

Paul M. Wassarman, "Fertilization in Mammals,"
Scientific American 259 no. 6 (December 1988): 78-84,
 esp. 78, 84.

49. *Ibid.*, 78.
 50. *Ibid.*, 79.
 51. *Ibid.*, 78.

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GENDER SHOCK

Exploding the Myths of Male and Female

DISCUSSION QUESTIONS

1. Do you think that girls are freer than boys to cross gender boundaries (in dress, play, mannerisms, and so forth)? Why or why not?
2. Ideally, how do you think parents should "treat" gender-non-conforming children?
3. Examine some of the "ex-gay" organizations on the web (such as NARTH, Exodus International, and Love Won Out). What do the goals and policies of these organizations have in common with the "feminine boy project" at UCLA?
4. What connections do you find between Burke's chapter and Kimmel's theory of masculinity as homophobia?

THE FEMININE BOY PROJECT AT UCLA

Anything that challenges the definition of girl and boy fuels our cultural anxiety around gender. So it is that anxiety that our government has sponsored many studies and experiments on children who do not fit the norm. Government records indicate that, since the early 1970s, at least 1.5 million dollars was awarded from the National Institute of Mental Health (NIMH) alone for this purpose. For the most part, on the occasions when "normal"

children were studied with these funds, it was to determine treatment goals for the "abnormal" children. The institutions that received these funds include UCLA, the State University of New York at Stony Brook, the Roosevelt Institute in New York City, Fuller Theological Seminary and the Logos Research Institute. The last two organizations name George Rekers as the principal investigator.

In most cases, the original NIMH grant proposals have been destroyed, leaving behind only single-sentence descriptions. For example, the only surviving description for a 1976 grant of \$96,153

to Fuller Theological Seminary, with George Rekers listed as the Principal Investigator (PI), is "behavioral treatment of childhood gender problems." Rekers himself claims that the NIMH has funded him "over half a million dollars . . . to conduct research on the early identification and treatment of childhood gender problems . . ." which leads me to believe that 1.5 million dollars awarded to institutions is probably the tip of the iceberg. Tens of thousands in additional funds have been awarded to individual researchers through agencies such as the Foundations Fund for Research in Psychiatry, the Research Scientist Development Award fund, the Public Health Service's clinical research grants and the National Institute of Health's Biomedical Research Support grants. The single largest and most heavily documented government-funded experiment in the United States with nonconforming children took place in the 1970s at UCLA, under the direction of O. Ivar Lovaas, Richard Green and George Rekers, and the target population was the feminine boy.

KRAIG FOUR YEARS OLD

One night, when Kraig was putting his infant sister's clothing on her stuffed animals, his father became furious and spanked him while his mother stood by, watching. This incident might have been what this mother needed to convince her husband that Kraig should be taken to the clinic at UCLA, where they would be able to help him overcome his feminine behavior.

In 1973, Rekers and Lovaas devised a behavioral treatment plan for the feminine boy project. The study required access to feminine boys, and they needed to show dramatic improvement in the boys' conditions as a result of their behavioral treatment. In this same time period, Dr. Richard Green was at UCLA's Neuropsychiatric Institute, where he was the principal analyst for the feminine boy project.

Dr. Green was the one responsible for procuring the boys, and so he sent letters announcing the feminine boy project to psychiatrists, psychologists and family general practitioners in the Los Angeles area.

In the letter, he described the features of such a boy as: "frequent dressing in girls' or women's clothing, a preference for traditional girls' activities, and statements of wanting to be a girl." He stressed that the boys had to be prepubertal, in order to "better study the association between early gender-role behaviors and later patterns of erotic preference." Green appeared on a television talk show to discuss the effeminate boy and the UCLA project that might help him. Also on television was a man who explained to the viewers that, because he played with dolls as a boy, he grew up to be homosexual. The message could not have been clearer: feminine boys were suspected of being prehomosexual.

Kraig's mother was watching television that day. We do not know what she thought of her son's behavior before she saw that television show, but it is clear that she became alarmed, and began a campaign to convince her husband that Kraig should be taken to UCLA. (There is sometimes a contention that men are more gender-phobic than women, but the truth is that women are just as involved in inculcating gender roles, particularly in young boys, and that women did, and still do, figure prominently among the researchers and clinicians involved in this field.)

