

Gender Dysphoria in a Son of a Catholic Family

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Catholic parents today are facing serious challenges and stress when their young son acts like a girl, states he wants to be a girl or even claims that he is a girl. This condition is referred to as gender dysphoria. The understanding of and psychologically healthy and safe response to such sons by Catholic parents will be described below.

The good news is that the scientific [evidence](#) demonstrates that the majority of children with this psychological conflict will experience its resolution and identification with their biological sex by adulthood. Also, parents should be aware that mental health professionals for decades have employed successful treatment of Gender Dysphoria (GD) for decades without recourse to the experimental use of medication and surgery.

Experiences with over 1,000 Children with Gender Dysphoria and Their Families

Dr. Ken Zucker and his colleagues at the gender clinic in Toronto for 30 years studied and successfully worked many of the over 1,000 youth with GD. A knowledge of his work is essential to parents whose son has transsexual attractions.

Dr. Ken Zucker has been considered one of the leading world authorities on Gender Identity Disorder/Gender Dysphoria in association with his colleague, Dr. Susan Bradley. His group in Toronto has treated over 1,000 children with gender dysphoria. In addition, he has done extensive research and publishing in this area, often with his colleague, [Gender Identity Disorder in Children](#).

In psychological testing they found a high correlation between psychological conflicts in the mothers and behavior problems in their sons. They also found the rate of mental illness in these mothers was high by any standard and included depression and bipolar disorder.

They wrote that the boy, who is highly sensitive to maternal signals, perceives the mother's feelings of depression and anger. Because of his own insecurity, he is all the more threatened by his mother's anger or hostility,

which he perceives as directed at him. His worry about the loss of his mother intensifies his conflict over his own anger, resulting in high levels of arousal or anxiety.

Also they described the parents as having difficulty resolving the conflicts they experience in their own marital relations, and fail to provide support to each other. This produces an intensified sense of conflict and hostility. In this situation, the boy becomes increasingly unsure about his own self-value because of the mother's withdrawal or anger, and the father's failure to intercede. This anxiety and insecurity intensify, as does his anger. ([Zucker et al. 2003](#))

[Zucker et al. \(2012\)](#) also found that youth with GD had high rates of general behavior problems, and poor peer relations.

Dr. Bradley has described additional conflicts in these youth: boys with GD appear to believe that they will be more valued by their families, or that they will get in less trouble as girls than as boys. These beliefs are related to parents' experiences within their families of origin, especially tendencies on the part of mothers to be frightened by male aggression, or to be in need of nurturing, which they perceive as a female characteristic. ([Bradley 2003](#), 201–202)

A 2013 study from a gender identity service in Toronto of a sample of 253 adolescents found that 45.8 percent were from two-parent families ([Wood et al. 2013](#)). Another parameter that struck them as clinically important was that a number of youth commented that, in some ways, it was easier to be transsexual than to be gay or lesbian.

[An important BBC documentary](#) presents Dr. Zucker's work and the current controversy surrounding approaches to youth with transsexual attractions. This documentary is highly recommended for parents and youth with transsexual attractions.

Origins

The healthy psychological upbringing of children is dependent upon the development of what are referred to as secure attachment relationships. The first and most important is with the mother, then with the father, next with

siblings and finally with same sex peers when young. The majority of youth in our clinical experience have psychological vulnerabilities in their personality, which, if not recognized and addressed by parents, can lead to transsexual attractions and GD. Other youth experience significant stress and hurts in their relationships with their mother, father, siblings and same sex peers.

Conflicts in the Boy

1. Artistic and creative gifts

The most common source of difficulties I have seen in boys with GD is the presence of strong artistic and creative gifts that are associated with a special appreciation for and love for beauty. Then they discover far more beauty in the female world than in the male world. They can become so attracted to and identify with femininity that they fantasize about becoming what they love.

This results in their being attracted to female clothing, friends and play. They also model after and then repeat feminine mannerisms.

