Gender independent kids: A paradigm shift in approaches to gender non-conforming children

Jake Pyne

The Canadian Journal of Human Sexuality, Volume 23, Number 1, April 2014, pp. 1-8 (Article)

Published by University of Toronto Press

COMMENTARY

Gender independent kids: A paradigm shift in approaches to gender non-conforming children

Jake Pyne[1]

[1] School of Social Work, McMaster University, Hamilton, ON

Recent years have seen a substantial change in how children who challenge gender norms (referred to in this article as "Gender Independent") are regarded by professionals, by their families and by the public at large. Pathologized and treated for decades as a mental illness, childhood gender non-conformity would seem to be imbued with new meaning, as evidenced by a growing number of public voices claiming gender variance as part of human diversity. Call it a paradigm shift: from disorder to diversity, from treatment to affirmation, from pathology to pride, from cure to community. This commentary article reflects on recent shifts in language, shifts in identity options, and shifts in the focus of intervention with gender non-conforming children. Drawing on existing research and public discourse, I consider what the field of human sexuality can learn from "Gender Independence."

KEY WORDS: Gender non-conforming, transgender, children, youth

INTRODUCTION

Recent years have seen a substantial change in how children who challenge gender norms (whom I will call Gender Independent) are regarded by professionals, by their families and by the public at large. Pathologized and treated for decades as a mental illness (APA, 1980; 2000a), childhood gender non-conformity would seem to be imbued with new meaning, as evidenced by a growing number of public voices claiming gender variance as part of human diversity (Ehrensaft, 2011, 2012; Hill & Menvielle, 2009; Lev, 2004; Menvielle, 2012; Spack et al., 2012). Call it a paradigm shift: from disorder to diversity, from treatment to affirmation, from pathology to pride, from cure to community. As a researcher and advocate working to develop community-based resources for families with Gender Independent Children in Ontario, I use this commentary article to reflect on recent and important shifts in language, shifts in identity options, and shifts in the focus of intervention with gender non-conforming children. Drawing on existing research and public discourse, I explore what the field of human sexuality can learn from "Gender Independence."

JORDAN, RAINE AND WILLOW: THE FACES OF GENDER INDEPENDENT KIDS

To my knowledge, the phrase Gender Independent was coined by a group of parents and a social worker in the Toronto District School Board, in an attempt to describe several kids who were, well, a bit more fabulous than the others.[1] The term Gender Independent finds its home among a growing lexicon of terms used to describe kids who substantially challenge gender expectations, including gender non-conforming, gender variant, gender creative, transgender, and for some Aboriginal children, two-spirit[2]. As a somewhat spacious phrase, Gender Independent encompasses a range of possible expressions and experiences. Below, I offer some vignettes.

In the first sense, Gender Independent can be used to describe young people who are comfortable with their natal sex, yet who challenge us to expand the boundaries of gender's well-worn categories. Here I'm thinking of a boy I know named Jordan, who identifies himself as "fancy."[3] Jordan is clear that he is a boy, but he's fancier than other boys. He likes pink, he likes sparkles; he finds other boys a bit dull. When Jordan put together a particularly lively outfit for school one morning, his mother, who refers to him as Gender Independent, asked: "How do you think other kids will react if you wear that?" Jordan thought about that for a while and answered cheerfully: "I think they'll probably make fun of me… but I'm going to wear it anyway."

A second group using the term Gender Independent, are kids who reject the terms of "boy" and "girl" altogether. Here I'm thinking of a young person I know called Raine who prefers the in-between space. Raine's biggest frustration in life is being asked to "choose" and if you press Raine about being a boy or a girl, Raine will answer with questions for you: Why

Acknowledgements: The author would like to thank Cory Silverberg, Zack Marshall and Hershel Russell for helpful comments on an earlier draft.
Correspondence concerning this article should be addressed to Jake Pyne, School of Social Work, McMaster University, Hamilton, ON.
E-mail: pynejm@mcmaster.ca

do you care? What difference does it make? Would you treat me differently? Good questions.

