UCLA
UCLA Previously Published Works

Title
To Tansition or Not to Transition. That is the Question

Permalink
https://escholarship.org/uc/item/7hv6x94f

Journal
Current Sexual Health Reports, 9

Author
Green, Richard

Publication Date
2017-06-01

DOI
10.1007/s11930-017.0106-5

Peer reviewed

eScholarship.org Powered by the California Digital Library
University of California

To Transition or Not to Transition? That Is the Question

Richard Green

Current Sexual Health Reports

ISSN 1548-3584
Volume 9
Number 2

Curr Sex Health Rep (2017) 9:79-83
DOI 10.1007/s11930-017-0106-5

Springer

Your article is protected by copyright and all rights are held exclusively by Springer Science+Business Media, LLC. This e-offprint is for personal use only and shall not be self-archived in electronic repositories. If you wish to self-archive your article, please use the accepted manuscript version for posting on your own website. You may further deposit the accepted manuscript version in any repository, provided it is only made publicly available 12 months after official publication or later and provided acknowledgement is given to the original source of publication and a link is inserted to the published article on Springer's website. The link must be accompanied by the following text: "The final publication is available at link.springer.com”.

Springer

Author's personal copy

Curr Sex Health Rep (2017) 9:79–83
DOI 10.1007/s11930-017-0106-5

CURRENT CONTROVERSIES (P KLEINPLATZ AND C MOSER, SECTION EDITORS)

To Transition or Not to Transition? That Is the Question

Richard Green[1]

Published online: 24 April 2017
© Springer Science+Business Media, LLC 2017

Abstract
Purpose of Review Review evidence in the controversial management of prepubertal gender dysphoric children where some clinicians and parents advocate transition to live as a child of the non-natal sex.
Recent Findings Earlier reports, primarily of males, demonstrated that most cross-gender behaving children, with what was called Gender Identity Disorder, matured into gay or lesbian adults, and only a small minority were transgender. However, recent practice by some clinicians advocates gender transition for prepubertal children believed to be sufficiently gender dysphoric to live as the non-natal sex. Can the subgroups be distinguished for this decision to be made? Can clinical judgment result in short term and longer term benefit to those who transition? Are there risks to facilitating gender transition as well as efforts to promote more comfort with natal sex?
Summary Many unknowns pervade the advocacy of transitioning prepubertal gender dysphoric children and the advocacy of promoting more comfort with natal sex. Complex research designs will help answer these questions.

Keywords Gender identity · Gender dysphoria · Transgender · Prepubertal gender transition · Gender identity disorder

Today, a 5-year-old gender dysphoric Hamlet might ponder: to transition or not to transition? That is the question.

This article is part of the Topical Collection on *Current Controversies*

✉ Richard Green
profrgreen@gmail.com

[1] University of California, Los Angeles, CA, USA

In contemplating the answer for today's 5-year-old gender dysphoric child and predicting the child's continuing psychosexual development, reports of children from earlier decades may assist.

In the late 1960s, at the UCLA Gender Identity Clinic in the Department of Psychiatry, Robert Stoller and I hoped to assist families where parents were concerned about the cross-gender behaviors of their son. The rationale was to encourage more comfort with natal sex through enhancing play interests common to both boys and girls, more comfort with male age mates, and a closer relationship with their father.

> "People whose sexual identity is markedly atypical experience considerable conflict. In consequence of psychological intervention with children, we have at times incurred the wrath of those who assert that children should be free to adopt whatever behaviors they wish, whether the culture defines them as gender appropriate or inappropriate. This is truly an ideal to be strived for. Yet, these children hurt. We hope we can reduce their current pain and permit them a wider range of social options in the future" [1].

The 1960s clinical research program was a documentation of a series of substantially cross-gender behaving boys with long-term follow-up. It was the boys' behaviors—female type doll play (Barbie), cross-dressing, female pictures preferentially drawn, preferential female role-playing, female peer group, and avoidance of conventional boyhood activities—that set them apart from most male age mates. There was reason to believe that they were pre-transsexual, based on recalled childhood behaviors reported by distressed adults pleading for sex reassignment that we were also assessing in our clinic.

Author's personal copy

In today's debate over the most helpful strategy with families, a distinction is made by some clinicians in identifying children for gender transition. It is by whether they say they ARE the other sex or they WANT to be the other sex. In the 1960s, any such distinction was not a focus. The inference was that in this age group, actions speak louder than words and that by their behaviors they were expressing discontent being boys. Notwithstanding, some families reported statements approximating, "I am a girl."