2. Lack of eye-hand coordination

Some boys lack eye-hand coordination, including most with strong creative gifts, which is essential in bonding with other boys in the most popular athletic activities for males, namely, soccer, baseball, basketball and football. In the absence of good eye-hand coordination, these boys often last chosen to be on sports teams and often stand alone at recess because of their fears of rejection. Also, they find gym classes to be painful because they are embarrassed by their weakness in their athletic abilities.

In response to a perceived lack of acceptance by males at school and in the neighborhood, these boys turn by default to seek friendships with females who then become their best friends. The result is that the important development of secure attachment with male peers/friendships is not met which weakens the boy's sense of his masculinity.

Additional weakness develop in embracing the goodness of his masculinity because fathers often have difficulty in bonding with sons who lack the

ability to throw a baseball, kick a soccer ball or pass a football. The result is that the father can feel insecure in his bonding with his son may withdraw, as described by Zucker.

The father needs to understand this boy's gifts and conflicts and enter his creative world or affirm his gifts as a boy and son. The father also needs to understand that he needs to make a major effort to build his son's confidence and knowledge of his love for him. The father should also express that he can appreciate his son's loneliness and insecurity because of the lack of best male friends.

Parental understanding of the vital importance of male friendships for the psychological development of a boy's confidence and identification with masculinity is essential in protecting their son.

3. Poor Body Image

A critical view of one's body as being too small, heavy, non-muscular, etc. can result in a hatred of one's body. This can lead to a belief that he would be more attractive and experience more acceptance as a female. This thinking can lead to fantasies of being a female and to wearing female clothing.

4. Conflicts with the Mother

These include a sense that the mother has anxiety, mistrust and anger in regard to masculinity. These conflicts are often the result of her having a traumatic relationship with her father whom she did not trust. Some boys sense that their mother craves comforting female love because of the absence of a daughter or her lack of a comforting mother relationship.

We have also treated a tall, muscular, athletic adolescent male whose transsexual attractions were due to ongoing traumatic abandonment by his mother never bonded with him due to her addictive disease and narcissism. He came to realize that unconsciously he had thought if he were a female perhaps she would love him.

5. Anger with the Father

Some males have rejected their father as a role model because of his temper, criticism, ongoing rejection, emotionally distant behaviors and insensitive treatment of the mother. If they experience similar conflicts in male peers, they can develop a very negative view of masculinity. Then, femininity can be idealized and viewed as a more refined and loving way to experience life.

Also, the transsexual attractions can be manifestation of rebellion against the father and a rejection of whom he is and what he thinks he represents.

6. Pressure from Female Peers

Some adolescent males who lack male friends can be pressured by female peers who sense their conflicts and who like high drama to consider cross dressing, the use of female hormones, and even move toward sexual reassignment surgery.

7. In older adolescents, acceptance of gender theory and sexual revolutionary ideas associated with the delusional belief that he can create himself, as he wants.

8. In young adults repeated failures in school, sports, relationships, work, etc., associated with a hope that one might be more successful as a female.

9. A sense of pleasure in rejecting the values and moral code of his parents and the culture.

10. The belief that his sex is not a gift, but a constraint that must be overcome.

Conflicts in Mothers

Conflicts in mothers of these youth in our clinical experience also include:

- (1) The mother's mistrust of, and anxiety with, males as a result of growing up with a harsh, angry, distant, or addicted father (the child's grandfather);
- (2) Her desire that her son had been born a daughter, leading to initiating or supporting cross-dressing and cross-sexual identification;

- (3) A boy's fears that he does not please his mother as a male, together with his unconscious belief that he might receive more love and acceptance from his mother if he identified with femininity;
- (4.) A mother's failure to support and encourage her son to have same-sex friendships;
- (5) A failure to communicate that fulfillment and happiness can be found in being a psychologically healthy male;
- (6.) A mother's unconscious attempt to gain acceptance and enhance her confidence by having a transsexual child;
- (7.) A failure to critique and protect him from gender theory errors and the radical transsexual agenda now of epidemic proportions in schools, the media, health professions and local, state and federal government;
- (8). A desire to be viewed by others as being politically correct and on the cultural cutting edge.