When he was four years and eleven months old, Kraig's treatment began with a genital examination to determine if he had any physical abnormalities that the doctors felt might otherwise account for his feminine behaviors. To this end, researchers working for the feminine boy project also tested his chromosomes, and performed a sex chromatin study. His mother knew that they were testing to see if Kraig was really a boy, or if there were some hidden girl component in his body. They found that Kraig was an anatomically normal male.

Kraig was then sent by Richard Green to George Rekers and O. Ivar Lovaas, and a ten-month behavioral treatment began. Rekers later wrote, "Before treatment, [Kraig] had been described by a psychiatric authority on gender identity problems as one of the most severe cases he had assessed. . . . [Kraig] continually displayed pronounced feminine mannerisms, gestures, and gait, as well as exaggerated

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feminine inflection and feminine content of speech. He had a remarkable ability to mimic all the subtle feminine behaviors of an adult woman... He appeared to be very skilled at manipulating [his mother] to satisfy his feminine interests (e.g., he would offer to 'help mommy' by carrying her purse when she had other packages to carry)." It is difficult to know what condition Kraig was actually in when he was first brought to UCLA, but much is revealed in the transcripts recorded by Dr. Green in his retrospective study of these boys, which he published in 1987 as *The "Sissy Boy Syndrome."*

Green's transcripts include interviews with the parents at the time they brought Kraig to UCLA, and with the mother and Kraig when he was seventeen, and again at eighteen years old. (It should be noted that Kraig's name was changed by Dr. Green to "Kyle" for *The "Sissy Boy Syndrome,"* and most recently, in 1995, by Dr. Rekers to "Craig" for his *Handbook of Child and Adolescent Sexual Problems.*)

What of Green's determination that Kraig wanted to be a girl? It was the Vietnam era, and at seventeen, Kraig recalled, "... before I started kindergarten I was afraid that all boys had to go to the army and be killed. I thought I had to go to the army and be killed, so then I wanted to be a girl 'cause I didn't want to go get killed." This was clearly not a prehomosexual or pretranssexual desire being expressed, and in particular, nowhere in the transcripts or reports does it anywhere state that Kraig was disturbed, or even unhappy, about his anatomy. Kraig also remembered playing with a "mixed" group of children, and that his best friend was a boy. This was not a boy who played only with girls, another symptom of "deviant sex role."

At the intake interview with Kraig's parents, Dr. Green asked them if Kraig had a history of cross-dressing, and if he ever expressed the belief that he was a girl. The parents had some memories of Kraig with a shirt on his head, pretending he had long hair, and a few other instances of mop and towel play. Kraig also wore his father's T-shirt to bed one night, and the next morning, looking at himself in the reflection of a glass oven door, Kraig said he was wearing a dress. These incidents were enough for

Kraig to be labeled as "cross-dressing since he was two years old." Green and Rekers never documented if this child refused to wear boy's clothing.

"Sex-role deviant" boys are also depicted as refusing to engage in any male fantasy roles and as believing that they will grow up to be women. Kraig's mother did report, at the time she brought her son to the clinic, that he wanted "to grow up to be a mommy." Yet, when she explained to him that "daddies go out and work... to make money—that's father's role," Kraig was also reported as saying, "Well, I want to grow up and be like daddy." No one ever asked Kraig what it meant to him "to be a mommy." From what has been written about his case, there is nothing to indicate that he wanted to have a woman's body when he was grown up.

When the parents were asked if Kraig had ever said he wanted to be a girl, they said that he did. When they were asked if the boy had ever asserted that he *was* a girl, they said, "No." A dozen years later, when the mother was asked if her son, at the time she brought him to UCLA for an initial evaluation, was confused as to whether he was a girl or a boy, she answered, "I think so. Oh, I'm sure... He saw nothing wrong with picking up a doll instead of a car." She also stated that Kraig did not know if he was supposed to play with the teacups or the cars. Perhaps, in the years that followed her son's treatment, this mother had a strong investment in rationalizing having turned her son over to the doctors, and to do this, she created a memory that he was confused about his anatomical sex.

