

CHAPTERS 1 AND 2 FROM *THE MAN WHO WOULD BE QUEEN*

**Part I: The Boy Who Would Be Princess**

## Chapter 1. Princess Danny

It started with the shoes. After Danny Ryan became a proficient walker, not much more than a year old, he ventured into his mom's closet. He came out with a pair of strappy heels and struggled to put them on. Bemused, she helped him, and when he stood up in them, grasping her hand, he bounced with joy. This became something of a preoccupation for Danny. Often when he came into the bedroom, he went right for the closet. When it was closed, he pressed up against the door and whined. When she indulged him, he would pick out a pair of shoes, preferring the more feminine styles. One day, Danny came into the room with a sheet over his head and ran straight for the closet. He seemed more eager than usual to try on her shoes, and when he stood up in them and spread his arms, she was startled to realize, at last, the meaning of the sheet. It represented a dress. Which meant that Danny was trying to dress like a girl.

Although Leslie Ryan felt intellectually satisfied at that simple explanation of Danny's behavior, she began to feel uneasy as well. When she contemplated the reasons for her concern, she realized guiltily that she was falling prey to the same attitudes held by the bullies she loathed in junior high. It is surely common and harmless for children to explore the clothes and activities that society had assigned to the other sex. Why shouldn't they? Still, she found herself hesitating when Danny asked for help putting on her shoes. She encouraged alternative activities, such as reading or assembling puzzles or playing with the toys he was given. This tactic worked for a while, but invariably, he would return to the closet. She decided that she would neither encourage nor discourage his cross-dressing, as she had begun to call it.

However, when Danny's father, Patrick, first saw Danny in high heels clutching a purse, he did not share Leslie's tolerant attitude. He raised his voice: "Danny, get out of those shoes!" Danny liked neither his father's tone nor his message, and after a moment of stunned silence, began to cry. Leslie shot her husband a seething glance and immediately picked Danny up to soothe him. Later, Danny's parents had a "heated discussion." Danny's father, Mark, said that it made him feel "creepy" to see Danny dressed as a female and thought it set the wrong example. He believed that parents are an important influence on whether a child becomes homosexual or heterosexual, and he wanted a heterosexual son. She insisted that trying on female clothing at age 18 months could not make Danny a gay man, that children like to pretend to be lots of things, and that Patrick should just relax. She dared not tell him how often Danny was cross-dressing. Patrick's consulting job kept him on the road nearly 5 days a week, and when he was home, he was not the most attentive father. Leslie hoped that Danny's behavior would pass before his father had a chance to see it again. And for a while this seemed possible.

By age two, Danny had begun to follow his mother everywhere, as she went about her daily routine, from cooking in the kitchen to dusting the living room, to talking on the phone to peeing in the bathroom. When she tried to get some time alone by turning on one of Danny's favorite videos ("The Little Mermaid" was his absolute favorite.), Danny insisted that she watch with him. When other adults were around, Danny was particularly clingy. Once a friend brought over her rambunctious 3 year old son, and Danny was terrified of him. When the two boys were left alone together, Danny began calling "Mommy! Mommy!" ran to her, and buried his head between her legs. His mother did

not remember Danny's older sister, Mary (now 6 and in school) being so afraid of being separated from her.

When Danny was about 2 and a half, he discovered his sister's room, with its dolls, dress up clothes, pretend make up kits, and especially, the tutu that she had long outgrown and that was only a bit too large on Danny. Mary rapidly lost patience with Danny's intrusions into her room and his fascination with her feminine things. She did not share her mother's reluctance to judge Danny's girlish behavior: "No Danny! Dresses are for girls. You are a boy." These altercations left Danny weeping in frustration and Mary furious, and so their parents framed the controversy in terms of territory and forbade Danny to enter Mary's room without permission. As a concession to Danny, his mother bought him his own Barbie doll and gingerly took his side when Mary criticized his feminine choices: "Danny can play with dolls if he wants to, as long as he stays away from yours. Everybody's different."

During the year after Danny's third birthday, his mother hired a regular babysitter for the afternoons in order to take an art history class. The sitter, Jennifer, was an attractive college student, a sorority girl who loved both children and fashion, and both Danny and Mary quickly idolized her. Leslie briefed her on Danny's unique behavior and reassured her that it was okay to indulge him. Soon Jennifer (at Danny's urging) was painting Danny's fingernails and letting him wear her bracelet. She introduced him to Barbie online, a website where they could dress up Barbie in an assortment of outfits. They also played "Princess Danielle," with Danny the princess and Jennifer the prince, wizard, king, or whatever male role the drama at hand required. Alternatively, they would produce sequels to "Aladdin" (with Danny playing the role of Jasmine) or "Beauty and

the Beast” (with Danny playing Belle) or the latest video fascination with a beautiful female protagonist. Jennifer was amused to think that she had found a playmate so feminine that even she was relegated to the male role—and that this playmate was a boy.

It was about this time that Danny’s parents had their second “Danny crisis.” Mark found Danny playing with his Barbie while wearing his sister’s tutu, and furiously snatched the doll away. Then he picked up Danny, who was frightened, and carried him to the living room, where he told Danny’s mother “Look what your son is doing!” As she looked at their faces—Danny’s ashen with fear and her husband’s red with rage—she felt her heart sink. She reached out for Danny, who practically leapt to her from his father and immediately began to cry loudly. She took him to his room and laid him on his bed, told him that she loved him and would be back in a little while, and returned to the living room to face her husband. In the ensuing discussion, she had to admit that Danny was cross-dressing regularly, but she thought that he was merely “going through a phase.” She made her husband realize how devastated Danny had seemed, and she saw his anger transform into guilty regret.

This was the last time they fought about Danny. After that day, the Ryans seemed to work out a silent compromise, in which Leslie tried to keep Danny’s feminine side from her husband, and he left Danny alone. Danny helped, because he seemed to understand that his father was not as receptive as his mother to his feminine activities. Sometimes, despite their unspoken efforts, Mark would see something not intended for his eyes—for example, Danny playing with Barbie. Although Mark no longer stopped Danny or criticized him, these moments were usually awkward and tense. Danny would hesitate, as if he thought he might get in trouble, until Mark left or looked away. Mark

would become cold and quiet, and Leslie would become especially attentive to him. But no one spoke up about Danny.

During Danny's fourth year, he "came out" to his block, going outside to play with the neighborhood kids wearing or bringing whatever he wanted. Unlike Mary, the younger kids did not give him a hard time at first, although some commented. ("He's wearing girl's clothes.") Danny gravitated toward the girls, who accepted him as a skilled participant in their activities, but he became visibly anxious when boys started playing rough around him, as they typically did. As the other boys began to shout, shoot each other with toy guns, and collide with each other, Danny shrank by the side of his guardian, usually Jennifer or his mother.

