Gender Identity Development

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Continuing Medical Education Disclosure

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- Disclosure: Consultant: Greater Boston PFLAG. Employed at Harbor Camps/Camp Aranu'tiq. Presentation does not include discussion of off-label products or procedures.

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Gender Identity and Gender Role/Expression

Main Theories of Gender Development

- Biological
- Psychoanalytic
- Cognitive Development Theory – Kohlberg (1966)
- Gender Schema Theory – Bem (1981)
- Social Learning Theory – Bandura (1977), Mischel (1966)

Cognitive Development Theory (Kohlberg)

- Stage theory of gender development
- At each stage the child thinks about gender in a characteristic way
- As child moves forward through stages understanding becomes more complex
- Information about gender is gathered from the environment

Gender Labeling: 2-3.5 years

Child is able to correctly label their own gender

Kohlberg (1966)

Gender Stability: 3.5-4.5 years

Gender remains the same across time.

Kohlberg (1966)

Gender Constancy: 6 years

Gender is independent of external features

Kohlberg (1966)

Gender Schema Theory (Bem)

- Explains how individuals become gendered in a society
- Once children form a basic gender identity they start to develop gender schemas
- Gender Schema – an organized set of gender related beliefs that influence behaviors
- Explain some of the process by which gender stereotypes become so psychologically ingrained in our society

Social Learning Theory (Bandura)

- Gender identity and role are a set of behaviors learned from the environment
- Observational Learning – children pay attention to people and encode their behavior, then imitate what they observe
- People around the child will re-enforce or punish this behavior

Video: Interview with Kids on Gender Roles

https://www.youtube.com/watch?v=-VqsbvG40Ww

What if a child's gender identity and/or gender role does not match their sex assigned at birth?

History of pathologizing gender non-conformity in children

DSM IV TR: Gender Identity Disorder

A. A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex). In children, the disturbance is manifested by four (or more) of the following:
1. repeatedly stated desire to be, or insistence that he or she is, the other sex
2. in boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing
3. strong and persistent preferences for cross-sex roles in make believe play or persistent fantasies of being the other sex
4. intense desire to participate in the stereotypical games and pastimes of the other sex
5. strong preference for playmates of the other sex In adolescents and adults, the disturbance is manifested by symptoms such as a stated desire to be the other sex, frequent passing as the other sex, or the conviction that he or she has the typical feelings and reactions of the other sex.

B. Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex. In children, the disturbance is manifested by any of the following: in boys, assertion that his penis or testes are disgusting or will disappear or assertion that it would be better not to have a penis, or aversion toward rough-and-tumble play and rejection of male stereotypical toys, games, and activities; in girls, rejection of urinating in a sitting position, assertion that she has or will grow a penis, or assertion that she does not want to grow breasts or menstruate, or marked aversion toward normative feminine clothing. In adolescents and adults, the disturbance is manifested by symptoms such as preoccupation with getting rid of primary and secondary sex characteristics (e.g., request for hormones, surgery, or other procedures to physically alter sexual characteristics to simulate the other sex) or belief that he or she was born the wrong sex.

