

Chicago Tribune

Should you let your young son become a girl?

By Eric Vilain, J. Michael Bailey | May 26, 2015

Since the age of 2, he has been a very different kind of boy. He enjoys wearing his mother's shoes and his sister's dresses. He likes to play with girls and hates playing with boys, who are too rough. Now 5, he has told you that he wants to be a girl. In fact, he insists that he is a girl. Your son isn't just feminine; he is unhappy being a boy. He has gender dysphoria.

You love him and you want him to be happy. But you're worried. Some older kids have started to tease him, and some parents have expressed disapproval.

It seems you have two choices. You could insist that he is a boy and try to put an end to behavior such as cross-dressing. The alternative is to let him be a girl: grow long hair, choose a new name, dress as he (or "she") pleases, and when it is time, obtain the necessary hormones and surgeries for a female body.

As scientists who study gender and sexuality, we can tell you confidently: At this point no one knows what is better for your son.

We do know a lot about such boys. This includes some important facts rarely mentioned in the discussion about how they should be raised. We suspect this is because those facts are inconvenient to the narratives that have come to predominate.

Perhaps the most influential account is that gender-dysphoric children have the minds and brains of the other sex, adult transgenderism is inevitable and early transition to the other sex is the only humane option.

But this narrative is clearly wrong in one respect. Gender-dysphoric children have not usually become transgender adults. For example, the large majority of gender-dysphoric boys studied so far have become young men content to remain male. More than 80 percent adjusted by adolescence.

Granted, the available research was conducted at a time when parents almost always encouraged their gender-dysphoric children to accept their birth sex. And this is changing. For example, the parents of Jazz Jennings, a transgender teen and YouTube celebrity, let their son live as a girl starting at age 5, and all the evidence suggests that she will remain female. The little data we have indicate that parental acquiescence leads to persistence.

As more and more parents let their gender-dysphoric boys live as girls, the percentage of persisters may increase dramatically. But, again, we don't yet know whether it's better to encourage adjustment or persistence.

(We have focused on gender-dysphoric boys because their parents have contacted us much more often than parents of similar girls. Moreover, many fewer gender dysphoric girls have been studied scientifically. The same basic facts appear to be true for both sexes, however.)

Let's take a look at the likely life trajectories of two imagined gender-dysphoric boys: David, whose parents insist he stay David, and Max, whose parents allow him to become a girl, changing his name to Maxine.

In the short run, David will experience more psychological pain than Maxine. Adjustment to being a boy necessarily means accepting that he can't be a girl, something he desperately wants. Still, most gender-dysphoric boys have managed the mental transition.

In the long run, Maxine will need serious medical interventions. In late childhood she will need hormones to block puberty; she will then take estrogen for the rest of her life. Eventually, she may want genital surgery. Although this surgery is usually satisfactory, side effects requiring additional surgery are not uncommon.

Each way has obvious advantages and disadvantages. We would prefer to save David the greater pain he will endure during childhood. And we would prefer to save Maxine the serious medical interventions and possible side effects.

Despite the lack of clarity in this debate, the Obama administration recently appeared to take sides, issuing a statement that decried the use of "conversion therapy" to change either sexual orientation or gender identity.

President Barack Obama is correct to oppose sexual orientation conversion therapy, which is usually offered because of religious objections to homosexuality, and which doesn't work. But therapy to help a pre-adolescent child overcome gender dysphoria can be entirely different. Some professionals who do this therapy have no moral issue with transgenderism but are trying to help children avoid later medical stress. That is a reasonable goal, even if it is not the only possible goal.

One impetus for the president's statement was the tragic case of Leelah (born Joshua) Alcorn, a 17-year-old who committed suicide, blaming her parents for pressuring her to engage in religiously oriented conversion therapy. We oppose that kind of therapy because of its message: "Transgenderism is morally wrong." By Leelah's age, at any rate, no amount of psychotherapy, of any kind, would have been able to change her gender identity.

But Obama lumped together all therapies, regardless of their motivation, target age and method. Banning all therapists from helping families trying to alleviate children's gender dysphoria would be premature, a triumph of ideology over science.

The president can set a better example by pausing at the limits of our knowledge and encouraging scientists to collect the data we need. Until we have it, let's be careful about telling the well-meaning parents of gender-dysphoric children what to do. ■

Tribune Content Agency

Vilain is a professor of human genetics and pediatrics at UCLA and director of the Center for Gender-Based Biology. Bailey is a professor of psychology at Northwestern University.

Copyright © 2015, *Chicago Tribune*