

## Gender-Identity Disturbance in Children

*The popular media continues to give the public one-sided information about childhood gender-identity disturbance and homosexuality. On the Oprah Winfrey Show (September 20, 1996), Oprah opened the show by saying:*

**OPRAH WINFREY:** Little girls who dress like boys...  
little boys who play with dolls and dress like girls...  
parents who are scared...

What is it you really want to know? You want to know if you're raising a gay son? Is it just a phase?

And should the parents accept it or try to change it?

*Oprah then introduced a Dr. Ettner, a child cross-gender expert who identifies social ostracism--not cross-gender identification--as the child's problem. Relieving the parents of any sense of responsibility for the child's condition and for hope of change, Dr. Ettner says the mother should allow the cross-dressing boy to express his feminine identity.*

A sample of his comments:

**Dr. ETTNER:** (To a mother) "... maybe what you need to do is work with giving the child some options for when he can play with these (girls') toys. And actually talk to him about how terribly painful it is to be teased and how it hurts. And maybe if he's able to do it in a safe way, then he'll be satisfied, and he can leave those toys at home when he goes to friends' houses.

"...It's the rest of the world that makes these kids crazy...

"Because often, parents then think, 'If I just find the right psychiatrist or psychologist, we can help the child to move through this phase quickly and become who we want them to be,' and that may not happen.

"... imagine the child who feels, 'There's a female part of me that I have to keep hidden under wraps.' And respecting the child, understanding that these feelings are important to the child...It may not be what we want, it may not be what we expected, but nevertheless, these children may be born and not made. They may come into the world with this condition. It looks like this is a lifelong condition for many of these people, and if it were a better world, it wouldn't be such a terrible condition. But we have to help these children. Through compassion, we have to work with our school systems, with the parents, and we have to develop acceptance for these kids, too."

This talk-show discussion contrasts with findings reported in the August 1996 NARTH *Bulletin (Gender Identity Disorder and Psychosexual Problems in Children and Adolescents*, by Kenneth Zucker, Ph.D. and Susan Bradley, M.D.). Zucker and Bradley believe "the parents' valuing of their son as a male and discouragement of cross-gender

behaviors allows a gradual relinquishing of the defensive solution and a building of confidence in a same-sex identity."

Bradley and Zucker observe that parents have failed to adequately discourage cross-gender behaviors, and that fathers in particular have tended to be emotionally unavailable to their sons, with particular difficulty expressing feelings.

In gender-disturbed girls, nearly 77% had mothers with histories of depression, and all had been depressed in their daughters' infant or toddler years. "Thus, during the hypothesized sensitive period for gender-identity development, the mothers of the girls in our sample were quite vulnerable from a psychiatric point of view," Zucker and Bradley observe. They say:

"[O]ne consequence of this vulnerability was that the girls had difficulty in forming an emotional connection to their mothers. In some instances, it seemed to us that a girl either failed to identify with her mother, or disidentified from her mother because she perceived her mother as weak, incompetent, or helpless. In fact, many of the mothers devalued their own efficacy and regarded the female gender role with disdain...In a smaller number of cases, it seemed that the daughter's 'significant medical illness' or difficult temperament during infancy had impaired her relationship with her mother...Six of the mothers had a history of severe and chronic sexual abuse of an incestuous nature. The femininity of these mothers had always been clouded by this experience, which rendered them quite wary about men and masculinity and created substantial dysfunction in their sexual lives. In terms of psychosocial transmission, the message to the daughters seemed to be that being female was unsafe. The mothers had a great deal of difficulty in instilling in their daughters a sense of pride and confidence about being female."

**Zucker and Bradley believe treatment of childhood gender-identity disorder can be both "therapeutic and ethical."** They base their case on several points, claiming that therapy affords the following benefits:

- (1) A reduction in social ostracism by peers;
- (2) An opportunity to relieve the psychopathology which has been documented to be associated with the disorder, both in the child and within the family;
- (3) The prevention of later transsexualism;
- (4) The prevention of homosexuality in adulthood.

Unfortunately, the Oprah Show conveyed a very different impression to its millions of viewers. ■