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The Treatment Of Childhood Gender Identity Disorder (GID)

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I. Introduction

As my topic deals specifically with children, I'd like to preface my remarks with the old story, the *Emperor's New Clothes*, which I think provides a good illustration of what we, as professionals in the field of homosexuality and gender disorder, are facing.

If you remember the story, it deals with a wealthy, handsome, very well-dressed emperor, who loved to show himself off to his people as a real fashion plate. On one of his sartorial jaunts around the kingdom, he encountered two strangers who claimed to be weavers of the most exquisite clothes from the finest linens. Not only that, but their garments possessed a unique, magical quality: they were invisible. They assured the emperor that, while he would be able to see the fine garments they would make him, no one else could. He decided to take them up on their offer, and would employ the supernatural suit of clothes to discover who in the kingdom was a fool.

While the clothes were allegedly being made, he sent two of his servants to check on the weavers' progress. Of course, neither one could see the nonexistent clothes. However, not wanting to appear foolish, the pretended they could the clothes and reported the same to the emperor. When the emperor was informed the clothes were finally ready, he couldn't see them either. But he was no fool, so he gushed over the luxuriousness and allowed the weaver's to dress him in the ethereal finery. Then he proceeded to stroll through his kingdom in nothing more than his birthday suit. His subjects, no fools they, all complimented him on his extraordinary garments. All except one small child, who pointed out that the emperor, the greatest fool of all, wore no clothes.

Homosexuality is akin to the emperor in the story. We are assured by colleagues and lay people alike that it is normal behavior and anyone who dares disagree is scorned as foolish. Thus, many are afraid to state the obvious. Sometimes, however, it takes an insouciant child to speak the truth, if only because no one has yet informed them that it is not politically correct to do so. I believe that, although now only a few voices dare speak with candor, people's natural bent toward honesty will one day lead the entire community to accept the truth as it is.

II. History of Gender Identity Disorder

GID appears in the Diagnostic and Statistical Manual (III) in 1980. This is surprising because the political climate surrounding homosexuality lead to its being removed from the list of psychological disorders in 1973.

The effect of that occurrence on the scientific community has been chilling. Powerful pro-homosexual activism has effectively silenced the voice of the opposition. Freedom of speech and scientific investigation are being sacrificed upon the altar of political correctness. This is especially alarming in a country that prides itself on its tradition of free speech and the free expression of ideas. NARTH and other researchers in the field are barred from presenting papers, studies, or research that conflicts with the current paradigm.

Reports of gender identity disorders go back over a century. Frankel reported the first case, which dealt with an adult transsexual, in 1853. The 1930's and 40's saw the appearance of reports involving children. It was not until 1960 that Green and Money published a series of case studies on young boys exhibiting cross gender behavior. Nevertheless, it has only been in the last thirty years that the syndrome was recognized, documented, and studied by many researchers (Zucker, 1995). His well-documented history and research are the reason GID was first included in the DSM III in 1980, but this inclusion was not without controversy.

III. Current Status of GID as a Disorder

The inclusion of GID in the DSM (III) has been controversial for two reasons: the strong correlation between GID and homosexuality, and the fact that it creates an inconsistency in the DSM.

The relationship between GID and homosexuality is a widely accepted fact and was demonstrated by Green's landmark 1987 study. He placed the number of children treated for GID who grew up to be homosexual, lesbian, or bi-sexual at 73% (Green, 1987). His findings showed a smaller percentage became either transsexual or heterosexual. These findings have been replicated by many other researchers and have been widely accepted as factual by experts in the field. Even the DSM (IV) quotes the same finding and states, "three fourths of children with GID turn out to be homosexual."

The inconsistency in the DSM stems from the fact that there are two sides to the issue. NARTH and its former president, Charles Socarides, M.D., takes the position that GID is a pre-homosexual condition, which justifies its inclusion in the DSM. NARTH has a great deal of support for keeping GID in the nomenclature. Most of the major experts in the field, such as Green, Zucker, Bradley, Coates, and Rekers, want to keep GID as a formal disorder.

