Esben Esther Pirelli Benestad

Phycician, family therapist IAP

Specialist in clinical sexology NACS

Affiliations:

Associate professor Agder University, Serviceboks 422, 4604 Kristiansand, Norway

Ordbruk AS, Storgaten 42, 4876 Grimstad, Norway

Contact address: Storgaten 42, 4876 Grimstad, Norway

e-mail: esben.esther@sexologi.com

Addressing the disturbed, like ripples in water.

Networking for children who transe.

Abstract.

"Children who transe" , is a group to deserve attention from professional health workers. Since a majority of children who trans grow up to be either lesbians, gays and/or transepeople, they are at risk for suicide and other grave psychological consequences.

When brought to professional attention, children who transe will often be brought to centralized specialists within the health care systems. This goes especially for the somatic boys, since they evoke much more anxiety than the somatic girls.

Centralized offers can but to a minor degree meet these children's special challenges, since those are to be found in their immediate and extended networks.

The clinical work and experience described in this article has been collected over a period of 10-15 years. The focus of the work has been all those around the children who are or might be disturbed by them. Like ripples in water, the children's different networks are being schooled into a better and more nuanced understanding of sex, gender and gendered expressions.

This networking has proved to be very effective in relieving the tensions and anxieties in the extended networks of children who transe.

Keywords:

Children who transe, focus on network, education in gender euphoria, relieving tension.

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Background.

1: The author (hereafter: I) of this paper has over the years become both a very well known sexological professional and transperson in Norway. Thus far the peaks of being on media display, was the screening and popularity of my son Even Benestad's movie "All about my father" in 2003 and partaking in the Norwegian 2007 version of "Strictly ballroom dancing" also called "Dance with a star".

This long lasting and at times massive, exposure to the general Norwegian public has undoubtedly increased the level of transpositivity (Raj R. 2002) in the Norwegian population. I am regularly stopped by people who want an autograph, who want their picture taken with me, or want their babies to be pictured in my lap.

To the extent that increased transpositivity can be viewed as a change to the better in the Norwegian population, all my exposures of both professional and entertaining motives, have resulted in what I call "third order of therapy".

One consequence appeared a number of years ago, when a parent couple contacted me on behalf of their 9 years old "son", a son that since the age of three, had insisted that "he" was a girl. The parents had done their best to convince their child to "the contrary": That "he" was a boy, but to no avail. By and by they had realized that the more they refused their child's wishes for unusual gendered expression, the more sad "he" would become. Now they wanted the assistance of a professional who they through the powerful means of media, had come to respect.

Mother said: "We understood that even if our child is really a girl, this is compatible with a good life!"

In the years that followed, I have met and worked with a number of families with children who express gender different from other kids. Some times I have been contacted by their parents, their other peers, some times by kindergarten and school officials, some times by health professionals, some times by friends of the family, and not seldom by the kids themselves.

When the child mentioned above lerned about me, she sent a letter decorated with hearts and stars to "Esther Pirelli, Grimstad". The letter found me.

My way of responding to these needs were developed in meetings with the first family and has over the years clinically proved extremely efficient in relieving the disorder and pain involved when a child *does transe*. I apply the latter term in order not to label the child with concepts from the adult world, concepts that have a tendency to lead individuals on to one particular way of displaying their gendered talents. (see below)

The basic question was:

What about our little Bess
who does refuse to wear a dress,
and what about our little Ron
who only wants to put them on?

Children of variant gender are generally not positively valued in Western societies. They are on the contrary met with resistance ranging from violence through silence to pathologization.

2: From the very start of these experiences I had some basic knowledge of children who transe, and this knowledge has not been changed in the period where I have been working on behalf of their needs:

The frequency of the phenomenon exceeds by far the frequency of transepeople in the adult population. Still children who transe according to ICD10 or DSM IV criteria are awarded a diagnose of "Gender Identity Disorder in childhood", if they consequently transe over a period of more than six months. A number of children seem spontaneously to lose the diagnose after a span of time. (Cohen-Kettenis, P. & Pfäfflin, F 2003).