Kraig was the first child to be treated by Rekers and Lovaas for "deviant sex-role behaviors," and the treatment took place both in Kraig's home and at the clinic. Many other young boys would follow in Kraig's treatment path. Rekers and Lovaas go to great lengths to explain why it was important to behaviorally treat a child like Kraig. The first reason was that the child will be scorned by his playmates, and that it is easier to change the child, rather than the society in which he lives. Secondly, the doctors believed Kraig to be at risk for adult transsexualism, transvestism and "some forms of homosexuality." (Homosexuals whose gender identities conform

to their sex are not considered to be quite as pathological as those homosexuals whose gender identities do not conform to their sex. Therefore, a gay carpenter is not as sick as a gay hairdresser, and a lesbian nurse is not as sick as a lesbian plumber.)

The most chilling claim by Rekers and Lovaas, which would certainly have alarmed any parent, was that Kraig was at risk not only for depression, but for "arrest, trial, and imprisonment" in association with his possible future as a transsexual. Their most remarkable assertion, however, is the following: "self-mutilation in the form of autocastration or autopenectomy was attempted in 18% and accomplished in 9% of one series of adult cases." Nowhere in the literature of Kraig's case is there a single statement, by the child or the parents, that even implies that this five-year-old wanted to cut off his penis, or that his feelings about being a boy, or a girl, had anything whatsoever to do with his body. Rather, Kraig's thoughts about being a girl or being a boy seem to be based on socially sanctioned gender roles, including his strong self-preservation instinct which told him he did not want to die in war.

Rekers and Lovaas designed the primary clinical feature of this treatment, which Rekers later replicated in treating Becky, and continues to recommend: the play-observation room with the one-way mirror, and the masculine and feminine toy tables. To obtain baseline play behaviors, Kraig's dress-up table featured various clothing and grooming toys. "On one side were girls' cosmetic articles and girls' apparel, consisting of a woman's wig, a long-sleeve dress (child's size), a play cosmetic set (lipstick and manicure items), and a set of jewelry consisting of bracelets, necklaces, rings, and earrings. . . . On the other side of the Dress-Up Table were boys' apparel: namely, a plastic football helmet, an army 'fatigue' shirt . . . an army belt with hatchet holder and canteen holder, and a battery operated play electric razor. . . ." The affect tables in Kraig's playroom featured: "girl toys associated with maternal nurturance; namely, a baby doll in a 3-foot crib with sliding side, a baby bottle, baby powder, and a Barbie doll with two sets of dresses, shoes, hat, and miniature clothesline. . . . On the other side were placed articles

associated with masculine aggression, consisting of two dart guns with darts, a small target, a rubber knife, plastic handcuffs, and a set of plastic cowboys and Indians. . . ."

Kraig was left by his mother at the door to the play-observation room, where a doctor, presumably Rekers, led him into the room. Kraig's memory of the doctor is that he had very big ears that stuck out. When Kraig entered, he saw the large mirror and the two tables of toys. The doctor instructed Kraig, "When I leave this room, you may play with any of the toys on this table." He pointed only to the affect table, the one with the baby doll and the handcuffs. "Even though you will not see me," said the doctor, "I can see you play; so, I will know if you are playing with this table or a wrong table. So remember, choose toys to play with from this table only." Kraig watched the doctor with the long ears leave the room and close the door behind him. It might have been difficult for this four-year-old to understand exactly how the doctor would be able to see him, and he might have wondered why he did not simply stay in the room if he was going to watch him anyway.

Kraig did not display interest in the "masculine" toys, although his attraction to the army belt was noted. In fact, he took the army belt and tied it around his head. Kraig did not receive a masculine play point on the observer's scorecard for playing with the army belt, however, because what he did with it was considered "inappropriate play (e.g., cross-gender role use of same-gender toy object, such as army belt for a bonnet)." A variety of "probe" conditions were used, to see if Kraig changed how he played depending upon who was in the room. The only time Kraig engaged in exclusive masculine play was in his father's presence, which is not difficult to understand considering the father's response to his dressing up the stuffed animals.

