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On Childhood Gender-Identity Disorder

We believe it is our responsibility to correct certain statements made by Lawrence Newman, M.D., in the December 5 *Psychiatric News* article, "Children With Gender-Identity Disorder Benefit From Early Psychiatric Intervention."

To his credit, Dr. Newman urges compassion and kindness toward children with a disturbance in gender-defined sexual identity. He accurately states that such a condition leads to a lifelong disturbance in an individual's relationship with himself and with others, as well as producing isolation, depression, and anxiety in a prehomosexual child as he grows from childhood into adolescence and later adulthood. He announces correctly, but with apparent unconcern over this development, that such children, of course, will "develop a homosexual orientation in later life." But he makes no reference to the possibility of the reversal of this condition, while, in actuality, there are multiple case reports now appearing in the literature attesting to its reversibility.

He bases this assertion on a mysterious "landmark long-term study"--without citing it--saying there is "no known therapy which could change this probability." This is completely erroneous and misleading, both to parents and to the child, as well as to the multitude of readers of *Psychiatric News* worldwide.

We cite, for example, Edward Glover's report (1960 Portman Clinic Survey), a fact-gathering committee report of the American Psychoanalytic Association (1956), the Bieber et al. report (1962), and the findings of Socarides (1978, 1997). He has completely disregarded the MacIntosh report (1994) published in the *Journal of the American Psychoanalytic Association* (1995) that in a respon-

sive survey of 285 psychoanalysts who reported having analyzed 1,250 homosexual patients, 23 percent changed to heterosexuality from homosexuality and that 85 percent had significantly benefited from therapy. The National Association for Research and Therapy of Homosexuality report of 1997 confirms MacIntosh's study.

We take exception to Dr. Newman's attitude that parents disturbed over this development are "homophobic"--an erroneous term (for it does not meet the criteria of phobia) coined by the gay movement to stigmatize all parents who disapprove of this condition, for no parent ever raises a child to be a homosexual.

Tolerance, compassion, and understanding of both child and parents, along with a recommendation for psychoanalytic therapy, should be the position of dedicated and responsible psychiatrists.

One's compassion for the plight of the prehomosexual child and his parents, the child's own responsiveness as a patient, and his value as a human being lead to a mutuality of gratitude and satisfaction between child, parent, and therapist that well justifies the commitment to the alleviation of this important and serious disorder.

It is no kindness to children with a gender-identity disorder--a precursor to adult homosexuality and other sexual deviations--to suggest that this condition should be not only accepted, but embraced, by both the patient and his family.

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