

A Critical Review and Critique of “What Parents of Trans Kids Want to Know.”

James E. Phelan

Columbus, Ohio USA Veterans Health administration Grand Canyon University

ABSTRACT: The following is a critical review and critique of the article “What parents of trans kids want to know,” by Frye (2022). This author critiques Frye’s responses to 10 proposed parents’ questions for “when a child first tells [them] that they’re transgender or nonbinary,” noting that Frye takes more of a reporter role than the actual subject matter expert, hand-picking other professionals to chime in on those questions. This author addresses each question with corresponding rebuttals and other questions to foster further critical thinking.

KEYWORDS: Transgender, trans, gender dysphoria, gender transition, child development

The following are Frye’s (2022) responses to proposed parents’ questions for “when a child first tells [them] that they’re transgender or nonbinary,” along with this author’s rebuttals and other questions to foster further critical thinking:

Question: “Did we cause this?”

“Absolutely not” is the author’s answer. Professor Daniel Shuer from the University of Michigan chimed in to add that, “Gender identity is not something a parent can cause to be different or to change” (p. 35). However, most of the research (often funded by LGBT health equity institutes), which examines trans people’s perceptions of their parents, deals with looking at parents’ rejecting behaviors contributing to a range of psychosocial problems, but this is related to the parents’ responses after their child is exhibiting clues about having gender dysphoria. These authors cite stigma and disapproval as the reason for parents’ negative responses (Johnson et al., 2020). However, to be fair and balanced the author does not consider any outside influences, or the possibility that parental influences shape their child’s way of thinking. This is despite age-old theoretical frameworks that show parents do have extensive influence on their child’s development. According to Erikson (1959), children mimic the behaviors they experience and internalize these behaviors. These can be overt, but some are covert. The family unit is the greatest influence on a child’s identity according to Erikson’s developmental theory (Erikson, 1959). This is not to blame or shame parents, rather it can be considered an objective consideration of the matter.

A better question would be: Are parents fully responsible for their child’s development? The answer would be no considering we also have to consider the influence of social dynamics as well as the psychosocial development into adulthood. But, by and large, parents set the trajectory of their child’s development. I like to consider what Vargas-Benitez (2013) once said: Parents have a great impact in their children’s lives in every way. Starting from infancy, parents influence the foods their children eat, the neighborhoods in which they grow up, the schools they attend, even their sexual identity. Adolescents with good parental relationships look to their parents for guidance in identity development. Even the marital success of parents influences children’s identity. Parents have the ability and obligation to positively influence their children’s identity development. (para. 1)

Question: “What causes this?”

The author tells readers that “the process underlying gender fluidity remains little understood, as do those underlying gender identities in general” (p. 35). However, this is not totally true for example, we do know a nurturing and salient father can shape his son into a well natured man. Dr. Harold Koplewicz, a psychiatrist in New York City offers advice for fathers of college-age sons to continue to talk to them about how their brains are still developing and changing. Koplewicz tells fathers to converse with their sons about how “he is capable of incredible learning and adaptation” (Thorbecke, 2017, “Key Takeaways for Parents Raising College-age Sons” section). Brains take a while to fully develop:

Though the brain may be done growing in size, it does not finish developing and maturing until the mid- to late 20s. The front part of the brain, called the prefrontal cortex, is one of the last brain regions to mature. This area is responsible for skills like planning,

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prioritizing, and controlling impulses. Because these skills are still developing, teens are more likely to engage in risky behaviors without considering the potential results of their decision. (National Institute of Mental Health, n.d., para. 2)

According to Aamodt and Wang (2011) brain scans show clearly that the brain is not fully finished developing until about age 25. The question then is, why are some parents allowing their children to dictate early gender transitioning?

While gender is binary and when one’s gender and sex assigned at birth “may not correspond,” (p, 35), why is it not okay to help that person with making an adjustment to their birth sex rather than radically rejecting it, and in some cases taking dangerous hormones and performing surgeries that do not change the DNA and only manufacture the body, rather than deal with underlying psychological problems? We do know that early childhood gender non-conformity behavior leads to gender dysphoria, and that most affected children do grow out of it (Cantor, 2016). We also know that social media, in the absence of gender dysphoria, has influenced some to transition (Littman, 2018), which addresses the next question, “Is it just a phase?”

Question: “Is it just a phase?”

The author says it is not, referencing a recent article and ignoring others. The article that he referenced was from a sample of 300 trans youth, which claimed that 94% continued to identify as transgender after five years of social transition (Olson, et al., 2022). Their sample was taken from the longitudinal study, “*Trans Youth Project*.” Data were reported by youth and their parents through in-person visits, online visits, e-mail, or phone calls. The authors acknowledge that there’s a lack of data to explain the number of youths who socially transition in childhood and then go on to retransition afterward.