Conflicts in the Father

Dr. Zucker has written that, "These men (fathers) are often easily threatened and feel inadequate themselves. These qualities appear to make it very difficult for them to connect with sons who display non-masculine behavior." Withdrawing from their feminine sons, "they often deal with their conflicts by overwork, or distancing themselves from their families. The fathers' difficulty expressing feelings, and their inner sense of inadequacy, are the roots of this emotional withdrawal. Fathers demonstrate depression and substance abuse disorder. The father's own difficulty with affect (emotional) regulation and inner sense of inadequacy usually produces withdrawal rather than approach. Parental psychopathology among the parents of children with GID deserves thoughtful consideration." ([Zucker et al. 2003](#))

Conflicts in fathers of these youth in our clinical experience also include:

- (1.) Intense male insecurity that results in a failure to affirm a son's masculinity and in a failure to correct a controlling or an angry wife;
- (2.) Failure to develop a secure father-son relationship because of a father's emotionally distant behaviors, or severe male insecurity;
- (3.) A father's excessive anger or rejecting behaviors that undermine a son's ability to model after his father, or that create a negative view of masculinity;
- (4.) A father's failure to support a son's strong creative and artistic gifts;

- (5.) A failure to protect the son from abusive behaviors by siblings, or by same-sex peers, that contribute to a son's failure to identify with the goodness of masculinity;
- (6.) A failure to support same-sex friendships in childhood and adolescence;
- (7.) A failure to communicate that fulfillment and happiness can be found in being a psychologically healthy male.
- (8.) A father's unconscious attempt to gain acceptance and enhance his confidence by having a transsexual child;
- (9.) A failure to critique and protect him from or support of gender theory errors and the radical transsexual agenda now of epidemic proportions in schools, the media, health professions and local, state and federal government.

Conflicts with Siblings

- (1.) Severe ongoing verbal abuse and ridicule by a brother including referring to him as a sissy;
- (2.) Ongoing sexual abuse.

Conflicts with Same Sex Peers

- (1.) Lack of acceptance or verbal abuse and rejection
- (2.) Pressure to explore transgender identification.

Conflicts in other Family Members

- (1.) A grandmother's cross-dressing her grandson whom she had hoped would be a girl.

The Treatment of Youth With Transsexual Attractions

According to Drs. Zucker and Bradley: The fantasy solution provides relief, but at a cost. They are unhappy children who are using their cross-gender behaviors to deal with their distress.

Treatment goal is to develop same-sex skills and friendships: "in general, we concur with those who believe that the earlier treatment begins, the better ... It has been our experience that a sizable number of children, and their families, can achieve a great deal of change. In these cases, the gender identity disorder resolves fully, and nothing in the children's behavior or fantasy suggest that gender identity issues remain problematic... All things considered, however, we take the position that in such cases, clinicians

should be optimistic, not nihilistic, about the possibility of helping the children to become more secure in their gender identity” ([Zucker and Bradley 1995](#), 281–282).

This has been our clinical experience with these boys also. While data from controlled clinical studies are not available to measure the effectiveness of these therapies, it seems reasonable to follow the recommendations of those with extensive clinical experience until such time as controlled trials are performed.

While there are no controlled clinical data to support specific interventions in treating children with transsexual conflicts, we have found the following recommendations to helpful when incorporated into a family therapy treatment program with mothers and fathers.

Therapy with the Mother

Family therapy attempts to uncover and then address psychological conflicts in parents as well as in children. If betrayal experiences are uncovered in the mother that result in fears and mistrust of masculinity and the associated defensive need to control, forgiveness therapy is recommended. This is most often done in the father relationship or with other males who have hurt her. In this therapy, the emotional control of the past can decrease and with her fears and anger. This forgiveness process is demanding and challenging but effective as described in this paper, www.maritalhealing.com/conflicts/anxiousspouse.php.

Mothers are encouraged to identify and affirm the goodness of their son’s masculinity. The resolution of the mother’s anxiety, mistrust and anger is an essential aspect of this growth in trust and acceptance of a son’s masculinity.

An important aspect of the process is the mother’s helping a son with special creative and artistic gifts associated with a love for beauty to not over-identify with female beauty. Such boys can desire to become what they love.