There is no scientifically proven way to separate those who continue their gender variant behavior from those who don't, before the change actually happens, even though there are indications that the more profound the cross gender identification, the more probable is a continued transgendered career. (Wallien, M. S. C. and Cohen-Kettenis P. T. 2008) . This renders a substantial challenge in deciding whether or not any kind of treatment does or does not affect the child's behavior and concept of self,

and thus far no proof exists that any kind of clinical intervention can change these children's ways of expressing themselves (Cohen-Kettenis, P. & Pfäfflin, F 2003)
There are substantial grounds for believing that variant gendered behavior in adults is based upon neurobiological grounds (Gires 2006), and those neurobiological grounds will in this article be named: Transe talents. The conceptualization of transsexualism to be neurobiologically based raises questions of ethics for those who might attempt to prevent them from developing into states of trans and/or homosexuality (Cohen-Kettenis P.T. & Pfäfflin F. 2003)
There is substantial support to say that many people with trans talents have experienced childhoods and years of adolescence as painful and traumatic. The trauma often being that of retention (Almås E. & Benestad EEP. 2009), because they learned to hide and disguise their talents in fear of negative sanctions by peers and/or society. Retention promotes fear, shy alertness and alienation. The children grow up in an ambience quite different form their peers, who ordinarily have far more reason to feel welcomed.
In western societies boys who want to be, or do act like girls have disturbed more that girls who want to be and who act like boys. Thus the psychological knowledge of the boys exceeds that of girls.
The sum of knowledge about these children's psychological status is that they do not differ significantly from other children on any scale. This holds true but for those from origins of poor understanding and support, who display more anxiety than the reference groups. (Wallien, M. S. C., H. Swaab, et al. 2007). Anxiety has been suggested as a contributing factor to so-called GID. The impact of alienation is not likewise considered. (Wallien, M. S. C., S. H. M. van Goozen, et al. 2007).
It is reasonable to believe that this increased anxiety is a consequence of the resistance the children have met in their family, their extended network and in society as such. This alienation expressed in later life will often come out as: "I felt that I belonged nowhere!" and/or "Something was wrong with me, I just couldn't figure out what". Working with adult transpeople the fear of being not only rejected, but actually trashed, can be followed back to their earlier memories.
The majority of children who transe grow to be adolescents and later adults, who are either gay men, lesbian women or transepeople (Cohen- Kettenis P.T. & Pfäfflin F. 2003). In most western societies these are people at higher risk of psychological problems and suicide (Hegna, K.; Kristiansen, H. W. & Ulstein Moseng 1999). Thus

children who transe carries an invisible sign saying:

I am in for major problems,
please assist my life.

That became my challenge.

Selection.

There are three fundamental selections present in this work:

1. Those who seek my assistance, be they parents, peers, health professionals, kindergarten/school professionals, the children themselves or others, know my status as transe. They have generally heard of me through media, and they are not deeply troubled by what they have heard or seen.
2. The children I have worked for have had the power to convince their parents that there might not be coherence between their genitals and their mental gender.
3. My life as unspecified transe and later as specified transe professional, performer, physician, family therapist, specialist in clinical sexology and associate professor at the University of Agder, has selected me into this very way of working. In my work I certainly see my own experience and example as a therapeutic tool. The personal is also the professional.

I nevertheless believe that this way of working can be utilized by professionals and networks that are not such selected.

Attitude

The diagnose of gender identity disorder be it in childhood, adolescence or adult life, is a burden in that it imposes suffering where suffering is not necessarily present.

After having received a letter form the "GID clinic" in Oslo where it was stated that one child in the family "suffered" from "Gender Identiy disorder", the mother and the child (15 at the time) exclaimed: "No one is suffering from anything in this house!"

To address the clients and their families with the aim of preventing either

homosexuality or transsexuality represents an attitude that cannot be hidden, and that will support, enforce and/or induce the discomfort that is stated by the diagnose, but not necessarily by the client. Thus the diagnose also contributes to the alienation and sense of being "wrong".
Since trans talents are compatible with good qualities of life, and since these talents cannot be removed, it is most advisable to meet these clients in an ambience of transpositivity (Raj R. 2002).

Course of action.

At the time when I was addressed by the first parent couple, I had experienced nothing within the Norwegian heath system to render neither me nor the children, safe in referring them to those who were set to treat transsexuals. I had on the contrary, experienced those people not to be transpositive, to have focus on the child as suffering from GID. The offer from this group of professional was centralized treatment. Based upon the knowledge stated above, I constructed what one might call a therapeutic motto:

There are no grounds to see these children as disturbed or disordered, but substantial support for saying that they do disturb and create disorder in cultural beliefs of gender.

