How Should Clinicians Deal With GID In Children?

Psychologist Kenneth J. Zucker describes the current research on children and adolescents who develop a Gender Identity Disorder

By Frank York

Children and adolescents who develop a Gender Identity Disorder (GID) are very often reared in homes where cross-gender behavior is tolerated or encouraged as a "phase," according to Dr. Kenneth Zucker, writing in a recent issue of *Child and Adolescent Psychiatric Clinics of North America,* 13 (2004) 551-568.

Dr. Zucker, with the Child and Adolescent Gender Identity Clinic, in Toronto, Canada, is also the editor of the prominent journal *Archives of Sexual Behavior*. He observes that GID children are also frequently in homes where the maternal psychopathology is evident and that these children develop separation anxiety because of a mother who is emotionally unavailable.

An overly close maternal relationship has also been found. In reviewing research on GID and parental relationships, Zucker cites one clinical study by Stoller who noted that boys who had GID had an overly close relationship with their mothers and a distant, peripheral father-son relationship. Another researcher, he says, assessed the amount of time fathers spent with their feminized boys during the first five years of life. R. Green, in *The Sissy Boy Syndrome,* found that fathers of feminine boys spent less time with their sons from the second to fifth year than did fathers of control subjects. Mothers of feminized boys also spent less time with their sons than did mothers in a control group.

Zucker also analyzed current data on a biologic component to GID among children and adolescents. He noted: "Researchers have been unable to identify a clear biologic anomaly or variant that is associated specifically with GID. There is evidence, however, that certain behavioral traits that are linked to biologic processes may characterize children who have GID."

He surveys what is currently known about prenatal sex hormones and the impact that these may have on the developing brain of the fetus. He points to studies of congenital adrenal hyperplasia (CAH), an intersex condition that affects genetic females. During fetal development, the external genitalia are masculinized. Zucker says that it is presumed that such masculinization may also take place in the brain. Studies of girls with CAH suggest they have higher rates of lesbianism and bisexuality than average.

Zucker found that boys who had GID had a significantly greater rate of left-handedness than other boys. In addition, GID boys also have an "excess of brothers to sisters...and have a later birth order" than non-GID boys. He theorizes that this may possibly be due to "maternal immune reactions during pregnancy. The male fetus is experienced by the mother as more 'foreign' (antigenic) than the female fetus."

Social Reinforcement Is A Factor

Dr. Zucker says that a survey of the current literature on GID indicates that "parents do play a role in influencing patterns of sex-dimorphic behavior but not in the simplistic way that social learning theorists expected."

He says that children with GID are often brought up in homes where "tolerance and non-responsiveness was common. Encouragement of these behaviors seems to be more common than negative or discouraging reactions."

He lists three possible reasons for this tolerance as: "1) parental values and goals regarding psychosexual development; 2) feedback from professionals that the behavior is within normal limits and 'only a phase'; 3) parental conflicts about issues of masculinity and femininity; and 4) parental psychopathology and discord, which leave the parents preoccupied and unresponsive to their child's behavior."

Ethical Issues Examined

Dr. Zucker admits that there are complex social and ethical issues surrounding the politics of sex and gender in postmodern Western culture. He note that the "most acute ethical issue may concern the relation between GID and a later homosexual sexual orientation. Follow-up studies of boys who have GID that largely is untreated, indicated that homosexuality is the most common long-term psychosexual outcome."

Zucker says that clinicians have an ethical obligation to inform parents of the relationship between GID and homosexuality. Clinical experience suggests that psychosexual treatments are effective in reducing gender dysphoria and that individual counseling and parental counseling are both effective methods of treating GID.

He points out that it is legitimate for parents to establish limits for their children on cross-gender behaviors. If not, the behavior is, in effect, being reinforced.

Children and adolescents who are resistant to psychosexual treatment may be candidates for early hormonal treatment, he says, but only after all other options have been exhausted. ■