

# ‘Deep down where the music plays’: How parents account for childhood gender variance

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Sexualities

14(6) 725–747

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DOI: 10.1177/1363460711420463

sex.sagepub.com



## Abstract

Parents of gender variant children routinely negotiate their child's gender with social institutions, from schools to churches to neighborhood associations. These interactions require that parent develop narratives about why their particular child violates gender norms. In this paper, I argue that over the last century, there has been a proliferation within biomedicine, psychiatry and popular culture of the ways in which we can “know” gender; and as a result, ever more emotional work is required to account for the “self” that inhabits the gendered body. This analysis of the work parents of gender variant children do to explain their children to others demonstrates that these identities require a distinctly modern form of accounting. With that call to articulate the self comes an attendant proliferation of the ways in which gender can be regulated; yet, despite much sociological evidence that medicine, psychology and spirituality are often mechanisms for social control, they also provide ready tools for exploring, facilitating and embracing the multiplicity and plasticity of contemporary gender identities.

## Keywords

children, gender, knowledge, parents, transgender

## Introduction

From a distance, Sam's<sup>1</sup> room looks much like you would expect a 7-year-old's room to look. His mother opens the door for me to a clutter of competing colors and shapes. I step inside, and looking around, sense a kind of disharmony. Among the muddle of toys and books, a pouty baby doll lies dejected, slumped sideways against the silvery sheath of a weapon that looks like something out of Star Trek. The bed that sits to my left is cheerfully dressed in royal blue sheets depicting train

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engines. They seem jarring, juxtaposed with the delicate pink, gauzy canopy speckled with tiny sequins that hangs from the ceiling above. Sam's mother ushers me forward to the dresser and shelves that line the far wall of the room. She points out the two shelves that hold Sam's dresses, stopping at a small, folded piece of pink fabric. She holds it with reverence and announces it is Sam's 'very favorite dress,' the first one they allowed him to purchase, which he'd insisted on wearing to preschool, over the admonishment and protest of his parents. She pulls out a dresser drawer to show me Sam's t-shirts. In the neatly composed piles, pinks and blues are stacked together, topped by a neon orange shirt with a giraffe on its front. She pulls down off the shelf a photo of Sam, smiling next to his favorite preschool teacher. He's wearing a pink t-shirt, his longish hair pulled upwards into a rubber band.

Sam's mother, Sarah, works as a freelance journalist and writer, and as we sit together drinking coffee in the morning sunlight of her living room, she tells me in thoughtful detail about her son's complicated gender. She has written about her experiences parenting Sam for local newspapers, websites and on her own personal blog. She has thought carefully about how to explain Sam to people who don't know him, and over the course of the two hours we spend together, she marshals all of her best evidence of Sam's uniquely gendered self: his feminine clothing choices, female friend preference, mixed interests and hobbies, acute physical sensitivities, and his emotional fortitude in the face of peer criticism. We even discuss the possible contributions of Sam's celiac disease to the ways he understands and expresses his gender. Sarah tells me that National Public Radio recently profiled her family for a segment about gender variant children. She received notes from grateful parents and a handful of rageful criticisms. Sarah is currently at work on a book for other parents of 'pink boys,' examining her experience of raising a gender variant son in contemporary culture, and what she thinks it says about boyhood in general. I am struck, as I listen to her talk, by her certainty that there is a rapt mainstream audience listening for the stories of Sam and other children like him. She wants to capitalize on this interest, by providing a public platform for the heartbreaking stories of families being turned away from basic, necessary services like medical care and schools, because somebody thought their child was wearing the wrong kind of clothing. She admits that when she contacted me to be interviewed, she thought, 'Oh good, maybe *she* can write the book instead.' Being with the parents as they tell their stories is draining for her, but, she says, she knows the time is ripe for bringing Sam and other kids like him into public consciousness. She asks me at the end of our time together what I think we can learn from these stories about gender in our culture.

A multiplicity of new investigations into contemporary gender variant and transgender<sup>2</sup> identities within the social sciences attempt different pieces of an answer to that very question. Some theorize them as an outgrowth of feminist and lesbian/gay liberation movements (Coogan, 2006; Heyes, 2003; Namaste, 2005, 2009; Valentine, 2007); alternatively, some feminists disclaim transgender as the cultural product of a nefarious medicalization of gender difference by

men against women (Hausman, 1995; Raymond, 1994 [1979]). Many analyses seek in some way to establish the range of identities transgender has come to signify (Ekins and King, 1999, 2006; Schleifer, 2006; Valentine, 2007), or the universality of gender variance across time and culture (Bullough and Bullough, 1993; Feinberg, 1996; Herdt, 1996; Nanda 1999; Perry, 1987; Rowsen, 1991; Whitam, 1997; Wiesner-Hanks, 2001). Others attempt to use transgender as a lens through which to examine broader patterns of gender inequality (Schilt, 2006; Schilt and Connell, 2007; Schilt and Wiswall, 2008). Ethnomethodology, a tradition within sociology for exploring the presumptions that underlie everyday actions (Garfinkel, 1967), examines transsexualism, in particular, in an effort to develop a more nuanced understanding of the way individuals 'do' gender, the ways gender categories are perpetuated in the intricate details of everyday life: among them, speech, dress, and work (Kessler and McKenna, 1978; West and Zimmerman, 1987).

Over the last century, there has been a proliferation within biomedicine, psychiatry and popular culture, of the ways in which we can 'know' gender; and as a result, individuals are called upon to understand and communicate our gender in ever increasing detail. The somatic indicia of gender, which social scientists have long argued underlie the cultural matter of gender, have become themselves a cultural product, a way of knowing and being known. And alongside transformations in biomedicine that allow the soma of gender to be manipulated, ever more emotional work is required to account for the 'self' that inhabits the gendered body. The work that parents of transgender and gender variant children do to explain their children's gender demonstrates that these identities require a distinctly modern form of accounting. They produce a space in which a more explicit, outward and nuanced examination of identity can take form – one heavily influenced by the popularization of medicine and psychiatry.