Thus the therapeutic aim must be to treat the disturbed, namely parents, peers, professionals of kindergarten and schools, health professionals and others that might be of significance.

This treatment should be offered where the child lives, first to those closest to the child, then the treatment can be extended like ripples in water. My idea was that by rendering the child a transepositive environment, most if not all trouble, would decrease and at best evaporate.

Grounds for the course of action.

I had education in systemic therapy, realizing that there is no such thing as closed systems. In human relations the systems of the one greatly influences the systems of the other, and the closer the relationship, the more powerful the mutual influences. The way we are met by others is as significant as the way we meet ourselves, and these two sides to the life experience are mutually dependent. I had as a family physician experience from networking in relation to other family needs, I was used to

seeing people in their homes, and I had found the state of belonging far more valuable that that of identity.

Belonging is to be perceived by others the same way as you perceive yourself, and the belonging is positive when that which is being perceived is added a positive value

(Benestad,E.E.P. 2002)

The kids who transe display a perception of self in their expression of gender. The individuals in the kids' networks are disturbed by these expressions and are in need of tools to perceive the children the way they perceive themselves, and all involved need that which is being perceived to have a positive value.

The course of action has to be transpositiv networking. The child shall be included to the extent that the need for inclusion is uttered by the child itself. In my opinion transpositivity cannot be conveyed to the children if they experience to be taken to far away "specialists", and/or if they experience that they represent a major problem for everybody through the way they feel about themselves.

One child of nine who was invited to take part in a meeting between me and adults in the child's home said: "It is you adults who are creating all the problems, so you better solve them. I prefer to play with my cat!"

Like ripples in water.

From the very start of this endeavor to contribute to a transpositive environment for children who transe, I have found it advisable to start with the very significant others, then to an extended family and then move on to kindergarten/school, neighborhood and/or community. Most places the children in question live in a dominant, binary, heteronormative world. They need an alternative world where they can get a sense of positive gender belonging. Positive belonging resonates with words like "welcome" and "home".

In the process of giving power of gender understanding to a network, I basically apply the same tool every time and with all audiences. The name of the tool is "Gender euphoria", and that tool is a seminar on gender where I display insights and options through talk, interactions and power point slides. (Benestad,E.E.P. 2002)

The seminar has several focuses:

- It is genuinely transpositive and intersexpositive. No human who has grounds to feel well, must be made sick, disturbed or disordered.

- Parents and peers are freed from feelings of guilt, indicating that they have done something wrong and thus induced these strange feelings in the child.
- It demonstrates biology as the sum of systems that sustain life, and I describe some systems that do not sustain life - like those who do not offer positive belonging. Such systems I name “counter biological”.
- It shows the great diversity of nature, a diversity where no particular phenomenon can be divided in two parts like we divide gender. The two commonly known genders are named the “gender majorities”, the rest gender minorities.
- Different states of intersex are on a level of basic biology used to deconstruct the gender binary
- Stories of mythology and art are used to demonstrate the valuing and devaluation of androgyny in cultures and history.
- Free extracts from literature: “The Little Prince” is used to demonstrate that individuals’ perceptions of gender can not be sensed by others from the outside, in that every human being can be perceived as a box that may contain any gender or genders.
- After a reasonable thorough deconstruction of gender, a reconstruction follows. This reconstruction demonstrates seven levels of gender confirmation or at best affirmation. The levels are:
    1. Somatic sex (biological sex is already deconstructed)
    2. Reproductive sex
    3. Gender identity
    4. Body consciousness
    5. Body picture
    6. Gender role
    7. Talents of attraction

On all levels, four options are offered:

1. Female/feminine/girl/woman/gynephile
2. Intersex/transe/androgyne/bibodied/bisexual, polysexual, transesensual
3. Male/masculine/boy/man/androphile
4. Unsexed body/neither or/gender refuser/asexual

The seminar explores all levels and all relevant combinations of somatic sex, procreative sex, gender identity, body consciousness, body picture, gender role and attraction talents.