A third group of kids going by Gender Independent are those who clearly and consistently identify with a different gender than expected. They know who they are, and they need to see that self reflected in the mirror and reflected by the people around them. These are the kids who may go on to transition to a new gender role. In Meadow's (2011) study of parents of gender non-conforming children, a mother asks her daughter Willow (who was once her son): "How do you know you're a girl?" to which Willow answered: "I know, because I feel it deep down where the music plays" (p. 740).

Encounters with kids like Jordan, Raine and Willow raise a lot of questions: What is gender? How do these young people come to know themselves? From where do they get their astonishing courage? And as adults, what do they need from us? I would like to suggest that these questions themselves are indicative of the paradigm shift under discussion.

GENDER INDEPENDENCE THEN AND NOW

The first public discourse concerning gender non-conforming children emerged from 1960s researchers and clinicians studying and treating what they understood as the mental health crisis of feminine boyhood[4] (Bryant, 2006). Proposing new diagnostic terminology, as well as clinical rationales for treating children and their parents, clinicians began the project of establishing gender non-conformity as a pathology in need of cure (e.g., see Green & Money, 1961; Greenson, 1966). Through modalities such as psychotherapy (Stoller, 1970–1971), group therapy (Green & Fuller, 1973) and behaviour modification (Rekers, 1972), clinicians aimed to bring children's gender expression in line with social norms. By 1980, researcher-clinicians had identified a novel research population, consolidated a sub-specialty of study, and ushered in a new diagnosis (Gender Identity Disorder in Childhood or GIDC) into the third revision of the Diagnostic and Statistical Manual (DSM) (APA, 1980; Bryant, 2006).

Juxtapose this history with the contemporary context, and the paradigm shift comes into view. Though some clinicians continue to advocate for intervention to steer children toward normative gender expression (Zucker, Wood, Singh & Bradley, 2012), public protests are now staged in opposition to this practice (Gagnon, 2007; Tosh, 2011; Wingerson, 2009). A body of scholarly work now severely critiques the diagnosis and reparative treatment of gender non-conforming children (Bryant, 2006, 2008; Butler, 2004; Ehrensaft, 2011; Gotlib, 2004; Hegarty, 2009; Hird, 2003; Langer & Martin, 2004; Lev, 2005; Tosh, 2011). The World Professional Association for Transgender Health (WPATH, 2012) has declared that treatments aimed at changing gender identity or expression, are "no longer considered ethical" (p. 16). Mental health clinicians have developed alternative intervention models that aim to affirm childhood gender variance as part of human diversity (Ehrensaft, 2012; Lev, 2004; Malpas, 2011; Menvielle, 2012). The GIDC diagnosis was recently removed from the DSM-5 and replaced by the less pathologizing Gender Dysphoria (Winters, 2011). A growing number of conferences and groups now exist to support families with gender non-conforming children (Gender Creative Kids, 2013). And first-person accounts by supportive parents are now common in mainstream media stories (Gulli, 2014; Park, 2011; Weathers, 2011) and popular publications (Green & Friedman, 2013; Pepper, 2012).

What occurred between these two eras to make this paradigm shift possible? Historians will confirm that theories of causation are impossibly problematic (Stanford Encyclopedia of Philosophy, 2012). Yet the ideas and debates about gender that coursed through the latter half of the 20th century certainly created social conditions that are worthy of our attention. In the 1960s and 1970s, social scientists and feminist researchers (Garfinkle 1967/2006; Kessler and McKenna, 1978/2006) began to use their research to expose the "natural attitude" toward gender – the attitude that fastens biological sex to social gender practice. Early feminists laid the foundation for the theory of gender's social construction: "One is not born a woman… but becomes one" (Beauvoir, 1949/1973, p. 301), allowing the second wave of feminism (1970s) to advance what is now a fundamental tenet of feminism: *biology is not destiny* (Scott-Dixon, 2006, p. 16). The 1970s and 1980s gay and lesbian rights movement confronted public prohibitions on devalued sexualities and thus to some extent devalued genders (Warner, 2002). The 1990s queer liberation movement called into question the value of normalcy altogether (Warner, 2000), while the tandem academic field of queer theory disputed the naturalness of gender by arguing that it is something that we *do* rather than something that we *are* (Butler, 1990). The transgender rights movement emerged to challenge a binary understanding of gender and advance a more radical politic than the medicalized category of "transsexual" had accomplished (e.g., see Bornstein, 1994; Feinberg, 1996; Wilchins, 1997). Moreover, biologists studying humans (Fausto-Sterling, 1993) and non-human animals (Roughgarden, 2000) offered compelling evidence for the existence of more than two sexes in the natural world. Ultimately, the presumed mechanical relationship between two distinct and stable sexes and genders (gender as biology's social mirror) became an increasingly difficult position to sustain (Stryker, 2006).

