



Understanding children's atypical gender behavior

A model support group helps parents learn to accept and affirm their gender-variant children.

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"These families are not likely to meet each other in real life....The only way for them to meet other people who have real experience with [gender-variance] issues is to have this group."

*Edgardo Menvielle
 Children's National Medical
 Center*

Catherine Tuerk first noticed that her son was different from typical boys about 30 years ago. At age 4, he began to be oversensitive, to show disdain for roughhousing and to prefer girl playmates. She felt afraid that he might become gay or transsexual and that she might have done something to cause her son's "problem." Mental health professionals told her that her son could be "fixed," so she and her husband put him through years of psychotherapy to make him more "masculine."

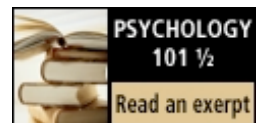
It seemed to work. Tuerk's son began doing stereotypical boy things--pretending to like football, for example. Then he came out to her at age 20, noting that his parents' misguided efforts to make him straight had caused him years of self-doubt and denial. "That's when I realized that everything I had been told by professionals was wrong or harmful to him and our family," says Tuerk, a registered nurse and psychotherapist.

Tuerk learned that many gay men who had been "gentle and sensitive" boys had experienced painful childhoods because of their atypical gender behavior. They were stigmatized at an early age by the outside world and often by their families. Though Tuerk couldn't change the course she set for her son in the early 1970s, she could help parents of young gender-variant children learn to accept their children's atypical interests and possible homosexuality.

To do that, in 1999, she co-founded a support group for these parents, which includes a separate play group for their children, with child psychiatrist Edgardo Menvielle, MD, who counsels gender-variant children at Children's National Medical Center (CNMC) in Washington, D.C.--the project's sponsor. They enlisted clinical psychologist Gregory Lehne, PhD, an expert on children's gender issues and an assistant professor of medical psychology at the Johns Hopkins University School of Medicine in Baltimore, as their adviser. Deborah Elliott, a psychology doctoral student at George Washington University, runs the children's group.

"These families are not likely to meet each other in real life," says Menvielle. "It's unlikely that they're going to have a friend or relative with a similar child. They feel very isolated. Like other people facing unusual and challenging situations, these parents feel truly understood when they finally can talk with another parent of a gender-variant child."

Understanding gender variance



In the 1970s and 1980s, parents of gender-variant children had even fewer chances to connect with other parents. They were more likely to try to change their children than to learn to accept them. Back then, some mental health professionals theorized that children with persistent and multiple gender-variant interests--which for boys include pretending to be female characters such as Snow White, dressing up in girls' clothing or expressing the desire to be a girl--were likely to develop gender identity disorder (GID) and seek to become transsexuals as adults.

But in 1987, psychiatrist Richard Green, MD, published a seminal study later corroborated by other researchers that found that extreme boyhood gender nonconformity was associated with a homosexual or bisexual identity in adulthood--neither of which are disorders.

In fact, the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) states that "only a very small number of children" with GID behaviors will continue to meet the criteria for GID in later adolescence or adulthood, and only a small minority change their gender as adults. "That means we can really see that sexual orientation is set very early in life," says Lehne, pointing out that about 75 to 80 percent of gender-variant boys become gay. "Unfortunately, in spite of some progress, many of these kids are still tormented and teased."

Lehne was instrumental in educating Tuerk and Menvielle on the concerns of parents, who may feel distress and confusion about their children's atypical gender interests. Lehne also gave Tuerk and Menvielle access to consenting families, letting them observe counseling sessions and participate in child evaluations. He says he supports their efforts because they "take a positive approach toward homosexuality across the life span.

"Parents need help in loving these kids and helping them become healthy teenagers and adults," Lehne says.

The support group, Menvielle says, allows parents to share and learn from each other in a confidential and supportive environment. For example, parents may need help coming to terms with their children's interests and their feelings about homosexuality. Group members also share strategies for helping their children deal with taunting and ridicule from others.

