

HOW YOUNG IS TOO YOUNG?

by Reid Vanderburgh, MA

I do dozens of classroom presentations each academic quarter, and invariably the question arises, "I saw a show on Oprah about a twelve-year-old who was allowed to begin hormones. But how can a child that age be making that kind of irreversible decision? Their sexuality is just emerging, how can they possibly know transition is right for them?"

The answer I give to this question is, "You're absolutely right, a twelve-year-old can't know what their sexual orientation is going to be as an adult. But they know a lot about their gender." The question itself reflects the common cultural misunderstanding of the difference between gender identity and sexuality. If you ask a four-year-old child, "Are you a boy or a girl?" they know the answer. And if they have not yet encountered much resistance to their gender expression and identity, a small trans child may answer you honestly, particularly if they know and trust you. However, if you ask that same child, "Are you straight or gay?" they won't even understand the question, much less be able to give you an answer based on their personal experience of themselves.

Gender emerges so young, it may not be quantifiable how early this identity becomes "knowable" to the developing child. Sexuality, on the other hand, emerges in that maelstrom of physical and emotional change we call adolescence. Pre-pubescent children may have "crushes" on each other, may sense attractions to certain types of people and not to others, but the urgency of sexuality is the purview of adolescence. During that life stage, sexuality seems to overwhelm all other aspects of identity, particularly for those whose dominant hormone is testosterone (like it or not!).

A twelve-year-old, then, may have very little self-knowledge about sexuality, but has had eight or nine years of conscious experience of gender identity. If this child has been consistently saying throughout their short life, "I am not a boy, I'm a girl," (or vice versa), across all situations, I would unequivocally support this person in beginning hormones just prior to the onset of puberty.

In 1999, I met a fourteen-year-old who had approached his mother when he was 12, saying to her, "Mom, I have something to tell you." After half an hour of stalling and sputtering, he finally stammered, "I should have been your son and not your daughter." His mother's reaction was one

any transsexual would envy: "Oh, is that all! I thought you were going to tell me you had AIDS or something, the way you were going on. This, we can do something about!" She then did some internet research, found resources in San Francisco (about 100 miles from their home), and made appointments on her child's behalf. The child saw a gender-identity therapist for a few sessions, and began taking testosterone at age 12.

I cannot overstate how important this parent's decision to allow transition was to her child's life. Statements like, "This will make all the difference to the quality of the child's life, forever," may sound like hyperbole, yet I believe it to be absolutely true, and not difficult to justify. Relatively few transsexuals have had the fortunate opportunity of being allowed to transition at the onset of puberty, so I do not use the lucky few to prove my case. Rather, I use the experiences of the vast multitude who did *not* transition prior to puberty.

I have met hundreds of transsexuals, either as clients, colleagues or friends. I have yet to meet one who had what they consider a normal, healthy or happy adolescent experience. Wait. I take that back. The one exception is that fourteen-year-old transboy. Throughout his childhood, all his friends had been boys. A highly-intelligent science "geek," all his friends were similarly inclined. They had seen him as "one of them." Yet once they hit puberty, would this have been the case?

The most common transadolescent experience goes something like this. Throughout childhood, gender is not that big a deal, somewhat easily ignored. At puberty, however, there is a "gender divide." The girls go one way, boys go another, and the transadolescent is left at the starting gate. "Can't go this way, 'they' won't let me, can't go this way, it's just not me... Nowhere else to go." So the transperson simply stops developing emotionally and shuts down. Many trans people go through adolescence in a state of quiet depression.

Sometimes the transadolescent experience is one of doing everything possible to blend in, rather than withdrawing and sitting on the sidelines. One client said recently, "I was captain of the wrestling team and could bench press more than any of the football players, but it was all a façade. I was hiding from myself, not just from them. I had sex with lots of girls, but I wouldn't call it having relationships. I never learned how to do that, because I wasn't really being *me* when I was male with my girlfriends. I didn't want to just be with them, I wanted to *be* them."

If they survive to adulthood (far too many commit suicide, or die from one type of drug abuse or another, in an attempt to numb away the pain), transfolk learn various coping mechanisms and adapt to society, but never

being true to themselves. My feeling is, if a person is capable of developing truly intimate, honest, fulfilling adult relationships in the gender assigned them at birth – they’re probably not trans: (Note: the reverse is not true, that a person who can’t develop intimate, honest adult relationships must be trans! There are many reasons why adults have difficulty forming/maintaining relationship.)

By contrast, consider the experience this fourteen-year-old transadolescent is having. He began his male puberty at the same time as all his friends. His voice has deepened right along with theirs, he is growing facial hair, has the increased libido. They have always accepted him as “one of the guys,” and nothing in his adolescent experience is causing them to change their minds. He’s still “one of the guys.” Were he a jock, he might be having more difficulty as a guy without a penis, but he’s a science “geek.” Neither he nor his friends have to take traditional gym classes, as they are all part of an advanced science independent study curriculum offered by their high school.

This young man is having as normal an adolescence as any transsexual could possibly have. He has a girlfriend. His name is legally changed. He has had little breast growth and has never experienced a menstrual cycle, because of the early dominance of testosterone over estrogen. His family has validated his own experience of his gender, and allowed him to control the direction of his life at this most crucial stage of identity development and actualization, adolescence.

I am currently working with the parents of an 11-year-old FTM. His parents fully support his beginning transition at the onset of puberty, and are primarily concerned with (a) how to approach his school, and (b) how to prevent his younger sister from “outing” him after his transition, through sibling rivalry. The parents are putting a great deal of thought into choosing which middle school would be most appropriate to send their new son. He is taking estrogen-blockers, to prevent the onset of female puberty. The decision about when to start testosterone rests entirely with him, not with his parents. His male friends are still pre-pubescent, and he is waiting for them to begin puberty before he initiates his own.

Another local case involved a 14-year-old MTF who has begun transition while in middle school. Her parents also are completely supportive, having recognized their child's true gender from the time it emerged. This particular family's situation was written up in the *Oregonian*, Portland's daily paper, in a sympathetic, compassionate article that garnered many supportive responses from the general community.

Both these young trans people are experiencing as normal a maturation

process as is possible for someone born gender dissonant, and I believe their adolescence will be as “normal” as the Bay Area adolescent I met in 1999. Their parents are facing the situation openly, and I have no doubt that other parents, hearing these stories, may look at their own children in a new light. Some who had thought their children gay or lesbian may seek out more information, wondering if perhaps they have a trans child instead. Given the progressive nature of the Portland community, this type of reaction may be more common than a rigid, fear-based rejection of the idea of having a transgendered child.

Those who transition later in life are forced to revisit adolescence, to grow up in their proper gender after having tried to grow up in a more inappropriate role. In addition, it costs a lot of money to “undo” the physical effects of their first experience of puberty. While the psychic pain undeniably builds character, most transsexuals would gladly have given up the opportunity for personal growth in favor of a gender-appropriate adolescent experience.

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January, 2005