Granted, these authors have differing reasons for doing so. Zucker, for example, argues that the consequences of GID are severe enough to warrant amelioration of the disorder, although he doesn't take a strong position on the homosexual aspect of GID. However, both he and Green believe parents have a right to seek treatment for a pre-homosexual condition for their GID children.

On the other hand, the politically powerful gay activists, led by Richard Isay, M.D., argue that GID should be removed from the DSM (Isay, 1997). Isay admits that atypical

gender behavior is one early manifestation of homosexuality which he defines as a normal variation of sexuality and, as such, should neither be labeled psychopathology nor be subject to treatment.

In a gay activist's book, edited by Rottnek (1999), the position was taken to remove GID as a childhood disorder, but to retain it as an adult condition. In this case, GID would only be used to diagnose transsexual disorder for the purpose of hormone therapy and sex reassignment surgery. The pro-homosexual group wants to remove any diagnosis that would lead to the treatment of pre-homosexuality in children or adolescents. In addition, the gay activists not only recognize, but also point out the inconsistency of the nomenclature. In fact, they use the scenario as their strongest argument for removing GID from the DSM.

The conflict really boils down to whether GID is simply a pre-homosexual condition or a pre-transsexual condition in and of itself. Some authors have argued that GID is nothing more than a pre-homosexual pattern and question why treatment is alright for children but not for adults (Bern, 1993; Fagot, 1992; Mc Conaphy & Silvone, 1991). Zucker and Bradley (1995) and others do not view GID as simply a pre-homosexual condition; they believe it is a separate condition that can lead to homosexuality or transsexualism.

I tend to believe that GID is a pre-homosexual condition and is, in fact, one gateway into homosexuality. I say "one gateway" because 73% of GID cases turn out to be homosexual adults. In addition, a study done on adult gays and lesbians showed a high propensity toward cross gender behavior. Saghir and Robbins (1973) found that 67% of the GID men and 70% of the women reported cross gender behavior in childhood.

Conversely, the same study demonstrated that a vastly smaller number (3% of the men and 6% of the women) had a desire to change sex. I consider this to more of a transsexual problem than a homosexual one. In other words, the correlation between homosexuality and GID symptomology is very high, but lower for homosexuality and transsexual symptomology. Therefore, some of the symptoms within the DMS criteria are more related to transsexuality, such as wanting to be of the opposite sex or actually changing sex. Other DSM criteria, however, such as cross-dressing, are more relative to homosexuality. My conclusion, therefore, is that the DSM diagnosis of GID probably has two separate disorders under one category, homosexuality and transsexuality.

The danger for those of us who treat homosexuality is if or when these two disorders are separated, GID will be dropped from the DSM nomenclature, although transsexual disorder will remain and be used for hormone therapy or surgery. As I stated previously, this is precisely what the gay agenda calls for.

IV. Increasing Numbers

Although there has been no formal study of the growing number of GID cases, several reliable sources indicate a significant increase. Lothstein (1983) speculated that the current "non-sexist" *zeitgeist* may have been indirectly responsible for the increase.

Zucker and Bradley (1995) report an increase in the number of referrals to their clinic, the Child and Adolescent Gender Identity Clinic at Clarke Institute of Psychiatry, Toronto, Canada. Another author, Nicolosi, says school counselors are reporting greater numbers of sexual identity problems. Additionally, the Journal of Sex Research has reported an upsurge in homosexual experimentation and activity (Butler, 2000). In a ten-year period, from 1988 to 1998, women reported a fifteen-fold increase in same-sex experimentation while men reported a ten-fold increase during the same period.

V. Diagnosis and Assessment

I will first outline the DSM (IV) criteria, which is rather straightforward. I will then discuss GID symptomology in-depth and give illustrative examples. I will conclude with a differentiation between diagnoses of GID and other conditions.