With that call to articulate the self comes an attendant proliferation of the ways in which gender can be regulated (Foucault, 1978, 1988). Because of the particular sets of cultural anxieties that attend adolescent identity, gender variant youth are popular targets for normalizing projects within biomedicine, psychiatry and in religious contexts. And these regulatory projects become built into the ways in which their identities are conceptualized and understood within their families. Most sociological investigations of transformations in medicine, psychiatry and both religious and secular spirituality conclude that these knowledge projects function to secure formerly social phenomena as the exclusive province of established knowledge systems, (see e.g. Foucault, 1978, 1980; Halpern, 1990; Pawluch, 1983; Zola, 1983 on medicine), and particularly for women and sexual minorities, produce increasingly restrictive gender regimes (Bayer, 1981; Foucault, 2004 [1973]; Greenberg, 1988; Lumbeck, 1994; Stevens and Hall, 1991). In this article, I describe parents' use of logics borrowed from medicine, psychiatry and secular spirituality. I argue that contrary to a Foucaultian sociological analysis, these discourses, which sociologists typically frame as normative projects, also provide ready tools for exploring, facilitating and embracing the multiplicity and plasticity of contemporary gender identities. While sociologists typically feature medicine, psychiatry and

secular spirituality in accounts of the prescriptive institutionalization of gender rigidity, these tropes can actually function as affirming explanatory frameworks and means through which parents assimilate their children's atypical identities into familiar knowledge and belief systems.

## Forging diagnostic community

The popularization of transgender identities spurred the recent consolidation of a 'diagnostic community' of parents of transgender and gender variant children and clinicians who work with them, all of whom network using the internet and meet routinely at conferences. As families struggle to understand and support young children whose gender identities and behaviors fall drastically outside conventional expectations, they labor to restructure their ideas of what counts as 'gender,' what gender means, and whether or not atypical constellations of gendered experience require medical intervention.<sup>3</sup> I highlight here the stories of 3 out of 39 families with transgender and gender nonconforming children who choose to affirm their child's atypical gender identity I interviewed during a larger ethnographic project on childhood gender variance in the USA. I recruited these families at national conferences and through organizations that provide education and training for families with transgender youth.

I located my larger fieldwork project within the social and institutional spaces where families gather to discuss and seek support around their children's gender identities and behaviors. This focus on a population of *social situations* (Stinchcombe, 1980, cited in Burawoy, 1998) – my participant observation in these community spaces as well as individual in-depth interviews – produced an unexpected opportunity to witness parents' individual processes of remaking their conceptual frameworks for gender. In keeping with the rich tradition of field-driven, emergent theory building (Becker, 1992), I realized, during the course of my research, that these conferences, support groups, and indeed, the interview setting itself, provided spaces wherein parents could consolidate their thought processes in dialogue with others. By employing the tools of 'cultural analysis' (E Martin, 1987) familiar to most reflexive social science (Burawoy, 1998), I argue that the narratives parents produce are themselves evidence of the ways individuals account for gender in this socio-historical moment.

For this analysis, I conducted semi-structured interviews, which lasted between one and a half and three hours each. Some interviews included only one parent, some included multiple parents and/or family members. Children were not present for these interviews. In all, I interviewed 49 parents or primary caregivers of 39 children between the ages of 4 and 18. The families were racially and geographically diverse, and children had a range of different transgender and gender variant identities. Of the 39 children whose families participated, 29 were identified by their parents as transgender. Of the transgender children, 16 were transboys (children born female who now identify as male), and 13 were transgirls (children born male who now identify as female). The remaining 10 children were identified by their

parents as gender variant; 9 were feminine boys and 1 was a masculine girl. Of the 39 children, 27 were identified by their parents as white, 3 were black, 1 was Latino/a, 1 was Asian and 7 were multiracial. Of the 49 parents interviewed, 42 identified as white, 5 as Latino/a, 1 as black and 1 as multiracial (white and Asian). Eight of the households were headed by a lesbian or gay parent; (9 parents in total were gay or lesbian), and 12 of the families were multiracial. At least six families were formed through adoption or legal guardianship (not counting the lesbian- or gay-headed families who may have undertaken second parent adoptions). Each of the three families profiled here included one gender variant child and a gender typical sibling.

Each of these three families utilizes one of the frames outlined earlier to understand their child's gender behaviors and identity. They are all representative of larger subgroups within the study where such themes were present. There were 36 parents who offered an account of the origin of their child's gender variance. While a majority of parent accounts favored a single explanation: biological, psychological or spiritual, a substantial minority suggested that they intentionally refused to think about etiology, and worried that such questions provide fodder for conservative projects to deny their children social support. Overall, 14 parents employed some biomedical rationale for gender, 4 favored a psychological approach and 9 drew primarily on spiritual explanations. Nine parents framed gender variance as a benign form of human variation; of these parents, 3 thought there was no particular reason why some children are gender variant, and 6 adamantly insisted the reasons were unimportant. I explore these themes in detailed vignettes or 'cases', rather than using a more survey-like approach, to allow more space to engage the nuances of each discourse (Burawoy 1998, or for examples of this type of writing, see Hochschild 2003 [1989]; Stacey 2005, 2006).

These stories are meant to provide a general accounting for the intellectual work individual parents did to explain their child to me, in the context of the research interview. They are not meant to provide causal accounts of parent behavior, or exhaustive accounts of the family system or the particularities of the individual children's senses of self.