This was not a particularly difficult phase of treatment for Kraig, and the observations established a baseline of his gender behavior, which was predominantly feminine. Kraig's assessment then moved to his home. A checklist of deviant effeminate behaviors was made, and for four ten-minute periods every day,

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Kraig's mother would watch him, and make check marks to indicate if he had engaged in the behaviors on the checklist, which were: "(a) plays with girls, (b) plays with female dolls, (c) feminine gestures, which included limp wrist, swishy hand, arm or torso movements, sway of hips, etc., and (d) female role play, which included impersonating or pretending to be a female (like actress, mother, female teacher) when playing games (like house, school, etc.)." Every three weeks, research assistants went to Kraig's home to watch his mother watch him, to be sure she was catching the behaviors and recording them correctly. After the baselines were established, the therapy began at the clinic, three times a week, for three ten minute sessions in an hour.

In his early sessions, Kraig and his mother were alone inside the observation room with the one-way mirror. Kraig's mother wore a set of earphones, and she had a book on her lap. The toy tables were again present. The doctor entered the room and said, "You may play with any of the toys you like on the table, until I come back. You may talk with your mommy, too, if you want to. I'll be back in ten minutes." He then left the room.

Initially, Kraig engaged in some type of feminine-identified play behavior. Maybe he picked up the plastic tea dishes, and poured imaginary tea from the teapot. He would have taken a pretend sip, and then offered his mother some. She would have bent toward him, smiling. Kraig would have seen her suddenly jerk upright, and look away from him toward the one-way window. His mother was being prompted, through the earphones, by the doctor. She was told to completely ignore him, because he was engaged in feminine play. Kraig would have no understanding of what was happening to his mother. On one such occasion, his distress at her behavior was such that he began to scream, but his mother just looked away. His anxiety increased, and he did whatever he could to get her to respond to him, but she just looked away. She must have seemed like a stranger to have changed her behavior toward him so suddenly and for no apparent reason. He went to her, pulled on her, did anything he could to get her to speak, even if she were just going to reprimand

him, but he could get no response. He was described as being in a panic, alternating between sobs and "aggressing at her," but again, when his distraught mother finally looked at him and began to respond, she stopped mid-sentence and abruptly turned away, as if he were not there. Kraig became so hysterical, and his mother so uncomfortable, that one of the clinicians had to enter and take Kraig, screaming, from the room.

Dr. Rekers explained, "During the session, the mother was helped to extinguish feminine behavior (verbal and play) by instructions over the earphones such as 'stop talking to him now,' 'pick up the book and read,' 'ignore him now,' 'look away from him.' Immediately after the mother's correct response, the doctors verbally reinforced that response; e.g., 'good,' 'great, that's what we want,' 'that's right,' 'excellent' . . . Before sending Kraig back to the playroom, we reassured the mother empathetically that she was doing the right thing. . . ."

Back in the playroom again, whenever Kraig touched a masculine toy, his mother was instructed over the earphones, "'quick, look at him now,' or 'talk to him now,'" If the doctors had understood that one of the main reasons Kraig did not want to be a boy was that he did not want to go to war and be killed, perhaps they might not have provided such toys. As it was, for rehabilitation of his gender deviance, Kraig was offered miniature plastic soldiers, a submachine gun, a rubber knife, an army helmet, an army fatigue shirt and the army belt. In effect, to get his mother's love back, Kraig had to be aggressive, willing to play at war, to "die" or "kill" in a boy's toy land.