C. The disturbance is not concurrent with a physical intersex condition.

D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Changes in the DSM 5

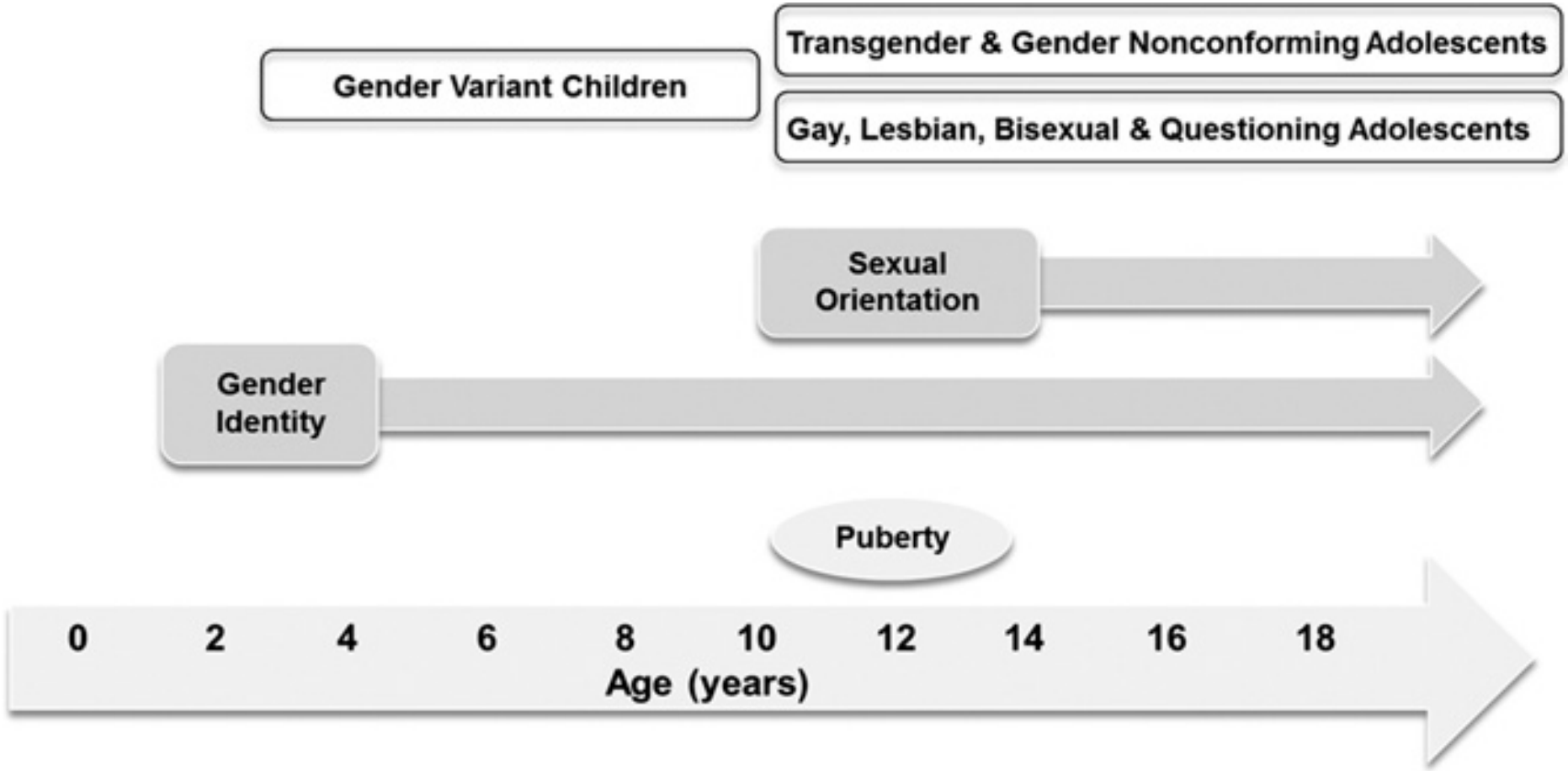
Gender Dysphoria in Children

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of **at least 6 months duration**, as manifested by **at least 6* of the following indicators (including A1):**

1. a strong desire to be of the other gender or an insistence that he or she is the other gender (or some alternative gender different from one's assigned gender)
2. in boys, a strong preference for cross-dressing or simulating female attire; in girls, a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing
3. a strong preference for cross-gender roles in make-believe or fantasy play
4. a strong preference for the toys, games, or activities typical of the other gender
5. a strong preference for playmates of the other gender
6. in boys, a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; in girls, a strong rejection of typically feminine toys, games, and activities
7. a strong dislike of one's sexual anatomy
8. a strong desire for the primary and/or secondary sex characteristics that match one's experienced gender

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning, or with a significantly increased risk of suffering, such as distress or disability.**

Identity Development



(Stoddard et al, 2011)

Gender Journey (Ehrensaft)

"I would like to offer a new lens, one that casts gender non-conformity in a positive light, in order not to squelch it but facilitate it"

- Core gender identity is the psychological core sense of self as male or female
- Gender is an interweaving of nature and nurture
- Child is a moving target and gender development is a lifelong process
- Follow the child's lead and go where the child takes you
- Listen and respond, rather than guide, enforce or force
- There is no one healthy gender outcome

