Gender Identity Disorder

References Gender Identity Disorder

- Zucker, K. & Bradley, S. 1995. *Gender Identity Disorder*
- Reker G. (1995). *Handbook of Child and Adolescent Sexual Problems.* Lexington Books
- Rekers, G. Gender Identity Disorder www.leaderu.com/jhs/rekers.html
- GID articles at www.narth.com
- GID chapter, www.maritalhealing.com
- Nicolosi, J. & Nicolosi, L. 2002. *A Parent's Guide to Preventing Homosexuality*

References Transexualism & transgendered child

- Paul McHugh,2005, Surgical Sex, www.firstthings.com
- Cross dressing in schools, Philadelphia Catholic Medical Association Statement, www.narth.com
- The Desire for Sex Change, Ethics & Medics, NCBC,www.narth.com
- Boys will be girls. www.ncregister.com/site/article/15350

GID prognosis

- 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.
  - Zucker K, & Bradley,S. (1995) *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents* (New York: Guilford Publications, 1995, p.281

GID prognosis

- 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.
  - Zucker, K. & Bradley, S. (1995) *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents* (New York: Guilford Publications, p.282

GID Treatment Obstacle

- “However, parental ambivalence is in most cases part of the problem which blocks treatment.”
  - Zucker and Bradley. 1995. *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents*,p.281-2

Treatment prognosis

- Dr. Kenneth Zucker, a psychologist and head of the gender-identity service at the Centre for Addiction and Mental Health in Toronto.Over the past 30 years, has treated about 500 preadolescent gender-variant children. In his studies, 80 percent grow out of the behaviour, but 15 percent to 20 percent continue to be distressed about their gender and may ultimately change their sex.

Gender Identity Disorder of Childhood

- Clinical and research data accumulated to a sufficient degree to enable the mental health professionals to officially identify a newly recognized form of psychopathology - Gender Identity Disorder of Childhood (APA, 1980)
  - Rekers, G. *Gender Identity Disorder* , Research Director for Child and Adolescent Psychiatry at Univ. of South Carolina School of Medicine, www.leaderu.com/jhs/rekers.html

Symptoms of GID

- Identification primarily with the opposite sex and not one's own
- Discomfort with one's sex
- Primarily opposite sex friendships
- Cross dressing
- Desire to be the opposite sex
- Opposite sex fantasies - "I'll awaken as a girl."
- DSM IV-TR, American Psychiatric Association

Why GID is missed in girls

- Cultural obsession with sports
- Influence of feminism
- Parental denial

Suffering in GID & beyond

- Unhappy, lonely, isolated in elementary school
- Separation anxiety, depression & behavior problems
- Victimized by bullies
- Significantly more disturbed than siblings
- Targeted by pedophiles
- SSA in adolescence
- Some will become transvestites or transsexuals
- Desire sex change at times to please a parent

GID pain

- Child believes he or she would be better off as the opposite sex.
- According to Zucker and Bradley, “This fantasy solution provides relief but at a cost. They are unhappy children who are using their cross gender behaviors to deal with their distress.”

What's wrong with GID

- The problem is the child is not learning how to appreciate the goodness and beauty of his/her sex.
- The child is not learning how to be comfortable with one's body and masculinity or femininity.
- Emotional conflicts limit the freedom of these children to embrace and be happy with the sex.
- In boys a failure to incorporate a love for beauty into one's masculinity.

Psychiatric comorbidity & GID

129 psychiatrists reported on 225 patients with GID

- 79% personality disorders
- 26% mood disorders
- 24% psychotic disorders
- No agreement on treatment with the recommendation for specific “diagnostic rules”
  - Campo J, et al. (2003) Psychiatric comorbidity of Gender Identiy Disorders: a survey among Dutch psychiatrists.

GID and mental illness

- 120 Dutch children aged 4 to 11
- 52% of the children diagnosed with GID had one or more diagnoses other than GID.
- 37% anxiety disorders
- 23% behavioral disruptive disorders

- Wallien, M.S., et al (2007) Psychiatric comorbidity among children with gender identity disorder. *J Am Acad Child Adolesc Psychiatry*, 46:1307-14.

