teacher that we were ready to start using female pronouns. This was by far, the hardest part of our transition, using "she" and "her" instead of "he" and "him", but the teachers seemed get the hang of it right away; the other children caught on quickly as well. At home it was a little rougher, but each time we made a mistake and used a male pronoun, we corrected ourselves and moved on with our discussion.

We watched our child's spirit come to life. It was like witnessing the metamorphosis a caterpillar makes to become a beautiful butterfly. As her outward appearance started to resemble who "she" felt like inside, her academics and social skills improved as well. Soon she was reading and spelling with little or no effort and that year, she completed 2nd grade testing on a 4th grade level.

Reggi began to excel in all areas. She was being invited to friends' homes for play time and sleepovers and her grades became all A's and B's. But the children who couldn't understand what had happened, and who couldn't forget that Ryan was in their Kindergarten and 1st grade classes, started to become abusive. They would reserve their comments to times when an adult wasn't present, like on the playground or on the bus. They called her "Gay-Boy" or "the Girl with a Dick"; they tried to trip her or entice her into a physical confrontation. But Reggi, loving who she was allowed to be, didn't respond; she seemed to just want it to go away. In fact, the only reason I found out what was happening was because Alissa, Reggi's twin, was usually present but had been sworn to secrecy by Reggi.

One day Alissa got off the bus crying. "Mom, I can't take it any more" she cried. The kids on the bus had a yearbook from the previous year and they were harassing Reggi, pointing out pictures from 1st grade captioned "Ryan" and saying things like "See, you're a boy that likes to wear skirts you little fag" or "no matter what you call yourself, you'll always be Ryan Grant, Ryan Grant" (tantalizing her with her birth name like it was a bad word). Even the bus driver pointed out the name on the bus pass was "Ryan" so "he" had to be a boy.

Reggi's response was slight of emotion. She just said "Mom, I don't care what those kids say. They are jerks and I wouldn't play with them even if they were nice to me." I knew inside she had to hurt, but I realized

why she could not tell anyone; to repeat what was happening just caused the event to go on—and she just wanted it all to go away.

The school, once again, handled it great. They brought the children into the counselor's office in small groups and discussed what was happening and tried to explain what Reggi was dealing with. They allowed the children to ask questions and discuss their behavior in the security of other children and without repercussion. To this day, out of some 600 students that experienced Reggi's transition, only one or two bullies continue, very subtly and infrequently, and the school takes a "no tolerance" approach toward the behavior.

In August of 2005, Ryan's name was legally changed to Rachel Elizabeth; Reggi would still work as a nickname. This was done so that all school records could be changed and class lists would be distributed with a girl's name as opposed to a boy's. In this way, Rachel would not be singled out by substitutes or bus drivers; nor would explanations be necessary in many settings.

As Rachel approaches puberty, a whole new set of issues arise which we can only prepare ourselves for. Our plan is to wait until we notice signs of secondary sex changes such as body hair or voice change. We then will probably use hormone blockers to prevent these changes. If all is on track, (if she still expresses as a female and desires to live as one) we will begin HRT (hormone replacement therapy) and allow her body to develop with feminine characteristics. Surgery, at this point, will be her decision when she is of legal age to do so.

But this is just our plan. If puberty changes her internal feelings, then Rachel will be able to grow into a man. This has to be Rachel's choice with our guidance and support. She has already begun seeing a therapist who will keep her in touch with her internal feelings; alerting us to any confusions that may arise.

The one thing I learned through this journey is never make a plan that can't be changed. So many "life-rules" I took for granted have been questioned over and over and now I live with a truly open mind and heart. There are so many basic facts like, the sun will rise in the morning and will set at night, and what goes up, must come down, that I didn't question when I gave birth to a girl, that she would grow to be a woman or when I gave birth to a boy he would grow to be a man.

But now I look at life a little differently. I ask myself "What if . . .?" What if I throw something up into the air and it doesn't return—would that necessarily be a bad thing? Or what if the sun forgot to rise; if my life continued in some way, would that be all bad?

My child has taught me more in nine years than I learned in the entire 37 years before she was born. She has taught me the true meaning of tolerance, perseverance, and patience. She has taught me to take nothing for granted and not to be scared of the "What Ifs" in life. These are life's challenges and adventures which, when celebrated rather than feared, make our life experience whole.

## Content Themes

This is a story that describes the beginning of the difficult transition from Ryan to Rachel and the mother's journey to help her struggling child. Ryan genuinely felt that he was a girl and that "God had made a mistake." This story illustrates the issues related to the discovery of transgender characteristics, the effect of the discovery on the family, the school, and the child, and finally the transition from Ryan to Rachel. The final piece of the mother's story gives us a sense of the harassment that Rachel has begun to experience from a society that does not understand gender identity incongruities.