A. DSM (IV) Criteria

A strong and persistent cross gender identification accompanied by a consistent discomfort with one's gender characteristics. I wish to emphasize the persistence aspect as well as the following criteria:

1. Repeatedly stated desire to be, or insist that he or she is, of the opposite sex.
2. A preference for cross-dressing behavior.
3. Preferences for cross sex roles and make believe play or persistent fantasies, of being the opposite sex.
4. Intense desire to participate in stereotypical games or pastimes of the opposite sex.
5. Strong preference for playmates of the opposite sex.

B. Symptoms In-Depth

Typically, cross gender behavior begins to evidence itself early, surfacing between the ages of 2 and 4 years. Parents, however, rarely pay attention to such behavior until the ages of between 7 and 11. There are seven gender behavior problems that I will discuss in detail: gender identity statements, cross dressing, toys and role playing, peer relationships, manners and voice, anatomical dysphoria, and rough-and-tumble play.

1. Gender Identity Statements

Identity statements are verbal comments by children who either say they are members of the opposite sex, or that they would like to be. Older children tend to deny such feelings. During clinical interviews, younger children (ages 2-9) will be more likely to admit to such feelings, whereas older children (9-12) will not. The older children have learned that such comments are socially unacceptable, therefore, when dealing with children in the older group, it is necessary to ask the parents if they have ever heard their children make such comments.

2. Cross Dressing

Cross-dressing occurs in GID children of both sexes. In boys, they enjoy wearing their mothers' or sisters' clothing, including high-heeled shoes, dresses, jewelry, and make up. As they get older, they may wear more masculine clothes, but tend towards more feminine colors, such as pink or purple. Furthermore, these boys have a strong aversion to clothes that express a decidedly male persona, such as T-shirts with sports teams emblems, or those related to masculine characters such as Batman or the Power Rangers.

Girls will wear more masculine clothes, such as sweats or slacks. Typically, they have a reluctance to wearing dresses. On special occasions, when a GID girl would be expected to dress in a traditionally feminine manner, a major conflict between parents and child may erupt.

3. Toys and Role Playing

GID boys typically role-play female characters, such as their mother or sisters. He identifies with female figures in popular television series, movies, and cartoons, such as The Little Mermaid and Power Puff Girls, or even evil female role models, as the Wicked Witch of the West in The Wizard of Oz.

They also enjoy playing with dolls. Games include playing house where he will take the role of the mother, nurturing the younger siblings, as well as many other stereotypical female activities.

For girls with GID, the role-playing is of male figures, such as their father and brothers. They like to play stereotypical male games, such as war, sports, and other aggressive types of activity. She likes to be the hero, rather than the nurturer, focused on competition, winning, power, and control.

4. Peer Relationships

GID boys display a marked preference for female playmates. Their friends are girls; they enjoy playing with girls and identify with their femininity. Sometimes these friendships are sincere, other times the girls do not accept the boys. On the other hand, GID boys are afraid of other boys, fearing they do not fit in with their male contemporaries. The other boys tend to pick on them for their effeminate appearance and behavior, subjecting them to bullying and teasing.

The girls show strong identification with male playmates and tend to avoid other girls. The GID girls, however, are rarely accepted into the male

hierarchy, although they appear to be the target of less teasing than the GID boys.

5. Manners and Voice

GID boys typically appear feminine in voice and manner. They speak in a high-pitched voice and their phraseology commonly has a feminine sound. They tend to walk and run as do girls. The girls tend to have more masculine voices and mannerisms.

6. Anatomical Dysphoria

Both the boys and girls tend to dislike their sexual anatomy. Boys prefer to sit when urinating, attempting to hide or tuck the penis between the legs. Sometimes they verbally express hatred of their genitalia, saying such things as “I want to cut it off,” “I hate it” or “It’s not mine.” Girls seem equally dissatisfied with their vaginas and are obsessed with acquiring a penis, often putting a hot dog or other phallic symbol in their underwear.

