

# Gender Identity Disorder in Children

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A mother, concerned for some time about her 4-year-old son's effeminate mannerisms, lack of male playmates, and interest in Barbie dolls, finally decides to ask the pediatrician if these are signs of a problem. She is particularly worried that her husband has become increasingly upset and alienated from their son.

The pediatrician is reassuring: "This is just a phase nothing to worry about. He will grow out of it." Unfortunately, the pediatrician is probably wrong. Gender identity problems, including cross-dressing, exclusive cross-gender play, and a lack of same-sex friends should be treated as a symptom that something may be very wrong. Boys who exhibit such symptoms before they enter school are more likely to be unhappy, lonely and isolated in elementary school; to suffer from separation anxiety, depression, and behavior problems; to be victimized by bullies and targeted by pedophiles; and to experience same-sex attraction in adolescence.

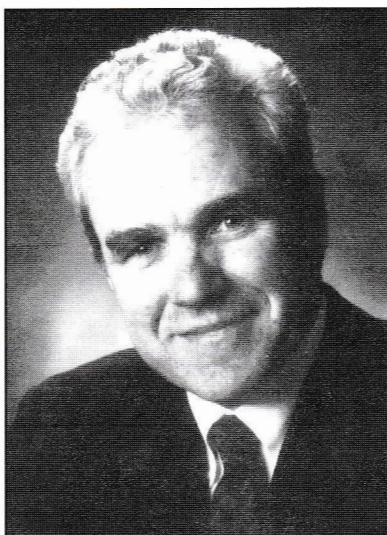
If they engage in homosexual activity as adolescents, they are more likely than boys who do not to be involved in drug and alcohol abuse or prostitution; to attempt suicide; or to contract a sexually transmitted disease, such as HIV/AIDS; or to develop a serious psychological problem as an adult. A small number of these boys will become transvestites or transsexuals.

The good news is that if the gender identity problems are identified and addressed and if both parents cooperate in the solution, many of the negative outcomes can be prevented. According to Dr. Kenneth Zucker and Susan Bradley, experts in the treatment of gender identity problems in children, treatment should begin as soon as possible:

...In general we concur with those who believe that the earlier treatment begins, the better. ...It has been our experience that a sizable number of children and their families can achieve a great deal of change. In these cases, the gender identity disorder resolves fully, and nothing in the children's behavior or fantasy suggest that gender identity issues remain problematic.... All things considered, however, we take the position that in such cases clinicians should be optimistic, not nihilistic, about the possibility of helping the children to become more

secure in their gender identity.

The effeminacy in some boys is so pronounced that parents may assume the problem is genetic or hormonal, but experts report that children assumed to have a biological problem responded positively to therapeutic intervention: According to Rekers, Lovaas, and Low:



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When we first saw him, the extent of his feminine identification was so profound (his mannerisms, gestures, fantasies, flirtations, etc., as shown in his "swishing" around the home and the clinic, fully dressed as a woman with a long dress, wig, nail polish, high screechy voice, slatternly, seductive eyes) that it suggested irreversible neurological and biochemical determinants. After 26 months follow-up, he looked and acted like any other boy. People who viewed the videotaped recordings of him before and after treatment talk of him as "two different boys."

Children need to feel good about their gender identity. Healthy psychological development requires that a little boy be able to recognize that there are two sexes and he is male, he is like other boys, and will grow up to be a man and possibly a father, not a woman and a mother. Additionally he needs to feel good about being a boy and becoming a man. He needs to believe that his mother and father are happy that he is a boy and expect him to become a man, and he needs to feel accepted as a boy by other boys.

If a boy feels inadequate in his masculine identity, identifies with his mother instead of his father, feels that he would like to be a girl, those around him should not pass this off as non-stereotypical behavior. There is a reason why this boy is not developing a healthy masculine identity, and that reason should be discovered and addressed.

One often hears boys with gender identity problems called "girlish," but if one observes their behavior carefully, one sees that they do not resemble healthy little girls of the same age, but imitate adult women. For example, while doll play for healthy girls includes mother/baby play and fashion/dress up play, boys with gender identity problems focus almost exclusively on fashion/dress up. Some may be fixated on characters such as the Disney villainesses -- the wicked stepmother in Snow White or Cruella de Ville from One Hundred and One Dalmations. While healthy girls combine

outdoor physical activities with more sedate play, boys with gender identity problems are often unreasonably afraid of injury, avoid rough and tumble play, and dislike group sports.

Cross-dressing and cross-gender fantasy in boys is often passed off by the family as a sign that the boy is a "great actor" or has a "wonderful imagination." Family members fail to understand that a boy who never takes the part of male character, but always plays a female is revealing a deep ambivalence toward women and toward his own masculinity. Therapy can help the boy and his family understand why he feels more confident, comfortable, and accepted when he is fantasizing that he is a female.