The sample from the *Trans Youth Project* was a stacked deck of cards in that all the participants were already fully committed to social transition as a prerequisite for being in the original study. The fact remained that this was a deliberant group of individuals who were not kin to anything other than the social transition option, so naturally the statistics for those who continued to identify as transgender after five years of social transition, would remain high. It’s not appropriate to use that study, in the absence of others, to claim whether transition is a phase. Perhaps it is not a phase for some, but it is certainly for others. For example, several studies have been conducted looking at whether gender dysphoria persists throughout childhood. On average 80% of children change their minds and do not continue into adulthood as identifying as transgender (Cantor, 2016). The exact number varies by study, but roughly 60–90% no longer identify as trans by adulthood.

Question: “Why now?”

The author says that someone can realize their trans identity “at any point across the lifespan.” However, it is not common for elderly people to seek transition. Targeting children, however, the author says that puberty can be a trigger to dysphoria and rationalizes that that is why puberty blockers are often first-line treatment. Instead of addressing the underlying puberty phobia, the author sees the problem addressed by radically altering a child’s endocrinological system, avoiding any discussion of potential harm that it could produce.

Question: “What does it mean for my child’s mental health?”

The author cites a professional whose clients have described, “a sense of being disconnected from their bodies,” but instead of looking at this as a pathology to be ameliorated, it is seen as something that should be embraced, celebrated, and affirmed, which is the prescribed antidote for someone whose gender identity does not align with their assigned sex.

While acknowledging that the research shows trans people as having heightened depression, anxiety, self-harm, and PTSD, they account this to stigma and disapproval rather than intrinsic to gender dysphoria that could be byproducts of childhood trauma.

Question: “Does this mean my child will need surgery? Do we have to start hormones right away?”

Fortunately, the author says, “There’s not a one-size-fits all treatment,” (p. 37) which might spare some unnecessary knee jerk reactions. But, he cites professionals who say hormones and surgery are certainly, “tools in our toolkit that could be used in the treatment of gender dysphoria” (p. 37). The author discussed how the young person depicted in the article strong-armed (not an uncommon measure among teens) his parents into allowing him to start hormones. The parents asked him to wait until he was 18, but he told them he would shower with the lights off otherwise. The author says a comprehensive mental evaluation is a “standard of care,” however this is not always the case, as many clinicians have preset models for handling these cases, those who bought into the ideology that “taking [hormones] can go a long way toward helping trans teens fit in” (p. 44).

Finally, research doesn’t support the notion that sex change surgery helps mental stability in the long run. For example, Dhejne et al. (2011) found the overall mortality for sex-reassigned persons in Sweden (a country that is extremely affirmative) was higher during follow-up than for controls of the same birth sex, particularly death from suicide.

Question: “What if my child changes their mind or has regret?”

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“No clinician, of course, can guarantee that a child won’t have regrets....but, available data suggests the odds of regret are low” (p. 45), Frye wrote. While agreed there are no guarantees, his assertion that “regrets are low” is risky, given that we are without all the needed data. In fact, recent research points to regret as a real issue (Littman, 2018).

Question: “Is it ok if I feel sad or confused?”

Of course, the answer is “yes.” But, the author’s spin is that the parents should, after time, come to acceptance and therefore affirm the trans identity of their child. This ignores religious orientations that hold gender assignment at birth as sacred and immutable. Parents reach a deep loss and should be respected as they follow their faith stance without shame and without guilt that they are being bad parents or “transphobic” for not accepting or affirming their child’s transitional choice.

Question: “When should I tell my child’s school or our family and friends?”

The author consults with a professional who says, “The goal of the disclosure would be what’s best for the child, not what is easiest for the parent.” This of course gives permission for children to strong-hold their parents, and for parents to maintain a submissive posture.

Question: “What is the best way to help my child right now?”

Ultimately the author’s response leans toward affirming the child as a person, and not the trans ideology, per se, which is something that I think everyone can agree upon.

CONCLUSION

This report was based on a critical review and critique of the article “What parents of trans kids want to know,” by Frye (2022). “When a child first tells [their parents] that they’re transgender or nonbinary,” Frye presented these critical questions followed by responses: “Did we cause this?”; “What causes this?”; “Is it just a phase?”; “Why now?”; “What does it mean for my child’s mental health?”; “Does this mean my child will need surgery?”; “Do we have to start hormones right away?”; “What if my child changes their mind or has regret?”; “Is it ok if I feel sad or confused?” and, “What is the best way to help my child right now?” Frye took on a reporter role, and hand-picked other professionals to chime in to support proposed questions. Each question was addressed by the current author with corresponding conclusions.

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