Prognosis untreated GID

- Strong association between extreme boyhood gender nonconformity and homosexuality or bisexuality in early 20s in two-thirds of these males.
  - Green, R.(1987) *The "Sissy Boy Syndrome" and the Development of Homosexuality*. New Haven, CT: Yale University Press

GID and SSA

- The rates of GID persistence and bisexual/homosexual sexual orientation were substantially higher than base rates in the general female population derived from epidemiological or survey studies.
- 32% were classified as bisexual/homosexual in fantasy
- 24% were classified as bisexual/homosexual in behavior.
  - Drummond, K.D., et al.(2008) A follow-up study of girls with gender identity disorder. Dev Psychol. Jan;44(1):34-45.

GID and SSA

- Prehomosexual children were judged more gender nonconforming, on average, than preheterosexual children, and this pattern obtained for both men and women. This difference emerged early, carried into adulthood, and was consistent with self-report. In addition, targets who were more gender nonconforming tended to recall more childhood rejection.
  - Rieger, G., et al. (2008) Sexual orientation and childhood gender nonconformity: evidence from home videos. Dev Psychol 2008 Jan;44(1):46-58.

GID child prognosis with skilled professional help

- Treatment goal is to develop same sex skills and friendships
- 80% of 45 GID kids were no longer gender dysphoric in their adolescence
  - Zucker, K. and Bradley S. (1995) *Gender Identity Disorder*

Medical health and GID

- 70 boys were given thorough medical and psychological evaluations including chromosome analysis and no abnormalities were found.
  - Rekers G, et al (1979). Genetic and physical studies of male children with psychological gender disturbances. *Psychological Medicine* 9: 373-375

Parents and GID

- The rate of maternal psychopathology is high by any standard and includes depression and bipolar disorder.
- Fathers demonstrate depression and substance abuse disorder
- Parental psychopathology among the parents of children with GID deserves thoughtful consideration.
  - Zucker K, Bradley, S. et al. 2003. Psychopathology in parents of boys with gender identity disorder. J. Amer. Acad. Of Child & Adolesc. Psychiatry 42: 2-4

Mothers and boys

- A composite measure of maternal psychopathology correlated quite strongly with Child Behavior Checklist indices of behavior problems in boys with GID.
  - Zucker, K. & Bradley, S. 1995

GID & pediatricians

- Not presented in the training of pediatricians in spite of its presence in DSM IV
- Lack understanding of GID
- GID symptoms minimized or denied - “He’ll grow out of it.

GID and pediatricians

- “It is not viewed by pediatricians as a disorder. This is an acceptable alternative life style which pediatricians should help children to sort through.”
- Professor of Pediatrics at a southern medical school 2007

GID and SSA Agenda

- Deny GID as a diagnosis and remove it from the DSM
- Encourage children to accept themselves as “gay”
- Schools and psychotherapists counsel parents to accept GID as normal
- View it as manifestation of normal homosexual orientation
  - Isay R 1997, Remove gender identity disorder in the DSM. Psychiatr News 32:13
  - Menvielle EJ 1998, Gender identity disorder (letter). J Am Acad Child Adolesc Psychiatry 37:243-244

Denial of GID

- Attempt to remove GID from the DSM in spite of research studies which demonstrates the emotional pain in these children.
- University hospitals are moving to transition boys chemically to develop female secondary sexual changes in spite of McHugh's Hopkins research on sex change surgery.
- Transsexual surgery is being done in adolescents.