On his fourth birthday Danny had a party attended by several neighborhood kids and their mothers, his sister, Jennifer, and his mother. He wore his tutu, a bridal veil he had recently persuaded his mother to buy him, and black patent leather shoes that his sister had outgrown. Jennifer did his nails and fixed his hair (with a bow), and Danny was radiant. His gifts included a baseball bat and glove and a toy car (his mother and perhaps Danny too wondered why anyone would give these to him), some puzzles and books, a doll, a toy make up kit, and best of all a charm bracelet from Jennifer. Leslie realized that the other mothers probably saw Danny as odd, but no one remarked about his outfit or the unusual gifts. Danny was ecstatic. He was on top of the world, happier than he would be for a long time

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Danny's fifth year was a turning point, the year of unhappy awareness. This was the year that other children, his mother, and Danny himself began to realize that his

behavior was not only unusual, but that it was also in some sense unacceptable. It was the year that Danny learned how cruelly our world can treat boys like him.

A new family with two older boys, ages 8 and 11, moved down the street. The first time the boys met Danny, he was playing house with several girls. They studied him with increasing amazement before pronouncing him a “sissy” and a “fag” and laughed at him derisively. Stunned, Danny ran home to his mother, who calmly explained to him the meaning of these words. Seeing the tears in his eyes as he struggled with the “sissy” accusation—after all, he *does* like girls’ things—she was both furious at the boys and heartbroken for Danny. She realized that to that point, he had had an easy time with his femininity and that even if she could still intervene with these particular boys, there would be others with whom she couldn’t. When she defined a “fag” to Danny as “a boy who loves other boys.” Danny protested: “But I don’t even like boys!”

Next time Danny went to play at the house where the boys had harassed him, his mother made sure that she accompanied him. This prevented a repeat—the boys knew enough not to be mean to Danny in front of her—but it could not reverse serious damage to Danny’s social situation. For one, she could not always be with him, and whenever Danny was on his own and saw his detractors, they made sure to tease him: “Fag!” or “Sissy!” or “Danny’s gay!” or “Danny’s a girl!” (She thought it ironic that in other times and circumstances, the latter accusation would have made Danny happy.) Even more disturbing was the response of the other children, who began to question Danny’s play preferences: “Danny, you shouldn’t wear dresses. You’re a boy.” Occasionally, they rejected him outright: “You can’t play with us.” A couple of the older girls often protected Danny and scolded the others for picking on him, but the damage had been

done. Even when Danny was allowed to play, there was now tension where before there had been none. Difference that had been ignored now mattered.

Leslie seethed with anger at the two boys who had spoiled Danny's world. She made an indignant phone call to their mother, who apologized, but nothing changed. She had violent fantasies of intimidating them into stopping. But she simultaneously realized that sooner or later, Danny was destined to confront intolerance. Even if it the boys had never clouded Danny's life, someone would have. Events soon proved her right.

Although Danny strongly preferred the company of girls, he had befriended one boy. Martin was not feminine like Danny, but he was on the quiet side, somewhat passive, and not rough. He didn't mind taking orders from Danny or playing the roles that Danny cast him in, which were, after all, invariably male roles. Danny's parents were pleased that he had found a male friend. Once Martin spent the night, and Danny spent several hours at Martin's one night the next week. Soon Danny asked his mother if he could have Martin over again. She called Martin's parents to arrange something, and Martin's mother sounded strange as she said "You need to talk to Martin's dad." Martin's father stammered a bit but otherwise sounded forceful as he explained: "We have a problem with the way that Danny plays. Last time he was here, he wanted to be the wife and he got Martin to play the husband. We don't think that's something our son should be a part of. So for now, I don't think that Martin and Danny should play together." She couldn't bear to tell Danny the truth and so told him that Martin was sick. When she told Danny's father later, she broke down sobbing to think of her son, four and a half years old, banned from his best friend's company.



It was becoming increasingly clear to Leslie that she was going to have to take a more active role in helping Danny negotiate his increasingly difficult world. She had never liked the idea of squashing Danny's feminine interests. Rather, she decided to help him become aware of the potential consequences of his choices. This first outstanding issue, she decided, was cross-dressing in public. And so the next time Danny wanted to go outside wearing his tutu, his mother stopped him: "I don't think you should wear that, Danny."

"Why?"

"Because if you do, the other kids might be mean to you."

"But I want to."

"I don't think you should."

"Why?"

"I just told you. If you want to wear that, fine, but only in here. If you want to go outside, I want you to change into jeans."

By this time, Danny was crying and ran into his room slamming the door after him. She knew that she had hurt him, but what choice did she have? Could a four and a half year old boy reconcile the fact that there is nothing wrong with his strongest preferences with the conflicting fact that he must nevertheless hide them from most of the world? Could she reconcile these facts in her own mind?

Halloween approached, and she dreaded the unavoidable confrontation. When Leslie took her children to the store to get costumes, Mary chose Jasmine (from "Aladdin"). Initially, Danny tried to choose the same costume, but his mother said no. Danny thought her refusal meant that he should choose a different costume from his

sister's. But when he selected a princess costume, his mother said, "I don't think that's best, honey," and suggested a cowboy costume as an alternative. Disappointment flashed in his face, followed by shame. They eventually resolved that he would be a magician with top hat and cape and wand, but she had no illusions that this was Danny's first choice.

Danny asked for a bicycle for his fifth birthday, and they went to pick one out. Danny immediately chose a pink bike with streamers, and with Barbie painted on it. His mother said that this was probably not the best choice and tried to steer him toward a plain bike in blue or red or green. This time, however, Danny was in no mood to compromise. In the end, he chose not to get a bike after all rather than get one he did not want.

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Leslie became increasingly sad and worried about Danny and believed she was depressed. She decided to go to a psychiatrist who described himself as "psychodynamically-oriented" and told him all about Danny. He also wanted to know about her marriage, her own family, and her childhood. He seemed to focus on the period around the time when Danny was born, a period she had tried to forget. She had become depressed about her job. She found accounting unrewarding, but she had invested so much time and effort in taking courses and passing exams to be an accountant. Would she have to abandon her career goals to become a housewife? For the first year or so after Danny was born, she had been unenergetic and was not the attentive mother she should have been to either child. Gradually, she had accepted that being a homemaker to young

children is a valuable job in itself, and that abandoning a career in accounting hardly made her a failure. Her energy returned, and she became a better mother to her children.

After a couple of months, the psychiatrist told her that he had reached an understanding of her case. He explained that Danny's feminine behavior was a direct consequence of her being unavailable to him during his first year—that because she was an absent mother, Danny had reconstructed a substitute woman in himself. Although he did not say so outright, it was clear that the psychiatrist believed that Danny's atypical behavior was all her fault. His primary recommendation was that she continue in psychotherapy with him, perhaps increasing to two visits a week. This feedback provoked a mixture of feelings in her. She had always felt guilty about her maternal behavior during this time and was now being confronted with the likelihood that indeed, she had harmed her child. At the same time, something about the psychiatrist's formulation seemed a bit of a stretch to her. Can children really resort to such complicated solutions to their conflicts? At one year of age? And how is *her* psychotherapy going to help *Danny* cope with the intolerant reactions of other people?

