

Lab to Smartphone

Gender Fluidity: New Freedoms or New Pressures?

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Despite some significant changes over the past decades, society continues to assert its power on gender identity and expression in both subtle and not so subtle ways. From the way a parent decorates their expected baby's nursery, to the gender of astronauts and nurses in book and television characters, to the type of toy one receives when ordering a McDonald's happy meal, signals continue to be sent regarding what it means in this world to be a boy or a girl. The impact of these various influences is undeniable but, as we also know, far from omnipotent. We learn this from many of our transgender patients, friends, and colleagues, many of whom describe an inner sense of certainty that, despite all the cultural pressure, their assigned gender at birth just never fit an inner sense of who they are. We also know this from many cisgender children whose progressively-minded parents, for example, build beautiful dollhouses for their young boys only to have them used as car jumping ramps and destinations for dinosaur monster invasions. Yet for many transgender individuals, a lot of pain can develop when the world of external expectations and the world of authentic expression of one's affirmed gender collide. And sadly, this inner distress too often is accompanied by emotional and physical pain in the form of outright abuse and bullying.

For these reasons, there has been a noticeable shift over the years in the recommended approach to children who express various degrees of gender incongruence or fluidity. During my training in the early 2000s (which admittedly can't be construed as the norm that all residents and fellows experienced at the time), we were taught what might be called the "big tent" approach, in which we were encouraged to supportively challenge the notion that just liking "boy" or "girl" things did not

need to mean that someone actually was the "other" gender. By expanding a child's view of what it means, or more specifically what it *does not* mean, to be a boy or a girl, we could then help them feel more comfortable about their particular tastes and behaviors without the need for them to take measures that then were considered more extreme and, frankly, problematic.

Such an approach was clearly a step forward compared to some traditional methods of actively confronting and even punishing children for what was considered to be gender-atypical behavior, but it likely still left many kids feeling invalidated and criticized for who they were. Fast forward about 15 years or so, and things have continued to evolve. Today, one might summarize the current recommendations for children with gender incongruence as being much less focused on getting the kid to fit the society and much more focused on getting society to fit the kid. This means motivating people in the child's environment such as parents, teachers, and peers to not just tolerate but really *embrace* a child's gender incongruent feelings and behaviors at whatever level they are. Such a change in approach has been guided by some research which suggests that the well-documented high levels of psychopathology among transgender and gender incongruent individuals are at least primarily driven by the rejection and outright hostility that the person experiences from others. In a study by Olson *et al.*,¹ children whose transgender identity was supported and had socially transitioned were not found later to have elevated rates of clinical depressive or anxiety symptoms.

But, as with most things, the devil is always in the details. The children in the study above weren't simply natal boys who like to paint their fingernails or natal girls who played with trucks; these were kids who "persistently,

insistently, and consistently (pg 2)” identified as the “opposite” gender. Consequently, it remains an open and debated question about what the best approach is to take with kids who express less persistent, insistent, and consistent gender incongruence or dysphoria. The current consensus among most mental health professionals (always a dangerous thing to infer) seems to be to accept and support the child where they are, and then follow their lead, while advocating on their behalf to the world around them. Fair enough, but could there be any hazards with that approach, especially if a parent starts to get out in front of where the child actually is? Furthermore, a related and interesting question that has been raised (remembering the stuff about the power of culture in the opening sentences) is whether a gender-neutral environment not only *releases* a child from the pressure of society’s artificial set point with regard to the gender spectrum but actually *moves the needle* somewhere else. Such a concern has been brought up widely in the media. Even the Pope, who is often viewed as more LGBTQ friendly than most or all of his predecessors, has called the endorsement of a more non-binary worldview of gender a form of “ideological colonization.”²

Research on this question has been slowly arriving. For example, a recent Swedish study of 3- to 6-year-old children compared kids who were in typical preschool programs versus those in gender-neutral programs, where teachers did their best basically to eliminate the role of gender in the classroom with regards to everything from toy preferences to pronouns.³ Perhaps not surprisingly, they found differences in some things and not others. The gender-neutral classroom did seem to reduce some gender-based stereotypes, for example, but did not influence the preference of same-sex peers as preferred playmates and did not appear to have an effect on children’s gender identity.

For many, a perfectly legitimate response to all this might be a resounding “What does it matter?” In other

words, who cares if a non-binary gender identity for some kids is actually a product of a culture’s less rigid views while for others the path is more highly influenced by genetics or prenatal factors? Since we’ve already learned that basically *everything* with regard to mental functions comes from mutually interacting genetic and environmental factors, the fact that gender identity is too suggests that any value judgements about which hypothesized pathway is more valid on an individual basis is both morally and scientifically perilous. This perspective makes a lot of sense, in my view. At the same time, however, I believe it is also important to remember that, after seeing all the stories on the news about the suffering of gender incongruent youth, you don’t have to be a fascist or a hateful parent to fear the potential implications of gender incongruence for your child and express some hesitation about fully getting “on board” when your child first expresses non-binary feelings about their gender.

In the end, after all the nuance, political controversy, and scientific complexity, maybe we are left with the endorsement of some simple goals as mental health professionals in trying to navigate this new and fascinating territory with our patients and families: active listening, compassion, curiosity, and an attempt to guide without over-steering.

References

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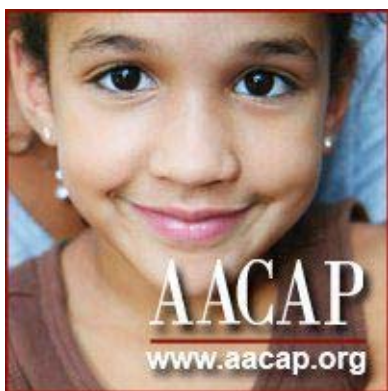
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