Case Study: Cross-Gender Preoccupations in Two Male Children with Autism

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Persons with autism frequently exhibit circumscribed interests and unusual preoccupations. In this case study, two young males with autism are presented who have preoccupations with feminine gender-stereotyped activities and objects. These types of preoccupations in children with autism have not been reported in the literature, but may be more prevalent than realized due to parental underreporting given the negative stigma associated with feminine interests in young boys. The development of gender identity in young children with autism has rarely been addressed in the literature. It seems unlikely that these two cases can be categorized as gender identity disorders. Understanding these preoccupations in the context of autism rather than focusing on the gender identity issues has important implications for treatment. These cases point to the need for further study of the complex interplay of environmental and neurobiologic factors affecting gender identity roles and preoccupations in autism.

INTRODUCTION

Autism is a developmental disorder characterized by impairments in communication and social interaction, and by repetitive and stereotypical patterns of behavior and interests. As such, children with autistic disorder often have intense preoccupations. A preoccupation is defined as any interest which is "odd or peculiar in quality, that is unusual in its intensity or lack of social features and which is repetitive or stereotyped in one or more of its features or elements" (Lord, Rutter, & LeCouteur, 1989, p. 363). Preoccupations among children with autism may included such diverse objects

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as street signs, bulldozers, and toilets. Intense circumscribed interests may include knowledge of state capitals, weather information, or other areas of factual knowledge and tend to be more common in higher functioning and older children with autism. In this paper, we describe two young males with autism who have clear primary interests in feminine gender-stereotyped activities and objects. These interests were not limited to one or two objects, as is often characteristic of autistic preoccupations, but included a broad spectrum of typically feminine concerns (e.g., dressing in feminine clothing, manipulating dolls, imitating female cartoon characters). One aspect of autism that has rarely been addressed is the development of gender identity. The presentation of these two children raises questions about the nature of preoccupations and gender identity development in autism.

Gender identity is well established in most children by the early preschool years (Becker & Kavoussi, 1994). The establishment of gender identity appears to result from a combination of biologic and environmental factors, most of which have not yet been clearly identified. Recently, gender schema theory has been proposed to explain gender role development (Takiyasu, 1994). This theory hypothesizes that sex typing occurs as one's self-concepts become assimilated in the gender schema. Cultural gender schemata are learned from parents, peers, school, and the mass media. As children acquire knowledge of the cultural gender schema, they learn which attributes are applicable to their own sex, and thus themselves. Regardless of how children establish gender role identity, it is obvious that by age 4 1/2 years, children tend to spend much more time with their same-sex peers, and to differ substantially in interests and behavior characteristics according to sex (e.g., amount of rough-and-tumble play, type of group activities) (Rosenfeld & Wasserman, 1993).

Gender identity disorders may be apparent even in the early preschool years. According to the DSM-IV criteria (American Psychiatric Association, 1994), this disorder is manifested by a repeatedly stated desire to be a member of the opposite sex, a preference for cross-dressing in boys, a strong persistent preference for cross-sex roles in make-believe play, an intense desire to participate in stereotypical games and pastimes of the opposite sex, and a strong preference for playmates of the opposite sex. Gender identity disorder is considered a rare disorder, with boys referred for evaluation five times more frequently than girls (Zucker & Green, 1993). A wide range of intellectual abilities has been described in children with gender identity disorder. Among the characteristics attributed to boys with gender identity disorder have been increased internalizing behavior disturbances (anxiety, depression, social withdrawal), increased incidence of separation anxiety, increased creativity and physical attractiveness, and decreased activity levels as compared to controls. Family characteristics have been poorly studied, but it
is suggested that boys with gender identity disorder are likely to be later births with more brothers than sisters and with somewhat more masculine mothers (Zucker & Green, 1993).

Gender identity has rarely been addressed with regard to young children with autism although information on adolescents and adults has been reported (Levine, 1989). A study by Kobayashi (1991) identified problems with psychosexual development in nine adolescents with autism. These problems include diffusion in establishing a gender role, confusion owing to ambivalence between heightened sexual desire and dependency on mother, an uncontrolled sex drive based on intensified curiosity toward heterosexuality, and a strongly demonstrated need for a heterosexual love object. Owsley and Mesibov (1991) surveyed sexual knowledge of high-functioning adults with autism as compared to adults with mild to moderate mental retardation. The study indicated that individuals with autism had fewer sexual experiences than adults with mental retardation, but no significant differences were identified in knowledge or interest in sexual activities. Rubel and Dalrymple (1993) reported results of parental surveys regarding social sexual awareness and sex education of persons with autism. Verbal abilities of individuals with autism appear related to parents’ beliefs about the relevance of sex education, but not to displays of inappropriate sexual behaviors in individuals with autism. Elgar (1985) expressed the opinion that explicit sex education would be meaningless and confusing to most severely mentally handicapped individuals with autism. Perhaps most relevant to this article is a study by Abelson (1981) which indicated that the establishment of gender identity in children with autism (as demonstrated by recognizing one’s self as a boy or a girl) appeared to be dependent on mental age and cognitive abilities, and was correlated with the establishment of other social and self-help skills. Abelson expressed some optimism that many children with autism have the ability to recognize themselves as boys or girls, and thus form effective ties with the identified group, which lead to more acceptable social interaction patterns. Given the limited information regarding gender identity in autism, the following case presentations may be of relevance for theorizing about possible mechanisms of gender identity establishment in autism as well as consideration of factors that influence the development of preoccupations in young children with autism.