## Trapped in Wrong Body/Gender Identity

The biological development of gender has several components, and inconsistencies within these components can cause conflict between one's internal feelings of gender and their external gender appearance. Recent research points to prenatal influences during the third trimester where sex hormones affect the brain organization of the developing fetus. This research indicates that it is possible to be born with the biological make-up of one gender, and the brain organization of the opposite gender (Looy & Bouma, 2005). The mother in the story of Ryan/Rachel talks about this research and the possibility that Ryan was born with the brain organization of a female. As soon as Ryan becomes verbal, he expresses that he feels that he is a girl and insists that he is a girl. The disparity between Ryan's mind and body creates confusion, depression, and suicidal ideation within him. Van Heukelem presents a case that is similar to Ryan's in which a young girl named Halle felt that she was really a boy and, by age 6, became depressed and suicidal (as cited in Looy & Bouma, 2005). Ryan's struggle is something that most people take for granted; most people experience a certain harmony between their biological sex and their psychological experience of gender (Looy & Bouma, 2005).

## Transition

Ryan's mother talks about the term Gender Identity Disorder (GID). Ryan was diagnosed with GID at 6 years old, which meant that his gender identity varied from his biological sex (Mallon & DeCrescenzo, 2006). Although categorizing GID as a mental disorder is debatable (at one time, homosexuality was categorized as a mental disorder), currently if an individual wants to explore gender reassignment, there must be a diagnosis of GID (Lev, 2004). There are certain standards of care that are addressed in the process of transitioning—the Harry Benjamin International Gender Dysphoria Association (HBIIGDA) has set up therapeutic guidelines and standards of care for transgendered clients (Lev, 2004). As Ryan was allowed to express as Rachel, his mother and doctor proceeded under the Harry Benjamin Standards of Care. The transition for a child would be similar to that for an adult, where the child would begin to express as the identified gender.

Another transition in this story occurs with Ryan/Rachel's mother. The mother indicates that her husband was having a more difficult time with Ryan's insistence that he was a girl, and tried to "mold" Ryan into a boy. Cooper (1999) suggests that family members go through a transition as well, which often involves confusion, anger, disappointment, guilt, and grief. Cooper (1999) states, "families may find it difficult to adjust to the use of new pronouns, or the use of a new name for a family member" (p. 124). Support for those family members as well as the transgendered individual is essential, especially during periods of transition.

2009

2009

## Harassment

In the mother's story, we learn of the harassment from her peers experienced by Rachel as she transitioned into her preferred gender identity. This harassment was not only from peers, but also from adults such as a school bus driver. This type of harassment is quite overt and obvious. Social stigmatization and the pathologization of transgendered individuals are more covert ways in which youth may experience harassment (Mallon & DeCrescenzo, 2006). Other forms of harassment include withholding of support by friends/family, parental refusal to allow preferred gender expression, and discrimination because of transgender issues (Mallon & DeCrescenzo, 2006).

Fortunately, Rachel's mother is supportive of her preferred gender identity and is seeking out support for both of them. Her mother has

found a doctor who is willing to work with them according to the Harry Benjamin Standards of Care. As Rachel emerges from her insulated world among her family, she may experience more harassment such as social stigmatization. Again, Rachel's mother has helped by having her name legally changed to avoid the stigmatization of Rachel by teachers, bus drivers, and other adults who may have not previously known Rachel.

## Clinical Applications

This section explores the clinical implications of the mother's story for counselors, including assessment of expression of gender identity, techniques and interventions of use, and countertransference issues.

## Assessment

### Cross-Gender Expression and Transgender Identity

Cross-gender behavior need not be confused with transgender identity or intersex conditions, and early expression of GID does not mean that an individual will continue to want to be the other gender (Mallon & DeCrescenzo, 2006). Not every child who experiences a discrepancy between their assigned gender and their biological sex will continue to experience this discrepancy as an adult (Hunter & Hickerson, 2003). Assessment is critical because many children are mislabeled with GID due to any type of cross-gender behavior, even when these children are not dissatisfied with their gender identity (Mallon & DeCrescenzo, 2006).

The following questions may make it possible to differentiate cross gender behavior from transgender identity in a child or adolescent:

Does the child repeatedly states a desire to be, or insists that he or she is the other sex?

Does the child state a persistent discomfort with, or aversion to, the characteristics of his or her own sex, such as disgust with own penis for a boy, or rejecting urinating in a sitting position for a girl?

Does the child appear to be constantly distressed in social situations or in the school setting because of the above-mentioned aversion, desires, or disgust?

Does the child's overall functioning appear to be impaired because of desires of being the other sex?

## Techniques and Interventions

The following paragraphs describe strategies found in the literature that may be helpful once it is determined that the child, adolescent, or adult is transgender or has an intersex condition.

### Expression and Acceptance of Gender Identity

As in the story presented by Ryan/Rachel's mother, the process of discovering one's gender identity can be extremely difficult when the individual feels that his or her gender identity does not match his or her biological gender. Clinicians must understand that gender identity is a separate construct from sexual orientation (American Psychological Association, 2015). Other psychological issues such as depression and suicidal ideation may arise, and clinicians need to be aware and treat associated conditions that result (Mallon, 1999). Generating and facilitating love, acceptance, and compassion from the individual's family and from the clinician herself can help to keep communication open and create a safe environment for children experiencing gender discrepancies (Mallon, 1999; Martin & Yonkin, 2006).