## Why parents account for gender

Parents' accounts of their children's evolving and complex gender identities are inseparable from the lexicon with which they are equipped to speak, and the audience who demands the explanation. In a sociological sense, accounts are 'story-like constructions' (Harvey et al., 1992) offered to explain deviant behaviors (Goffman, 1959; Scott and Lyman, 1968). We become uniquely *accountable* to others, when social circumstances or individual decisions are complex or contested (Garfinkel, 1967). Accounts do specific social work, ameliorating moments of potential unrest, yet it remains a fundamental precept of ethnomethodology that they are also quotidian features of everyday life (Garfinkel, 1967; Goffman, 1959). Judith Butler argues that accounts of identity often occur after some injury, or in the moments

where explanation is demanded of us by another who occupies a higher position in the overarching system of justice. 'I begin my story of myself only in the face of a "you" who asks me to give an account' (Butler, 2005: 11).

Accounts organize individual views of self, of others and of the social world (Orbuch, 1997). How it is that individuals make sense of themselves or others relies, in some part, on scientific knowledge, the things others consider 'true' or 'possible' (Bourdieu and Waquant, 1992; Butler, 2005; Foucault, 1988). Parents occupy a unique position in accounts of children's gender; they are, at moments, the ones demanding explanations of their children, yet they are also the proxy voices permitted (and often required) to make declarative statements in the medical and social environments their children inhabit. They 'give gender' to their gender variant children (Ward, 2010), which is to say, they engage in affective, intellectual and bodily projects to assist their children in securing their desired gender identities. They become, in this way, the intermediaries between the entirely personal, emotional and cognitive experiences of their children and the larger, surveilling glance of social institutions. The fact that they, overwhelmingly, mingle scientific and social knowledge in their accounts of their children's identities indicates larger shifts in public epistemologies of the self in modern times.

It is axiomatic, at this point, to argue that scientific language itself obscures underlying social gender logics (Franklin, 1995; Laqueur, 1990; E Martin, 1991). Feminist projects to 'wake up sleeping metaphors in science' (E Martin, 1991: 501) illustrate the ways in which knowledge about bodies and bodily processes, particularly those associated with reproduction or gender differences fall prey to social and political influence (Conrad, 1992; Laqueur, 1990; Rapp, 2000; Riessman, 1983). And though there is a body of postmodern thought that depicts the ways in which individuals are called upon to reproduce the political, in their very psychic and bodily practices (Butler, 1993, 2004; Foucault, 1980, 1988), there remain unexplored pathways through which the politics of medical and psychiatric knowledge become features of self-concepts and 'technologies of the self' (Foucault, 1988).

Social theory on accounts focuses mainly on individual motivations for providing specific accounts (Harvey et al., 1990; Scott and Lyman, 1968), on the anatomy of narrative forms (McAdams et al., 1996), or on the function of accounts in individual responses to traumatic life events (Kellas and Manusov, 2003; McAdams et al., 1996). Some recent work examines how individuals use accounts to impose order on their social surroundings, particularly in moments where life events require restructuring particular meaning systems (Riessman, 1993). This analysis of parent accounts demonstrates the ways our 'selves' are both 'organizationally embedded' (Gubrium and Holstein, 1997, 2000: 165), produced by and through the publicly available institutionalized discourses, while also being subject to individual 'interpretive discretion' (Gubrium and Holstein, 2000: 167).

Narrative analysis by scholars of gender frequently relies on accounts of constituting gender identities (see Barbre et al., 1989; Etter-Lewis, 1993; Stanley, 1993 on women. See Ekins and King, 1999; Scleiffer, 2006 on transgender). Yet the shift from an ethics of self-care to one of self-knowledge (Foucault, 1988) produces a

particular demand for understanding the emotional labor individuals do to explain identity to others. I use the term 'emotional labor' intentionally here, though I wish to suggest a different frame than the one proposed by Arlie Hochschild in *The Managed Heart*. Hochschild offers up a relational approach to the work begun by Erving Goffman decades before on the ways in which we all labor to offer up our personalities, all the while watching for and assimilating the rules of that performance (Hochschild, 2003 [1983]).<sup>4</sup> Hochschild herself offers that distinct forms of emotional labor are expected from men and women, which intersect with associated class differences. For the parents in this study, however, gender identity itself demands a form of emotional labor.

In my interactions with families and gender variant youth, I witnessed the tremendous outpouring of effort their personal narratives represent. Most of my research subjects, if not all of them, labored internally for some time to comprehend why their child's internal emotional life falls so at odds with the role they seemed destined to fill. And this is labor demanded from them by the social institutions with which they come into routine contact, schools, religious institutions, the state. This labor is neither compensated monetarily in the ways most studies of emotional labor assume, nor is it the stuff of 'gender displays' (Goffman, 1976) so often theorized by sociologists. Garfinkel's (1967) nuanced depiction of gender construction demonstrated the very labor involved in having a coherent gender at all, and learning to enact it with sufficient precision to 'pass' in the ways we might assume many of Hochschild's interviewees did unconsciously (see also Lucal, 1999). The families in this study have undertaken a deeply personal, cognitive and emotional project both to understand and to consolidate their ideas of their child's gender, *and* to present the results of that process to me, and more importantly, to their 'significant others' (Mead, 1967). These families are using disciplinary knowledge in undisciplined ways, to forge unique and new identities, both creatively and consciously.