With boys:

Do you like to have a penis? "No."
"You know what, I might be a girl."
You want your "tweneer" to go away? "Yes."

With mother:

He says, "I am a girl."
What do you want to be when you grow up? "A mommy."
"(At school) he won't get on the boys' line. He stays on the girls' line."
"Playing in front of the mirror he took his penis and he folded it under and said. 'Look mommy. I'm a girl'" [2].

Experience with children in that period [3, 4] demonstrates that the great majority of cross-gender behaving boys became gay men (in our study of dozens, about 80% became gay or bisexual men and only one remained gender dysphoric) [5•]. However, the threshold for referral and assessment of cross-gender behaving boys in the late 1960s may have been lower than today. This could be a factor in the low rate of persistence with gender dysphoria. I suggested this in 2008 [6], but then, a report of behaviors of a series of cross-gender behaving boys generated 30 years earlier in Canada were comparable to those seen about 10 years earlier in the same program [7•].

Whether or not to enable early gender transition has split the professional mental health community. Two diverse viewpoints can be summarized.

The most prominent proponent of enabling gender dysphoric prepubertal children to transition fashions therapy from Winnicott's distinction of the "true self" from the "false self". Therapy helps children discover their "true gender self." The overriding principle is "to foster the child's authentic gender". For children who are "transgender," and not merely "gender nonconforming," transition allows expression of the "true self" [8••].

For the most prominent critic of prepubertal transition, a focus of intervention is the "potential role of parental factors in the genesis and maintenance of gender identity disorder" [9••]. As for limit setting on cross-gender expression, this is "a part of a series of interventions." Benefits include "the reduction of gender dysphoria, and the attendant social ostracism that can ensue from gender identity disorder persistence (including) the complexities of sex-reassignment surgery. The goal is to help the child work through their gender dysphoric features" [9••].

As noted, there is optimism by some clinicians for distinguishing the two groups, those who will/will not persist with gender dysphoria beyond puberty. "A frequent misunderstanding is that we do not know which gender dysphoric children will have a transsexual identity in adulthood" [10]. "Transgender children affirm that the gender they are is opposite to the gender assigned at birth. They typically say they are a girl (boy), not that they want to be one" [11].

As for whether the children say they are or want to be the other sex, with 500 gender dysphoric children, ages 3–12, those who were younger were more likely to say on the Gender Identity Interview for Children [12] that they were the other sex or did not know [13]. If this is confirmed in other samples, possibly then, it is an age-related manner of expression, and not exclusively an indicator of the extent of gender dysphoria. Items 13 and 14 on the Parent-Report Gender Identity Questionnaire for Children, "He states the wish to be a girl or woman, He states that he is a girl or woman" may also have predictive power for continuing gender dysphoria [14].

The Draw-a-Person test, too, may be helpful. It has long been considered an indicator of self-perceived sex or gender. [15] From about age 4, most persons draw a figure of their natal sex first [16]. In our study of cross-gender boys, 54% drew a female first [17]. In The Netherlands, 70% of children who met the criteria of gender identity disorder drew the other sex first [18••].

Recent studies of children with gender dysphoria persisting into adolescence vs. those whose gender dysphoria desisted provide some features that may have predictive value.

Puberty onset during ages 10–13 was a critical phase for separating desisters from persisters in a Dutch study [19]. The finding suggests that a key developmental time for continuing substantial gender dysphoria may be years after those in which some children are transitioning. Presumably, a 7-year-old who has transitioned will not experience natal pubertal changes because of pubertal suspension and/or cross-sex hormone treatment.

Whether puberty should be suspended to give more space to gender dysphoric young people is another discussion. However, it is not clear whether suspension is equivalent intervention for those who have/have not transitioned. If the years 10–13 of pubertal onset are a watershed time for decision, will that opportunity be available for both the transitioned and non-transitioned?

Not surprisingly, gender dysphoric children who are older at assessment are more likely to persist [18••]. There has been more opportunity for the older children to reconcile with natal

Author's personal copy

sex, but that opportunity was not taken. Not surprisingly, too, children who have undergone some degree of transition more often persist [18••]. This could reflect greater gender dysphoria prior to transition. Alternatively, critics argue that the child is set on a course toward a lifelong gender transition, independent of gender dysphoria at transition.

More gender dysphoric females may persist with gender dysphoria [18••] and are more gender dysphoric when initially assessed [20–22]. This may be because the threshold of "tolerance" for cross-gender behavior is higher for females—"tomboyism" being more culturally acceptable than "sissiness." Cross-gender males have more negative peer response and so a lower degree of gender dysphoria may provoke family concern and trigger professional assessment.

