**4/2016 Dr. T to ‘clean up’ and send to Dr. Joe Nicolosi for review----------**

Standard format of categories for Conversations:

Needs the following sections: Summary, background, promoting strong stable families, scientific research, conversation, references and resources.

**Conversation: Gender Identity Disorder**

FOR FAY: (From Catholic Med Association)

If a child exhibits symptoms of Gender Identity Disorder (GID), which include identification with the opposite sex, limited ability to bond with same-sex peers, lack of rough-and-tumble play in boys, cross-dressing, discomfort with their own sex, and social anxiety, he or she is at high risk. If GID in childhood is left untreated, approximately 75% of children will go on to develop same-sex attractions.

There are many pathways to SSA. Same-sex attractions and behaviors appear to be the consequence of a convergence of developmental, emotional, psychological, and social factors. Each person with SSA has his or her own unique personal history, so an exact cause for his or her SSA cannot always be identified.  Still, there are certain factors common to many with SSA:
1. A failure of secure parent-child attachment in early childhood.

2. Childhood gender-identity disorder (GID), together with the failure of parents to encourage children appropriately to identify with traits of masculinity and femininity and to form friendships with members of the same sex.

3. Physical separation from one or both parents in childhood.

4. In males, a poor father/son relationship due to a father perceived as distant, critical, selfish, angry, or who was an alcoholic; or a mother perceived as controlling, overly dependent, angry, and demanding.

5. In females, a mother who was depressed or psychologically troubled during the first months of her child’s life or emotionally distant, critical, or domineering; peers who were rejecting; a father who deserted the family or who was perceived as angry, critical, distant, selfish, or who was an alcoholic.

6. Failure to identify, and establish friendships, with members of the same sex; profound loneliness.

7. In males, a lack of male peer acceptance, poor body image, and a weak masculine identity resulting from an inability to play popular sports such as baseball and soccer because of poor eye-hand coordination.

8. A history of childhood abuse, particularly sexual abuse or rape.

9. Feelings of inferiority (of being less masculine or less feminine), or of not belonging, leading to self-pity and self-dramatization.

10. A history of being teased or labeled by other children or even adults, whether because of temperament, talents, or appearance. How the child reacts to such treatment can play a part in the development of SSA.

FROM CRETELLA:

The science on this topic is derived primarily from clinical case reports, especially from Drs. Zucker and Bradley out of Toronto.

For boys: The wish to be a girl is a psychological defense against being a boy. He dissociates himself from his biological male sex because he perceives that he is unlovable as a boy and/or are actually shamed when he exhibits masculine traits for various reasons, such as:

* He has been abused - purposely dressed as a girl;
* Told he should have been aborted because his mother wanted girl
* Had his genitals whipped by father

For girls: She internalizes that it is unsafe to be a girl for various reasons, such as:

* Divorced and mother is abused
* She is being abused by her father so she internalizes that her dad would love her if she were a boy.

These are only some examples.

Basically, there are family dynamics (either objective abuse or dynamics misperceived by child) that cause severe distress (depression and suicidal thoughts) in the boy such that he must defend against being a boy (ie believe he is really a girl) in order to (in his psyche) "solve" the root problem; converse is true with girls.