This reconstruction leads to six sexes/genders:

1. The female genders
2. The male genders
3. The transe genders
4. The intersex genders
5. The no-genders or gender refusers
6. The free,fluid, personal and/or not committed genders (more are certainly welcomed)

- The end of the gender euphoria seminar focuses particularly on children who transe. Examples are given, illustrated by images of and by children from the different networks that I have been working with. Parents of the children are quoted. All this certainly in open understanding with the people involved. Knowledge of the fates of kids who transe are conveyed and the euphoric bless of positive gender belonging is emphasized.
- After this phase of rendering grounds for words, concepts and other tools of understanding, there is rich time for questions, wonderings, disagreements, sharing and in depth reflections.
- All involved are rendered all the time they need to think the questions over and make their own decisions as to support or not support the child's expressions of gender.
- It is also emphasized that is must be as easy for the child to change gender in one way as it must be to change it back.

One somatic male child looks at her mother when the mother says to her that she can be a girl: "Mama, will you never force me into wearing boys' clothing anymore?" and the mother answers: "No, I will not, but if you like to wear boys clothes again, you will be welcome to do so."

Ordinarily, but not necessarily immediately after, the first gender euphoria seminar is followed by the second ripple, which is another seminar that includes head kindergarten/school professionals and health professionals that work within the local

kindergarten/school systems. The family doctor and sometimes also relevant religious leaders are invited. The parents, sometimes siblings and sometimes other close family members are always present. The child in question is offered to take part if she/he/hir/sinhir so wishes (O'Keefe, T. 1999). The content and presentation of the gender euphoria is the same as on the first "ripple", and is ordinarily followed by the organizing of a "responsible group of assistants", sometimes named "the troops".
If the child chooses and is supported to display the preferred gender at school and in society, the third ripple is performed. The third ripple has the same content and presentation as the two first ones, and now all professionals of kindergarten/school and local health system and all parents of children in the kindergarten, and when in school, the fellow pupils and all the parents of all kids on the actual school level, are invited.
In small societies I have offered a public gender euphoria seminar in the local cinema house or some other public and convenient venue as a fourth ripple of the same content and presentation.
The troops stay together and meet for as long as assistance seems necessary.

In between or in addition to these main and basic ripples, some specialized actions may come in handy:

1. Direct talks with the child who transes. These talks do not need any particular focus, but should convey the many options of gender belonging, the importance of learning the bodily offers of pleasure, including that of erotic pleasure, the notion that no person is born into a wrong body, since being born into another body would make one another person, that bodies can to various degrees be altered to become more fit for the owner, that the change of gender expression should be as easily changed in one direction as in the other etc. etc.
2. Direct talks with chosen friends of the child who transe. This is particularly helpful when the child (or adolescent) finds it appropriate, and it is especially helpful when the child (or adolescent) needs some "front troopers" when he/hir/she/sinhir is going to come out in kindergarten or at school.

Results/experiences.

The networking described is a way of addressing the disturbed, based upon clinical insights and believes. There are no particular reference groups, no comparable group

of children who transe with similar selection as mine, that has been followed and offered alternative treatment. Nevertheless the experiences point unanimously in a very positive direction:

The tension felt in the network is greatly reduced. The level of transpositivity raises. There as very positive signs of better functioning for the kid who transe both in school, in social and family life.

The children seem more able to attach to both people and society.

The children become more at ease, seem to develop better self esteem, display more talents and actions of both feminine and masculine connotations. They also involve a greater variety of friends of both gender majorities, when they before played with kids of the other major somatic sex. Shame is close to absent. The children's bodies and sex-organs are not made into a no-subjects. The children are trustful and clinically judged not in as great a hurry, as those who have kept their talents secret and longed for some God to make them right.

To give a better understanding of the effect of networking like ripples in water, I enclose some parents' rapports:

What it has meant to us to have contact with Esben Esther Pirelli Benestad (hereafter EE)

We are the parents of a child born as a boy, but who feels like a girl. We discovered this by the age of approximately 3 years. When the child was a little more than 4 years of age, the situation was so stressful that we realised that we needed professional help. After some looking around, we found the LFTS who gave us EE's office address. After contacting EE's office by letter, we were shortly after contacted by phone. EE gave us an appointment, an understanding talk and literature suggestions. We, the parents, travelled to Grimstad and met EE in hir office. We had a good talk where we experienced an interested and engaged physician who took of problems seriously. We felt that EE really listen to what we had to say. We were confirmed that our child might be trapped in "a wrong body" and the best thing we could do was to accept the child. EE also made it clear that we had to be open for the child to change mind at a later stage and return to male, and that we in such case should accept.