Rates of persistence of gender dysphoria vary between studies. In two substantial samples of natal males (139) and females [23] in Canada, they were under 15% [7•, 24]. However, the rates in The Netherlands were higher. With one study, it was 27% [25] and in another 37% [18••].

Caveat, in assessing studies, caution is required in dismissing the reportedly gender dysphoric children who do not persist with gender dysphoria as those who were not genuinely gender dysphoric. This is the circular reasoning of "The No True Scotsman" fallacy (person 1, no Scotsman would wear clothes like that; person 2, my uncle Angus always dresses like that; person 1, yes, but no true Scotsman would dress like that).

Is there evidence of advantage with transitioning on general psychological functioning? Transitioned children from several sources were compared with non-gender dysphoric siblings and unrelated controls and, importantly, with non-transitioned gender dysphoric children from mental health clinics. Children were assessed for depression and anxiety. Transitioned children were comparable to siblings and controls, but less symptomatic than the non-transitioned clinic children. Problems interpreting the findings include the absence of baseline data on the mental health of the non-transitioned and transitioned children before transition, comparability of non-clinic and clinic samples and, as the study author acknowledges, possible bias in parental reports of transitioned children [26].

Potential risks and benefits of enabling transition or not can be formulated. A benefit of transition in the short term could be reduction of gender dysphoria and possibly reduced peer stigma for cross-gender behaviors. For those denied transition, there could be increased conflict with parents over cross-gender behaviors and continued peer teasing. It is unclear whether denial of transition would reduce the later problems that can be associated with continuing gender dysphoria. An intermediate term benefit of transition could be experience living in the non-natal gender before introducing irreversible changes. An associated risk, as noted below, is the potential conflict associated with a decision to return to the natal sex. A long-term potential risk of transition could be promoting adult gender dysphoria requiring treatments with possibly problematic hormonal and surgical procedures that might have been avoided.

Obviously, extensive research is required to enable families and clinicians to proceed with a strategy for gender dysphoric young children that is in the child's best interest. Another discussion can address the parental decision to enable, or not, their child's transition.

Study groups for comparison should include natal males and natal females (Disorders of Sex Development is another discussion), age, age and sex of siblings, socioeconomic status, religion and extent of religiosity, one or two parent family, accord/discord between parents on the best way to assist their child, extent of transition (none, partial, full), whether the child is known socially as transitioned, and family experience with a gender therapist.

As more early gender dysphoria is reported to be associated with persistence [7•, 21], psychometric instruments should assist in quantifying gender dysphoria. The challenge is identifying a bright line at which persistence can be demarcated from desistence.

Psychosexual and general psychological status needs documentation at baseline and regular intervals. Gender identity instruments have been listed by gender identity researchers [27] and measures of general psychological functioning by the American Academy of Pediatrics. [28] For families in a therapy relationship, assessments should include the gender specialist as well as the child, family, and teachers.

Random group assignments cannot be made. The family strategy believed to be in the best interest of the child is self-selection. Broadly, there are three "treatment" groups: watchful waiting—no attempt to discourage cross-gender expression and no gender transition, gender transition (full or partial), and efforts to reduce cross-gender expression and enhance natal expression.

A recent case in the UK illustrates the potential disruptive effect of parental discord. A child experienced gender transition at 4 in a family where the parents then divorced. Child custody went to the mother. The father objected to transition and went to court. The judge said that he considered the mother to have done "significant harm to her son in her active determination that he live as a girl." The child had been bullied at school with other children attempting to pull down its trousers. Three years after transition the child was returned to the father and de-transitioned. A report to the court indicated that the child now appeared comfortable with conventional boy-type activities (he was interested in Power Rangers, Sponge Bob, and superheroes). The judge concluded, "I am entirely satisfied that the father has brought no pressure on the boy to pursue masculine interests. The boy's interests are entirely self-motivated." [29].

I have been an expert court witness in the UK where there was extensive involvement of social services over permitting a 12-year-old natal male to transition. For family privacy, the

Author's personal copy

court ordered that the child, under a new name, be enrolled in a school remote from a previous school. Possibly, an additional factor for assessing the best way forward over the next years was that the child, being under the "gender transition radar," was more closely approximating the "real life experience" of trial cross-gender living. This was promoted decades ago by John Money for adults and is still utilized with gender dysphoric patients seeking surgery. The distinction with this child would be the experience of socializing as a girl vs. socializing as a girl who had lived as a boy.