Today many adults try very hard not to impose rigid gender stereotypes on young children, but this push for gender openness can lead parents to ignore the symptoms of gender-identity conflict. Children with gender identity problems don't inhabit a gender neutral world where boys and girls play with the same toys. These troubled children *reject* certain types of play and clothing *precisely because* it is associated with their own gender, or adopt activities because they are associated in their mind with the opposite sex. Boys with serious gender identity problems may use female clothing to gain acceptance or soothe anxiety and become angry and upset when deprived of these objects.

Some parents may ask "What is wrong with a boy playing with dolls?" The answer is that the problem is as much what he is not doing -- learning how to be a boy among boys -- as it was what he doing -- escaping into a female world.

Parents need to be concerned when a child openly expresses a dissatisfaction with his or her sex, such as when a boy says "I want to be a girl" or when a girl insist she is a boy. One extremely effeminate boy when asked, "Do you want to be like your daddy when grown up?" responded "I don't want to be grown up." Such statements should be taken as symptoms that something is very wrong. Although the boy may feel or even express the desire to grow up to be a woman, he is male and will grow up to be a man.

Children are not born knowing they are male or female, or what it means to be male or female, but they are born with a drive to discover who they are and to identify with others. Once they correctly identify their own sex, they need to feel happy about who they are. And when this developmental task is successfully completed, the child is free to choose gender atypical activities. Boys and girls with gender identity problems are *not* freely experimenting with gender atypical activities. They are constrained by deep insecurities and fears and are reacting against the reality of their own sexual identity. Therapy is not directed toward forcing a sensitive or artistic boy to become a macho-sports fanatic, but helping a boy to grow in confidence and be happy he is a boy.

Effeminacy, cross-gender play, and cross dressing are not the only signs that there may be a problem. Some boys suffer

from a chronic sense of being inadequate in their masculinity, but do not imitate female behavior. These boys may exhibit an almost phobic reaction to rough and tumble play and an intense dislike of team sports because of poor eye-hand coordination. This inability to relate to other boys leads to isolation, profound unhappiness, and often depression.

Gender identity problems also occur among girls, although the problem is less common. In some cases a father may be pleased with his daughter's success in athletics and ignore her phobic reaction to dresses or anything feminine. Girls with gender identity problems may believe that being a boy will make them safe from abuse.

What should a parent do if they think that there might be a problem? First, they should take any repeated problematic behaviors as a cry for help. If their pediatrician ignores their concerns, they should find a therapist who is trained in the treatment of gender identity problems. Parents can read about the subject, in Zucker and Bradley's book *Gender Identity and Psychosexual Problems in Children and Adolescents*, which offers a complete review of the problem.

Consistent cross-gender behaviors are a sign that the child believes he or she would be better off as the opposite sex. According to Bradley and Zucker, "This fantasy solution provides relief, but at a cost." These are unhappy children who are using these behaviors defensively to deal with their distress.

Parents sometimes try on their own to stop the overt behavior, but forcing a frightened child to engage in behaviors in which he feels inadequate or fearful is not the solution. The therapist can work with the child and the parents to uncover the root cause of the emotional conflicts, so that the problem can be addressed and resolved.

It is true that without treatment certain manifestations of gender identity conflicts, such as fantasy fashion doll play in boys or open cross-dressing may disappear by the time the child is eight or nine, but these coping mechanisms are often replaced by other less overt expressions of an underlying gender identity problem. Once the problem goes "underground" it will be more difficult to treat.

Some people may avoid treatment because they believe that gender identity problems are a sign that the child was born homosexual and that the parents should simply accept this outcome as inevitable and encourage the child to accept a homosexual identity. Given the positive results of early intervention, the profound unhappiness of these children during elementary school, and the massive problems which accompany same-sex attraction in adolescence, parents should do everything possible to help their child resolve even minor gender identity problems.

Catholic parents need to be particularly concerned. The Church's teaching on homosexual activity is clearly stated in the Catechism of the Catholic Church, "homosexuals acts are

intrinsically disordered... Under no circumstances can they be approved" (CCC 2357). For a Catholic trying to be obedient to God, temptations to same-sex activity are a source of deep pain. Treatment of adolescents or adults is possible, but difficult and the outcome is not assured. It is far better to prevent the problem or treat it in early childhood. Those who would like to understand more about same-sex attractions can find information on the website of the Catholic Medical Association ([www.cathmed.org](http://www.cathmed.org)) in a report entitled *Homosexuality and Hope*.

If a boy grows up happy and confident about his masculine identity, with a mother who supports his manly development, a close loving relationship with his father, same-sex

friends in childhood, and is protected from vicious bullying and sexual predators, the chances are minimal that he will experience same-sex attraction in adolescence. Even if one or two items on the above list are missing, the chances are still small that the boy will become homosexually involved as an adult. Generally, the histories of men engaging in same-sex behaviors reveal a history of cumulative problems: significant peer rejection, low self-esteem, a distant father, an over-protective or controlling mother, victimization by bullies, or sexual abuse. Fortunately these conflicts can be resolved, and the masculine identity can be strengthened and then embraced.

*(For a copy of this article, call 1-800-MYFAITH.)*