Sociologists richly elaborate the interpersonal and institutional processes through which individual children learn to construct and perform their gender (see e.g. Whiting and Edwards, 1988, for a general discussion. See Best, 1983; K. Martin, 1998; Pascoe, 2007; Thorne, 1993 on schools. See Weitzman et al., 1972 on children's books and gender role acquisition). Parents typically feature in these accounts as primary regulators of gender atypical behavior (Caldera et al., 1989; Kane, 2006); indeed, we are told, even parents who adhere to feminist principles of gender-neutral parenting falter when faced with childhood gender nonconformity, because of social concerns about encouraging homosexuality (K. Martin, 2005). However, the families in this study do not confront the sort of quotidian gender infractions typical of these sociological investigations of childhood gender. Their children radically transgress social expectations for boys and girls, pushing their parents, teachers and larger social institutions to challenge the fundamental notion of a dichotomous gender system (Bryant, 2006, 2008). Each of the families profiled here has chosen to affirm their child's gender complexity, rather than

attempting to suppress it, so they are confronted with the particular challenge of articulating a concept of gender that incorporates space for that complexity.

### **Bio-logics: Sarah and Sam**

For Sarah, understanding Sam's gender requires understanding his somatic experience of the outside world. The many ways he chooses to express his gender outwardly, his eclectic clothing and toy choices, are deeply and intrinsically connected to the ways he experiences touch, how he metabolizes his food, the physiological nature of his mind. A few months before we sat down to talk, Sam spontaneously began shifting his clothing and toy preferences to more boyish things, and Sarah connects that directly to starting Sam on digestive enzymes for celiac disease, (an autoimmune disorder that manifests in an intolerance for wheat products). Within a week, she says, his behavior shifted. He began favoring pants over skirts, engaged in Star Trek fantasy games with classmates he would have previously avoided. She asked medical professionals for an explanation of why his behavior might change on the medication, favoring an explanation by one psychiatrist that connected internal swelling from his celiac to the suppression of testosterone.

He said inflammation from any number of illnesses or problems in the body can blunt sex hormones. So while he may have had ample testosterone, his body was unable to read it. And this explanation made so much sense in part because a number of people on the listserv have had their children have endocrine workups, but the thing that keeps shocking people is that their boys have ample testosterone. They don't lack it and yet they are very feminine. I've never seen a kid who does this 'cause they don't have enough sex hormone. So that made sense.

For Sarah, the shift in Sam's behavior towards more stereotypically masculine clothing and toys signaled a somatic shift in his body, even though some of his preferences and mannerisms remain markedly feminine. And yet, while she thinks the recent change was produced within his body, she also believes some essential core part of him is distinctly feminine.

I didn't realize . . . how much of gender is ingrained. If [Sam's sister] was the way he was, I'd go wow, who's more feminine than me? She must be following my cues. I have makeup, she wants it on her. I have jewelry, she wants to wear it. She wants to go shopping. She wants me to wear a dress. She's like, 'Mommy, could you stop wearing pants and wear something pretty?' You know? But you kind of think she's following gender cues. But then when a boy starts doing those things, well, they aren't following gender cues, and that taught me that gender is innate.

The ways parents account for the identities of gender variant children demonstrates that a necessary part of being a socially gendered person, in this historical moment, involves a detailed accounting for one's sense of being, and placing that

being in relationship to one's body and other bodies. In this way, contemporary transgender identities are not novel for their proof of gender's multiplicity. Transgender identities are themselves a distinctly modern form of accounting. The cultural work that they do is to produce a space in which a more explicit, outward and nuanced examination of identity can take form – one heavily influenced by the popularization of medicine, but, perhaps, no more so than other forms of identity.

For Sarah and Ian (Sam's father), that accounting involved determining whether Sam thought he was 'really' a girl, or if he was, rather, a 'boy who *liked* girl things'. They allowed Sam to spend their family vacation that summer 'as a girl,' and watched his delight as he was perceived that way by strangers they met. When Sam asked if he could start kindergarten as a girl, the family faced a daunting decision. Sarah recalls:

We'd been thinking a lot about this because people on the listserv talk about this, when is your child transgender versus merely gender variant? And we didn't see him being unhappy as a boy at all. He is quite fond of his penis, he talks about it all the time, he's happy with his body. He's fine being a boy. He just likes all the things that are feminine and he realized it was easier to get them if you're a girl.

Communities of families with gender variant and transgender children engage in ethnographic projects of their own, examining each other's children, trying to determine where to place their own on the gender spectrum. Sarah uses her involvement with the families of other transgender and gender variant children to inform her assessment of Sam's sense of self. His comfort with his genitalia indicates 'boy,' which sits in conflict with his desire for 'girl things.' She knew this incongruity might prove problematic in the school setting, and assesses the various strategies families use to manage the responses of others.

We've at this point seen various families go stealth<sup>5</sup> or say this kid is a girl in a boy's body, or other ways of dealing with it. And we just thought it wasn't gonna be right for our family to not be honest about his biology. We didn't feel he was transgender. He wasn't insisting 'I am a girl, I am a girl, I am a girl,' you know, 'don't ever call me a boy.' He seemed happy being a boy. So we had made that decision that we needed to be honest and say 'Sam is a boy who likes girl things'.

Sarah's process of evaluation is common. Many parents consider the full range of gender identities reflected in the children they see, playing out the trajectories of each to assess their suitability. The narratives with which they are presented borrow heavily from popularized medical and psychiatric knowledge about 'normal' gender development, as well as the varied, consolidated narratives of gender deviance that emerge from those literatures. Indeed, one discovers, there are particular ways to be a boy and girl, as well as discrete avenues through which boys can pursue girlhood and vice versa.