She sought a school psychologist for a second opinion, imagining that a school psychologist had probably encountered boys like Danny and would have practical advice, especially regarding Danny's impending entry into kindergarten. She told their story to the school psychologist, who subsequently wrote a report. When the psychologist later summarized the report to Leslie, she seemed more harshly judgmental than she had been during the interview. Giving Danny Barbies and letting him cross-dress were “inappropriate parenting behavior.” She and Danny's father had been “neither willing nor able to set reasonable limits” on his feminine strivings. If immediate steps were not taken,

Danny faced social ostracism and would in all likelihood develop “a homosexual preference.” Although this was certainly not the first time Leslie had considered his future sexual orientation, it was the first time that someone else had mentioned the issue so directly. She did not like the way the psychologist seemed to assume that homosexuality would be a bad outcome. In her own mind, the issue was more complicated—she wanted Danny to be happy, and if he could be both happy and gay, she would love and accept him all the same. And compared with Danny’s current predicament, homosexuality seemed a minor consideration. By the time the school psychologist finished presenting her report, Leslie was in tears. Noticing this, the psychologist said: “I understand that this is difficult for you to hear, but we both want what is best for Danny.”

Around this time, Leslie learned something about her family that she felt must be relevant. Her 40 year old brother, Mark, called to say that he was divorcing his wife because he was gay. Mark said that he had recognized homosexual feelings in himself from childhood and had had sex with men beginning in adolescence and even through his marriage. But he had felt “Catholic guilt” and tried, at least intermittently, to suppress his gay feelings. After falling in love with a man, Mark realized that he could never be happy unless he followed his heart, and this required self-acceptance. Danny’s mother was stunned by his revelation but managed to reassure him that it would not hurt their relationship. Later, discussing this with her own mother, she made a connection. She asked her mother whether Mark had been a feminine boy. Her mother, who knew about Danny, revealed that indeed, he had been. When Mark was very young, he liked dolls and even cross-dressed a couple of times. Their father had disliked these behaviors and

wouldn't allow them. He had worried that Mark was becoming a sissy and made him play sports, which Mark detested. She hadn't mentioned this before because Mark seemed ashamed to be reminded of his feminine past, and so she didn't want to bring it up. She had always assumed that because Mark "outgrew" this behavior, Danny would also. Leslie could not believe that the similarity between Danny and Mark was merely a coincidence, but if not, what did it mean? Was there something about their family that produced feminine boys? A gene perhaps? Would Danny become a gay man, like Mark?

Current events gave Leslie one more concern. A teacher in one of the wealthy suburbs made all the newspapers because he ended one school year as a man and began the next as a woman. Danny found out—one of the kids told him that he should follow suit—and was *very* interested. ("What happened to his penis? Can she have babies? Is she pretty?") Transsexualism had always been in the back of Leslie's mind, albeit distantly so, but Danny's reaction made her more anxious. Even if she could handle Danny becoming gay, the possibility that he would get surgery to become a woman was not something she could tolerate.

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Kindergarten started off well enough. Leslie met with Danny's teacher a week before school began. She said that Danny was "special," and then explained how. The teacher insisted that she would not permit other children to give Danny a hard time, and her attitude was confident and reassuring.

Leslie also talked to Danny, in order to prepare him. As delicately as she could, she suggested that Danny not talk to the other children about "girl stuff" for the time being, that Danny shouldn't bring dolls or girls' toys. She took Danny to Nordstrom to

pick out clothes for the first day of school. With her guidance, they selected a red Ralph Lauren polo shirt (with the polo logo), navy khakis (pleated and cuffed), and black tasseled loafers. Danny looked proud when the salesman said “You’re going to be the best dressed boy in your school.” They had a bit of a conflict about Danny’s lunchbox. He went straight for a lavender Aladdin and Jasmine number, but she sadly refused. She saw a blue one, featuring Aladdin and the genie, and Danny objected, disappointed that there was no Jasmine. They settled, eventually, on a red Aladdin version, sans Jasmine.

Leslie had been dreading the moment when she dropped Danny off at class the first time. He had always been unusually attached to her, and this separation would be for several hours in a new, potentially scary, environment. They had discussed various scenarios that concerned him: what if he got sick at school, what if she forgot to pick him up, what if he got lost in the building. But at the moment of truth in early September, Danny gave her a quick hug and said “bye” and marched in. Leslie watched for a moment, then turned on her heel and rushed out of the room so that Danny wouldn’t see her cry.

The first day was a short one, for orientation purposes, and three hours later she anxiously re-entered the room, and Danny ran to her smiling. She felt immensely relieved. Maybe this could work. Maybe it was even good for Danny. And for a while, it seemed so.

Then one afternoon about a month later, Leslie was called to pick Danny up from school early. He had had a problem during recess, and he had been crying nonstop ever since. When she picked him up, he fell into her arms, and he couldn’t stop sobbing long enough to explain what had happened. She took him home, and all he wanted to do was

sit in her lap quietly and watch television, periodically wailing and crying, while she soothed him, quietly insisting that everything was okay. Eventually, he calmed down enough to tell her what had happened.

He had been playing with some girl friends on the playground. Suddenly, a group of boys swooped in, shoved him to the ground, and for good measure, a large one jumped on him, knocking the air out of him. Leslie could imagine just how he felt, because she believed she felt the same way: betrayed for no apparent reason, with no warning. She wondered if this was some kind of random careless act or if they had specifically targeted Danny. She also wondered how Danny's behavior had registered with the other kids. His teacher had seemed sympathetic but surprised at how Danny had reacted. The next morning before dropping him off, she reassured Danny that he would be safe. That afternoon, she learned that things had only gotten worse. At recess three boys followed him around calling him "girlfriend," "fairy," and "faggot," until he latched onto the teacher and she scolded them.

Leslie arranged to talk to the teacher, who said she was angry at the offending boys and promised to protect Danny. But she added: "I'm concerned that Danny is doing some things that make other kids dislike him. He's bossy and demanding. He tells the girls he plays with what they have to do and say. He tattles. And when other kids tease him, instead of ignoring them, he talks back to them in ways that egg them on. The other day, someone called him a girl, and he said: 'I'd rather be a girl than a stupid ugly boy.' On the one hand, I admired his chutzpah, but on the other hand, I knew that this would only make things harder for him." Leslie's hopes for Danny's easy adjustment to kindergarten were destroyed.

Danny no longer wanted to go to school, but his mother managed to get him there anyway. She considered any uneventful day a good day. Whenever anything happened, it was usually bad. He had become an outcast at school, and he also seemed to enjoy his life outside of school less. She worried that he was depressed. When she raised the possibility of taking Danny to a therapist (“to talk to about things that bother you”), he initially resisted. He assumed that the therapist would only want to talk about his femininity, and he was ashamed and defensive. But his mother reassured him that he could talk about whatever he wanted, and that she didn’t want to change him. He eventually agreed to see a child psychologist, who in turn gave Leslie the name of a therapist she could see for the depression that she felt returning.