Kraig's deviance was also addressed within his home, creating what Rekers described as a "24-hour" program, with "investigators . . . 'on call' at all times," and frequent visits to his home by research personnel. The home phase of the behavioral treatment consisted of a token system: when he was good, his mother gave him blue tokens, and when he was bad, she gave him red tokens. Before the token system was put into place, Rekers and Lovaas decided to start with "non-gender" behaviors which would be "clinically safer." These included brushing his teeth for a blue token,

tracking dirt on the carpet for a red token. After he stopped those behaviors which earned red tokens, they moved on to the feminine gestures, and initiated a system of consequences, or "back-up reinforcers," for the blue and red tokens. Blue tokens could be cashed in for favorite candy bars, watching television or other treats. Getting a red token for a feminine outburst such as "Oh my goodness," or playing with dolls, might result in Kraig's losing some of the blue tokens he had accumulated, getting a time-out, or not being allowed to watch television. For the first four months, a research assistant was sent to Kraig's home three times a week to be sure that his parents, particularly his mother, were fully implementing the token system. The most effective red token back-up reinforcer was selected in "consultation" with the doctors: "physical punishment by spanking from the father." Each red token earned Kraig one "swat," and Rekers and Lovaas concluded that spanking was the only red token backup reinforcer that successfully affected Kraig's behavior. The final feminine play behavior extinguished by Rekers and Lovaas, using the red tokens, was "plays with girls."

According to Rekers and Lovaas, Kraig experienced an almost miraculous turnaround, although there was some suspicion that "he was 'going underground' with his deviance, suppressing his femininity in the company of adults." By the beginning of session 56, Kraig would enter the playroom and say aloud, "I wonder which toys I will play with. Oh, these are girls' toys here, I don't want to play with them." Rekers and Lovaas actually refer to this as Kraig's "spontaneous verbal labeling." Here is a child whose every movement and voice inflection were being charted. He was probably dreaming of blue and red chips after a few months of this. As with Becky, Kraig is finally described, by session 60, as engaging in "exclusively" gender-appropriate play. Rekers, perhaps in a bid to continue funding for this type of treatment, claims in his 1995 *Handbook* that he would never want a child to have rigid gender play behaviors. Yet his two hallmark cases, Becky and Kraig, are respectively described in their post-treatment play as rigidly feminine and rigidly masculine.

In follow-up, twenty-six months after treatment had begun, Kraig's mother expressed concern that her son had become a "rough neck" and was acquiring the destructive behaviors of the boy next door. Rekers and Lovaas wrote, "We reassured the mother that such 'mildly delinquent' behavior was much easier to correct in future years than feminine behaviors would be." The doctors described how Kraig no longer cared if his hair was neat and, most significantly, no longer engaged in the deviant behavior of "color-coordinating his clothes." They do reserve some judgment, however, because it is their clinical impression "that he may still be less skilled in some desired masculine play behaviors (e.g., throwing, catching, and batting a softball) than his same-aged peers." Again, the specter of poor hand-eye coordination is raised.

A disturbing aspect of Kraig's "turnaround" concerns how his relationship with his father is depicted. The father and son are described, post-treatment, as happily going off to Indian Guide club meetings and weekend campouts. Yet when Kraig was seventeen, and his mother was again interviewed by Dr. Green, she said that as a result of his experience at UCLA, Kraig and his father "... drew further apart." If anything, his son's diagnosis as gender deviant only served to intensify this father's rejection of his child. The mother went on to defend her husband, saying that Kraig "can really shut somebody out if he wants to." After the invasive treatment this boy received, the ability to shut someone out could be perceived as an instinct for self-preservation.

Ten years later, Rekers continued to describe fifteen-year-old Kraig as the poster boy for behavioral treatment of boyhood effeminacy. Richard Green's follow-up interviews with Kraig paint a very different picture. Kraig became a young man terrified of his sexuality, worried that if he wore his hair wrong it might make him appear feminine, and obsessively alert to any kind of overture by a male. If Kraig thought a man might be gay, and was trying to make contact with him, Kraig was driven to feelings of physical violence, which he would soon turn against himself. At eighteen, when he

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called his own sexuality into question, he responded by taking fifty aspirins in a suicide attempt. The word "shame" runs throughout the dialogue he had at that point in time with Dr. Green: shame for "everything about UCLA," shame for playing with dolls, shame and confusion about his sexuality. He specifically remembers about the UCLA behavioral treatment experience at the clinic and at his home: "I felt really ashamed, and I didn't want anybody to know, and when the research guys would come to check on me, I didn't want anybody to see me with them."