7. Rough-and-Tumble Play

The boys intensely dislike rough-and-tumble activities, competition group sports, or aggression. They seem to have a great deal of fear and anxiety in the presence of such play, having difficulty distinguishing between play and real violence.

V. Treatment of GID

A. Treatment Model

My approach is the same as Drs. Rekers and Nicolosi. Their work details the fertile ground in which homosexuality is born and we have the *in vivo* opportunity to pick out the weeds and allow heterosexuality to grow.

1. Encourage Father/Son Bonding

There are four steps to father/son bonding: reducing criticism, winning over, turning toward, and playing together. Let me discuss each one.

i. Reducing Criticism

The father-son relationship is typically distant and strained. Therefore, working on this relationship may need to proceed slowly. The father is usually hypercritical of his son. I am rather direct about criticism. In session I will point out criticism if I see it. Basically, criticism needs to be stopped. Criticism is often a pattern of inaction between

father and son; each is very critical of the other. It begins, however, with the father's criticism of the son, leading to a critical response from the son. I explain that criticism is destructive, based upon the definition that criticism is an attack upon the character of the one being criticized.

For example, a comment such as, "What is wrong with you, you're playing with girls' toys" is an attack by the father upon the son's character and will tend to arouse contempt for the father on the part of the son.

ii. Winning Over by Building the Emotional Bank Account

I suggest to the father that he needs to win his son over, and caution that this will require some time. I warn the father that his son will probably reject this approach and not want to have anything to do with him. I encourage him to persevere, because deep down, the son does want to have a relationship with his father. I explain that the son is being defensive and the father needs to break through the barrier with love and firmness.

One way to slowly begin the process is increasing positive father-son interaction. Research conducted by relationship expert John Gottman, Ph.D. (1994), found that the ratio of positive-to-negative interactions can be decisive in making or breaking a relationship. In fact, he developed a ratio that seems workable, which is 5-to-1 positive-to-negative interactions. Relationships conforming to this model appear to be happy and healthy, while a change one either side, such as 2-to-5, strains the relationship.

The goal, therefore, is to begin at a basic level, i.e., increasing the number of positive interactions. Simple, day-to-day conversations and interactions can do this. Examples would include greeting each other in the mornings, saying a simple "goodbye" when parting for the day, and the father regularly telling the son that he loves him. Each day should include a conversation, even about superficial subjects, such as asking the son about his day, discussing a television program, or even talking about the weather.

It is important to note that every positive interaction is akin to putting money in the bank; every time the father has a positive interaction with his son, it is placing emotional currency in the account. This positive input accumulates over time, while each negative interaction is a withdrawal from the account.

Thus, the goal is to keep the balance in the emotional savings account as high as possible. Of course, it is not humanly possible to avoid all negative situations and conflicts; they are part of life. What I advocate is the father's keeping the account so balanced on the positive side, preferably at the 5-to-1 ratio, that the inevitable occasional conflict does no damage to the relationship.

The problem with these estranged relationships is that there is no emotional savings account, no positive resources upon which to draw. Therefore, the negative interactions have nothing to counteract, much less neutralize, their destructive effects.

It is, therefore, a slow building process, over time, that will eventually win the son over. Increasing positive interactions and decreasing the negative will increase the likelihood of the son becoming less defensive, therefore becoming more positive in his responses and beginning to trust his father. Again, I emphasize the need for patience as it will take time.

iii. Turning Toward the Son – Attentiveness

Fathers of gender-disturbed boys have usually been turning away from their sons for years. Needless to say, the son's reflexive response is to turn away from the father. It is the father's responsibility to reverse this pattern of behavior. This is not an easy task; the process has been going on for a long time and has become an ingrained habit on both sides. It will therefore require great effort to make the change. The father's continued practice of turning toward the son will eventually lead to new patterns of behavior. Common clinical wisdom tells us that it takes approximately thirty days to change a habit and thirty days to develop a new one.

