GENDER IDENTITY CONFUSION, PART 3: “HOW DOES IT FEEL?”



In this part, we take a look at the role of the mother in Gender Identification Disorder, and will describe what the child with GID is actually experiencing.



Dr. Joseph Nicolosi

1. The role of the mother

In his book ‘Shame And Attachment Loss’, Dr. Joseph Nicolosi Sr. writes,

> *“Boys with GID overidentify with their mothers. They are far more likely to wish to be like their mother and less likely to be like their father than boys who show typical gender-role behavior.”*

But at this point, we need to consider that it is the other way around as well. Very often we see that the mother absolutely *LOVES* the non-conforming behavior, and is usually very enthusiastic about his wanting to identify with the opposite sex, *HER* sex. Time and again, we see it is the mother who is the one “guiding” her son to a so-called *“gender specialist”*, a new brand of care-givers who, so we are led to believe, know all about it.

This role was forged merely ten years ago by the radical elements within the LGBT-movement. And the self-acclaimed *“expert”* will no doubt do all he/she can to label the child as *“transgender”* and *“stimulate”* his development.

After seeking this so-called advice, we see mothers subsequently taking it upon themselves to do all they can for their *“transgender”* child, meaning affirming the gender confusion and rewarding the behavior.

In our view, every normal or healthy mother should be appalled by non-gender-conforming

behavior; she should be horrified with the prospect of her son not becoming, or wanting to become, a normal virile and salient man.

2. Who are these mothers?

What can be said about these women, what characteristics do they possess? Usually, we are dealing with women who are insecure in their own femininity, or have had youth traumas in the sense of physical or sexual abuse, or who have been dominated by a man in their family of origin, or who are into radical feminism which is based on a deep suspicion or contempt for men and maleness, or who imagine seeing *"patriarchal oppressive structures"* around every corner.



By localizing the problem in her son, however, by designating him the label *"transgender"*, he becomes the bearer of the issue, the sole source of the behavior, and she goes off the hook. So does her husband, so does their interaction, so do their marital problems, so do their emotional responses to the child, their upbringing and insecurities. No further questions asked, because the problem is not allocated there, according to radical ideology, people who are the heralds of anti-psychiatry (see our article on that subject).

Therefore, for insecure mothers or radical feminists, labels like *"trans"* are a blessing in the sky. Your role in the family blends into the background, and in no way will you be seen as part of what is going on.

3. No causes for GID?

Radical *"trans"* activists make it sound as if GID is just an innate quality with which you were born, something you discover and which comes out of nowhere. It just *'happens'* to you, so they try to assert.

We see that the way they dedicate a child the label *"trans"* follows the same rules as in the old days the mysterious origins of fruit flies was blamed on spontaneous generation or growth.

Biologist Baxter writes:

> *"Spontaneous generation was believed to exist until about the 18th century. This idea dictates that inorganic matter is the birthplace of all creatures like mice and even insects like fruit flies. Apparently, fruit flies were believed to have mysteriously originated from rotting meat, stinky underwear and other unclean sources. Sponta-*

neous generation has been proven to be fiction, but who can explain where fruit flies really come from?"



And so it is with the label *'transgenderism'* according to radical gay-lib ideology. It just drops down in your family, presumably in the same way that Christmas presents suddenly lie under the Christmas tree on the 25th of December. The presents certainly were not there the night before. So, there is something uncanny going on in our household. Oh well, just open the presents. And yes, just celebrate your son becoming a trans. Such is life.

Or is it?

4. How does it feel?

Why do boys develop these feelings? Why are they there? Why do they last for a time, and why do they almost always disappear?

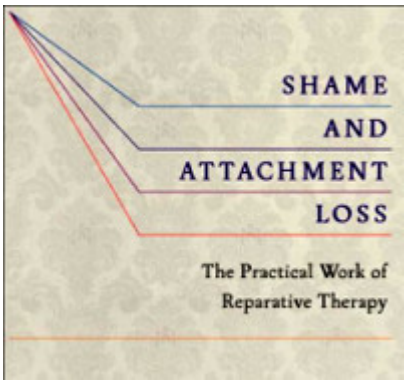
The theory of spontaneous generation will certainly not solve this riddle, neither will the notion that a *"true identity"* is coming into bloom, a biological seed hidden somewhere in the soul. In 85% of the cases the disorder disappears after adolescence, and if the disorder is consistently challenged and contradicted until age 25, up to 98% of the individuals become normal after all.



A child labeled "transgender" is like Cinderella, a pitiful child who is sadly missing out on all the fun of life for no apparent reason. Only the science of child psychiatry delivers the glass shoe that fits the overwhelming evidence.