Sarah's notion that an impairment in Sam's ability to 'read' testosterone might lead to less feminine behaviors and preferences appears a direct result of specific transformations in modern medical thinking that locate gender directly in the physiological processes of the body. The popularization of discoveries within endocrinology, themselves products of deeply gendered social projects (Laqueur, 1990; Hausman, 1995), become built into constructs of identity through which parents understand gender. Sarah's focus on the physiology of gender is common. Parents offer a range of explanations for why gender is bound up in the function of hormone receptors, or an outcome of prenatal 'hormone washes' or exposure. Others capitalize on the increased public focus on epigenetics, along with the common knowledge that there is a chromosomal element to gender to focus on genetic explanations for gender variance. These narratives center on rich descriptions of gene mutations, fears of the effects of environmental toxins or creative ideas of ways in which conception might have gone awry.

### **A secure attachment: Sean and Michael**

Sean, a 44 year-old white, single gay man living in the middle of an urban gay mecca, has both a cosmopolitan, intellectual sensibility, and a casual, modest demeanor. I met Sean for the first time the evening before our interview, when I attended an information session for parents at the middle school his youngest child attends. A local gender education and training organization was present to field concerns from parents about the fact that Jasmine, an 11-year-old sixth grader, planned to come to school the following morning for the very first time as Michael. Sean immediately informed me that he always knew he wanted to be a parent. Thinking gay family life impossible, he didn't come out until his late 20s, after moving to a large urban center from his suburban hometown. When by his mid-30s, Sean still had not settled down with a partner, he began thinking seriously about parenting on his own. After many discussions with an adoption placement agency, Sean says, he became very clear about his lifestyle and the sort of children he felt able to parent well.

I'm a pretty on-the-go smart person out there in the world, kids with physical disabilities wouldn't work for me. Kids with emotional difficulties and disabilities are the ones that I could really handle... I think they knew that this is a pretty verbal environment, it's a pretty stimulating environment in terms of conversation, travel, music, theater, et cetera. So I think that they probably had in mind that kids like that are gonna thrive... I think that I just kind of knew to trust the folks at the agency and to sort of trust that the universe knows what it's doing. And I was right. And also, you know, I think that it's kind of like giving birth, you don't know what you're gonna get. You get what you get. And I wanted it to be that way for me.

Over the course of the following year, Sean adopted two little girls; first came 8-year-old Alessandra, who is part Italian and part South or Central American.

Alessandra came to him saddled with a traumatic and violent past, but immediately began to thrive in his care. And so, six months later, he received a call from the placement agency, asking him if he would be interested in adopting Jasmine, a 5-year-old, African American girl. He asked how long he had to think about it. The agency replied, 'Well, you've got about 20 minutes, she's on her way over to your house. So do you potentially want her for the rest of your life or not?' Sean says he thought for a second and replied, 'Okay, sounds good.'

When describing the family's early years together, Sean alternates between masculine and feminine pronouns for his younger child, who by that time used the name Michael and identified as a boy. Both Sean's children had significant histories of abuse in their natal and previous foster families and myriad emotional struggles. He explained:

My first impressions of Michael were, you know, here is this beautiful little girl who is outgoing and vociferous, and funny . . . and just an amazing and charming individual. And yet scared . . . I remember her first day here, 'Oh, hi, are you gonna be my new daddy? Is that gonna be my room? Oh, this is great, this is fantastic.' And then she was out in the yard and just standing there looking at all of us and started to pee in her pants.

Sean and his children all see psychologists and psychiatrists. Sean practices attachment therapy with his children, attending sessions with their therapists, holding them while they talk. He views their processes of healing as family processes, and is fiercely committed to building family bonds and helping them turn their gazes from the difficulties of their pasts to the vibrant prospects for their futures. It didn't take long for Jasmine to come out of her shell. Sean imagines that Jasmine immediately felt safer than she ever had, that she'd never before been in a 'kid safe environment.' He recalls a fairly rapid shift in her gender behavior, as well. A month or two after her arrival, she declared a particular Hawaiian shirt to be her favorite, which she called her 'boy shirt' and took to wearing it as often as she could. Sean didn't think much of it at the time. Over the next several years, she began asking for shorter and shorter haircuts. Sean and Alessandra called them her 'Halle Berry' haircuts, and mostly thought of Michael as a tomboy.

By the end of 3rd grade, Michael adamantly refused to wear anything feminine, and started asking Sean to tell prospective camp counselors for that summer that his name was 'Todd' and that he was a boy. School and summer camp administrators began to issue reports of Michael hanging out exclusively with boys and frequenting the boy's restroom. Eventually, Sean facilitated Michael's use of teacher restrooms. Some children at his summer camps would call him Jasmine, some called him Todd. Sean shrugs, 'The other kids just seemed to get it.' Soon thereafter, Sean took Michael to the emergency room to have a splinter removed. He went down the hall to get Michael a snack, and returned to find the ER physician talking with him. She took Sean aside and said, 'I just want you to know your daughter just asked me how old you have to be to have the operation to be changed

into a boy.' Sean assured her this was nothing new, and shortly thereafter actively began to raise the issue of Michael's gender with Michael and his therapists. Michael told them all, in no uncertain terms, that he wanted to be a boy.

The summer before we sat down to talk, after many months of discussing Michael's feelings about his gender with their team of therapists, Sean sought additional support from a local LGBT health clinic. At the suggestion of their doctors, he called a nearby university-affiliated endocrinologist to explore Lupron<sup>6</sup> therapy for Michael. They made an appointment for several months later, in early January 2009. On the day before their appointment, as Sean was packing to return home from a trip, he received a message from Michael's school asking Sean why Child Protective Services had pulled Michael out of class that afternoon to interview him. After many calls to the school, the adoption agency and CPS, Sean was told by a caseworker that he was under investigation for forcing Michael to have a sex change operation.