Counselors will need to develop understanding and patience, and provide support for these clients and their families throughout the process whether clients choose to transition or not. Helping families to understand gender identity expression, to grieve the loss of the expected gender identity, and to build a new relationship with the transgendered individual will be paramount in assisting the families through transitions (Cooper, 1999). Support and education are essential for the child and the family as well as the community of which the child is a part.

The transition from biological gender to identified gender involves not only the transgender client, but also the people surrounding the transgender individual (Lev, 2006). Educating family members about the nature of transgender sexuality, and the process of transitioning is an important factor in helping to create support for the transgender client (Lev, 2006). Clinicians will need to be prepared to address family feelings of anger, guilt, denial, sadness, rejection, and grief (Mallon & DeCrescenzo, 2006). Finding support for the family will be essential to healing the family system around these issues.

### Transitioning and Working Through Harassment

As Rachel's mother mentioned in her story, the Harry Benjamin Standards of Care can be used to navigate the transition process. Because

gender-variant individuals may have a sense of isolation due to societal oppression, validating and exploring feelings that result from social stigmatization can be a part of the counseling process (Lev, 2006).

As in the case of Rachel, counselors may need to prepare transgender children by helping them to develop strategies for dealing with bullying, name calling, and other forms of harassment (Mallon, 1999). Mallon (1999) suggests that every aspect of the gender-variant client's culture should be addressed, including race, religion, and experiences. Mallon (1999) states that, "Transgendered children of color and their families face compounded stressors resulting from transgenderphobia and racism and may need additional emotional and social support, as well as legal redress of discrimination" (p. 62). Awareness of the possibility of violence within and outside the family toward the gender-variant individual is something that counselors need to keep in mind and watch out for (Mallon, 1999).

## Belief in Client Competency

A pitfall that counselors may encounter is being overconcerned with their client's gendered appearance and behavior (Lombardi & Davis, 2006). Counselors need to let their clients decide how they want to express their gender and to what extreme. Some clients may be comfortable with a more androgynous appearance, and Lombardi and Davis (2006) suggest that counselors be comfortable with trusting the competency of their clients. Because hormone replacement therapy (HRT) is a part of transitioning, counselors may find themselves in the "gatekeeper" role (Martin & Yonkin, 2006). Counselors might need to provide letters to medical providers for HRT and for gender-reassignment surgery, and Martin and Yonkin (2006) suggest that this can place a counselor in a conflict of roles: that of mental health provider and unilateral decision-maker for the client. Counselors need to be cognizant of ways to include their transgender clients in the decision-making process and allowing these clients to express their competency. Also, as noted, not all transgendered people want the binary experience of sex and gender and may choose not to use tools to feminize or masculinize their appearance (Martin & Yonkin, 2006) and clinicians are encouraged to empower their clients and their families to find adequate care.

## Countertransference

Similar to counselor reactions to gays and lesbians, counselors need to be aware of their own levels of transphobia and lack of knowledge of gender

identity and expression (American Psychological Association, 2015). One concern for counseling professionals working with transgender clients is falling into the role of “gatekeeper” and viewing these clients as not able to be competent in making decisions for transitioning. Sexism, classism, racism, and heterosexism can also hinder the relationships (Lombardi & Davis, 2006).

## Toolbox Activity—Rachel

Resources	Activities	Discussion questions
<p><b>Suggested readings</b></p> <p>American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. <i>American Psychologist</i>, 70(9), 832–864. <a href="http://dx.doi.org/10.1037/a0039906">http://dx.doi.org/10.1037/a0039906</a>.</p> <p>Feinberg, L. (1996). <i>Transgender warriors</i>. Boston, MA: Beacon Press.</p> <p>Lev, A. I. (2004). <i>Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families</i>. New York, NY: The Haworth Clinical Practice Press.</p> <p>Mallon, G. P. (Ed.). (1999). <i>Social services with transgendered youth</i>. New York, NY: Harrington Park Press.</p> <p>Morrow, D. F., &amp; Messinger, L. (Eds.). (2006). <i>Sexual orientation and gender expression in social work practice</i>. New York, NY: Columbia University Press.</p> <p><b>Films</b></p> <p><span style="border: 1px solid red; padding: 2px;">[del]</span> <i>Normal</i> / <i>TransAmerica</i></p>	<p>Interview male-to-female and female-to-male transsexuals and ask them about their experiences with counseling professionals. Write a paper about what were the most helpful and least helpful counseling interventions.</p> <p>If you don't have access to transsexual individuals, research the topic of most and least helpful interventions for transsexuals and write a paper about it.</p>	<p><b>Content themes</b></p> <p>What other themes do you see emerging in the story that the authors did not identify?</p> <p><b>Assessment</b></p> <p>Are there any questions you would like to ask Rachel or Rachel's mom?</p> <p><b>Interventions</b></p> <p>What other interventions could you propose with Rachel or Rachel's mom?</p> <p><b>Countertransference</b></p> <p>What countertransference reactions were emerging in your self as you read this story?</p> <p><b>Other scenarios</b></p> <p>Imagine that Ryan's mom comes to you when he is 20 years old and talks to you with some trepidation regarding his impending sex change operation. How could you help Ryan's mom as he transitions to Rachel?</p>