In his book 'Shame and Attachment Loss', Dr. Joseph Nicolosi Sr. writes,

"GID in boys can be an attempt by the child to hold onto a mother who is only intermittently available. The overwhelming stress of maternal insecure attachment causes the boy to adopt a feminine role in order to compensate for the attachment loss. He thus restores the lost love object through the enactment of "fantasy fusion," employing the feminine introject as a defense against the terror of maternal abandonment."



Researcher Susan Coates is also a notable scholar on the subject of boyhood gender identity disorder. She has published numerous articles on the subject.

Coates was Director of the Childhood Gender Identity Service at St. Luke's-Roosevelt Hospital Center from 1980 to 1997. She served on the American Psychiatric Association DSM-IV Subcommittee on Gender Identity Disorders. She is on the teaching faculty of the Columbia University Center for Psychoanalytic Training and Research. She is also on the faculty of the Division of Sexuality and Gender in the Psychiatry Department of Columbia University.

In 1997, together with Wolfe, Professor Coates says that when the attachment bond has been derailed, massive separation anxiety in the child is then defended against by a recitative self--fusion fantasy with the mother.

"In essence, the child substitutes an identification for a relationship, and comes to confuse being with mommy with being mommy – this during a period when he lacks stable internal representation of self and other, and with his cognitive understanding of the permanent gender classification is still immature. (p. 9)



The boy thus develops a "fantasized fusion" of himself with his mother: "By thus identifying with women, the boy disassociates himself from his own rage and protects the internal tie" (p. 650). But the boy's effeminacy is not truly feminine. It is actually a caricature."

What is being said?

5. Child psychology

Let us rephrase these words in simpler language. What child psychologists are asking attention for, is the phenomenon that a male baby lives the first nine months of his life inside the womb, in which he does not, cannot experience any difference between his mother and him-

self. There is no sense of the self, because he is inside her, always has been since he was one cell big. He is as much a part of her, as is her stomach, bowels, heart and muscles. Every heartbeat, every gurgle in the stomach, every movement of the muscles also reflect on him, just as they do on her bones and kidneys. There is no separation.

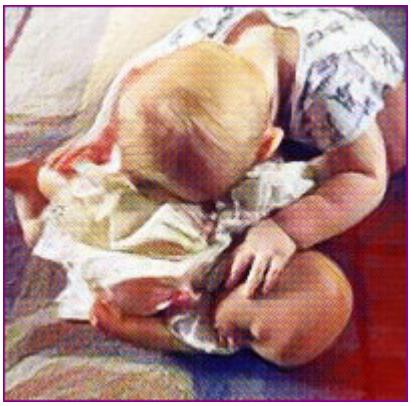
Three years after birth however, he is an individual who is free of her and who has come to realize that he is not like her or an extension of her, but that he is a male, just like his father who was distant at first, and who is now felt to be “one of me”. This is a great shift of perception in a very short space of time.



If anything goes differently during pregnancy as compared to most people, it will reflect on the baby who is born. If anything goes differently in the first three years of life outside the womb where the boy not only becomes but also feels and knows to be a separate individual, then it will reflect on his future life outside that womb in terms of self-identification, self--knowledge and self-awareness. This then is the essence, and the importance of child psychology and child psychiatry.

The child makes a few consecutive steps in those first years. In the first year, he needs to identify with her (he always has actually), but he also needs to let go. So, it is a push-pull phenomenon, a tug-of-war.

Inside his mind, he is one team pulling the rope in one direction, but he also mentally harbors others comrades, his future male peers, who are helping him pull the rope in the other direction: the road to independence, the road to happy boyhood, celebrating his becoming part of the gang. That gang will shortly be there when he is four or five years old, unless something goes wrong.



And if it goes wrong, he may never feel part of any gang until the *“coming out”* process in his teens or twenties, with years wasted in alienation in the process, an unfathomable bitter-sweet wound of life-long loneliness of a sensitive child caught in the fear of abandonment, a quiet but sensitive child mourning over emotional needs being unmet, a sufferer feeling deeply misunderstood.

The one-year-old can only learn to let go of his all-present mother if he knows he can go back any time he likes. The world seems or is unsafe, and he instinctively knows that he needs to

hold onto her if necessary for the sake of safety.



In the animal world, we see the same instinctive behavior. Newborn monkeys for example cling onto their mother for dear life while she jumps from tree branch to tree branch. The first thing newborn ducklings see after hatching is their mother and they will follow her around almost blindly. We humans are no different when it comes to obeying the call of instincts. Otherwise, we would have died out long ago. Imagine a baby not crying out for attention when needed, or a mother ignoring it for the rest of the day.

6. Separation-individuation and healthy gender-identity development

During the boy's earliest years of life, he experiences two important developmental challenges: the separation from his mother thereby becoming an individual with a feeling of "*self*", and the gender-identity phase of masculine identification in which he then lets go of his identification with his mother (the female) and slowly but surely identifies with his father or father-figures (the male).