The first step is to be attentive to the son's seeking attention. The father must learn to know when the son specifically desires his father's attention, and to make a definite effort to respond by not turning away but toward the son.

As an illustration, a boy may ask his father to watch him ride his bicycle. The father's turning away be demonstrated with a response such as, "No, I am busy right now." A positive response of turning toward the son might be, "Yes, I'll be outside in a minute."

Boys may try to get their father's attention in many ways. Some GID boys, however, never even make the attempt. I will discuss the latter type presently. It is important for the father to notice when the attempts are made and to respond appropriately.

I frequently ask fathers how they know when their son is trying to get their attention; what methods do they use? Do they ask them to watch them ride their bike, to look at a minor injury or, for older children, to see their new CD player?

I then ask them how their son would know that they, the father, was paying attention to and showing interest in them. The first sign of turning towards the boy is for the father to stop whatever he is doing and establish eye contact, that is, turn away from what is occupying the father's attention and turn, literally, towards the boy. This isn't easy for many fathers. Men tend to be more single-minded and more focused in what they are doing, and find it difficult to pay attention to other things happening around them. Nevertheless, once attention is given here are some examples of how the father can turn towards the son: make eye contact, reach out and touch, display interest in what he is saying (even if it is not particularly interesting), ask questions, and be positive and encouraging. Remember, the father is building the emotional bank account.

Another way to make contact is through physical touch. As I mentioned earlier, some GID boys never seek their father's attention. These boys are especially alienated for their male parent. Physical touch is an excellent way to break down extreme defensiveness.

Touch, especially from the father, has been extremely rare for these boys over the years. It may not come naturally at first. I suggest the father fakes it 'til he makes it. In more extreme cases, it is necessary for the father to initiate the contact and reach out to the son.

For example, the father may try to sit next to the son on the couch, in the car, the movie theatre, or at any other opportunity. Methods of building from there include pats on the back, scratching his back, putting one arm around him and giving a small hug. The ultimate form of physical affection is hugging and kissing. It may take awhile to get to this point, but I think it should be a goal. This type of affection is, of course, easier when the boy is younger. Teenagers usually do not like to be touched by their parents. However, even in the case of teenagers, I believe the fathers need to touch their sons. Nevertheless, a bit more discretion is advised with teenagers, i.e., kissing on the mouth may be inappropriate or awkward, whereas a kiss on the cheek or forehead would be better.

iv. Play Together: Finding Common Interests

The best way to discover common interests is to ask both father and son in a joint session what their interests are. Many times, the answers are quite diverse. What I am looking for is an commonality of interest. I also want to find something the father is very good at and can be used for the son's developing respect for the father.

Another issue is to find activities that are more masculine. However, it may be necessary to begin with more gender-neutral activities. In the long run, though, I am looking for activities that enhance masculinity. Care is required here, because to leap right into playing football or something along those lines could quickly result in complete failure. Again, as with many of the above detailed steps, a gradual approach is most desirable.

One case comes to mind, of an especially estranged teenaged son and his father. The son who, at the time, was seventeen years old, was particularly unwilling to spend time with his father. He had very little respect for his father, who happened to be a carpenter. After going around and around for several sessions, we settled on the father and son collaborating on a landscaping project. This was a compromise and more gender-neutral, because the son was interested in the artistic aspects of landscaping. This first assignment went well and was followed by a second, building an entertainment center. After they completed the handmade, wooden entertainment center, the son found a new respect for his father's carpentry skills, and the relationship began to build from there.

Another method of play, especially for younger boys, is rough-and-tumble activities. As mentioned earlier, GID boys are often fearful of this type of play, so initial attempts will probably meet quite a bit of resistance. I repeat my suggestion to move slowly and not push too hard. However, one always needs to bear the goal in mind and be determined to achieve it.