When fathers have difficulty bonding with sons with strong creative, but not athletic gifts, the mother should encourage the father to affirm the son’s God-given creativity and minimize the role sports in his masculine identity.

When the mother has an obsession with having a daughter, she needs to grow to be grateful for the son whom she has. Unfortunately, narcissistic thinking can develop that leads to a belief that the mother has the right to encourage the son to identify with femininity. Such thinking also results in an attempt to change the sex of her son. This thinking needs to be challenged and rejected.

When there is no father in the home, the mother should understand the importance of a male role model and seek to encourage such a relationship with trustworthy males. These men have often been grandfathers, uncles or fathers of close friends.

In families with strong Catholic Faith, meditations upon St. Joseph or God the Father as another loving father has provided comfort, strength and healing for these males.

Therapy with the Father

In order to have these young males identify and bond with their fathers, he needs to work to be a healthy, loving, strong Catholic husband and father. The goal of mature personality development for such a man is to become another Christ to his wife and children. If he treats his wife and children with respect, honor and sacrificial self-giving, his son will want to identify with him and model after him rather than after females. The father should work to overcome any weakness in being emotionally distant www.maritalhealing.com/conflicts/distantspouse.php, which has been described by Zucker as being problematic in his work with families.

Fathers often bond with their sons through rough and tumble play and through athletic activities. However, this is not possible with sons with strong artistic and creative gifts. Rather than withdraw from these sons, fathers need to find other ways to bond with them such as taking an interest in his creative gifts and in exercises such as bicycle riding, hiking, reading, jogging and hunting and spend quality time with his son. In addition, affirming their son's special God-given gifts and by minimizing the importance of sports in masculine identity is very important. This process can be difficult for many fathers who love sports and can be preoccupied watching or play them.

Boys with GD regularly suffer with intense loneliness for a male friend and insecurity. Fathers and mothers should encourage and support male friendships while at the same time limiting time with girls.

Building a boy's male confidence can occur by encouraging the boy to be thankful for his special, male gifts and by trying to trust and feel safe with boys, which can decrease social anxiety. Also, this healing process can grow by forgiving boys whom he feels did not accept him or rejected him,

<http://www.childhealing.com/articles/SocialAnxietyDisorder.php>

In boys with intense insecurities in regard to their body image, Fathers can encourage their sons to recognize that the body does not determine masculinity. He can assert that strong, kind, Christian males and leaders have had every body type imaginable. A strong criticism of the cultural obsession with the body as reversion to pagan thinking is necessary to strengthen the son's confidence as a young male.

The father often discovers that he has a weakness in emotional self-giving to his son as a result of modeling after a father who was himself distant or angry. Then, anger emerges in the father toward his son's grandfather. Forgiveness therapy is recommended with the father to resolve his anger by growth in forgiveness

www.maritalhealing.com/conflicts/angrystore.php

which will help his son identify with him. He should also attempt to give his son five positive comments for each negative one.

As the protector of the family, the father is encouraged to be certain that his wife affirms the masculine gifts of their son and does not support a confused boys' desire to identify with femininity. If he identifies conflicts in his wife that interfere with this essential aspect of healthy personality development in a boy, he should ask her to address them. The father should correct his wife if she supports feminine identification in their son.

Parents can also help their children learn to correct their confused thinking, referred to as cognitive distortions, in regard to their goodness and gifts as a male. The responses could include thinking: "I can grow to appreciate the goodness of my body and masculinity; I can be thankful for my special masculinity; I can grow to feel more comfortable and confident in being who I am and I want to identify with the good personality traits in my father."

The role of faith can also be helpful in the healing process by being encouraging their son to be thankful for his God-given gifts and masculinity.

Parental Considerations

The 2015 [in a Boston study](#) of teenagers who underwent sexual reassignment surgery revealed that the median age at which treatment was sought was nine years of age. At that age boys fail to understand fully masculinity and are often responding to psychological conflicts within themselves or those within their parents, siblings or peers. Also, parents need to appreciate that most children with transsexual attractions come to accept their biological sex and stop identifying with the opposite sex.