(Ehrensaft, 2011)

Gender Journey (Ehrensaft)

"I would like to offer a new lens one that casts gender non-conformity in a positive light, in order not to squelch it but facilitate it"

1. Genetic Gender: chromosomal inheretance be it XX, XY, or other
2. Physical Gender: primary and secondary sexual characteristics – penis and testicles, or a vagina, ovaries, and uterus
3. "Brain Gender: or functional structures of the brain along gender lines

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(Ehrensaft, 2011)

Gender Journey (Ehrensaft)

True Gender Self:

The core of gender identity

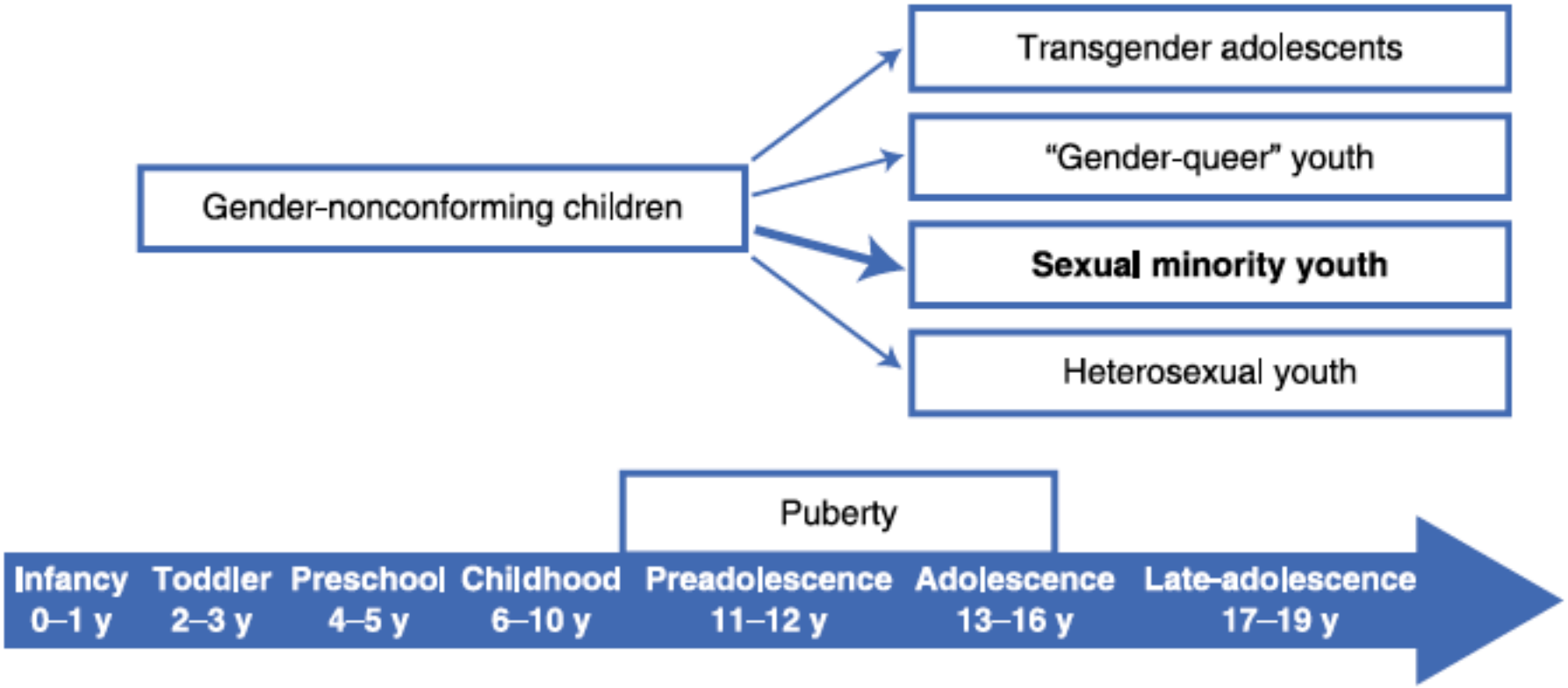
VS.

