

Considerations for Families with Boys with Gender-Variant Behaviors: Concerns about Cross-Dressing and Social Transition

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This paper was published in the October 2011 issue of Child and Adolescent Psychiatric Clinics of North America under a different title: "Considerations for Affirming Gender Non-conforming Boys and Their Families: New Approaches, New Challenges." It is reprinted here with permission. I wrote it in 2007, when I was co-director of the Children's National Medical Center program for families of children with gender-variant behaviors. I resigned from that position in 2009 but continue to conduct intake consultations for the program's listserve.

THE MEDIA AND THE PUBLIC'S REACTION HAVE CREATED THE impression that the gender-variant behaviors of many children are

indicative of transsexual identities. This has suggested to some parents that the best way to manage their sons' gender variance, and perhaps gender dysphoria, is to allow them to dress as girls in increasingly more situations—to the extent that, for some, this becomes a transition to living full-time as a girl. This paper poses some considerations in exploring these issues. Because I have had contact with relatively few parents of gender-variant girls, I will not address these issues in this statement. The issues of raising gender-variant girls may be different from gender-variant boys and require a separate discussion.

BACKGROUND OF THE GENDER VARIANCE SUPPORT GROUP: “FEELING GOOD, FITTING IN”

The support group for parents of young children with gender-variant behaviors started in 1998. The goal was to help parents help their children to “feel good” about themselves and “fit in” with social realities. We thought that almost all of these boys would grow up to identify as gay. Perhaps because of my own experience with my gay son, the many gay men that I have known, and the research that I was familiar with, I had come to believe that the origins of sexual orientation were essentially biological. I was reacting to decades of mistaken beliefs that homosexuality resulted from the psychosocial environment—i.e., too much mom, not enough dad. I did not believe that allowing a boy to express his feminine interests would cause him to later *become* gay, but instead believed he was *born* gay. I felt that expression of feminine interests was part of the normal childhood development of many gay men. But I was also sensitive to the social environment of homophobia and heterosexism, and the prevalent belief that allowing a boy to openly express his femininity would stigmatize him. I hoped that our program would support or facilitate normal development with minimal shame.

The parent guide (included in this book at the beginning of this section) reflected a positive, supportive approach to fully affirm and celebrate the child. This new approach was to avoid the necessity to correct and suppress the expression of femininity.

The creation of many safe places for the full expression of gender-variant behavior, primarily in the home, was encouraged. The initial group of parents was resistant to allowing their boys to fully express their feminine interests even at home. Parents were encouraged to develop a strategic approach for social interaction to minimize stigma. Dispelling the myth that there is or should be only one kind of boy became a central goal. Parents were encouraged to help the child understand the harsh realities of societal intolerance—i.e., the macho standard of only one kind of boy. In 2003 we published the parent guide, based upon the first five years of our experiences with the local parents' group.

Also in 2003, Edgardo Menvielle, MD, co-director of the program, created a website and a listserve at the Children's National Medical Center. At this time, public awareness of transgender issues was increasing. We were aware of the work of the PFLAG Transgender Special Outreach Network (later the Transgender Network, or T-Net) and the Trans Family listserve, which were excellent resources for parents of transgender children—mainly adolescents and adults. Within our listserve, a few parents reported that their boys seemed to be excessively distressed and insisted that they were girls rather than boys. Many questions arose about how the childhoods of transsexual boys may differ from those of gay boys. Professionals began to question whether the diagnosis of Gender Identity Disorder in childhood was appropriate to describe the common development of many gay boys, unnecessarily pathologizing children within the gender spectrum. It seemed there was a difference between the theatrical fun of gay boys playing dress-up, and the stressful attempts of transsexual boys, who believed they were girls, presenting as their correct gender. One of my transsexual friends captured this difference when she said, "The gay boys want to be fabulous like Barbie. I just wanted to be like my mom."

In 2006 a trend began as more parents within the listserve felt their sons were transsexual girls, rather than gay boys. This trend was initiated and supported by the intense interest in

stories in the media of children beginning gender transition at early ages.

In general, there are four ways that parents deal with the challenges posed by their boys with gender-nonconforming behaviors:

1. Forced conformity to masculine gender normative behaviors. This is the traditional oppressive approach.
2. A strategic compromise approach to dealing with social realities, as described in the parent guide. In this approach, safe places where feminine interests can be expressed are established and distinguished from places where the child could be stigmatized.
3. The “free-to-be” approach allows children to dress and behave as they please, when and wherever they please. Parents choosing this approach are usually in more progressive situations where education about this issue is welcome.
4. The transgender or transsexual approach allows the child to pass as a girl or to begin a social gender transition from male to female.