CASE REPORT 1

M.C., a 5-year-old Caucasian male, was referred to the Child Evaluation Center for hyperactive, atypical behaviors. M.C. was the product of a full-term pregnancy and vaginal delivery, the second child of his then
32-year-old mother. Birth weight was 6 pounds 15 ounces and neonatal course was unremarkable. Past medical history was significant only for a hospitalization for dehydration/gastroenteritis and right inguinal hernia repair. Family history was not significant for learning or psychiatric problems. M.C. lives at home with his mother, father, and 8-year-old brother.

With regard to development, M.C. walked at 13 months and was toilet trained at 3 years. Jargon speech was used until approximately 3½ year of age. Currently M.C.’s speech is characterized by short sentences which are often stereotyped. He recently began requesting objects by pointing. His parents report that he is an active, impulsive, and moody child with a good memory. M.C. frequently engages in perseverative motor activities. He is generally a loner. When with other children, he frequently runs around and screams until the children go away. Although his parents report no truly imaginative play, M.C. will imitate the scenes from a video having to do with female cartoon characters (e.g., Cinderella, Snow White, and Ariel). He likes to hold Barbie dolls but frequently will rip off the dolls’ heads and play with parts of the doll, especially the hair. He enjoys bright, shiny objects. He often dresses up using female clothing and uses towels or other fabric to fashion long hair for himself. M.C. demonstrates little interest in typical male toys or other toys in general.

M.C.’s general physical examination was unremarkable other than occasional hives on the skin. Neurologic examination was significant for mild muscular hypotonia. An EEG was obtained which was mildly abnormal due to excessive mild diffuse background slowing. Audiologic evaluation revealed normal hearing. Psychological testing included the Stanford-Binet Intelligence Scale (4th ed.) (Thorndike, Hagen, & Sattler, 1986). M.C. attained a Verbal Reasoning standard age score of 68, an Abstract/Visual Reasoning standard age score of 72, a Quantitative Reasoning standard age score of 68, a Short-Term Memory standard age score of 59, and a Test Composite of 66. On the Leiter International Performance Scale (Arthur, 1952) M.C. attained a computed IQ of 105. His speech and language evaluation revealed receptive and expressive language impairments with most skills clustering at the early 3-year range. The Autism Diagnostic Interview (Lord et al., 1989) was also completed, and M.C. exceeded the cutoff in the social, communication, and restricted and repetitive behavior domains providing support for a diagnosis of autism. The evaluation team concluded that M.C. met diagnostic criteria for autism.

M.C.’s family is of middle-class socioeconomic background with both parents in the home, as well as a brother who is 2 years older. M.C.’s family feels that they may have inadvertently reinforced his feminine pursuits by purchasing dolls for him when he first showed an interest in them. His parents reported that they were happy when he became involved with toys
of any sort. Treatment for M.C. has included enrollment in a regular kindergarten program with special education services for part of the day. M.C. has also received school consultative services with a specialist in autism. One-year follow-up evaluation revealed marked improvement in communication skills with somewhat broadened interests. However, M.C. still has a fascination with feminine objects, as demonstrated by his recent birthday request for a Pocahontas doll and related paraphernalia.

CASE REPORT 2

C.W., a 3-year 7-month-old African American male, was referred to the Child Evaluation Center due to speech and language delays as well as problems with social interaction. C.W. was one of fraternal twins in the second pregnancy for his then 23-year-old mother. The pregnancy was complicated by intermittent bleeding and threatened miscarriage. C.W. was delivered vaginally at term in breech position and required some supplemental oxygen shortly after delivery but had an otherwise normal newborn course. Past medical history is significant for frequent upper respiratory infections and episodes of otitis media, as well as hospitalization in 1992 for reactive airway disease and pneumonia. Family history was unremarkable for learning or psychiatric problems. C. W. lives at home with his mother, her boyfriend, his 8-year-old sister, and his fraternal twin brother. C.W.'s biologic father is in the military and C.W. has had only occasional contact with him since infancy.