Perhaps the most common type of rough-and-tumble play is wrestling; but remember, it is meant to be play, not the real thing. Nevertheless, it is alright to pretend it is a real wrestling match. The goal here is to enjoy each other and teach aggressiveness. Here are a few basic guidelines I give the father: Do not over power the child; let him think he is giving you a hard time. This means allowing him to win sometimes. Let the boy be the aggressor and believe he is really beating you. On the other hand, balance the matches out, by also beating him and establishing dominance. If you have a five round match, for example, let him win two of them. The goal here is to make him believe he is strong, stronger than he previously thought, and that

he has a chance to beat you. This type of play produces aggressiveness, confidence, and self-esteem as a male.

There are many other types of rough-and-tumble play: war games, electronic games, exploring, climbing, hunting or guns, and sports such as baseball, soccer, hockey, football, basketball, or any other type of contact sport.

War games are a rather fun type of father-son activity. They can go into the backyard and pretend they are having a battle. It is alright to play with guns and pretend to shoot one another. Another option is to battle one another with plastic army men.

Electronic games are a common activity for boys these days. Fathers and sons can compete against each other in some of them. The father must be certain, though, that it is a masculine game, including fighting, adventure, racing, or any other type of competition.

Exploring is a fun masculine activity. I used to take my son on Sunday afternoon adventures. We would hike back into woods, pretending we were explorers. Sometimes we would take BB guns, knives, bows and arrows, or whatever new toy we had. More often than not, we would return home sweaty and dirty.

The last area of father-son activities is sports. I mention this last because it can be one of the most stressful of activities. GID boys are typically fearful of sports. I also make sports last because fathers need to build up to this point. Think of these suggestions as a pyramid, with sports as the capstone.

The earlier activities, such as wrestling, are better to begin the building process, with every new step developing trust and enhancing the bonding between father and son. Once the son feels comfortable with the father, sporting activities will not be perceived as such a threat.

The father needs to act as coach to his son in a non-threatening environment. GID boys are usually uncoordinated and appear non-athletic. Therefore, the father acts as coach to teach his son a particular sport and help him to catch up with the other boys. It is similar to helping with homework. A parent wants the child to keep up with his or her studies. However, instead of academic study, here we focus on athletic training.

I tell fathers that an excellent way to do this is to take their sons, one-on-one, and teach them to play the sport. I, myself, used to play soccer or baseball with my son in the backyard. I taught him how to hit and

throw the baseball. We would also spend many hours playing catch. I made it a non-stressful and fun time together. And, most of all, it gave him confidence in his ability to play sports.

2. Mother's Distancing Themselves and Affirming Father's Masculinity

This is often the most problematical of all goals. The relationship between the mother and son has been very close over the years. Initially, the mother may have felt the need to protect her son from a cold, unloving, and sometimes abusive father. In addition, the mother has had many of her emotional needs met through her son, and the son enjoys this special relationship with his mother. Therefore, distancing themselves from one another can be painful.

I make a point of discussing this issue with the parents without the son present. I ask the following very important questions: How can the mother back off? What does backing off look like? If you did back off, what would likely happen, both pro and con?

The parent usually knows what to do and come up with a good plan. I prefer to have the parents come up with answers, but sometimes they need help. The following are examples of how to disengage mother and son.

First, the mother can push the son towards the father by affirming the father. These women have often been very critical of their husbands and demonstrate little respect for them. I try to help mothers reduce such criticism and find reasons to respect the father. During the session, I will find ways to build up and compliment the father.

For example, in a recent case, a teenage boy was depressed and refused to go to school the day after a conflict. The mother, who usually would be the conflict manager, left for work and left the father in charge of the situation. The father gave his son a choice of either going to school or spending the day with him at work. The boy chose the latter. During the session, I reinforced the father's way of handling the situation, telling the father I thought not leaving the son at home alone was a caring thing to do. Apparently, it was the right decision because, later that same day, the boy was back to his normal self. Both the mother and son were pleased that the father's actions demonstrated love and caring for his son.