Once again, there is evidence that much of Kraig's childhood behavior, specifically his avoidance of "rough and tumble play," the hallmark of boyhood legitimacy, was connected to a lack of hand-eye coordination. This subject was not addressed during Kraig's treatment, but Dr. Green asked him at eighteen, "If you were a woman now, magically, what advantage would you have?" Kraig replied, "I can't really think of any. Except for maybe since I am uncoordinated everything would fit my sex better if I was a woman."

Kraig's suicide attempt and subsequent confusion and anxiety about his sexuality do not affect Dr. Green's conclusion that none of the children in the feminine boy project were "harmed by treatment." Ironically, despite the publication of the follow-up studies with Kraig, George Rekers, in his 1995 handbook for pediatricians, continues to use Kraig's case history as a treatment model, although he has modified some of the initial case report. Gone is the statement "Kraig had been described by a psychiatric authority on gender identity problems as one of the most severe cases he had assessed." Gone is the description of Kraig as using his "mother's" clothing, which is now described as "girl's" clothing. Referring to Kraig's use of his "mother's" clothing would have been a way of backing up an extreme attachment to his mother, one of the popular theories at the time on the cause of gender deviance in boys. Now, however, that is no longer quite as fashionable, and it is "girl's" clothing that Kraig is described as wearing. Once again, although Kraig never is reported to have repudiated his anatomy,

Rekers writes in 1995 that "Such boys exhibit many cross-gender behaviors in conjunction with a cross-gender identity evidenced by persistent repudiation of their male anatomic status." The reason for Rekers' emphasis on the child's repudiation of his penis is that the specter of transsexualism is far more powerful at this point in time than the specter of homosexuality.

There was a long succession of boys in the UCLA study, and among them was an eight-year-old named Carl. He refused to go along with playing in a room with a one-way window, but his treatment was essentially the same, with one important addition: the red and blue tokens appeared in his classroom, under the control of his teacher. According to his case history, Carl's deviances included enjoying Flip Wilson, "a [black] male comedian who cross-dresses and assumes a female role." He also had a tendency to use such phrases as "Oh, my goodness" and "Goodness gracious." One of the "play acting" categories of behavior that Rekers and Lovaas included in deviances to watch out for was Carl's "feminine role" of "pretending to be his mother washing dishes." Observers went to Carl's home on the average of two evening visits each week, and they helped his mother to record Carl's masculine and feminine speech content, activities and body gestures. Carl's treatment lasted for fifteen months.

One of Carl's treatment components included athletic training, to cure his "deficits in throwing a football." At follow-up twelve months after the treatment program had ended, the parents' "only remaining concern was that Carl would occasionally make self-critical remarks about his athletic abilities." Hand-eye coordination problems were marching again under the psychiatric flag of gender identity disorder of childhood in boys.

Carl was another of Dr. Rekers' and Dr. Lovaas' miracle cures. We do not have the extensive cross-references about Carl that we have about Kraig. We do know that they found him at risk for transvestism, transsexualism and probably autopenectomy. They also wrote, "After our behavioral treatment, the two independent psychologists could find no evidence of feminine behavior or identification in

Carl's test responses or interview behavior." Perhaps Carl's feminine behavior had gone underground, as the doctors suggested with Kraig, yet of all the things in this report, the most disturbing are Carl's own "volunteered" words, that he "used to be a queer, but not anymore."

One of the strangest phases of treatment for these boys involved their group therapy. Picture a large group of feminine boys on a playground with male coaches reinforcing any sign, however minuscule, however "inept," of masculine behavior, shouting constantly with deliberate emphasis on masculine nouns: "That's a good *boy*." "Come on, *guys*." "You're getting taller; you're going to be a big *man* when you grow up." When feminine gestures are exhibited by a boy, the therapist/coach says, "Hey, don't run like that." We are told that "the boys know what the admonition refers to." Any type of female role taking, which typically surfaced during rest periods from sports or enforced "rough housing," was met with immediate negative reinforcement: "You don't *look* much like a stewardess. You look more like a *pilot*. I think you'd make a better pilot." According to Dr. Green, who supervised this arena of therapy, there was a particularly distinct advantage to this type of treatment. At first, the boys would allow each other to take on female roles, but soon, they turned on each other, and in Dr. Green's view, this was an important aspect of their rehabilitation. "For example, one boy with an effeminate lisp took severe exception to another boy's speech, citing a lisping quality. When the therapist wondered whether the criticizing boy had ever *also* had difficulty in his manner of speaking, this was adamantly denied."