## Chapter 2. Growing Pains

In spring of 1996 Leslie Ryan came to my Northwestern University office to seek yet another opinion. Jennifer, Danny's sitter, was a student in my human sexuality class and was working in my laboratory on studies of sexual orientation. I had lectured in class and spoken in lab meetings about feminine boys, and Jennifer thought that I might be able to give Leslie more definitive answers than those she had obtained thus far. She had three general questions: Most importantly, what is the best way to raise feminine boys to be happy boys? For the sake of curiosity, where do boys like Danny come from? For the sake of both curiosity and helping Danny, what becomes of feminine boys? I could easily answer only one of her questions. I have a good idea what Danny will be like when he grows up.

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Leslie insisted to me that she would love Danny no less if he grew up to be gay, and I believed her. At the same time, she was curious whether he would, and she also realistically anticipated that his life would be more difficult if he were gay. And she knew that Danny's father desperately wanted Danny to grow into a heterosexual man.

Many people believe that feminine boys become gay men. When Danny was only 3, the Ryans had discussed the possibility that he might become gay. Of course, the children who had tormented Danny—calling him “fag”—were already convinced that Danny was gay. Indeed, that was undoubtedly why they wanted to torment him. Most people Leslie has confided in have also broached the issue with her. They seemed to be divided between two general opinions. Some people recognized that the belief that feminine boys become gay is a stereotype and so rejected it the same way they rejected

most stereotypes, which, they felt, are the product of unenlightened thinking. Others wondered if there might well be something to the idea—just as many people speculate (most often in private) about the truth of other stereotypes. Social scientists have studied what becomes of boys like Danny, and it is the one question about the boys that they have effectively answered, one area in which even responsible social scientists can give an answer that is more than a high falutin' way of saying “I don't know.”

Several scientists have followed nearly 100 feminine boys from childhood into early adulthood. Because of their work, we can make educated predictions regarding Danny's adult sexuality. Most likely, Danny will become a gay man. It is also possible, although less likely, that he will grow up to be heterosexual. The final possible outcome is that Danny will decide to become a woman, and in this case, he would also be attracted to men.

The largest, most famous, and best study on this issue was conducted by Richard Green, then a psychiatrist at UCLA. Green began with 66 feminine boys, mostly referred by therapists. He also recruited a control group of 56 typically masculine boys. The boys's average age was about 7 years old when Green first saw them, although some were as young as 4 and others were as old as 12.

The feminine boys exhibited a variety of feminine behaviors:

- Cross-dressing: nearly 70% did this frequently compared to none of the controls.
- Playing with dolls: over 50% did this frequently, compared to fewer than 5% of the controls.

- Taking female roles in games such as playing house: nearly 60% took the female role versus none of the controls.
- Relating better to girls rather than boys as peers: about 80% did so compared to fewer than 5% of the controls.
- Wishing to be girls: over 80% stated such a wish occasionally, compared to fewer than 10% of controls.
- Having below average interest in rough-and-tumble play and sports participation: nearly 80% had below-average interest, compared to 20% of controls.

These were clearly two very different groups of boys, and the feminine group was on the extreme side. Danny showed 5 of the 6 behaviors; he has never expressed outright the wish to be a girl.

The boys' parents reported that their sons' feminine behaviors emerged quite early. For instance, over half of them said cross-dressing had begun before age 3, and virtually all cross-dressing began by age six. Parents varied considerably in their initial reactions to the feminine behavior. Some parents were horrified and intolerant. Other parents seemed to have found the behavior cute, at least at first. They showed Green photographs of their sons wearing high heeled shoes and dresses, and they admitted that they had bought their sons dolls. Mothers who remembered reacting more positively had sons who were slightly more feminine at the time Green first saw them. However, this effect was small, and one wonders how much mothers' memories might be biased by their sons' present behavior. Leslie's initial reaction was neither positive nor negative.

Although emotionally she was more concerned than delighted, her overt response to Danny was to tolerate his femininity, if not to encourage it.

Green tried to stay in touch with the boys as they became teenagers and adults. At the final follow up he collected data from about two-thirds of the boys—it is practically impossible to avoid losing touch with subjects in long term studies such as Green's. On average, the boys were 19 years old during their final interviews, the youngest being 14 and the oldest 24.

The results of Green's study are among the clearest and the most striking in all of developmental psychology. About three-fourths of the young men who had been feminine boys said that they were attracted to men, compared with only one young man who had been a typical, masculine boy. The odds against these results being due to chance are astronomical.

The other 25% of the young men who had begun as feminine boys denied attraction to men. Green does not seem very skeptical about these denials, but I am. For one, the 25% who claimed to be heterosexual were three years younger, on average, than the 75% who admitted attraction to men. Coming out as gay to others, or even to oneself, sometimes takes time, and it is likely that at least some of the 25% who claimed to be heterosexual would eventually become gay men. Green himself wrote of some subjects who denied homosexuality at earlier ages and then admitted later that they had not been completely honest. It is conceivable that every single one of the feminine boys grew up to be attracted to men. I am not arguing strongly that this is true—we simply do not know.

At his final interview, Todd, one of the young men from the feminine group, said he wanted to become a woman. Nothing clearly distinguished Todd's childhood from that

of the other feminine boys. His parents reacted negatively to his femininity. His father, in particular, was angry about it, sometimes telling Todd to stop and sometimes ignoring his cross-dressing and doll playing. At puberty, Todd realized that if he were going to mature, physically, he wanted it to be in the female direction. He was somewhat small for his age. At age 17 he said that he wished he had breasts and a vagina and although he knew it was impossible, wished he could give birth. He was attracted only to men. At his final interview at age 18, he said that his mother had given him a book about Christine Jorgensen, the first person ever to have a sex change operation, and he had become obsessed with it.

We don't know whether Todd ever became a woman, but let's assume he did. It might seem that if only one of the feminine boys grew up to be transsexual, then being a feminine boy is not very strongly related to adult transsexualism. But transsexualism is a very rare outcome; fewer than 1 in 20,000 U.S. males gets a sex change. Even if Todd was the only one, the rate of transsexuals among the feminine boys was about 400 times higher than we would expect from the rate in the general population. And conceivably some of the feminine boys Green lost touch with became transsexual—feminine boys who become transsexuals are often estranged from their families and so are more difficult to contact. Some other scientists believe that Green's transsexualism rate was on the low side, although no one believes that transsexualism is nearly as common an outcome as homosexuality is.

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When I told Leslie about the prospective data on boys like Danny, she said that she didn't care that he will probably become gay, that she only wanted him to be happy. I

believed her, but in any case, her attitude is sensible. There is no reason to believe that we could alter Danny's future sexual orientation even if we tried. Several of the boys in Green's sample were treated for their feminine behavior, sometimes by therapists who believed that homosexuality would be a bad outcome. But the rate of homosexuality among the treated boys was no different than among the others.