SHIFTING LANGUAGE: FROM DISORDER TO DIVERSITY

As noted, Gender Independent joins a lexicon of terms such as gender non-conforming, gender creative, gender variant, and so on. Though quickly becoming commonplace terminology, this list is virtually unrecognizable compared to the language used several decades ago, such as: "deviant gender identity" (Rekers, 1975); "gender misorientation" (Green & Money, 1961); pathological sex role development" (Rekers, 1972); and

the "sissy boy syndrome" (Green, 1987). Influenced by post-structural theorists such as Derrida and Foucault, contemporary social theory now takes interest in language not simply as *descriptor*, but as *actor*; language as something that *does* things. As Valentine (2007) notes, language creates something qualitatively new. Change the language, change the meaning. Thus we might ask what is the cultural work accomplished by "Gender Independent"? What does "Gender Independent" do?

In Rahilly's (2013) study with parents who adopted an affirming approach to non-conformity, she notes that they often engaged in "discursive practices" to reframe their child's difference in a positive light. The term Gender Independent in specific, would seem to help massage parental anxieties over the meaning of non-conformity by indexing a character trait that most parents value in their children (independence). This is no small accomplishment. Yet beyond its utility in the family, the term Gender Independent also serves as a public intervention into that meaning. For example, if gender variance indicates a form of distress or disorder, then certain professional obligations may follow, for example, the obligation to "treat" said disorder. Rose (1999) refers to this as the "ethical warrant for intervention" (p. 142). If on the other hand, gender variance is part of human diversity, then professionals with stated obligations to respect diversity (registered social workers), must act in ways that safeguard the dignity of gender non-conforming children (CASW, 2005). The possibility of challenging professional practice is raised, as is the possibility of staking new claims to rights and recognition. Further, I might suggest the term goes a ways to establishing personhood. While the phrase Gender Identity Disorder leaves one the option of either being gender-typical or being disordered, in contrast, Gender Independent positions non-conformity within the realm of wellness, ultimately begging a new question: Is gender *conformity* healthy?

SHIFTING GENDER POSSIBILITIES

In early pathologizing treatments with gender non-conforming children, the stated treatment goal was often to prevent future adult outcomes presumed to be undesirable, chiefly homosexuality and transsexuality (Bryant, 2006). In contrast, the paradigm shift that has ushered in the concept of Gender Independence has seen a marked divestment from the projects of preventing or promoting certain identities. Within the emerging "affirmative" model of responding to gender variance, clinicians now recommend that parents stay open to all outcomes and refrain from voicing preferences for their children's future identities (Menvielle, 2012). This opening of gender possibilities has created new futures for young people to claim, including the potential of gender transition while young, as well as life outside of typical gender categories.

Though the goal of preventing homosexuality featured heavily in early clinical literature, the gay rights movement, including the successful lobbying to withdraw homosexuality from the DSM in 1973, transformed public perception about the acceptability of this professional practice. Indeed, in 2000, the American Psychiatric Association (APA) declared that treatments aimed at altering sexual orientation were considered unethical (APA, 2000b). Yet, notably, no APA statement was ever issued regarding the ethics of treatment to alter gender expression – treatment that targets trans people rather than gays, lesbians and bisexuals. In fact, in 1985, Zucker took note that it had become unacceptable to treat children to prevent homosexuality. He then he went on to say: "It would seem that preventing transsexualism is a goal that will never gather systematic opposition" (Zucker, 1985, p. 116). Recent public protests would seem to indicate that this prediction did not hold true (Tosh, 2011). Regardless, given the ongoing stigma surrounding transgender people, the growing practice of supporting, rather than preventing transition for youth, is one of the markers of this paradigm shift.