These boys also turned on themselves, exhibiting what Green describes as "Identifying with the aggressor. A potentially feminine toy, such as a stuffed animal, may be, with great display, rejected as a 'sissy' object, a feminine boy thus identifying with the masculine boys who usually tease him." Oppressed individuals often turn on each other in frustration and shame, and they often try to take power by identifying with their oppressors. It is disheartening that the National Institute of Mental Health underwrote this treatment.

In the course of my research on UCLA's feminine boy project, the name of O. Ivar Lovaas was prominent. Dr. Lovaas still works at UCLA, where he is the head of the Clinic for Behavioral Treatment of Children. His specialty at present is autism, and he now dissociates himself from what now is known as Gender Identity Disorder of childhood. Dr. Lovaas agreed to be interviewed on the condition that he tape-record our conversation. During the conversation, Dr. Lovaas was defensive and frequently explosive. Like others in the field, such as Dr. Myrick in Florida, who treated Jerry, Dr. Lovaas wishes to distance himself from this work in regard to questions of sexuality.

Dr. Lovaas began by claiming that the feminine boy project took place in the early 1960s, and that his role in the project was minor. I refreshed his memory by pointing out that the National Institute of Mental Health grant checks to UCLA for all of the research on the children in 1973, 1974 and 1975 were written with the understanding that he was the principal investigator. He often interrupted, raising his voice as if being attacked, in a bid to prevent this simple fact from being acknowledged: over and above the funds that Richard Green brought with him from SUNY-Stony Brook, \$218,945 went to UCLA from the NIMH with Dr. Lovaas as Principal Investigator (PI) in this project. For the early 1970s, this was an extraordinary amount of money for such a research grant, and because he was the PI, Dr. Lovaas was also the kingpin, the one whose reputation secured the grant, and the one who determined how the money would be allocated.

He now describes his role as tangential, explaining that he was simply on a committee that evaluated the research of a young assistant professor, George Rekers, who was working on gender deviation. Dr. Lovaas says that gender deviation was of absolutely no interest to him, which might be news to the National Institute of Mental Health.

When asked who specifically examined the children's genitals before they were admitted into the program, he became enraged, denying that anyone had ever looked at the children's bodies in any way. When told that it was reported by the NIMH, and in Dr. Rekers' own studies, that the children's

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genitals were examined by *someone*, along with other physical tests to rule out anatomical deviances in feminine boys, he denied knowledge of that.

He then explained that at the time this research was performed, UCLA was heavily involved in psychosexual reassignment. He believes that transsexualism results from living a life of rejection and accusation by peers, which drives these men to undergo hormonal treatments and genital changes, that they might live as women. Dr. Lovaas contends that these men were so seriously emotionally disturbed by the time they were thirty years old that they contemplated suicide, and wanted to have their bodies changed. Dr. Lovaas said that some of those who underwent the reassignment were pleased, and others were not. In the 1970s, he believed that if he could prevent the children from experiencing peer rejection, such as being called a sissy, they would not grow up to be disturbed to the point of wanting to change their bodies. This statement would indicate that gender deviation actually was of interest to him.

When asked why Kraig's treatment included spankings by his father, he stated that the father or mother decided to do that, not him. When asked why he, as the UCLA psychologist in charge of a government-funded study, did not insist that hitting the boy was not a sound psychological tool for growth and self-esteem, he stated that he just gave parents advice on what to do.

During the interview with Dr. Lovaas, my suspicions were confirmed that the boys in the study were not necessarily in as dire a condition as the reports might lead one to think. "Many of the boys did not exhibit any cross-dressing or any behaviors like that in the presence of the father. Only in the presence of the mother," said Dr. Lovaas. "When the issue came up, the father said, 'I never saw that.' That was a common observation of ours." Yet the children were portrayed in the case studies as compulsively performing these behaviors, with little or no choice. One could speculate that this would enhance the position of the researchers by highlighting profound gender deviance. The more deviant the child is to begin with, the more impressive their post-treatment, gender-appropriate behavior would be to funding sources.