The following days passed in a blur of panicked phone calls and angry confrontations. He cancelled Michael's appointment at the university, and eventually learned that an older physician whom he had never met, either knowing or assuming Sean was gay, declared that Michael's gender must be related to some sort of sexual abuse and called CPS. Michael was deeply traumatized; he had been interviewed at school by CPS twice before, and each time, he was removed from his home – first from his mother's home, then from a sexually abusive foster family. Though the university eventually issued an apology, their attempts to halt the CPS investigation were unsuccessful. When I interviewed Sean, he was still visibly shaken by the experience. Traces of the accusations remained in Michael's file, and Sean was actively working with two legal nonprofits that serve LGBT communities to have the information expunged.

When I asked Sean to describe how he understands the reasons why some children are transgender, he told me that he considers gender identity and expression to be just another way in which individual people differ – along the same lines as sexuality and race. He admits he questioned whether Michael's masculine gender was a response to his history of abuse, but, he eventually decided it was an unanswerable question, 'We don't know, we may never know, and does it really matter if we know or not? If this is who he is or who he needs to be, then we gotta go with that!' Sean was quick to point out that he also believes the reason Michael is able to thrive in his male gender is because he and Sean cultivate a relationship in which Michael can be authentic, while still feeling safe. For Sean, this kind of psychic safety is tied to the secure attachment he has forged with Michael, as well as the conscious way he allows Michael to explore his own sense of self, within healthy and supportive limits. It seemed clear, listening to him speak, that his own identity as a gay man informs his parenting choices:

I think that we live in a world where we use assumptions more than we discard them...and I think it's very hard for people just to be genuinely themselves...  
I think I started out by saying I wanted to grow up, get married, have kids. I probably

wanted to have a nice big house 'cause I didn't grow up in one. With a white picket fence, and a nice big station wagon, 'cause we didn't have one. And those were the assumptions that I grew up with for myself. And instead I've learned to live the life that's genuinely mine, not some picture I made up about myself. . . For me, Michael's just got to live his life as he wants to. I don't think parenting is having our kids grow up and making little us's. It's how do we create the safe comfortable, competent environment where they get to grow up and be themselves, whoever that is? And are there limits to that? Yes, but within a certain broad bandwidth they get to discover who they are.

Sean is acutely aware, however, that his family and parenting choices are subject to scrutiny by the agencies through which they access the basic social services Michael needs. He became visibly angry and defiant when he described the arguments, phone calls and threats of legal action it took to ensure Michael remained in his care. At one point, I commented about how difficult it must be to advocate for Michael within such complex bureaucracies. Sean reflects and replies:

I can't tell you how many people tell me how lucky my kids are to have gotten a dad like me. I just want to say, fuck you, you just don't get it, do you? You don't like – no, they're not lucky, they deserve to have a parent that loves them for who they are, not for who he wants them to be. And I deserve to have children who are grateful and clean their room and do their homework. And scratch the grateful, right? I mean, just do your homework and clean your room. I'm the privileged one that I get to go through this with Michael, like how many people get to do that? How many people get to do that in their lives? Parent a child who has had such a difficult life, who has the opportunity to fight a lot of the perceptions about who she used to be and be who he wants to be. That is a beautiful thing to help a kid find that, right? And not that many people get to do that.

Sean believes that Michael's gender reflects the security of their relationship, a security forged through an active engagement with psychology. And it's not just emotional security he describes. It was this team of therapists that came to his aid when ACS launched their investigation. They scaffold his psychic safety, but they also confer on Sean the mark 'good parent' in moments when expert corroboration is needed, in the face of complex or controversial choices. Sean speaks with confidence about the work he has done as a parent to cement his relationship with his children, despite the myriad obstacles they have faced as a family. It's work, he says, that comes with its own rewards, 'I consider myself the privileged and lucky one. I'm the lucky one.'

### **Where the music plays: Joseph, Michelle and Willow**

Willow was 12 ½ when I first met her at a national conference for gender variant children and their families. She was small of frame, with neatly composed dark,

straight hair and serious brown eyes. Though she was dressed whimsically in a layered skirt with frills on its edges, in pinks, purples and pastels, she had a solemn comportment and a quiet demeanor. She seemed older than her years; when she spoke, it was often with a sort of wistful romanticism. She seemed to sit apart from some of the other youth, too young for the teenagers, but older than her chronological peers. Her parents, Joseph and Michelle, describe her as a creative genius who taught herself to knit and sew, who can mimic entire scenes in foreign language films with near perfect inflection, yet who struggles with the mundane tasks of classroom learning. They are also quick to tell me that the child I meet at the conference scarcely resembles Oscar, the miserable, volatile, unpredictable boy they raised for close to 11 years.

Joseph and Michelle described a distractible child, who 'lived in her own head,' yet was capable of 'profound thinking'. They recalled routine encounters with strangers, who would seem mesmerized by Willow, telling them she was an 'old soul', that 'there's just something about this kid'. They falter for words trying to explain their sense that she was somehow different from the start. Michelle described bringing 4-year-old Willow on a trip to take her grandmother to the eye doctor.

I had Oscar in my lap and my grandma was sitting up on the table and the doctor was doing her thing. My grandma gets very nervous around doctors. After [the doctor] was done testing her, she had flipped on the light and my grandmother said, 'Who was holding my arm?' Oscar, at the same time, had jumped down from my lap. My grandmother said, 'Who was that who was touching my arm?' She says, 'Oh, it was Oscar.' I said, 'No, Grandma, Oscar was in my lap. He just jumped down.' She said, 'Oh.' Willow said something like, 'It wasn't me, it was the angel.' The doctor said, 'Oh, what color is the angel?' She paused for a long time and said, 'Purple.' I was waiting for red, blue, a common color. Willow said, 'Purple.' The doctor said, 'Yeah, that's right. There is a purple angel in this room. We've had reports of that.'