Mental health clinicians who work with Gender Independent young people are careful to note that not all youth who challenge gender norms will want or need to transition, yet for some, it is necessary (Ehrensaft, 2012; Menvielle, 2012). Transition consists of both social transition (a change of dress, name, gender pronoun) and medical transition (hormonal intervention and surgeries), pursued simultaneously or separately. For pre-pubertal children, social transition is the only option available, as medical intervention is not recommended before puberty (Hembree et al., 2009).

Some studies suggest that the majority of gender non-conforming children will not grow up to be transgender adults (Drummond, Bradley, Peterson-Badali & Zucker, 2008; Zucker & Bradley, 1995). Elsewhere I have written about the substantial limitations in what we can glean from these studies (Pyne, in press), yet as Olson, Forbes & Belzer (2011) note, early social transition remains controversial. Indeed, some experts (WPATH, 2012) maintain that the possibility of later regret is a strong rationale for not supporting this practice. Despite these cautions, it is nonetheless becoming more common for parents to support early social transition. Why? Though research into this phenomenon remains sparse, in their public narratives, parents often state that their child's transition was unavoidable (Pepper, 2012). Often citing the profound distress their child exhibited (Gender Dysphoria), parents commonly recall the presence of suicidality at a young age and the persistence and insistence of their child's identity (Pepper, 2012). Further, one study notes an interesting phenomenon authors call "the child-taught parent" – parents who choose to follow their child's lead (Hill & Menvielle, 2009). The question of how supporting transition may relate to broader cultural changes in the parent-child relationship is beyond the scope of this commentary, though certainly of interest. As a child psychiatrist providing care to gender non-conforming children at the US National Children's Hospital, Menvielle (2012) maintains that for some children the need for transition presents clearly through obvious distress in the original gender role and obvious wellbeing in the new role. He notes, however, that for

some young people there is more ambiguity and the decision is less clear (Menvielle, 2012).

In addition to social transition, medical transition (hormone therapy and surgeries) is used to bring the body in line with gender identity. For children, the intervention in question is puberty suppression, intended to relieve the distress some trans youth will experience should their body develop in a different direction they desire (known as Gender Dysphoria) (Spack et al., 2012). For these youth, it is becoming more common to prescribe gonadotropin-releasing hormone (GnRH) analogues or "puberty blockers" at the onset of puberty (Tanner Stage II) to delay the development of unwanted secondary sex characteristics (Hembree et al., 2009). Dutch and US experts cite several goals, including: reducing immediate distress; extending the time for decision-making regarding transition options; and facilitating improved outcomes by reducing the interventions needed if transition is later chosen (Delemarre-van de Waal & Cohen-Kettenis, 2006; Hembree et al., 2009; Spack et al., 2012; WPATH, 2012). Though medical intervention with pubertal age children raises many questions, research indicating improved mental health (Spack et al., 2012) and positive long-term outcomes (de Vries, Steensma, Doreleijers & Cohen-Kettenis, 2011), has led some experts to state that the benefits currently outweigh the risks (Canadian Pediatric Endocrine Group, 2012). In Canada, at least eight hospitals or health centres now house clinics to assist transgender youth to suppress puberty and/or medically transition.[5] As Roen (2011) notes, within the past decade, puberty suppression for trans youth has gone from a sporadic occurrence to an institutionalized practice.

While many Gender Independent children do not desire gender transition, in an analysis of media narratives about gender non-conforming children, Vooris (2013) notes that recent media attention has focused on children with consistent cross-gender identities (transgender) to the detriment of those who are more gender fluid or ambiguous. In contrast, as a child psychologist working with gender non-conforming children and youth, Ehrensaft (2012) describes a catalogue of identities she encounters in her practice, including "gender-fluid" youth, "gender hybrids" and "gender queer" youth. In some cases, her young clients have coined their own terms to account for their identities, such as "gender smoothie" or "gender prius" (Ehrensaft, 2012, p. 9). As a result, clinicians such as Menvielle (2012) routinely counsel parents to become more comfortable with gender ambiguity. In summary the growing practice of supporting gender transition for young people, or supporting them to live outside of typical gender categories, are both markedly distinct from the focus of early researcher-clinicians who sought to prevent trans identity and failed to imagine identities outside of unambiguous male and female.