We have helped many parents move beyond the first approach. Up to this time, the parents in the local support group have embraced the strategic compromise approach. We are confident that the first approach causes harm. We believe that the second approach can enable most children to feel good about themselves and also face the social realities. We have little experience with the “free-to-be” approach and even less with gender transitions of young children.

GENDER DYSPHORIA AND VARIANCE IN MALES

There is considerable controversy around the issues of social categories of *gender identity* (as male or female), *variance* in associated

gender behaviors (including sexual expression or orientation), and *dysphoria* (profound unhappiness) with the assigned gender. What do we think we know or believe that can help parents in raising their gender-nonconforming children?

Historically and across cultures, societies have had a two-gender system based on genitalia. A few societies make provisions for a relatively small number of individuals with another social gender role (i.e., men acting feminine), and a few more allow individuals to live in a gender different from that assigned at birth (i.e., men living as women). The specific content of the social gender roles varies greatly.

It is generally believed that more than 99 percent of the population is raised as either male or female, and remains in that gender throughout their lifetime. The incidence of transsexuals, who began life assigned to one gender and at some time changed to live their life in another gender is currently estimated at about one in 15,000 to 25,000 and may be increasing. These biological males who are transsexual are predominantly conventional in their gender roles before and after their gender transition. However, there are also some transsexuals who are gender variant before and/or after their gender transition. The incidence of predominant homosexuality in males is probably about five percent—one in twenty. About two-thirds of adult gay males report mild to intense gender variance in childhood, and an unknown but probably much smaller number report some history of gender dysphoria. Very few predominantly heterosexual males report a history of gender variance, although one-fourth do describe themselves as being gentle boys.

When research began on boys exhibiting extremes of feminine behavior, most professionals anticipated that these males would identify as transsexual. However, the research studies have shown that almost all of these males actually identified as gay in adolescence or early adulthood. Various therapies had no effect on their sexual orientation. However, the total sample size of these studies was relatively small and the men were still relatively young at the last follow-up. Based upon the low incidence of transsexuality in

the population, it is possible that transsexuals may not have been picked up in the sampling. In contrast, work with adult transsexuals has only found some, but not many, who would have been classified as "sissy boys" during childhood. Almost all transsexuals do report gender dysphoria during childhood, but few expressed themselves in a gender-variant way that was evident to others.

The typical boy exhibiting extremes of feminine behavior shows a strong and persistent interest in the toys, play, and clothes of girls, and a preference for girl playmates. He has an infatuation with hyper-femininity, including shoes, make-up, hairstyles, and anything feminine. He plays with Barbie dolls, not baby dolls, because this is not about nurturing a baby. He also has an avoidance of rough-and-tumble play. At a young age he may verbalize wishing to be a girl, or being a girl. The gay child's gender-variant behaviors seem to be playful expressions of creativity, fantasy, and beauty, and are theatrical in nature. It is common for the expression of gender-variant behavior to decrease later in childhood (around age nine to ten), although it may again emerge during "coming out" in adolescence.

The typical gender-dysphoric male who identifies as transsexual in adulthood reports that during childhood she had an internalized feeling of discontent with being male—i.e., dysphoria—and a desire to be female. She did not engage in overt gender-variant behavior. The initial coping strategy of these males is to try to be as conventionally masculine as possible. When this no longer works for them, they begin cross-dressing and seek to make a social transition by passing as females. Some of them may transition through the gay community, going through a period of time when they attempt to adapt by trying out being gay or presenting in drag, although their style may be more like a female impersonator than a drag queen. Some of them also go through a period of time in adolescence or adulthood when they define themselves as heterosexual cross-dressers. The parents of most transsexual males also report that they noticed little that was feminine about their boys, at least before adolescence, and were shocked when their adult child disclosed a desire to change sex.

This information about typical patterns of gender-nonconforming and gender-dysphoric boys is based on experiences from the recent past, during a time when boys grew up in a highly stigmatized social environment of homophobia and transphobia. However, today we are in a cultural period of increasing acceptance of gay, bisexual, and transgender people, as well as a time of change in the conceptualization of gender. So it is possible that these historical and cross-cultural incidences may change. Furthermore, positive, affirming parenting from an early age may have a huge impact. Whether the developmental patterns will change in this era of greater social acceptance cannot be determined until the present generation grows up. We do know, for example, that gay boys are coming out to others much earlier than in the past.