Still, she worried how she should act toward Danny, what would help him have the happiest possible life. Should she accept his feminine tendencies completely and indulge his atypical desires? Should she have bought him the Barbie bike? Or should she do the opposite, firmly and consistently discourage the behavior that has led him to ostracism? Should she even discourage his private sex atypical behavior—throw out his girls' clothes, for example?

Increasingly, Leslie felt torn. When she tolerated Danny's girl-like behavior, she did so uncomfortably, wondering whether she was being overly tolerant. After all, children don't get to do everything they want to do. They don't get to eat candy, stay up late, or stay home from school whenever they want. Was she failing Danny by not setting firm limits on behavior that was ultimately self-destructive? But when she did set limits, she felt more than just discomfort. When she saw the disappointment, anger, and shame in Danny's eyes, invariably followed by tears, she felt heartbroken. At those moments she wanted to tell him that she loved him just as he was, that he should do whatever made him happy, that she would always protect him from the reactions of others. But she knew this was impossible.

If she knew that in the long run Danny's happiness would be maximized by the short-term misery of squashing his femininity, she could do it. Or if the opposite were

true—that Danny would be happiest if allowed to flourish in his own way, and that preventing this would only damage him—her inner conflict would cease; if she only knew what to do.

Unfortunately for Leslie, psychologists don't always know what is best, and we probably will not know for the foreseeable future. However, it is conceptually simple to design a scientific study to answer the question. First, identify a group of boys like Danny. Next, randomly assign them to be treated differently, with half the boys being indulged and the other half discouraged in their femininity. Follow them into adolescence and on to adulthood, and see if they differ in their outcome. However, besides taking years to complete, such a study would require that parents be indifferent to having their feminine boys assigned to either of two radically different treatments, with the possibility of harm. (Of course, parents' actions may already be harming the boys, but at least the parents, themselves, are choosing how to treat them.) It would also require serious research funding, to pay therapists and researchers, but the issue has become the kind of ideological battleground that funding agencies do not like to touch.

So I do not know what to tell Danny's mother about the best way to treat Danny. I can only tell her what several experts, who have studied and treated boys like Danny, recommend, and why. Unfortunately, the experts disagree with each other, some of them passionately so. Indeed, the controversy concerning what to do about children like Danny has become psychiatry's hottest potato.

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According to the current Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV)—which represents a kind of official list of mental

disorders—Danny has a mental illness: childhood gender identity disorder (or GID for short). “Gender identity” refers to the subjective internal feeling that one is male or that one is female. Most of us rarely, if ever, think about our gender identities. But if we imagined that others were treating us as the opposite sex—insisted that we were the opposite sex—most could get an idea of the mental anguish a child with GID may feel.

To be diagnosed with GID, a boy must meet four major criteria. (These are similar criteria to the ones for GID girls, although obviously, girls and boys with GID behave nearly oppositely.) First, he must behave in very feminine ways. Second, he must show signs of being unhappy as a boy. Third, his life must be substantially and negatively affected by his symptoms. Fourth, his atypical behavior cannot be due to a known medical syndrome that interferes with sexual differentiation, or the process of becoming male or female. (One example of this would be congenital adrenal hyperplasia, a disorder in which girls can be exposed to high levels of testosterone in the womb.)

The controversy focuses on the first two criteria, and particularly on the second. So let’s look at them more closely. In order to meet the first, behavioral, criterion a boy must show at least four of the following:

- A repeatedly stated desire to be, or insistence that he is, a girl.
- A preference for cross-dressing or simulating female attire.
- Strong and persistent preferences for female roles in make believe play or persistent fantasies of being female.
- An intense desire to participate in stereotypically feminine games and pastimes.
- A strong preference for female playmates.



The second major criterion concerns feelings, and in particular gender dysphoria, or discomfort with one's biological sex. Children are not very articulate about their feelings, and so we often infer their feelings indirectly. The DSM gives a range of behaviors that can provide evidence of gender dysphoria. In boys, the most extreme form of gender dysphoria would include the wish not to have a penis. But a boy can also pass the gender dysphoria hurdle if he shows "aversion toward rough-and-tumble play and rejection of male stereotypical toys, games, and activities."

Regarding the behavioral criteria, Danny has at least 4 of the 5 behaviors. (A few times when he was younger, he playfully insisted that he was a girl. This wouldn't seem to qualify as a "repeatedly stated insistence.") Regarding gender dysphoria, he has never complained about his penis, but he certainly dislikes rough-and-tumble play and rejects stereotypical male activities. Danny is not even a close call, diagnostically speaking.

The current controversy in the mental health professions regarding what to do with boys like Danny is strongly related to attitudes toward the GID diagnosis. Some experts think that it is obvious that boys like Danny have mental problems that need to be treated. In contrast, an emerging group of mostly (but not entirely) gay thinkers believe that the childhood GID diagnosis should not exist. They believe that the diagnosis does far more harm than good. The two groups of experts would give very different recommendations to Danny's mother.

Leslie knows about GID, and she unhesitatingly rejects the idea that Danny is mentally ill. But that does not resolve her dilemma, nor does it ease her mind. Danny is

not mentally ill because he is feminine, but he is having problems and is too often unhappy, and she does not know how to help him.

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One approach that some clinicians have taken to boys like Danny is socially conservative, perhaps even fundamentalist. Its most visible advocate is George Rekers, who is a member of the ultra-conservative “Leadership U.” Rekers is an academic psychologist, who held positions at Harvard and UCLA before assuming his present position at the University of South Carolina. He has published numerous academic articles and several books, and at one point he was funded by the National Institutes of Health to research the treatment of children with GID. Yet there are disturbing aspects of Rekers’ work that are peculiarly un-academic, such as his writings invoking religious arguments for the superiority of heterosexuality. His assertion that homosexuality is “an unfortunate perversion” (p. 112) was, even in 1982, certainly out of fashion in academia, which tends to be socially liberal. Rekers represents the right wing of gender theorists and therapists.

Rekers’ position seems to be essentially the same as that of the National Association for Research and Therapy of Homosexuality (NARTH): homosexuality is inferior sexuality; homosexual people can sometimes be successfully changed into heterosexual people; homosexuality is the result of faulty learning and abnormal family dynamics, so the earlier the intervention the better; feminine boys are sick and at risk for homosexuality; and feminine behavior can be eliminated the same way that many other undesirable behaviors can be eliminated, by consistent application of reward and punishment.

Rekers has published vivid case histories of some of his patients, and perhaps the most interesting was known by the pseudonym “Kraig.” Kraig was especially important because he was a member of Green’s long term study (Green named him “Kyle”), and so we know something about how Kraig turned out.