He is learning to leave the world of women (we call it Squaw Camp in our 24-part publication) and to join the males who ride on their horses, as it were, on the prairie in search of food, meat and tribal security. He has learned to saddle up and ride to the horizons in freedom.

Nicolosi writes,

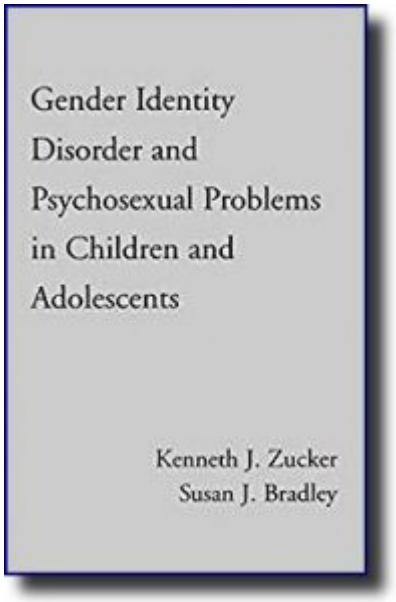


> *"As has been well established (Greenson, 1968; Horner, 1991; Coates, 1990; Fast, 1984; Tabin, 1985), these two phases occur at about the same time, at about a year-and-a-half to three years old. The child's sense of gender awareness is a crucial aspect of his identity formation. It is through gender that he grows to understand who he is in relation to other people. By understanding his place within the natural dichotomy of male-female, he is able to create an organized view of himself in the world (Tabin, 1985; Tabin & Tabin, 1988)."*

Only when a child has managed successfully to first identify with his mother, can he subsequently learn to let go.

A famous scholar on the subject is Susan Bradley. Professor Bradley (born 1940) is a Canadian psychiatrist best known for her work on gender identity disorder in children. She has written many journal articles and books, including *"Gender Identity Disorder and Psychosexual Problems in Children and Adolescents"* (with Kenneth Zucker) and *"Affect Regulation and the Development of Psychopathology".* Bradley was Chair of the DSM-4 Subcommittee on Gender Disorders.

In 2003 she states:



> *"I conceptualize the symptom of GID as a child's solution to intolerable affects. This is confirmed in the fact that GID typically has its onset at a time in a child's life when the family has been particularly stressed and the parents are either more angry, or less available, or both. The GID symptoms, particularly the assumption of the role and behaviors of the opposite sex, act to quench the child's anxiety and to make him or her feel more valued, stronger, or safer (p. 202)."*

If the mother is not available enough in that period of time, the child resorts to what is called 'magical thinking'. In his mind, he makes up a mother who is always present and to whom he can appeal. He creates a Portable Mom. And he actually believes she is there. With his imagination, he projects reality into this fantasy, and he can rely on it. In later phases, we see children also using their magical thinking, creating a peer out of a teddy-bear to quelsh their loneliness. They actually believe he is real.

Teddy is carried around, talked to, scolded when necessary, and the good news is that Teddy actually talks back, soothing the child, having fun with the child and never leaving his side. Good old Teddy! Magical thinking is amazing.



7. Portable Mom

And so it is in the very first phase of separation. If the mother is not available enough to fulfill the child's emotional needs, he may very well create a Portable Mom. She becomes "me", he becomes "her". Therefore, the original fusion with the mother is restored, and the child can become quite anxious when that Portable Mom is challenged. He feels he is "her", that is to say female, and can show great anxieties when being treated or spoken to as a boy, that is to say a non-mother. He will reject these hostile attempts to rob him of his Portable Mom.

Emotionally, he needs her, and the less available or the more insecure or ambiguous the mother is, the more he will hold on-to Portable Mom, in the same way that older children can hold onto Teddy, especially when they have few or no peers as friends. The "transgender" is born.



When the child learns however that secure relations are possible with mother or with others, the need for Portable Mom diminishes. Up to 98% of children with GID get over the product of their magical thinking by experiencing the comfort and soothing effect of genuine trustwor-thy relations with peers and adults. He was not born that way. The myth of transgenderism which is spreading in our Western culture must come to a halt.

8. Conclusion

In the distance if we listen closely, we hear perhaps the great-est song ever produced: '*Hotel California'*. And as the steel gui-tars compete with one another, conjuring up a past era of cool wind in your hair, we can almost hear the lonely child lament-ing his dread of abandonment,



> *"Mom, you can check in any time you like, if your agenda finally gives you time off, if your marital problems give you time off, your career plans, your lousy employer, your ad-diction to Chrystal Meth, your secret lover, my twin or triplet cry-baby brother, your ner-vous breakdown or your depression. But I have a solution to your inconsistent availabili-ty. I have got myself a Portable Mom.*
>
> *You and Portable Mom can check out any time you like. But you can never leave.*

Mom, I am transgender”.

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To be continued.

Job Berendsen, MD.

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