False Gender Self:

The accommodations a child makes to either please or fit in with the surrounding culture and which sometimes shield the true gender self

(Ehrensaft, 2011)

Possible Trajectories



(Leibowitz & Telingator, 2012)

Decisions around social transition

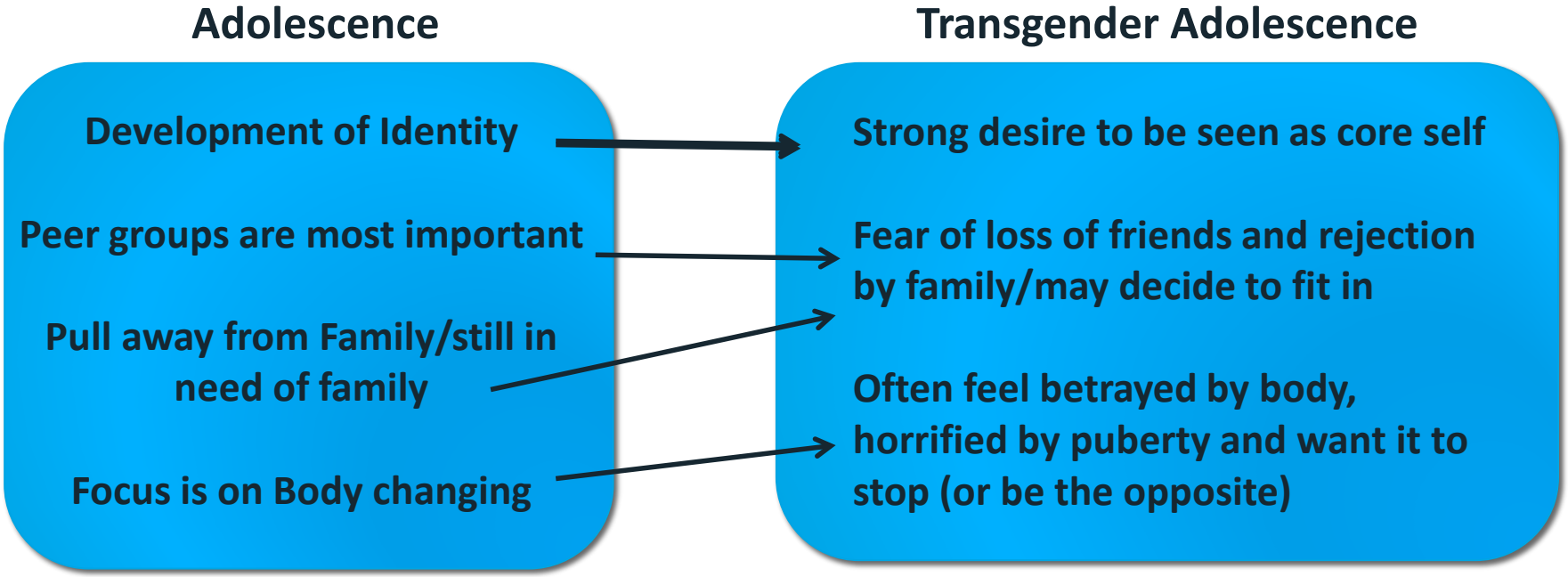
Insistence

Consistence

Persistence

Adolescence

"There is growing international consensus that once kids pass through a period of pubertal changes that begin at ages of 10-12…, gender atypicality is not going to change much going forward…..these youngsters as likely continuing to be transgender or transsexual as they grow older" (Pleak, 2009).



Affirmative Approach

- Gender non-conformity is not a pathology but a normal human variation
- Gender non-conforming children do not systemically need mental health treatment
- Care-givers of gender non-conforming children can benefit from a mixture of psycho-educational and community-oriented interventions.

A Multi-dimensional family approach: Affirming Children and Parents (Malpas)

- Protection and Acceptance, Adaption, and Nurturing
- Parent engagement and education
- Individual Assessment and child therapy
- Parental Coaching
- Systemic family therapy
- Parent support group

(Malpas, 2011)

Shifts in Marketing of Toys

https://www.youtube.com/watch?v=AaUmLztqNcw

https://www.youtube.com/watch?v=_fjlXo5nT-o

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