SHIFTING THE TARGET OF INTERVENTION

> "My daughter's gender is not a problem… it's *everything else* around her that's a problem." (Father quoted in Pyne, 2012)

In research with a pathologizing orientation, it has often been taken for granted that gender non-conforming children are the ones in need of study and intervention. Though social ostracism and peer harassment have been frequently noted, they have been named as reasons to correct the behaviours of gender non-conforming children, rather than their social environments (Zucker, 1990; Zucker & Bradley, 1995). This focus has shifted dramatically.

It has been well established that gender non-conforming children experience ostracism from peers (Cohen-Kettenis, Owen, Kaijser, Bradley, & Zucker, 2003; Zucker & Bradley, 1995). Those who go on to identify as transgender may also face harassment and fear of violence in the education system (Taylor et al., 2008; Wyss, 2004). The affirming approach to Gender Independent kids posits that the target of intervention with respect to these troubling phenomena ought to be the social systems that children navigate (Wallace & Russell, 2013). Research would seem to support this claim. In one study, children strongly pressured to conform to gender norms were "prone to anxiety, sadness, social withdrawal, self deprecation, and other signs of internalized distress" (Carver, Yunger, & Perry, 2003). In another study, the correlation between experiences of gender abuse among adolescent trans girls (male to female) and major depression and suicidality, was so strong that findings suggested a direct causal relationship between the two (Nuttbrock et al., 2010). Promising interventions in schools include the creation of more welcoming environments through policy and curriculum aimed at better supporting children with diverse expressions of gender (Meyer, 2006; 2009).

In addition to the peer environment, new research points to the family as an important site for our attention. It is commonly noted that many parents struggle to accept a gender non-conforming or transgender child as part of their family (Kane, 2006; Wren, 2002; Hill & Menvielle, 2009). In one study, gender non-conforming children were found to be disproportionately targeted for abuse from family members (Roberts, Rosario, Corliss, Koenen & Austin, 2012). The affirming approach suggests that parental attitudes play a key role in child outcomes. Again, research would seem to support this claim. A US study with lesbian, gay, bisexual or transgender (LGBT) youth found that those who were accepted by their families were healthier, had higher self-esteem and were less likely to be depressed or attempt suicide (Ryan, Russell, Huebner, Diaz & Sanchez, 2010). In an Ontario study, when transgender youth had strong parental support for their gender identity, they were more likely to report good mental health and self esteem, and the likelihood of a suicide attempt dropped by 93% (Travers et al., 2012).

For some researcher-clinicians, the focus has been on understanding parents' own disorder (parental psychopathology) as the cause of gender variance in children (Owen-Anderson, Bradley, & Zucker, 2010; Zucker & Bradley, 1995). Clinicians of this orientation have often aimed for parents to more effectively instil gender norms in the home (Green & Money, 1961; Rekers, 1972; Zucker, 2008). Yet in Wallace and Russell's (2013) exploration of treatment and shame

among gender non-conforming children, the authors concluded that programs that seek to correct gender non-conformity are likely to instill shame in children and damage the parent-child attachment. Further, a recent study compared mental health in comparable gender non-conforming children across two treatment programs with different approaches: one clinic in which gender non-conformity was treated as a disorder and another in which parents were encouraged to affirm their child. The children in the supportive program had substantially fewer behavioural problems, indicating that the intervention approach that parents seek and find for their child would seem to be key (Hill, Menvielle, Sica, & Johnson, 2010). A marker of the paradigm shift I have presented, is a focus on supporting parents (often through peer support groups) to create supports for their children (Menvielle, Tuerk, & Jellinek, 2002). As a parent in Hill and Menvielle's (2009) study summarized: "You have to give them a place where they feel protected and safe and loved" (p. 243).