Kraig entered therapy when he was about 5 years old. His parents were both quite worried, and his father was in fact intolerant of Kraig’s feminine behavior. At least one time prior to therapy the father spanked Kraig for putting female clothes on his stuffed animals. Kraig’s therapy involved the application of behavioral modification principles that would be familiar to many psychologists, teachers, and parents. For example, Kraig’s mother was trained to ignore him whenever he displayed feminine behavior. This was initially quite traumatic for both of them. Kraig screamed so loudly in the laboratory during one session that he had to be removed by a laboratory assistant. Kraig was also put on a “token economy,” in which he was given different colored tokens for masculine and feminine behavior. The blue tokens he earned for masculine behavior could be exchanged for treats, such as candy bars. The red tokens he earned when he was “bad”—feminine—had bad consequences ranging from loss of blue tokens to loss of television time to the most effective punisher: being spanked by his father. Although training occurred in the laboratory, these techniques were applied in all areas of Kraig’s life, for example including his choice of male versus female playmates.

According to Rekers, after 60 sessions Kraig engaged exclusively in male-typical behavior. Rekers treatment team noticed, however, that in the laboratory Kraig seemed to be acting. He would approach the table of toys and say something like “Oh look at those girl’s toys. Yuck. I don’t want to play with those. Where are the good boys’ toys?” Still,

Rekers convinced himself that Kraig was a clear success. Indeed, two years after treatment ended, his mother was concerned that Kraig had become too rough and destructive. Rekers advised her that this problem also was treatable and was preferable to the excessive femininity that Kraig initially displayed.

Green saw Kraig periodically between the ages of 5 and 18. When Kraig was 17, his mother was interviewed and said she was thankful that he had had the therapy; that without it he would have doubtless become homosexual or worse. Unfortunately, however, the therapy had not rescued Kraig's relationship with his father, which had only gotten worse. (It seems that Kraig never learned to enjoy hunting with his father and preferred art and theater to sports.) At age 17 Kraig was telling a story similar to his mother's, indicating his disgust with homosexuality and men who behaved in a feminine way. A year later, however, Kraig admitted that he not only had homosexual feelings but that he had acted on them—with a complete stranger in a restroom in a convention center. He felt in his mind that the experience was "unreal," and shortly afterwards took an overdose of aspirin. (He survived.) He believed that his parents would be disappointed and upset if they found out that he was not heterosexual. In general, Kraig appeared to be ashamed and deeply conflicted about his homosexuality. But he no longer enjoyed dressing or acting like a girl.

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Opposite Rekers on the gender political spectrum is a group of increasingly vocal clinicians, writers, and theorists, who believe that boys like Danny are healthy victims of a sick society. They include psychiatrists Richard Isay, Ken Corbett, and Justin Richardson, psychologist Clinton Anderson, scientist Simon LeVay, and journalist

Phyllis Burke, author of *Gender Shock*. (All of these individuals are homosexual, but this movement also includes some heterosexual supporters.) They argue that there is nothing inherently wrong with children who behave like the opposite sex. Most of these writers accept that there is a strong correlation, in boys at least, between early sex atypicality and later homosexuality. (Burke is an exception.) Because homosexuality is normal and healthy, feminine prehomosexual boys should not be labeled sick any more than gay men should be. (This argument is closely analogous to the one that Rekers uses to generate the conclusion that homosexuality is a form of mental illness.) The problem that feminine boys face is that of an ignorant intolerant society, a society that allows people to be cruel to them for no good reason. Treating a man or boy for “femininity” does more harm than good.

Isay, for example, says that virtually all the gay men he has seen in his clinical practice had some feminine traits in boyhood, and a few of them were sent by their parents for psychological treatment. According to Isay, his gay patients who had been treated during childhood for being prone to cry easily were now uncomfortable with emotional expression. Treated for excessive femininity, they now tried to distance themselves from all things feminine, despite the fact that femininity is part of “their nature.” The result can only be unhealthy inner conflict.

LeVay and Burke both point to Reker’s patient, Kraig, as a kind of poster child of the harm that the GID notion produces. To them, the primary results of Kraig’s treatment were damage to his self esteem and the crippling of his ability to express his romantic and sexual feelings toward men.

A recurring theme among the critics of the childhood gender identity diagnosis is that it includes children who simply do not conform to stereotypes of the other sex, whether or not the children have deeper gender identity problems. In other words, a boy who acts like a girl but is happy being a boy could still earn a diagnosis of GID. Although gender dysphoria is ostensibly a core component of the syndrome, in order to meet the criterion it is sufficient that a boy avoid typical boys' activities. This would make sense if boys who strongly preferred acting like girls to acting like boys invariably did so because they wanted to *be* girls and disliked being boys. They think that deep inside, Danny Ryan wants to become a girl, whether or not he says so. The critics of the childhood gender identity diagnosis believe that often, feminine boys just like to be feminine boys, and no more. Similarly, most of the critics downplay any association between symptoms of childhood GID and later transsexualism. They do not believe that the femininity of boys like Danny implies a fundamental gender dysphoria that typifies transsexual adults. They think that Danny Ryan just likes to act like girls do, but that he would be content being a feminine boy.

The anti-GID folks have a logically consistent treatment recommendation: no diagnosis, no treatment. They do not believe that Danny needs psychotherapy to help him become more masculine or satisfied with being a boy. Rather, they believe that most boys with GID—even boys who declare that they are girls—will grow out of it on their own. And they are uniformly horrified by the behavioral techniques applied by Rekers. To be sure, they do not think that boys with GID have easy lives, and they do not believe the boys should be ignored. Rather, they want to change society so that feminine boys are treated less badly. I initially was quite skeptical about this position, because it seemed to

smack of ideological grandstanding at the expense of feminine boys. Who can really hope to change society? I once challenged LeVay on this, and he told me about a teacher friend of his who had a GID boy in class, and who helped the class come to terms with the boy's "odd behavior and appearance." And he reminded me of how dramatically some other societal beliefs had recently changed. So I became less skeptical, if not yet convinced.

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Ken Zucker heads the Child and Adolescent Gender Identity Clinic in Toronto. Zucker has criticized the right wing position on GID, and he has recently clashed with the left wing. For this reason, and perhaps because I find his position especially balanced, I consider him to be the moderate. With his thick gray beard and his contemplative manner, Zucker appears rabbinical; he has certainly acquired a Talmudic knowledge of the literature concerning childhood GID, about which he is the world's leading expert. His book *Gender Identity Disorders in Children and Adolescents* is surely the most comprehensive text ever written on this topic. To say that Zucker is knowledgeable is an understatement. To say that he is obsessive about certain subjects, including GID and sexual orientation, is only a slight overstatement. I have seen Zucker in academic action for a number of years. He has reviewed my articles, for example, and now he is editor of the prestigious journal, *Archives of Sexual Behavior* and decides whether articles should be published there. Invariably, he has pointed out several mistakes in my papers, from omissions of prior research I had been unfamiliar with, to punctuation mistakes in my reference list (!). For this reason, I tend to give Zucker the benefit of the doubt in certain respects. For example, I do not think he is prone to make mistakes due to being uninformed or rushing to decisions. This is not to say that he is always right.