Willow's unique sensitivity came packaged with a hypersensitive disposition and a stormy, unpredictable temperament. Her parents describe a child reeling in pain, which she could contain through the school day, but would bubble up and spill over the moment she returned home. Her erratic behavior, even as a toddler, sent Joseph and Michelle from psychologist to psychologist, coming away each time with differing diagnoses: Asperger's, ADHD, anxiety. None of them could fully explain Willow's frequent tantrums and explosive temper. Joseph laments, 'the terrible twos went to horrible threes and the incredibly, bad fours.' Michelle chimes in '... explosive fives, want to sit her out in the middle of the freeway sixes. It was bad.' *'It was bad,'* Joseph concurs. They relay the classic tales of childhood gender variance, emphatic rejection of 'gender appropriate clothing,' tearful begging for feminine accessories, emotional distancing and withdrawal. Michelle becomes visibly shaken when she recounts a meeting in Willow's school, where administrators warned her that Willow's obvious depression was

becoming dangerous. They said, 'If you don't do something soon, she may not want to be on this Earth anymore.' A few months later, Willow had a particularly frightening breakdown. 'She'd been compromising for years,' Michelle says, 'She was totally at her wit's end.'

She had been playing with the kids, came in explosive, screaming, upset. She grabbed a knife out of the drawer and was doing this towards herself [Michelle clasps her fists and makes a motion like she's stabbing herself in the chest] . . . because of whatever the hell happened outside, just screaming and pulling at her face. I just saw this knife coming like this. I just remember grabbing it and throwing it across the room. 'What is wrong? What is going on?' She's just—'I hate the world. I hate the world' and screaming and tearing at her face. 'I want to die.'

Willow was diagnosed with Gender Identity Disorder a few months later. By then, Joseph and Michelle already suspected that Willow's struggles around gender might be the root of some of her emotional troubles. They researched gender identity on the internet, and actively searched for a clinician who could provide them with a Gender Identity Disorder diagnosis; after months of frustrating setbacks, it finally came. Shortly thereafter, they allowed Willow to attend a family vacation dressed as a girl. The change in her, they say, was immediate. I ask how she was different. They reply:

Michelle: More relaxed, although she still had a little bit of anxiety, but it had come down about ten notches.

Joseph: It went from volume 80 to volume 15. She was funny. She was interacting. She was participating in family stuff.

Michelle: She was always somebody on the outside looking in. I have a very huge family, six brothers and sisters, 20-something nieces and nephews. We do get together a lot as a family. She'd always be on the outside looking in. She was totally participating, just happy, having a good time, playing on the beach with her older sister and holding hands and running from the waves, just laughing, feeling good.

Joseph: Skipping!

Michelle: Yeah, just feeling good, skipping and feeling good about being who she is. You could just tell a load had been lifted off her shoulders and she was just free.

Joseph and Michelle believe that Willow's behavior reflects the pain of containing and repressing her identity. Michelle says,

For ten years of your life, if you've been living as the gender you're not and everybody around you who is supposed to love and protect you and take care of you is telling

you you're wrong, you're wrong, and your whole innate sense of self is telling you something different, wouldn't you think you're a little crazy and you would live in your head?

Throughout the interview, Joseph and Michelle joke easily about the treachery of Willow's early years, yet their accounts are punctuated by long sighs, silences, moments of teary reflection and palpable pain. Asked to talk about their understandings of gender variance, they tie the complexity of Willow's gender to their sense of her unique spirit. Joseph says:

I think the souls who are given this status were not randomly selected. I don't think that Willow's sense of strength and courage is a result of her being transgender. I think the soul had courage and it takes that to be transgender, if that makes sense. Why are some kids born transgender? I think the answer is because they have something about them that will enable them to survive that and to promote it, to advocate it, and to teach the rest of us. Not anybody can do that. It takes a very special soul and a very special set of characteristics to survive and to endure and to thrive in that status... It isn't a medical condition, it isn't a deformity or a lack of an enzyme, it's not physiological, it's spiritual. It's a status that's entrusted to souls and not imposed on them.'

Willow's unique soul provides a container for both her complex gender identity, and for the challenging manner with which her internal conflicts were enacted within her family. For Joseph and Michelle, these parts of her are inextricable; they co-determine one another. The treachery of her rocky emotional makeup, which caused tremendous strain on their marriage and family life, is deeply connected to their sense of her uniqueness and beauty. Both live within the deepest parts of her. Michelle recounts a conversation she had with Willow shortly before our interview, in which Willow told her she'd known she was a girl since she was two. Michelle asked, 'What is it that tells you that you're a girl? Is it your brain? Is it your heart? What is it that tells you?' Willow replied, 'Mommy, it's my soul. My soul tells me I'm a girl, deep down where the music plays.' 'To me,' Michelle says with a smile, 'That was very profound.'

### **Giving an account of gender**

The telling of life stories is always a social process; stories are mechanisms through which we create coherent narratives of our experience, yet they are also negotiations we undertake with others of what is true and possible (Linde, 1993; Plummer, 1995). They are calls for recognition, consideration and integration. As Ken Plummer says, 'stories are social actions, embedded in social worlds' (1995: 17). Sociologists know that individuals create stories to order their experiences of self and others. Contemporary culture demands and rewards sexual storytelling in a whole host of contexts (Plummer, 1995). But these families tell gender stories. And they are new stories, though they make use of familiar knowledge. The stories

families offer of the gender identities of gender variant and transgender children are deeply influenced, not only by the context of the interview setting, but by the sorts of explanations of gender we have made possible, what we might consider true. Families make routine use of logics imported from medicine, psychology and spirituality to describe, explain, and occasionally provide justification for, the increasing complexity of contemporary gender formations. These institutionalized discourses, often framed by sociology as separate sites through which gender is regulated, also function as personal resources for parents struggling to remake their conceptual frameworks of gender. With the same rigor and nuance with which we examine their regulatory potential, we might also consider the ways they function to expand and multiply the potential for gendered personhood.

