

The Gender Question: Who Am I?

By Joseph Nicolosi, Ph.D.

(Adapted from *A Parents Guide to Preventing Homosexuality*, by Joseph and Linda Ames Nicolosi, InterVarsity Press, 2002)

It has been said by some gay activists that the homosexually oriented person is born with an "indifference to gender," and the reason for his suffering is that we live in a gender-polarized world—and that world must change. But if the gay man really considers gender unimportant, and if he is truly just expressing a healthy *androgyny*, then why isn't he bisexual?

Why is masculinity so highly, intensely— even obsessively— valued in the gay world? Why do gay "Personals" ads commonly seek a partner who is "straight acting"? And why do we see such compulsive and dangerous sexual behavior in an unending quest for the masculine?

I believe this is because homosexuality represents not an *indifference* to gender, but a *deficit* in gender. Deficit-based behavior emerges from a heightened sensitivity to what one feels one lacks, and is characterized by compulsivity and drivenness—the person will persist in the behavior despite social disadvantage, internalized shame, and grave medical risk.

Deficit-based behaviors also have a quality of caricature, which we see vividly in gay "leather" bars. Such exaggerated behavior actually represents a heightened awareness and pursuit of the internally deficient gender—that is, maleness—but in caricatured ways.

I believe in a reparative approach to gender-identity conflict. Something is lacking in the gender-empty child's sense of himself as truly male (or female). Along with other like-minded psychotherapists, I hope to offer a choice that could change the course of young lives—before these young people are so deeply entangled in unwanted homosexual behavior that it is very difficult for them to find their way out.

It seems ironic to me (and to gay activists, too) that the the APA still acknowledges gender-identity disorder of *childhood* as a problem, but then considers its *adult* manifestation (homosexuality) perfectly normal. Gay activists are working behind the scenes to correct that logical inconsistency, and they have made increasingly vocal efforts in recent years to encourage the removal of GID from the psychiatric manual.

The onset of most cross-gender behavior occurs during the preschool years, between the ages of two and four. Crossdressing is one of the first signs.

Of course, for most gender-conflicted boys, the signs of early homosexual development will be more subtle... a reluctance to play with other boys, fear of rough-and-tumble play, shyness about nakedness when in the presence of males (but not when in the presence of females), lack of comfort with and weak attachment to the father, and perhaps an over-attachment to the mother.

The story told on the web site *Peoplecanchange.com* is typical of the gender-nonconforming prehomosexual boy. Here we hear of these common, early feelings of gender inadequacy, even though none of the men whose stories are told had ever dressed or acted like a girl:

Initially, at least, we didn't feel homosexual so much as we felt genderless and, lacking sufficient maleness within ourselves, attracted to that which we felt would make us feel masculine and whole.

As long as we felt that men were the opposite from us, while we identified with women as our sisters, we remained attracted to our opposite - the mysterious, unknown masculine. To us, it often felt like men were the opposite sex, so being sexually attracted to them felt natural.

When asked to draw a person, the gender-confused boy will almost always draw a female first, and only after that, perhaps, will he draw a male. His drawing of a girl or woman will usually be rendered in bright colors, particularly pinks and red, with great detail and in a large size. In his drawings of males, the subjects are small, drab, thin, and often stick figures. These drawings represent the boy's felt perception of reality. Women are exciting, powerful and alluring: while males—this usually includes Dad—are weak, uninteresting or negative figures.

The pre-homosexual boy may display a precocious curiosity about the female genitals. At the same time, the boy may deny his own maleness and feel a disconnection (or even revulsion) toward his own male genitalia, pushing them back into his body and perhaps sitting down to urinate in imitation of his sister. These behaviors suggest that the boy considers *that* part of his body "not me."

One mother of a GID boy bought her son Barbie dolls because, as a self-avowed progressive-minded mother, she refused to bow to society's gender stereotypes. She says her son would "obsess" about the Little Mermaid and Cinderella and mimic their gestures and songs, while pointedly ignoring the Ken doll she bought him to accom-

pany Barbie. The mother describes that searing moment of truth when she realized that her 4-year-old son was not just going through a stage—when the boy stood up in a shopping cart and started bawling at the realization that he could not, in fact, ever be a mother.