So what is Zucker's position? First of all, he believes that the diagnosis of childhood GID is useful and valid, and the diagnosis is not merely a value judgment that boys who like girls' activities (or girls who like boys' activities) are sick or wrong. This is due to his conviction that children with GID suffer, and that the suffering is not only attributable to bullying by closed-minded peers and adults. Second, Zucker thinks that kids with GID often need to be treated with psychotherapy, and that their families do as well. These beliefs obviously distinguish Zucker's opinion from that of the left—"leave masculine girls and feminine boys alone"—crowd, but Zucker also disagrees with the right's emphasis on preventing homosexuality. Zucker does not consider this an important clinical goal, because he thinks that homosexual people can be as happy as heterosexual people, and regardless, he doubts that therapy to prevent homosexuality works.

However, when I spoke to Zucker about the current debate about childhood GID, I came away with the impression that these days, he feels besieged primarily on the left. He has had several recent exchanges in academic journals on the issue of GID, all with critics who believe that the GID diagnosis is essentially gender repression; his tone in some of these exchanges has seemed irritable. He has argued, among other things, that the notion that a boy might be diagnosed simply for liking dolls is completely wrong. Among the children referred to his clinic for GID, none has lacked significant cross gender behavior.

More importantly, he has scoffed at the idea that children with GID are unhappy only because they are socially ostracized. He remembers cases in which children were unhappy primarily because they couldn't become the other sex. For example, he recalls



parents of a boy with GID telling him: “Every night before going to bed, he prays to God to turn him into a girl.” Another mother of a six-year-old boy with GID told Zucker that the boy cried himself to sleep every night, softly singing, “my dreams will never come true.” These boys are unhappy because they aren’t girls, regardless of whether others call them “sissy.” Zucker thinks that an important goal of treatment is to help the children accept their birth sex and to avoid becoming transsexual. His experience shows that if a boy with GID becomes an adolescent with GID, the chances that he will become an adult with GID and seek a sex change are much higher. And he thinks that the kind of therapy he practices helps reduce this risk.

Zucker emphasizes a three-pronged treatment approach for boys with GID. First, he thinks that family dynamics play a large role in childhood GID—not necessarily in the origins of cross gendered behavior, but in their persistence. It is the disordered and chaotic family, according to Zucker, that can’t get its act together to present a consistent and sensible reaction to the child, which would be something like the following: “We love you, but you are a boy not a girl. Wishing to be a girl will only make you unhappy in the long run, and pretending to be a girl will only make your life around others harder.” So the first prong of Zucker’s approach is family therapy. Whatever conflicts or issues that parents have that prevent them from uniting to help their child must be addressed.

The second prong is therapy for the boy, in order to help him adjust to the idea that he cannot become a girl, and in order to help teach the boy how to minimize social ostracism. Zucker does not teach boys how to walk in a manly fashion, but he does give them feedback about the likely consequences of taking a doll to school.

The third prong is key. Zucker says simply: “The Barbies have to go.” He has nothing against Barbie dolls, of course. He means something more general. Feminine toys and accoutrements—including Barbie dolls, girls’ shoes, dresses, purses, and princess gowns—are no longer to be tolerated at home, much less bought for the child. Zucker believes that toleration and encouragement of feminine play and dress prevents the child from accepting his maleness. Common sense says that a boy who wants to play with dolls so much that he is willing to risk his father’s wrath and his peers’ scorn is unlikely to change his behavior due to inconsistent feedback, sometimes forbidding, sometimes tolerating, and sometimes even encouraging it. Inconsistent parenting like this is ineffective in stamping out any kind of unwanted behavior.

Compared with the therapy of the right-wingers, Zucker’s therapy is more psychologically-focused and less punitive. Although Zucker encourages parents of GID boys to set limits on their sons’ feminine activities, he also encourages parents to discuss their gender concerns openly with their sons. Still, there is no denying that both moderate Zucker and right-winger Rekers think that parents should not just sit back and let their sons express their feminine sides. Which draws the wrath of the left, who insist that there is nothing wrong with boys who like girls’ things. The central difference between Zucker and his critics on the left is that Zucker believes that most boys who play with girls’ things often enough to earn a diagnosis of GID would become girls if they could. Failure to intervene increases the chances of transsexualism in adulthood, which Zucker considers a bad outcome. For one, sex change surgery is major and permanent, and can have serious side effects. Why put boys at risk for this when they can become gay men happy to be men?

I have not heard anyone argue that transsexualism is an acceptable outcome for feminine boys. This possibility is worth thinking about though, and in a moment I will. For now, let's assume that we don't want boys to become women and consider whether Zucker's methods are necessary. One leftist, the scientist Simon LeVay, has argued that the vast majority of boys with GID grow up as normal gay men without therapy, and so the discouragement of femininity that Zucker recommends is unnecessary and even cruel.

One bone of contention is the rate of untreated boys with GID who would become transsexual. Because Richard Green's prospective study is so famous, it is common for people to cite his transsexual outcome rate of 2% (one boy out of 50). However, a more comprehensive review found a rate of 6%, and the authors (Zucker was one) believe that this may have been an underestimate. Transsexual adults are more likely than gay men to be estranged from their families and unable to be found for a follow-up study. So maybe transsexualism is a more common outcome than some people believe.

Still, most boys who want to be girls become men who don't want to be women. In the exchange between Zucker and LeVay, LeVay didn't say how he thinks this happens. But he did imply that it is unnecessary to try to make boys with GID more like other boys. Somehow, perhaps through psychological maturity alone, they will lose their desire to be girls and their unhappiness to be boys. The problem with this analysis is that it ignores what happens in the lives of these boys, even those who get no therapy. In contemporary America (and in every other culture I know) very feminine boys simply cannot avoid encountering strong pressure to stop being feminine. Boys who wear dresses or play openly with Barbies will be ostracized by at least some of their peers, for

example. This means that we can't know how they would grow up if we left them alone. Boys with GID are not left alone.

Imagine that we could create a world in which very feminine boys were not persecuted by other children and their parents allowed them to play however they wanted. Do we really think that boys with GID would have the same low rate of transsexual outcome that they do in our crueler, less tolerant world? As much as I would like to arrange such a world, I think that it might well come with the cost of more transsexual adults.

Maybe it would be worth it, though. It is conceivable to me that transsexuals who avoided the trauma and shame of social ostracism and parental criticism would be happier and better adjusted than the gay men whose masculinity came at the expense of shame and disappointment. Certainly their childhoods and adolescence would be. Perhaps it would be more humane if we educated boys with GID early on that if they wanted, they could eventually become women. If they still wished to become women when puberty began, we could put them on hormones to prevent their bodies from becoming very masculine, so that they would be more realistic and attractive women once they made the change. At age 16, boys who had retained their cross gender wishes could opt for surgery. I can imagine that this world would be more humane than ours, although we cannot know it without conducting an experiment that will probably never be possible.

