



Sissy Boy Syndrome

by Brock Thompson

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On December 15, 1973, the American Psychiatric Association, in a much publicized move, approved a referendum removing homosexuality from its list of mental illnesses. This development, coming after a bitter debate within the psychiatric community, had a tremendous impact on the public perception of homosexuality, not to mention the self-esteem of gay men and lesbians living within the United States.

However, when the new Diagnostic and Statistics Manual (DSM III) was published in 1980, in place of homosexuality was an entirely new entry and diagnosis, "Gender Identity Disorder in Childhood," or "The Sissy Boy Syndrome."

According to the DSM III, there are two main components that must be present to diagnose an individual with Gender Identity Disorder. First, with the child, there must be "strong and persistent" cross-gender identification, that is, a child wanting to be a member of the opposite sex. Evidence for this identification can include, for boys, the desire to cross-dress, or for girls, the "insistence on wearing only stereotypical masculine clothing." Cross-gender identification may also be seen in a child's desire to participate in games and pastimes usually enjoyed by the opposite sex or simply a preference for playmates and friends of the opposite sex.

The second component necessary for diagnosis is that the child must also display clear and ongoing discomfort concerning not only his or her assigned sex but also the perceived gender roles that accompany it. Generally, this discomfort could be seen in the child exhibiting significant social or occupational impairment. More specifically, the manual mentions that this discomfort can be seen in a boy's aversion to "rough and tumble play" or a marked rejection of male stereotypical toys. For girls, this discomfort can be observed in her "rejection of urinating in the sitting position" or her expressing the desire not to grow breasts or begin menstruating.

The manual goes on to mention that, for clinically referred children, the beginnings of the disorder usually are first seen in children between the ages of two and four. The manual also states that children are most often referred when they become ready to enter school, an action triggered by the concern of parents and teachers that this "phase" refuses to pass.

In his book *The "Sissy Boy Syndrome" and the Development of Homosexuality* (1987), which remains the definitive work on the subject, psychiatrist Richard Green presents a 15-year study on the development of homosexuality. In his conclusion, he states plainly that the majority of boys who exhibit feminine characteristics in everyday behavior will essentially "grow up" to be homosexual.

Green expresses the hope that his work will help in reducing family conflict and the social stigmas that surround homosexuality, but he often praises fellow psychiatrists and the parents of feminine boys for dictating to children the importance of being heterosexual.

In her essay, "How to Bring Your Kids Up Gay: The War on Effeminate Boys," literary critic and queer theorist

Eve Kosofsky Sedgwick is deeply critical of both the new diagnosis and Green's research. Sedgwick asks the question, what is the fate of children brought up under the influence of psychoanalysis and psychiatry today, when taking into account their parents' and teachers' anxiety concerning their sexuality?

For Sedgwick, Gender Identity Disorder is particularly dangerous to effeminate boys, more so than to "masculine" girls. According to Sedgwick, a post-DSM III society places effeminate boys in a category of "other" in its attempt to create an idea of a healthy homosexual, while regarding Gender Identity Disorder in girls as "rare." Sedgwick maintains that many regard a healthy homosexual male as one who has reached adulthood and exhibits a masculine persona.

Sedgwick contends that homosexuality, as a mental disorder, was simply replaced with Gender Identity Disorder in Childhood, which she argues is decidedly anti-gay. Gender Identity Disorder facilitates attempts by therapists, families, and society as a whole to arrange a distinctly non-gay outcome for the maturing child.

Concerning Green's research, Sedgwick condemns his practices, which often incorporated lying to both the subjects and the parents, as highly dubious. She argues that his work, as well as that of his fellow psychiatrists, sees the prevention of homosexuality as a useful practice of their skills. In her conclusion, Sedgwick maintains that the modern gay rights movement has been too slow to take up the cause of effeminate boys and masculine girls, that is, possible future gay men and lesbians. This "effeminophobia," even outside the mental health profession, hinders the theoretical dialogue concerning gay and lesbian development.

Bibliography

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Brock Thompson, a native of Conway, Arkansas, holds degrees from Hendrix College and the University of Arkansas. Currently he is a doctoral candidate in American Studies at Kings College, University of London. His studies focus on Southern gay and lesbian history, identity politics, and queer theory. His other interests include political activism and music from the 1980s.