Social and Psychological Problems in the Gender Confused Boy

In spite of the claim by some psychologists and most gay advocates that this blatant distortion of reality is “normal for some people,” I believe that cross-gender behavior remains a symptom of a deeper problem—a problem of distorted identity. Boys suffering gender-identity confusion will suffer many related psychological and social problems. They are more likely to be anxious, depressed and lonely. Many parents recognize that their GID children are not happy. These children are moody, easily upset and often lament that they don’t “fit in.”

Eventually the prehomosexual child usually becomes the “kitchen window boy” who looks out longingly at the other boys in the neighborhood, wishing he could play with the boys who reject and tease him. Instead, he ends up staying inside with Mom to clean the house with her and bake cookies. Parents of these children are quite right to be concerned, because this pattern, seen as early as preschool and first grade, portends many other adjustment problems later in life.

Some studies found poor coordination and difficulties in contact-type athletic activities among pre-homosexual boys. Similarly, a number of studies also show that such boys appear to have trouble distinguishing between normal rough-and-tumble play, and the deliberate intent by other boys to hurt them.

In elementary school, other children will begin to call these gender-confused boys sissies, or “faggots” or “queers” or “gays.” Most mistakenly and tragically, their teachers may even identify them as “gay children,” and, thus labeled by their own teachers, they may even come to think of themselves as “born gay.” They may not be very sure what being “gay” means. But they begin to suspect that they are very different indeed. Before long, their emotional estrangement from their own sex will begin to surface in same-sex romantic longings.

Without exception, the adult homosexual clients I have known will describe a painful absence—typically an “aching void”—of physical contact with their fathers. The remembering longing to be held and affirmed by a man. As Dr. Dean Byrd says, “Fathers, hug your sons— or some day, another man will.”

Another important task of parents, especially the father, is to encourage the boy’s expression of what he’s really thinking and feeling. Since we know that this boy is probably

fearful of growing up and of meeting the challenge of a male role, the boy should be encouraged to verbalize these anxieties and to communicate his ideas about gender, which will inevitably be distorted.

Sean, for example, was an effeminate seven-year-old, and his father made a decision that “we won’t talk about Sean’s problem, we will just affirm and love him.” That approach is a start, but it’s not good enough. Parents need to find opportunities to clarify male/female distinctions. Asking, “What do you want to be when you grow up?” and “Who do you want to grow up to be like?” will offer a window of opportunity to correct fantasy distortions, as well as to offer encouragement.

When the gender-disturbed boy shows a decided preference for girl’s toys and activities, the most effective intervention is for the parental team to convey together, in a gentle but unified voice, “This is not who you are—you’re a boy.” This style of treatment is gentle, caring, loving, and should not happen all at once—yet it is explicit and unambiguous. Most importantly, it should involve parental unity and consistency, because that’s the type of approach that is most effective in the long term.

One mother summed it up well: “Helping my son overcome effeminate behavior is like cultivating roses. It doesn’t require a lot of work, but it takes a lot of *consistent mindfulness*.”

Based upon my clinical work with gender disturbed boys and their parents, there are four stages in the healing process:

- Resistance
- Apparent conformity
- Secretive resistance
- The parent-child working alliance.

If your son is engaged in obvious cross-gender behavior, these stages should serve as a general framework for you to construct a pathway for your child’s progress. Of course, as with all constructs used to explain a complex phenomenon, these stages bleed into each other somewhat; a child may slip back one stage before he moves forward to the next. These steps can, however, serve as general guides.

Treatment aims at helping the boy feel more comfortable claiming his biologically appropriate gender identity. But make no mistake about this: a gender-nonconforming boy *can* be sensitive, kind, social, artistic, gentle – and heterosexual. He can be an artist, an actor, a dancer, a cook, a musician... and heterosexual. These innate artistic skills are “who he is”...part of the wonderful range of human abilities. No one should try to discourage those abilities and traits. Because with appropriate masculine affirmation and support, they can indeed all be developed within the context of normal heterosexual manhood. ■