SOCIAL/SEXUAL BEHAVIORAL REHEARSAL

Two years is a common age when parents say they began to notice gender-variant behaviors or feminine interests in their boys. At this age, children have idiosyncratic ideas of what it means to be a boy or a girl. Children learn about boys or girls from authority figures (parents and teachers) and from social cues, and apply this knowledge to themselves. When they enter preschool and kindergarten, their notions of how boys and girls behave are concrete, highly conventional, and rigid. These gender classifications may generate questioning in a boy who is so different, and even confusion about his gender identity. Although he knows he is a boy, he doesn't like the activities of other boys and he does not see any other boys like himself—only girls. He does not realize that there are different kinds of boys, including boys who like girls' things.

Also during childhood, children commonly rehearse social-sexual behavior that will fully develop later in adolescence and adulthood. A young gay boy may want to have a feminine presentation as a rehearsal for attracting the objects of his affection: other boys. The fact remains that because of stigma we can only

speculate about the normal development of a gay male. However, one could reasonably assume that if a person's love object is of the same gender and not the other gender, then that person's social-sexual developmental behavior would be different.

CONCERNS ABOUT CROSS-DRESSING AND SOCIAL TRANSITION

In affirmation and support of their sons with gender-nonconforming behaviors, parents are often heavily influenced by the expressed desires of their children. Parents want their child to be happy and do not like setting painful limits. Parents want to affirm their child and to show they are not ashamed of him in public. For some parents and sons seeking to avoid the effects of the social stigma of gender variance, it seems to make sense to allow the boy to pass as a girl. Because young gender-variant boys can usually pass easily as girls when dressed in a skirt, this may be seen as a better option than dressing as a boy but wearing pink shoes and carrying a Barbie doll. Other parents truly believe that their sons are transsexual, and they wish to avoid the harm and pain that would ensue by limiting the child from living in the female role.

However, there may be possible pitfalls of allowing a boy to pass as a girl. We may contribute to gender confusion if it turns out that the child is not transsexual. We may limit the boy's opportunity to learn conventional male-gender behavior. Boys who pass as girls may be forfeiting the opportunity to act on the realization that they can love someone of the same sex without changing their own sex. Some gender-variant gay men have gone through a time when they thought they would be more successful in romantic and sexual relationships with men if they were female. This has been a motivation for some men who later regretted sex reassignment.

Unacknowledged homophobia-erotophobia may also relate to decisions to allow a boy to transition to live as a girl. In certain subcultures in the United States and Mexico, feminine gay men and transsexuals live together as females for mutual support because of rejection from the larger culture that does not tolerate

feminine male homosexuality. In Muslim cultures, as well as more sexually liberal cultures like Thailand and India, it is much more acceptable for feminine gay men to live as women than to be seen as homosexuals. Religious pressure in countries like Iran results in gay men having sex reassignment surgery as an alternative to the severe penalties, including death, for homosexual behavior.

The World Professional Association for Transgender Health guidelines for sex reassignment do not include cross-dressing in childhood. Their standards of care include only living full-time as a female in adolescence and adulthood as a requirement for sex reassignment. Sex reassignment during adolescence is controversial, but gaining increasing support. Thus far, there is no standard of care for gender reassignment in childhood.

TENTATIVE RECOMMENDATIONS

Liberal cross-dressing in general social situations and full-time living as a female is totally new territory for boys with gender-variant behavior. Because of this, a compromise approach may be the best first approach. Start by creating as many safe spaces for feminine expression as possible. Celebrate the child's interests. Give him lots of attention: It's no fun getting all dressed up without being seen and interacted with. Explain about different kinds of boys to normalize boys who like girl things, which will help him understand where he fits in the boy-girl scheme. Try to expose him to other boys like himself so that he knows that he is not the only one. Also expose him to adult male role models of different ways of being men. Be empathetic and supportive but set limits. In general, resist cross-dressing in public or passing as a girl.

If this approach does not work over a period of time, it may indicate significant gender dysphoria. If the child's distress increases and the "different kind of boy" concept provides no comfort or is consistently resisted and/or increases stress, then it is important to seek an evaluation by a professional with expertise in this area.