This under the "gender transition radar" is a light year distant from being featured as a transitioned child on the January 2017 cover of National Geographic magazine.

Not all transitioned children will continue to experience profound gender dysphoria to the degree that there is no way forward but cross-sex hormone treatment and surgical modification. If they continue, in part as a consequence of the energy that fostered and maintained transition, are they to experience medical interventions, sometimes problematic, that could have been avoided?

An advocate of early transition with some children states, "The job of the clinician is not to ward off a transgender outcome, but to facilitate the child's authentic gender journey." [23] From my experience in the mid-1960s with transsexual patients in the medical office of Harry Benjamin through more than a decade full time in the world's largest transgender treatment program, with over 1000 patients, I am convinced that it is a helluva lot easier negotiating life as a gay man or lesbian woman than as a transwoman or transman.

Confounding all of the above is the substantial mass media and community support for transitioning children. Gender expansive summer camps, parent/child support groups, and Internet messaging by families that have transitioned abound.

"I am Jazz," a US reality TV series, chronicles the experience of a natal male teenager who transitioned at age 4. Jazz was interviewed by Barbara Walters on TV when 6 years old [30].

Another poster family is that of Jacob Lemay and featured on NBC news in the USA, "Jacob Lemay Lives Life as Transgender Child" (http://www.nbcnews/com/storyline/transgender-kids/jacob-lives-life-transgenderchild-n345296). The telecast includes a family photo album portraying Mia who transitioned to Jacob at 4. It was stated "he started a new pre-school last fall when none of the children knew him as Mia" (unless they, or their parents, watch television).

The fervor with which some families embrace the transition process may influence continuing transition. Initial support and media publicity may cut both ways. While the children's distress may be ameliorated by transition and social support, to some critics this may have a later downside. While not challenging the psychosexual and general psychological status of celebrating transitioned children, if the young person becomes aware that this is not the direction in which to continue, it may be difficult to return to natal sex.

Acknowledgement is given by advocates of early transition that some transitioned children may seek re-transitioning to natal sex. "We can never know with absolute certainty if a child who says he or she is transgender is expressing a stable, permanent lifelong identity or is just on a temporary stepping stone…We have no research studies that indicate that a child who transitions gender and later transitions back in a gender fluid process rather than a frenzy of gender chaos or confusion suffers any damage… our clinical observations are that such a process does indeed occur with no harm if the surrounding environment is accepting of the changes." [31] Guidelines are provided to parents for the language they use with a transitioned child "that allows for future gender exploration". As example, "When Becca is older, we will love and support her whether she continues to feel like a girl or maybe returns to feeling like a boy, or identifies somewhere else on the gender continuum" [32].

Natal females who had transitioned but then attempted to de-transition have described their difficulty. A number of girls indicated that going back to their actual gender role was a troublesome and arduous process. They had often been afraid of getting teasing or excluded by their classmates if they would revert to their original gender role. One girl struggled with her feelings to go back to her actual gender role for nearly 2 years [19].

Obviously, not all children manifesting cross-gender behaviors are gender dysphoric. They may be content with their natal sex but their interests do not conform to the cultural majority of their same sex peers. The best way to enable these children to maximize their potential is another discussion.

Pending the outcomes of urgent, complex research, where does all this leave the young gender dysphoric Hamlet? The answer to Hamlet's conundrum is known to nearly all. The wise are divided into binary groups: YES!, NO!. A few agnostics remain. This writer is one.

Conclusion

The vitriol over whether to enable gender dysphoric prepubertal children to gender transition engages psychosexual and general mental health issues and must be informed by data, not ideology. Families and professionals invested in the best interest of these children require strong evidence on the risks and benefits of transition, and, if there is to be transition, with which children. Longitudinal studies are urgent with comprehensive objective measures of those who transition and those who do not. This is a brave new world of gender. The young Hamlet can thrive from empiricism, not polemic.

Author's personal copy

Compliance with Ethical Standards

Conflict of Interest Richard Green declares no potential conflict of interest.

Human and Animal Rights and Informed Consent This article does not contain any studies with human or animal subjects.