In our world very feminine boys must contend with peers who despise sissies, fathers who get squeamish seeing them pick up a doll, parents who have a difficult enough time accepting that their sons will be gay, much less that they might become women. For the most part, people do not just keep these attitudes to themselves but

convey them to the boys. So even the boys with GID whose parents don't bring them to therapy are getting at least some therapeutic components. They are getting a regimen of behavioral modification, heavy on punishment. Compared with this, Zucker's therapy seems kinder and more consistent, and thus more likely to be effective. Zucker believes that it is, although he is the first to acknowledge that no scientific studies currently support the effectiveness of what he does. Designing a study that would decide whether his therapy works, over and above the social influence that all feminine boys are guaranteed, is conceptually simple: Randomly assign boys with GID (along with their families) either to receive Zucker's therapy or to receive no therapy at all. See if those Zucker treats are less likely to become transsexual. Or see if the boys Zucker sees are happier in some other way. These are the types of questions that Danny's mother most wanted to know the answers to, the day that she came to my office. But I could not tell her, because no one knows. Furthermore, given the squeamishness of funding agencies about these kinds of questions, I doubt that we will know the answer for decades, if ever. Which means that parents of very feminine boys are sentenced to acting in ignorance, trusting their instincts, hoping their decisions turn out for the best. Although this is similar to the situation of all parents much of the time, the stakes seem higher for the GID boys.

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I am fairly certain that when he grows up, Danny Ryan will become a man rather than changing into a woman. I am more certain that no matter what Danny becomes, his sexual desires will be for men. Now eight years old, Danny probably has not yet had clear sexual desires. Recall that at age five he claimed to dislike boys—he meant that he didn't

like their personalities and activities, not that he disliked them sexually. Certainly at age five, Danny had no unambiguous sexual feelings. But he will.

We know very little about how children's sexual feelings develop. Our society is very squeamish about children's sexuality. I am not sure that a study proposing to ask children about their sexual knowledge and feelings could even be conducted in this country in 2003. This would be true especially of a study that aimed to ask about homosexuality. I cannot imagine Congress approving funding for such a project, and many parents wouldn't let their children participate. That is too bad, both for science and for boys like Danny.

Try to remember how ignorant of sex you once were. Well into grade school, I had no idea what a vagina was (despite having two sisters). I thought that intercourse involved the penis going into the anus, or perhaps the navel, or perhaps that sperm crawled from the penis into the woman while people slept—I believed all of these things at one time or another. I learned more accurate information gradually, and mostly from peers and experience. But I could count on many peers knowing more than I did, because they were nearly all heterosexual. And regardless of my knowledge of sexual anatomy, I knew that men and women, and many boys and girls, had romantic relationships. I saw evidence for this everywhere: at school, on television, in the movies. My friends and I talked about girls we liked (or pretended not to like).

I didn't know about homosexuality until after grade school, perhaps just before high school, and I had very little idea what it involved. Looking back, a boy I sat next to and befriended during high school French class was flaming, but I didn't know that at the time. I may have been a slow learner, but my point is that for straight kids, only the

graphic details are kept from them—and they have many opportunities to learn these from friends. By comparison, gay kids must feel like Martians. Until very recently, there were no openly gay characters on television or in the movies. Even today, when children hear about homosexuality, it is usually in a derisive way. The gay humorist, David Sedaris, wrote about how important it was for gay children to join straight kids in picking on any accused of being gay, in order to direct attention away from themselves. Although there are probably some liberal communities where this would no longer happen, there are many more where anti-gay sentiments are virulent. Many boys must simultaneously learn that they are gay and that they are despised.

How will Danny learn that he likes men? Commonly, gay men remember that they felt vaguely different from other children. This difference doubtless has something to do with gender nonconformity, but it probably also has to do with sexuality. Even before I knew the correct details about sex, I had crushes on girls. Gay boys presumably have crushes on other boys, and these crushes make them behave and feel differently than other boys. Most people recall that they had their first sexual attraction at about age ten, or fifth grade.

A couple years later, genital arousal kicks in, so that boys cannot easily hide their sexual preferences from themselves. Their penises insist on being heard. This is sexual desire. Even here, though, motivated boys can fool themselves. A gay friend told me that he always fantasized about a man and a woman having sex, often with accompanying pornography. He thought this meant he was straight. When he finally admitted to himself that he was gay, he was able to see that he had always been aroused by the men in the fantasies, not the women.

One's first sexual experience is variable in timing, because it depends so much on circumstances. A gay adolescent in a small, conservative community may have no potential sexual outlet. If he is in a large, urban setting, he almost certainly will. On average, gay men had their first homosexual experience at about age 14.

Very feminine gay boys tend to know they are gay earlier than masculine gay boys do. They have been called "gay," "fag," "queer," "homo," and so on, since before the time they knew the meanings of such words. They are "outed" at an early, pre-sexual, age. When they start having erections around attractive males during puberty, feminine boys need only connect some close dots. In some ways, it might be easier for feminine boys to accept their homosexuality. For example, they do not have to worry about ruining their image. Their image is already gay.

They may also have sex earlier. This is partly because they are quicker to acknowledge their homosexual desire, but it may also be because they are easier for other gay people to recognize. A gay male must be careful about approaching other males sexually, but very feminine boys are a safer bet. I would wager that among the recently publicized rash of cases in which Catholic priests had sex with adolescent boys, a non-trivial percentage of the boys were recognizably feminine. The older men had reason to think that their advances would succeed.

Early awareness of homosexuality is not necessarily beneficial. Gay men who were gender nonconforming boys and who came out early are more likely to say that they contemplated or attempted suicide than masculine gay men who came out later. We don't know why this occurs, but it seems likely to have something to do with the stigmatization of gender nonconformity.



If any feminine boy is likely to have an easy time coming out, it is Danny Ryan. His mother already knows he will probably be gay—I told her—and she says that this won't be a problem for her. She will have to run some interference with her husband, who is much less accepting of the possibility, but she has already learned to do that regarding Danny's feminine behavior. It is odd for me to think that many people would think that Leslie Ryan is shirking her maternal duty by helping Danny feel okay to be gay. I think he is blessed to have her.

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Leslie Ryan says that Danny is going “into the closet more.” She doesn't mean the literal closet where he used to seek her shoes. She means that more and more, he is hiding his femininity. Leslie has taken to playing catch with Danny, and Danny apparently enjoys spending this time with his father. But he is not very good at playing catch, and his mother thinks he would rather be doing something else.

He will no longer talk willingly about his feminine ways. Jennifer, his old babysitter, recently visited him. She recalled playing Barbie with him, and Danny said: “We don't talk about those things any more.” He seems ashamed to have others know or talk about his unusual behavior.

He continues to see a therapist, and his mother worries somewhat less about him than she used to. She thinks he has accepted that he will grow up to be a man, if a feminine man. She knows that there are problems ahead too. If Danny becomes a gay man, as seems likely, he will encounter more intolerance. Still, she thinks that at age eight, Danny has left his most difficult times behind him.