GID and transsexualism

- “The percentage of children coming to our clinic with GID as adolescents wanting sex reassignment is much higher than the reported percentages in the literature.
- We believe treatment should be available for all children with GID, regardless of their eventual sexual orientation.”
  - Cohen-Kettenis P (2001) Gender Identity Disorder in the *DSM? J Am Acad Child & Adolesc Psychiatr* (letter) 40: 391

Reassigment evaluation (SR)

- At the moment 74 of the 129 children that were referred before the age of 12 are now over 12 and therefore potential applicants for SR. Of the 74, 17 intensely gender dysphoric adolescents (23%; 8 girls and 9 boys) applied for sex reassignment. Their mean age at assessment in childhood was 9 years (range 6-12).
  - Cohen-Kettenis P (2001) Gender Identity Disorder in the *DSM? J Am Acad Child & Adolesc Psychiatr* (letter) 40: 391

GID and SR

- Zucker and Bradley (1995) report that 20% of 45 GID children seen at the Child and Adolescent Gender Clinic of the Clarke Institute of Psychiatry in Toronto still were gender dysphoric in adolescence, and that 14% had a wish for sex reassignment.
  - Cohen-Kettenis P (2001) Gender Identity Disorder in the *DSM? J Am Acad Child & Adolesc Psychiatr* (letter) 40: 391

Trans-surgery in teens

- 13 females and 7 males
- Still, clinicians need to be alert for nonhomosexual male-to-females with unfavorable psychological functioning and physical appearance and inconsistent gender dysphoria reports, as these are risk factors for dropping out and poor postoperative results. If they are considered eligible, they may require additional therapeutic guidance during or even *after* treatment.
  - Smith, L.S. et al, (2005) Outcomes and predictors of treatment for adolescent and adult transsexuals. Psychological Medicine,, 35, 89-99

GID and parents

- The effeminacy in some boys is so pronounced that parents may assume tha problem is genetic or hormonal, but no such factors have been scientifically proven.
- Push for gender openness/unisex views can lead parents to ignore symptoms of GID.
- Lack understanding of the serious emotional problems associated with GID
- Ignore symptoms as a cry for help
- Parents need to know the research/science.

Origins in Boys

- Powerful artistic gifts with a great appreciation for beauty
- Perception of far more beauty in the female world and an identification with it
- Lack of eye-hand coordination with strong feelings of inadequacy as a male
- Fear of rejection by males
- Fear of aggressiveness in males with secondary fantasy escape into a female world

Origin in Boys

- Desire to please a mother who has significant unresolved resentment with her father
- Desire to please a sad mother who wants a daughter
- Fear of and anger with the father
- Father with profound weakness in masculinity
- Hostility toward males in educators and in the media

Origin in Girls

- Strong sense of unattractiveness
- Desire to please the father through athletic success with subsequent identification with masculinity
- Fear of being hurt by males
- Lack of an affirming mother
- Masculinzation through sports
- Like males they struggle with poor body image and a lack of appreciation for their female beauty.

Rekers' recommendations

- Same sex parent - invest time and positive play
- If necessary find an alternative positive same sex role model.
- Affirm sex-typed play & behaviors
- Try to develop athletic skills
- Communicate with school teacher about same sex friendships
  - Reker G. (1995). *Handbook of Child and Adolescent Sexual Problems.* Lexington Books

Fathers and treatment

- The majority of fathers are emotionally supportive and affirming but struggle to relate to their sons' creative, artistic gifts.
- Bond with the son's creative gifts
- Try to coach him in some athletic activity so that he can be comfortable in play with boys such as swimming, jogging, fishing, hiking, etc
- Support same sex friendships
- Communicate to him his God given gifts
- Work to resolve effeminate behaviors

Fathers and treatment

- Affirm daughter's female gifts, beauty and "genius"
- Some are emotionally distant and should try to be more emotionally self-giving than the paternal grandfather was.
- Break the negative parental legacy.
- Forgiveness of paternal grandfather.
- Caution about excessive athletic activities/identification with masculinity

Bad advice

- Fathers should shower with their sons.