References

Papers of particular interest, published recently, have been highlighted as:
- • Of importance
- •• Of major importance

1. Green R. Sexual identity conflict in children and adults. New York: Basic Books, London: Gerald Duckworth, Baltimore: Penguin, 1974. page 308.
2. Green R. Chapters 11, 12; 1974.
3. Bakwin H. Deviant gender-role behavior in children. Pediatrics. 1968;41:620–9.
4. Zuger B. Effeminate behavior present in boys from early childhood. J Pediatr. 1966;69:1098–107.
5. • Green R. The 'Sissy boy syndrome' and the development of homosexuality. New Haven: Yale University Press; 1987. **The author's early longitudinal study of cross-gender behaving boys.**
6. Green R. Childhood cross-gender behavior and adult homosexuality: why the link? Journal of Gay and Lesbian Mental Health. 2008;12:17–28.
7. • Singh D. A follow-up study of boys with gender identity disorder. PhD Dissertation: University of Toronto; 2012. **A more recent follow-up report of gender dysphoric boys.**
8. •• Ehrensaft D. From gender identity disorder to gender identity creativity: true gender self child therapy. J Homosex. 2012;59:337–56. **Presents the principal advocacy of gender transition for gender dysphoric prepubertal children.**
9. •• Zucker K, Wood H, Singh D, et al. A developmental, biopsychosocial model for the treatment of children with gender identity disorder. J Homosex. 2012;59:369–97. **This presents the princioal position against gender transition for gender dysphoric prepubertal children**.
10. Olson K. Prepubescent transgender children. J Am Acad Child Adolesc Psychiatry. 2016;55:155–6.
11. Ehrensaft D. 2010:347.
12. Zucker K. A gender identity interview for children. J Pers Assess. 1993;61:443–56.
13. Zucker K. Personal communication. 2017 January 8.
14. Johnson L, Bradley S, Birkenfeld-Adams A, et al. A parent-report gender identity questionnaire for children. Arch Sex Behav. 2004;33:105–16.
15. Brown D. Sex role preference in young children. Psychological Monograohs. 1956 70, no. 14 (whole number 421).
16. Jolles I. A study of some hypotheses for the quantitative interpretation of the H-T-P. J Clin Psychol. 1952;8:113–8.
17. Green R, Fuller M, Rutley B. It-scale for children and draw-aperson test. J Pers Assess. 1972;36:349–52.
18. •• Steensma T, McGuire J, Kreukels P, et al. Factors associated with desistance and persistence of childhood gender dysphoria. J Am Acad Child Adolesc Psychiatry. 2013;52:582–90. **Factors associated with persistence/desistence of gender dysphoria beyond prepubertal years.**
19. Steensma T, Biemond R, de Boer F, Cohen-Kettenis P. Desisting and persisting gender dysphoria after childhood. Clinical Child Psychology and Psychiatry. 2011;16:499–516.
20. Wallien M, Quilty L, Steensma T, et al. Cross-national replication of the gender identity interview for children. J Pers Assess. 2009;91:545–52.
21. Cohen-Kettenis P, Wallien M, Johnson L, et al. A parent-report gender identity questionnaire for children. Clinical Child Psychology and Psychiatry. 2006;11:397–405.
22. Cohen-Kettenis P, Owen A, Kaijser V, et al. Demographic characteristics, social competence and behavioral problems in children with gender identity disorder. Journal of Abnormal Child Psychiatry. 2003;31:41–53.
23. Ehrensaft D. 2016:339.
24. Drummond K, Bradley S, Peterson-Badakli M, et al. A followup study of girls with gender identity disorder. Dev Psychol. 2008;44:34–45.
25. Wallien M, Cohen-Kettenis P. Psychosexual outcome of gender-dysphoric children. J Am Acad Child Adolesc Psychiatry. 2008;47:1413–23.
26. Olson K, Durwood L, DeMeules M, et al. Mental health of transgender children who are supported in their identities. Pediatrics. 2015;137:e20153223.
27. Meyer-Bahlburg H. Gender monitoring and gender reassignment of children and adolescents with a somatic disorder of sex development. Child Adolesc Psychiatr Clin N Am. 2011;20:639–49. **Items 21-29**
28. American Academy of Pediatrics. Mental Health Screening and Assessment Tools for Primary Care. (undated)
29. The Guardian. Boy 'living life entirely as a girl' removed from mother's care by judge. 2016 21 October.
30. 20/20 with Barbara Walters. I'm a girl: Understanding Transgender Children. 2007.
31. Ehrensaft D. 2012:354.
32. Edwards-Leeper L, Leibovitz S, Sangganjanavanich V. Affirmative practice with transgender and gender nonconforming youth. Psychology of Sexual Orientation and Gender Diversity. 2016;3:165–72. page 168