With regard to development, C.W. crawled at 9 months and walked at 15 to 18 months. He used some single words at 21/2 years. Although he learned the words to several songs at an early age, he did not begin using phrases until approximately 3 years of age. C.W. is described as a loner who does not play with others. He engages in perseverative activities such as opening and closing doors as well as running his hand repeatedly through water. He watches commercials, music videos, and "Wheel of Fortune" on television. He fights with others if they bother him, and screams if unable to do what he wants. His favorite toys are a Minnie Mouse doll and a Barbie doll although his play consists mostly of shaking the hair of the Barbie doll. He enjoys wearing his sister's or mother's clothing, including high heeled shoes, bras, and underwear. He often puts a shirt over his head and acts as if it is long hair.

On physical examination, C.W.'s growth parameters were within the normal range and the general physical examination was unremarkable. Neurologic examination was significant for lack of a well-established hand dominance, mild muscular hypotonia, and intermittent toe walking. Fragile X chromosome analysis revealed a normal male karyotype with no evidence
of fragile X. An audiologic evaluation indicated average hearing detection thresholds for at least part of the speech frequency spectrum. Psychological evaluation included the Bayley Scales of Infant Development (2nd ed.) (Bayley, 1993) and the Developmental Profile II (Alpern, Boll, & Shearer, 1984). On the Bayley Scales, C.W. exhibited variable abilities with scatter to the 29- to 31-month level. On the Developmental Profile II, Self-Help Skills were at a 28-month level, Social Skills at a 30-month level, and Communication Skills at a 30-month level. Speech and language evaluation indicated significant receptive and expressive language impairments with most skills in the early 2-year level. Utterances were up to five words in length with perseverative and echolalic speech noted. The evaluation team concluded that C.W. had an autistic disorder.

C.W. comes from a lower socioeconomic background and has a single mother, older sister, and twin brother. However, there has been an adult male (mother's boyfriend) present in the home for several years. C.W.’s mother was initially reluctant to describe C.W.’s cross-dressing and appeared quite anxious about this behavior. C.W. has been enrolled in a school program involving regular and special education services. His mother participated in a single home consultative session with a behavioral specialist in autism. C.W. continues to cross-dress, although his mother has confined this activity to the period right after he comes home from school.

**DISCUSSION**

An extensive review of the literature reveals no previously reported cases of boys with autism who had a preoccupation with feminine dress and activities. Both of these youngsters demonstrated a preference for cross-dressing and cross-gender roles in imitative play. Their limited social and language skills make it difficult to assess preference for playmates of the opposite sex. However, the boys tended to reject masculine pursuits and activities.

These two case presentations raise interesting issues for diagnosis and treatment. The current literature suggests that the establishment of gender identity in individuals with autism may be quite difficult in many cases. Application of theory-of-mind to autism (Happé & Frith, 1995) indicates that problems with empathy and pretense may hinder the development of a view of oneself as part of a gender group. However, the Abelson (1981) study suggests that it is possible for individuals with autism, particularly if high functioning, to establish an accurate picture of themselves as male or female. These two cases may reflect some of the difficulties with gender identity establishment in autism.
Perhaps even more likely is that the described cross-dressing represents an unusual preoccupation in these children with autism. Certainly, the boys' interests have extended beyond one or two specific feminine objects to a variety of feminine objects and interests. This preoccupation may relate to a need for sensory input that happens to be predominantly feminine in nature (silky objects, bright and shiny substances, movement of long hair, etc.). As such, this preoccupation with feminine objects and activities may not be extremely rare in children who have autism. It seems worthwhile to ask questions regarding the nature of preoccupations during the interview process. These questions may need to be specifically directed to include the area of feminine interests for boys, given the reluctance of some parents to volunteer this information initially. These cases also point to the potential for confusion of primary gender identity disorders with preoccupations in high-functioning individuals with autism. The nature of these boys' preoccupations created significant distress for the families and both were hesitant to discuss the issue with professionals. Feminine interests in males have negative connotations in our society. Thus the nature of the children's difficulties from the perspective of autism has the potential to be overshadowed by the stigma of cross-gender preoccupations.

Appropriate treatment would be dependent on correct diagnosis in conjunction with effective behavior management strategies used at home and at school. Rather than a narrow focus on altering the preoccupation, a broad intervention addressing social, communication, and play skill development appears to be important. Thus, identifying other interests in the children to be developed in the context of social situations may aid social skill development by increasing opportunities for interactive play. Parents and others working with the child may need help in understanding the nature of feminine preoccupations in boys and in destigmatizing these interests.

It is our hypothesis that the feminine preoccupations of these children with autism may have resulted from an inherent predisposition toward unusual interests combined with the boys' social environment. The sensory aspects of the feminine objects may have contributed to the development of these preoccupations. It seems less likely that the feminine interests are related to issues of gender identity roles/confusion. This report points to the need for further study of the complex interplay of environmental and neurobiologic factors affecting gender identity roles and preoccupations in autism.

REFERENCES