- The National Catholic Register www.ncregister.com
- http://ncregister.com/site/article/15576

- Elementary Reeducation: Homosexual Activist Curriculum - “Welcoming Schools Guide”

Mother's support of GID

- Unresolved paternal and spousal anger
- Secondary male mistrust
- Loneliness or a strong desire for a daughter or another daughter
- Desire to punish child's father or her father
- Feminism/narcissism with a need for control
- Lack of comforting maternal love

Mothers and treatment

- Affirm the child's male or female gifts
- Resolve anger by forgiving father or spouse
- Try to develop a more positive view of masculinity or femininity
- Let go of the need for control
- Don't rely excessively upon a child for one's happiness

Fathers and Mothers

- Encourage appropriate sex dress, friendships and play
- Try to understand the serious health risks associated with GID & transsexualism
- Communicate the belief that God has a special plan for the child's life as a boy or as a girl
- Be persistent and patient with the healing process
- Help a boy integrate his appreciation for beauty into his masculinity

Fathers and Mothers

- Gently work to extinguish effeminate mannerisms in males and masculine mannerisms in females
- Help children not obsess about their bodies as the primary measure of their personhood
- Do everything possible to resolve even minor gender identity problems

Healing process

- As Zucker and Bradley report emotional conflicts in children and in children can be resovled.
- Subsequently, the masculine and feminine identity can be strengthened and cheerfully embraced.

Transsexual research

- "None of these encounters were persuasive...The post-surgical subjects struck me as caricatures of women. They wore high heels, copious makeup, and flamboyant clothing; they spoke about how they found themselves able to give vent to their natural inclinations for peace, domesticity, and gentleness---but their large hands, prominent Adam's apples, and thick facial features were incongruous (and would become more so as they aged).

Transsexual study at Hopkins

- Post surgical emotional conflicts and conflicts in relationships and in work were unchanged.
- “To provide a surgical alternative to the body of these unfortunate people was to collaborate with the mental disorder rather than to treat it.”
  - Paul McHugh, M.D., (2004) former chair of psychiatry at Hopkins, Surgical Sex, *First Things.* 147 (November): 34-38

Rejection of research findings

- “One might expect that those who claim that sexual identity has no biological or physical basis would bring forth more evidence to persuade others. But as I’ve learned, these is a prejudice in favor of the idea that nature is totally malleable.”
- “A practice that appears to give people what they want turns out to be difficult to combat with ordinary professional experience and wisdom.”

Rejection of research findings

- “Even controlled trials or careful follow-up studies to ensure that the practice itself is not damaging are often resisted and the results rejected.”
  - Ibid., 35

DSM III and pedophilia

- Over a period of at least six months, recurrent, intense sexual urges and sexually arousing fantasies involving sexual activity with a prepubescent child or children (generally age 13 or younger).
- The person has acted on these urges, or is markedly distressed by them.
- The person is at least 16 years old and at least five years older than the child or children.

DSM IV and pedophilia

- Over a period of at least six months, recurrent, intensive sexually arousing fantasies, sexual urges or behaviors involving sexual activity with a prepubescent child or children.
- The fantasies, sexual urges or behaviors cause clinically significant distress or impairment in social, occupational or other important areas of functioning.
- The person is at least age 16 years and at least five older than the child.

APA & pedophilia

- In a study of 59 college students who were sexually abused as children, the authors stated that some victims, especially the males, seemed not to have suffered especially intense psychological harm through the years, and in some cases even reported the experiences as neutral or positive.
  - Rind, B., et al. (1998) A meta-analytic examination of assumed properties of child sexual abuse using college samples. *Psychological Bulletin*, July.

Congressional response

- The speaker of the House threatens to sanction the American Psychological Association for this research study in its major journal.
- APA appoints an outside evaluation, apologizes for publishing the research study and states that pedophilia is always harmful.

American Psychiatric Association

- Change in pedophilia diagnosis in DSM IV now receives significant public attention
- In 2000 the APA publishes DSM IV - TR (Text Revision) in which it changes back to the DSM III criteria for pedophilia.

New initiatives

- Conferences on GID to Catholic educators, pediatricians and mental health professionals on so that it can be recognized and properly addressed
- Parish conferences on responsible, effective parenting based on *The Truth and Meaning of Human Sexuality* and *Letters to Families*

John Paul II

- “The ideologies of evil are profoundly rooted in the history of European philosophical thought.” Memory & Identity (2004), p. 7
- “The limit imposed upon evil, of which man is both perpetrator and victim, is ultimately Divine Mercy,” *Memory and Identity*, Ibid, p. 55.