Likewise, with the same attention to detail with which sociologists describe transgender lives, we might also explain the ways understandings develop in response to those lives. We can situate all of these accounts within larger shifts towards biological and psychiatric accounting in general (Blum, 2007; Conrad, 1992, 2005; Horowitz 2002), and in our increased comfort with accommodating human differences we take to be immutable (Minow, 1990). Queer critiques of research into the causal mechanisms behind gender and sexual difference paint these projects as, at best, irrelevant, and at worst, as nefarious efforts to curb human diversity. Linda Birke says, 'What science has to say about who we are seems distant from the reality of our lives' (Birke 2002). Those whom Roger Lancaster calls 'the new left scientists' levy cogent critiques of the normative power of biomedical discourse (Lancaster, 2003: 312). Judith Butler calls out the 'regulatory powers', biomedicine, psychiatry, law, that feature as mechanisms for control whenever gender norm violations occur (Butler, 1993, 2004). So, what are we to make of the moments when those very same powers feature in the expansion of gender's possibilities?

In many ways, the families depicted here are atypical. They have all chosen to affirm gender identities and behaviors in their children other families might reject. They have successfully sought and received the support of affirming professionals and advocacy organizations. Their children have all met other gender variant youth. One might argue that their stories offer an unusual internal coherence. And yet the unresolved epistemological questions within medicine and psychology tend also to mirror the places where families' narratives falter. How is childhood gender variance related to adult transsexualism and homosexuality? How does one determine with any accuracy the meaning behind the assertion of a very young child that they are absolutely, positively not the gender the adults in their life believe them to be? When are gender choices merely choices, and when are they a call for regulation? Why are some children transgender?

There is no doubt that these children and families face stigma in their daily lives. And yet, the typical techniques sociology offers for managing 'spoiled' identities (Goffman, 1963), deviance disavowal, passing and denial (Edgerton, 1993), don't feature as prominently in these narratives as one might expect. These three families have instead forged a 'shared construction of reality' (Gubrium and Holstein, 1990;

Taylor, 2000) in which the very meanings of gender are expanded to include constellations of identity and behavior thought impossible by most conventional narratives. Their narratives are embedded in expert discourses, yet through their own interpretive discretion, their meanings are reimagined. Families revise institutionalized tropes and reimport them into the institutions they inhabit and, in that way, make social change.

Biomedicine, psychology and secular spirituality offer tools for constructing a normative view of gender, and yet individuals can employ these restrictive knowledge systems in the service of expanding gender ideologies, not constricting them. They give us the concepts we use to make sense of who and what we are. Biomedicine locates gender within the structures of body and mind; in this way, all of its multiplying forms are at once natural and inevitable. Developmental theories within psychology offer a container in which to explore complex themes of human difference, and the ways they interact with social experiences like trauma, family, attachment and love. The cultural, communicative dimensions of modern spirituality, those 'evolving societal conversation[s] about transcendent meaning' (Besecke, 2005), provide potent discursive resources families can employ to guide them in sense making. In this historical moment, where the signifiers we use to communicate our gender to others multiply at breakneck speeds, these families are part of a larger push to rearticulate the rules by which we live in our minds, bodies and souls.

### Acknowledgements

Heartfelt thanks to Craig Calhoun, Jane Jones, Sarah Kaufman, Amy LeClair, Richard Sennett, Judith Stacey, my colleagues in the NYLON Research Network and the anonymous reviewers at *Sexualities* for their comments on an early draft of this article.

### Notes

1. All proper names are pseudonyms, used to protect the anonymity of research subjects and their families. When describing or referring to gender variant and transgender children, I have endeavored to use the pronoun consistent with their identities at the time of the interview. When describing interactions with their parents, I use the pronoun consistent with their parent's overall account. (I make the former choice out of respect for children's identities; I make the latter choice for the sake of clarity and because in some instances, the relevant pronoun is unclear or in a state of flux.)
2. Most standard definitions of transgender consider it to be a colloquial term for anyone with an atypical or unconventional gender presentation, including but not limited to transsexuals and cross-dressers (see e.g. Drescher et al., 2008). For the purposes of this article, I use transgender to refer specifically to individual children whose gender identity does not conform to the gender category they were assigned at birth (Brill, 2009). The children I call transgender identify with the other gender, or feel they fall somewhere in the middle. I refer to children whose gender presentation (manner of dress, communication style, and so on) may appear deviant to an outside observer, but whose internal sense of self is aligned with their assigned gender category as 'gender variant'.

3. Some families allow their children to fully ‘transition’ or assume a different social identity from the one they were assigned at birth (Brill, 2008). As a result, increasing numbers of gender variant youth are being seen in clinics that provide ‘gender confirming’ medical and psychiatric care (Ettner et al., 2007).
4. Hochschild’s initial exploration of the role of observable facial and bodily displays in certain employment contexts has been expanded by others to include many other facets of the presentation of self, including speech acts, tone of voice and behavior (for reviews, see Steinberg and Figart, 1999; Wharton, 2009). None of these studies understands the production of gender in the way I propose it here.
5. Stealth is a term used commonly in transgender communities for individuals whose previous gender assignments are not known to one or more communities in which they participate – in this case, schools. Stealth is distinct from ‘being in the closet’, in that there is no ‘secret life’ as the other gender (Schilt, 2006); it is viewed, instead, as an instance of maintaining privacy about one’s history (Brill, 2009).
6. Lupron is a gonadatropin releasing hormone (GnRH) analog, one of a family of hormone inhibitors used to block the onset of puberty in transgender children.

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