Lovaas described the boys as playing with cosmetics, wigs and other female grooming items, which were made available to them on dress-up tables. "They were like superwomen," he said. The concept of these boys performing like "superwomen" is very revealing. Kraig is described as "swishing" around the clinic, "fully dressed as a woman with a long dress, wig, nail polish, high screechy voice, slatternly, seductive eyes..." (Another UCLA gender behaviorist, Lawrence Newman, used the phrase "slovenly seductive eyes" when describing Kraig's case.) This behavior suggested to the doctors that Kraig was suffering from "irreversible neurological and biochemical determinants." If a five-year-old girl were performing as Kraig did, she would not be diagnosed as gender deviant, although she might be viewed as practicing to be a "superwoman." Perhaps these boys were treated because they frightened the adults around them when they reflected an exaggerated and stylized female gender role performance in such a devastatingly accurate manner. Ironically, many doctors still believe that this type of behavior is caused in some girls and women by "irreversible neurological and biochemical determinants," when it is actually the product of a series of choices and coercions, conscious and otherwise.

In terms of the boys who engaged in this behavior, Dr. Lovaas stated that they would not be able to develop friendships until they were seventeen, eighteen or nineteen years old, at which time "they could meet people like themselves." Dr. Lovaas said it was very, very easy to change behaviors, but that it was simply "just not interesting" after the first three or four children were seen. Despite this observation, he allowed treatment to proceed with sixty-six boys between the ages of four and twelve, at taxpayers' expense.

After six to twelve months of treating the boys, Lovaas said, "they'd dress like boys, talk like boys, gesture like boys. To me, this was easy to do, and as far as I was concerned, that fulfilled the intent of the study." When asked about treatment goals regarding the boys' adult sexualities, he responded hotly, "The issue of sexual

orientation is of no interest to me.” It seems disingenuous of Dr. Lovaas to claim a “disinterest” in sexual orientation, when his own reports on Kraig and Carl reveal a very clear agenda. For example, in June of 1974, Dr. Lovaas coauthored the article on Carl, in which Carl stated that he “used to be a queer, but not anymore.” The doctors follow up his statement with: “The treatment has clearly changed Carl’s overt gender-related behaviors, suggesting that his sex-role development may have become normalized.” In the spring of 1977, Lovaas was coauthor of a study of a child with gender behavior disturbance which speculated: “He may also be high risk for a homosexual adjustment.”

I again broached with Dr. Lovaas the fact that Kraig had been touted as a poster boy for gender treatment, only to become suicidal. By self-report Kraig said that he knew he was being brought to UCLA to prevent him from growing up to be homosexual because, among other things, he played with dolls and wanted his hair to be neat. Dr. Lovaas said, “I am not responsible for that. I don’t know what happened to these kids in follow-up. My responsibility was to help George Rekers set up a scientific study.” I asked Dr. Lovaas if he had read Richard Green’s book, from which this follow-up information on Kraig comes, and he answered, “I think I did. It didn’t provide any information to me which I thought was all that helpful.”

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AM I OBSESSED?

Gender Identity Disorder, Stress, and Obsession

DISCUSSION QUESTIONS

1. What are the consequences of pathologizing transgender people? For society more generally? What theoretical assumptions about sex, gender, and sexuality are embedded in this perspective?
2. How may other socially constructed categories, such as race or class, shape the experience and opportunities of transgender people?
3. What social institutions and structures are missing from the article that a transgender person must navigate? How can nontransgender people support gender-variant individuals within these social institutions?

I do my best not to speed when I am driving, and not for the sake of following the laws of the road. I try to schedule medical appointments with my life partner

or, at least, with a supportive friend. I wait until the last possible moment to use a public restroom. I am always alert, constantly suspecting everyone as a

Tre Wentling, “Am I Obsessed? Gender Identity Disorder, Stress, and Obsession.” Written for this volume.

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