A second way for mothers to disengage from their sons, is to refocus attention on other areas. If there are other children in the home, particularly girls, I suggest the mother spend more time with their daughters engaged in female activities. In addition to helping the mother disengage, this gender pairing sends a clear message to the gender disturbed boy that mothers and daughters are different from fathers and sons and, so, do different things.

Other ideas for redirecting the mother include getting a job, going out with friends, joining a club, membership in a health spa, and taking up a new hobby.

3. Extinguishing Feminine Behavior and Play

Extinguishing feminine behavior and play can be a delicate issue. Rekers' approach is simply to ignore the feminine behavior. He uses the behavioral approach of extinguishing behavior by not reinforcing it.

Nicolosi, by contrast, suggests setting firm but loving boundaries, and redirecting. This technique involves direct intervention to stop the female behavior and then providing the option of masculine behavior. For instance, if a boy wants to play with dolls, the parents need to point out that boys do not play with dolls, and redirect him to a masculine toy such as G.I. Joe. It is perfectly acceptable to draw clear lines of distinction between appropriate behavior for boys and girls.

Thus, the parents letting the boy clearly know what they want him to be, is helpful. Conflicting memory and ambiguous direction contributes to gender confusion. By the same token, parents need to be to avoid criticism and outbursts of anger.

Criticism, as I stated earlier, is an attack on the boy's character. An example might be, "What's wrong with you? You act like a girl when you play with toys." That type of comment could reinforce the boy's negative self-image and strengthen his belief that there is something wrong with him.

Another concern is anger. If a parent is angry at a particular demonstration of femininity, it is best to step away from the situation and regain composure before addressing it. Therefore, when a feminine behavior occurs, parents need to be dispassionate and observe verbal boundaries, phrasing their corrective statement as they would for any other inappropriate behavior.

In one recent case, a five-year old boy was wearing his mother's shoes around the house. The parents were perplexed as to how to handle the situation. I asked what they wanted him to do, and the mother replied that she did not want their son wearing her shoes. I followed up by asking her why she did not want this, and she said because boys do not wear women's shoes. Having provided her own answer to the problem, I advised her to repeat it to her son precisely as she had said it to me. The expression on the parents' faces assured me they considered me a genius.

4. Positive Encouragement for Gender-Appropriate Behavior More Effective Than Punishment or Criticism

Rekers uses positive reinforcement to increase masculine behavior. He encourages parents to comment directly upon and praise positive behavior. He also uses a self-monitoring behavior counter. This is typically used with older boys, who monitor their own behavior with the wrist counter. A reward is given at the end of the day for positive behavior. I find this approach rather artificial and mechanistic.

I suggest parents reinforce masculine behavior by showing signs of affection, or simple verbal phrases, such as, "good boy." This approach is good for younger boys (ages 2 to 4). As boys grow older, however, and become more verbal, I advise that parents give positive feedback on positive changes they observe. This is done in family therapeutic sessions and can also be employed in family meetings.

During the session, I will enquire as to what positive changes they have observed. Then we discuss in detail what the child is doing that pleases the parents.

To give an example, in one recent family session, a father said he liked the fact his son helped him build a mailbox. I asked what the father got out of the experience. He replied that he liked the fact his son chose to help him with the project, rather than play with his girl friends. As a rule, the son would play with the girls in the neighborhood than spend time with his father. On this occasion, the boy decided to help his father without any argument or defensiveness. I then asked the boy what he received from the experience, and he said he had learned to use power tools and that that had been fun.

To me, what is important here is the providing of specific, positive feedback for each person, so they know exactly what they are doing to improve the situation.

5. Peer Relationships: Encouraging Same-Sex Friends, Play, and Activities, Discouraging Opposite Sex Play and Activities

Same-sex play is a very important area, especially if there is a problem with the father. For single parent homes, or if the father is unwilling to help, same-sex friendships and activities can make up the difference.

The importance of peer relationships and acceptance cannot be overestimated. This is especially true as children become adolescents. Parents, especially mothers, can be very helpful in this regard. Mothers who have had to back off of their sons, can focus their attention on finding

friends. One mother I recently worked with told me how she makes friends with other women who have sons, so that the boys could play together. The mothers regularly get together for this express purpose.