Understanding and Addressing Cross-Dressing

Cross-dressing is a serious symptom of emotional pain and psychological conflicts in youth and adults that should not be minimized or ignored. It is leading contributor to conflicts in developing a healthy masculine identity and male friendships and to the fantasy and delusion that one might be able to become a female someday.

The leading causes of cross-dressing in boys in our clinical experience include:

1. Being dressed in female clothing by grandmothers or mothers who had hoped the boy would be born female;
2. Identification with and attempts to bond females, including an older sister, due to the absence of male friends;
3. A desire to please a mother who expresses excessive anger or mistrust toward the father or other males and who often had traumatic experiences with her own father in her childhood or other males when young;
4. A poor body image coupled with male insecurity and a sense of feeling more attractive in female clothing;
5. The failure to feel accepted by other males;
6. An unconscious rejection of the father as a role model;
7. The loss of a close relationship with a sister or a mother due to illness, divorce or death;
8. In older youth a repeated sense of failure in the pursuit of life goals/dreams.

Walter Heyer, a former transgender who is active in helping those with transsexual attractions and their families, has written that about the long term damage from cross-dressing in youth that has also been expressed by other men:

“When I was a 4 year old boy who cross-dressed, I was affirmed as a "cute little girl" by my grandmother. I can tell you I enjoyed being affirmed by grandma. I can also tell you what I learned later in life - the cross-gender affirmation I enjoyed so much destroyed any opportunity for me to enjoy natural childhood development and resulted in emotional and psychological disordered thinking. In hindsight, my grandma's affirmation was pure child abuse.”

Parents have a serious responsibility to protect their son's healthy psychological development from the life long trauma that may result from cross-dressing.

Therapy for Siblings and Peer Wounds

A number of youth with transsexual attractions were the victims of severe rejection, verbal abuse and bullying by older siblings and/or peers. Parents can work to prevent such trauma by strongly correcting their angry children and by encouraging them to respect and love their brother. In addition, education in forgiveness as the primary way to address excess anger can contribute to improved sibling relationships.

When a sibling's anger is identified as originating from misdirected anger meant for a parent, family therapy with the parent is indicated. When the sibling anger is the result of selfishness or jealousy, growth in virtues of generosity and love can be addressed on a regular basis. www.childhealing.com/articles/selfishchild.php

The resolution of the anger in the boy with GD toward siblings or peers who have rejected or bullied him is essential for improved self-esteem and reduction in sadness or self-hatred. www.childhealing.com/articles/bullying.php

Knowledge of Successful Treatment

The serious risks associated with the medical and surgical approaches being advocated for youth with transsexual attractions should be known by parents and presented to their sons. Unfortunately, health professionals and educators have, by and large of no knowledge of them. "[Growing Pains: Problems With Puberty Suppression in Treating Gender Dysphoria](#), "Gender Ideology Harms Children".

Dr. Paul McHugh, who was the chief psychiatrist at Johns Hopkins for 25 years and has more than 40 years' experience working with people with gender confusion has written, "We're doing experiments on these children. We should tell everybody this is an experimental procedure right now, and that experiment is not being done with controls. It's not being done with clear statements to the parents that we can't tell what the outcome's going to be."

"A very large number of these families are going to find that they've been misled or misdirected and that's going to be a turnaround, as often happens in these social crazes."

<https://www.lifesitenews.com/news/gender-dysphoria-purely-a-social-craze-that-will-lead-to-regrets-psiatri>

The successful, non-medical, non-surgical treatment programs used by Zucker with over 1,000 youth with Gender Dysphoria should be communicated to parents and youth and studied by a presidential commission on this important issue given that the transsexual agenda that ignores science.

The present description of the politically correct approach today to the boys with transsexual attractions is appropriately labeled as psychological abuse and sociological, medical and surgical experimentation on youth, <https://www.lifesitenews.com/news/pediatric-expert-calls-kindergarten-transgender-lesson-psychological-abuse>

Boys with GD deserve better. They need the protection of their parents and the culture. The present educational, psychological, medical and surgical abuse of youth with GD by educators, health professionals and local, state and government agencies that embrace the radical transsexual agenda against children should come to an end.