The group--which Menvielle says may be the only ongoing support group for parents of gender-variant children in the country--includes about 20 parents of sons 3 to 12 years old who meet monthly in suburban Washington. A few parents of girls quit the group because their daughters' issues seemed less distressing to them than to parents of sons.

"For girls, it's a whole different story," Lehne explains. "They're not particularly likely to be lesbian--the majority are heterosexual. They [rarely] come to professionals for treatment, and they tend to have higher self-esteem than non-tomboys."

Menvielle and Tuerk say they'd be willing to start a group for parents of gender-variant girls if enough showed an interest. Meanwhile, they work with the existing group's parents on how to create a space at home that is safe for their children's interests; how to help the children make informed decisions about public

behaviors--in order to spare them from rejection or humiliation-- while validating the children's uniqueness and right to express themselves freely; how and when to advocate for the child in school, with other children and with adults; how to deal with a child's developing sexuality; and how to look for alternative activities, such as gymnastics, dance and music, to encourage the range of their children's talents and interests.

During one meeting, for example, a mother asked the group for suggestions on how to warn her 4-year-old son that he might be ridiculed for playing with his Barbie dolls in public without making him feel bad.

Taking the group's advice, the mother explained to her son that playing with Barbie dolls is OK, but that other children might tease him for it--and that wouldn't be his fault. The child, now 5, has total trust in his mother and father and seeks their help in gauging when to take social risks, such as whether to bring a doll on a first playdate. "If the parents had been negative about this, the child would have clammed up," says Menvielle. "He would have thought that his parents didn't like him. It's very critical that parents demonstrate to a child that they're on his side."

Parents who can build trusting relationships with their sons help them develop the self-acceptance and confidence that will carry them through adolescence, Lehne says. "Many of these boys' self-esteem is really damaged," he continues, and their fragile identities often lead them to make bad choices, such as practicing unsafe sex.

The group also seeks to prepare parents for the possibility that their son is gay. "We don't beat around the bush," says Tuerk. "We say that if you look at the literature, there's a very good chance that your child is gay--not will be gay--but is gay. They have to struggle with that. When people find out they have gay children, they grieve about this. These parents have a lot of years before they'll find out."

In the meantime, Tuerk and Menvielle believe that the group will help parents work through their complex feelings so that they are able to raise well-adjusted and happy children.

New directions

Giving these children stress-free play opportunities is one way to foster their happiness. Parents in the group recently decided to bring their children to meetings so they can interact with other gender-variant children and their siblings.

Activities for the younger children include doing crafts and playing dress-up with scarves, says Elliott, who enjoys volunteering with the children and plans to do so indefinitely. "The older kids that come are incredibly talented artists, so it is not uncommon for them to spend their time quietly drawing and chatting," she says.

"I believe that if we can bring these kids together when they're young, they'll carry the experience of meeting like-minded kids with them as they progress in their development," adds Elliott, who plans to become a pediatric psychologist.

The program also grew last year when Menvielle won a grant from CNMC's Child Health Center Board to launch a community outreach program to educate pediatricians, teachers and other professionals

about gender variance. James deJesus, coordinator for the community outreach program, who is gay, says that these professionals can be a much-needed source of guidance and support for these children.

When he was growing up, his parents didn't understand him and ridiculed him for wanting to play house with his sisters instead of sports with his brothers. He believes that had professionals such as his teachers or guidance counselors known about gender variance, they might have helped his parents learn to affirm and support him.

"I would have felt better about myself if as a child I could have felt free to play with dolls or play house with my sisters instead of being forced to take judo lessons and spar with my brothers," he says. "The question still haunts me, 'Why wasn't it okay just being the way I was?'"

For more information on the support group or the Outreach Program for Children with Gender-Variant Behaviors and Their Families or its listserv, contact CNMC at (202) 884-2504 or e-mail pgroup@cnmc.org. To download the free parent guide, "If you are concerned about your child's gender behaviors," visit the program's Web site at www.dcchildrens.com/gendervariance.

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