For a long time we had thought of letting our little boy live like the girl he claimed to be, and being confirmed that this phenomenon was real, we decided to go all the way. She got a girls name, girls clothes and girls toys. In addition we started to inform

family and friends of our decision. Amongst other means, we used information from EE's books.

Three months later, based upon EE ideas, we called in a "meeting of the network". This meant that EE supported by the PPT office (pedagogical/psychological services) came to where we live and held an information meeting. Our "network" consisted of family, friends, professionals of kindergarten, family doctor, community nurse, the PPT and professionals from primary school. In this meeting EE informed about transsexualism in general, thereafter about children with gender identity problems in addition to the special issues of our situation. There was also time for questioning.

For us this meeting was very important because we were assisted in explaining the situation and not least in confirming that this is not only a phenomenon, but a diagnose. That made is easier for us to get support in the family and in the kindergarten to treat our boy as if he had been born a girl.

The summer after we, children and parents, travelled to Grimstad for follow up. We had a very good meeting there, and our child was well received. In the winter after EE visited us at home since hir had another task near by. Closer to start of school for our child, EE once again supported by the PPT, came to give a talk/information meeting for those employed by the school. It was very useful for the teachers to have some background knowledge in order to meet and receive with our child. In addition it gave us as parents a better starting point to make the school arrange and support our child in everyday schoolwork. Furthermore mother made a talk at the teachers' planning day before start of school, that she based upon the knowledge she had received from EE earlier.

We have also had the advantage to be able to contact EE by telephone or mail if we have had problems or questions. There are numerous issues to consider when one shall bring up a child with gender identity problems, but we have had good support in taking our own decisions for our child, based upon good information and experiences from EE.

It has also been of great significance that EE received us even if our child was only 4 years old. It we had had to wait to the child grew older to get help to cope with the situation, it would have been of great harm to the child's psyche.

Now our child has been living in "girl expression" for 5 years, and she has become a safe and trustful child with good self confidence. We have been met with understanding and accept in our community, because of the knowledge and information we have shared. Through EE we

have been brought in contact with other families in the same situation, which has meant much for our child. To have someone who mirrors you so that you shall not feel alone in the world, is very important for your self-esteem.

This child had been playing with "colouring books". She basically used the colours pink and purple, letting in some yellow at times for a girl's hair. This one is right before she was allowed to live like a girl:

Fig. 1 (Attached in Tiff)

This is made six weeks later.

Fig. 2 (attached in Tiff)

Mother says: “That’s the way it goes when one is allowed to be one-self!”

Another parents couple describes the effect of the gender euphoria seminar:

We made the decision to let our male-born child live as a girl

about a month before the start of a new school-year.

She had just turned 7 years, and had already one year in school

behind her - as a `boy`. Her school has about 310 students from 6 to 13 years.

To make this new start in her life as good as possible,

the headmaster gave us three hours of a planning-day,

for Esben Esther P. Benestad to educate all school staff on the subject.

None of them had ever experienced something like this, - I suppose not even

heard of it, and it`s not a secret, that many of them were quite shocked,

or at least disturbed by the situation. And they were obviously very sceptic.

Their faces was very serious and anxious.....

What Dr. Benestad did in this three hours, was almost a little miracle.

S-he gave a solid lection of the gender-issue, both in a medical and social aspect,

and managed to turn all their scepticism to comfort and optimism !

After half an hour they were smiling and laughing !

When they left the lecture, they were quite different people, really...

You could tell that they felt on top of the situation, - and not encumbered by it !
The result of this education of the school-staff was, that our child got a very good start of her `new life` in school, and she has had no problems in school what so ever since.
Esben Esther later gave the parents of our child's school-mates, the same lecture as s-he had given the school-staff. We are for ever grateful for this priceless help !

Conclusion:

Children who transe represent a group at higher risk of severe psychological complications than ordinary children. In the tradition of most health care systems children who transe are looked upon as suffering form a mental disorder, and as a consequence they are referred centralized offers of treatment. This treatment may hurt the children, since it cannot focus on their immediate challenges.
Instead of viewing the children as disturbed, there are grounds to se them as children who disturb, and that disturbance is reflected back to the children as sanctions of denial and rejection. The pain and trauma provoking meeting is that between the child and the child's network.
By decentralizing the therapeutic, educational work, and by directing it toward the people that are disturbed by the children, a network of transpositivity can be developed around he child. A network that represent an alternative world to that which is common.
In this world the children are far less prone for trauma.

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