Parents need to open up their home on a regular basis and invite boys over. A home is made boy-friendly by having action-oriented activities available. Building a fort in the backyard or a bike ramp, having ropes and other climbing devices, a swimming pool, basketball hoop, and many other similar things are very attractive to boys.

Further, you can have regular sleepovers, inviting male friends and relatives to spend the night at your home and allow your son to spend the night at other boys' homes. The latter encourages independence and self-reliance. Boys like to play outside and should be encouraged to do so. If there are other boys in the neighborhood, the parents should encourage their son to play with them and, as I said, invite them into your home.

A major problem with GID boys is that they feel more comfortable with girls than boys and, so, prefer to play with them rather than with their male contemporaries. Parents of GID boys therefore need to discourage opposite sex play and friendships. The goal is to have the boy develop male friendships and play relationships, and stay away from girls. He needs other males to sharpen and affirm his masculinity. Obviously, girls cannot provide this example. Boys get their masculinity from other male figures, both peers and adults.

The problem can be dealt with both directly and indirectly. Parents can tell their son to play with other boys because they have more in common with them than with girls. Verbal rules need to be back up with action, such as only inviting other boys into the house, and discouraging your son from inviting girls. If the boy should invite a girl, he can be redirected by saying no, but he may invite Bobby. Monitor your son's playmates and activities and redirect them as much as possible. Say it directly - "I don't want you to play with Mary, but you may play with Bobby." Over time, he will want to play with other boys rather than girls.

Initially, such segregation between male and females is essential; this is because of lack of male identity. In order to form a masculine identity, a boy needs other males; playing with girls diminishes masculine identity. In time, when the boy develops a masculine identity, it is not so much of a problem for him to play with girls. Of course, having both male and female friends is not a problem for children who do not have a gender identity disorder.

C. Treatment Outcomes – The Earlier the Better

One can evaluate treatment outcomes in two ways: first, the clinical literature and, second, formal scientific studies. Clinical research is based upon practical experience and reported as small group or single case studies. It is a pragmatic approach that focuses on what works and what doesn't, and is then passed on to professionals in a mentoring or training situation. Much of what is taught in medicine and medical school is based upon clinical information. It has not been until recently that formal scientific studies have been used to prove the effectiveness of certain medical procedures.

The same is true in the psychotherapeutic community: most of the knowledge and information has been passed along through clinical experience. Recently, however, there has been an emphasis on determining the effectiveness of treatments through formal scientific research. Before the 1990's, the effectiveness of psychotherapy was seriously questioned. Since the studies have been reported, however, the naysayers have diminished their criticism.

I have discussed the above to articulate treatment outcomes for GID. For the clinical literature, all of the major authors in the field, including Green, Rekers, Nicolosi, Zucker, Bradley, Coates, and others, have reported positive results. The authors reported a decline in feminine behavior and corresponding increase in masculine behavior, and vice-versa for girls. Many report less identity confusion in GID cases. Some report a change in sexual orientation. Most of the authors report that sexual orientation was the most difficult area to change, and there is no guarantee change will occur. Green, for example, reported no change in sexual orientation (1987). Zucker criticized him for his conclusion that no change is possible. Zucker believes change is possible, in certain cases, while Rekers believes sexual orientation can be changed but has not yet proved it in his research.

On the other hand, there is a dearth of formal scientific study in the area of GID. It is not unusual for there to be a lack of scientific study of certain disorders. The major disorders, such as depression and anxiety, have been extensively studied, whereas GID and other more minor disorders have not. Additionally, the current political climate makes researchers unlikely to study Gender Identity Disorder. Most academics do not want to get involved in political issues. Unfortunately, GID, like homosexuality, has been politicized.

Nevertheless, one major study was done by Green (1987) and some studies by Rekers (1995), that have found positive results for a change from feminine to masculine behavior.