IMPLICATIONS

What can the field of human sexuality learn from Gender Independence? To begin, educators, researchers and clinicians in this field might take note of the need to 'mind' one's language. With literature searches in this field unearthing a host of pathologizing texts, it is important for researchers to be aware of the discursive battles that have taken place surrounding childhood gender variance and the implications of word choice. While terms like Gender Identity Disorder remain commonplace, this terminology positions Gender Independent kids outside the realm of health and can be understood to pave the path toward troubling interventions aimed at correcting their behaviour. In contrast, the language of Gender Independent provides a strategy for reframing gender variance as part of the diversity of human life; as in fact, a potentially positive trait. A particular strength of this linguistic innovation is the ability to challenge social convention, without foreclosing the future outcomes for these children. Gender Independent or a similarly non-pathologizing term, can be incorporated into the work of educators, researchers and various clinicians.

Second, for educators, there is a need to rethink how the body is thought about. The majority of sexual health education begins with a binary understanding of sex and gender – two distinct types of bodies that develop on two distinct and predictable trajectories (C. Silverberg, personal communication, January 4, 2014). As Bauer, et al. (2009) point out, the assumption that all natal males will naturally grow up to be men, and all natal females will naturally grow up to be women, is so pervasive it is rarely spoken. At the very least, what we can learn from the increasing numbers of young people transitioning to new gender roles, is that the body and its meanings are contingent. For some young people, puberty might be delayed, or might be reversed with cross-sex hormonal treatment. For these young people, transition is part of the life cycle, and must be presented as such in mainstream sexual health education settings. We are badly in need of new tools for teaching about health and the body beyond narrow and normative understandings of sex and gender possibilities.[6]

For those working directly with families, in schools or other community settings, there is a need to be aware of interventions to improve the social environments of Gender Independent kids. Rather than expecting Gender Independent children or their families to curtail their expression, their contexts are in need of attention. While safety concerns do result in parents needing to make challenging decisions regarding visibility (Brill & Pepper, 2008), professionals can support them to explore the best decisions for their families. Several new Canadian web-based resources are available to assist (Gender Creative Kids, 2013; Rainbow Health Ontario, 2013).

In closing, recent years have seen a significant paradigm shift in how children who fall outside of gender norms are regarded and responded to by professionals, their families and the general public. This shift has consisted of new innovations in language, new approaches to how gender possibilities are understood, and a change to the target of intervention from the child to the social environment. The field of human sexuality has an important opportunity to rethink and re-imagine sexual health education, research and clinical practice in light of this paradigm shift – an important opportunity to learn from the wisdom of kids like Jordan, Raine and Willow.

Jake Pyne is a community-based researcher, trans activist and PhD student in the McMaster School of Social Work. Jake's community work has focused on equitable access to services for trans communities. Most recently, Jake has led a number of initiatives to build resources and supports for families with gender non-conforming children. Jake's research interests focus on what different knowledge systems foreclose and make possible for gender non-conforming people, including biomedical and psychiatric knowledges, as well as queer theory, feminist theory, and other knowledge systems of the left.

NOTES

1 Here I am using "fabulous" as it is used in queer communities, in appreciation of the vibrant side of life, and not to connote any type of superiority among gender independent kids.

2 "Two-spirited" was developed in a different context from these other terms, coined in 1990 at a gathering of LGBT Aboriginal people in Winnipeg to aid them in organizing under a common term, in addition to their nation-specific terms.

3 The families of the children mentioned in this article reviewed and approved their descriptions prior to publication.

4 Masculine girls were also studied, but never to the same extent (Bryant, 2006).

5 BC Children's Hospital, Health Sciences Centre Manitoba, Sick Kids Hospital in Toronto, the Children's Hospital of Eastern Ontario, Montreal Children's Hospital. Alberta Children's Hospital, IWK Health Centre in Halifax, and Quest Community Health Centre in Ste. Catharines.

6 See Silverberg's (2012) children's book that presents reproduction without relying on norms of male and female bodies.

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