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IMPLICATIONS OF THE STEREOTYPING AND MODIFICATION OF SEX ROLE

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This article discusses and questions a study by Rekers and Lovaas (1974), which sought to "normalize" a young boy's sex-role behavior. The reasons given for treatment and the treatment itself are questioned. The ethical implications of the treatment and its outcome are then discussed, and alternative treatment procedures are suggested. Finally, the experimenters' description of the feminine sex-role is criticized.

DESCRIPTORS: behavior therapy, ethics, sex-role behavior, cross-gender identity, punishment, sex-role stereotyping, children.

In their recent article, Rekers and Lovaas (1974) appear to be not only accepting but also supporting sex-role stereotyping, thereby failing to contribute to the solution of a larger social problem. Although they admit that social and parental pressure led them to conduct sex-role therapy, their work raises the question of the responsibility for the nature of the therapy.

The expressed purpose of the study was to "normalize" deviant sex-role behavior, with the implication that the deviant behaviors were appropriate only for females. That is, the definition of deviant appeared to be somewhat equivalent to what some consider traditional female sex-role behaviors.

The authors' descriptions of the child's feminine and masculine behaviors were as follows:

> "... (he) continually displayed pronounced feminine mannerisms, gestures, and gait, as well as exaggerated feminine inflection and feminine content of speech. He had a remarkable ability to mimic all the subtle feminine behaviors of an adult woman. At the same time, he seemed void of masculine behaviors, being both unable and unwilling to play the 'rough-and-tumble' games of boys his age in his immediate neighborhood. He regularly avoided playing with his brother, he declined to defend himself among peers, and he was very fearful of getting hurt. On the other hand, he preferred to play with girls, and one neighborhood girl in particular; even when playing house with the girls, he invariably insisted on playing the part of the 'mother' and assigned the part of 'father' to one of the girls. For a child his age, Kraig had an overly dependent relationship with his mother; he demanded her attention almost continuously. He appeared to be very skillful at manipulating her to satisfy his feminine interests (e.g., he would offer to 'help mommy' by carrying her purse when she had other packages to carry). He seemed almost compusive or 'rigid' in the extent to which he insisted on being a girl and in his refusal of all contact with masculine-like activities. From casual observation, normal 5-yr old girls show much more flexibility than Kraig did in choosing between sex-typed behaviors" (p. 174).

There were four reported reasons for treating the boy for inappropriate gender identification. (1) The boy's behavior would increasingly lead to social isolation and ridicule; thus treatment was needed to "relieve Kraig's suffering". (2)

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Since the boy had these problems before the age of five, he would probably have even more problems in adulthood. Psychiatric case studies were cited which reported that cross-gender problems lead to a variety of troubles such as depression, autocastration, education and work maladjustment. (3) Intervention at an early age might be the only effective manner of treatment, in that adult treatment has not proven very effective. (4) The parents were becoming alarmed.

Consider these reasons more carefully. First, what indication was there that Kraig was "suffering" from social isolation? One might argue that a child cannot know these things. When dealing with behavior change that might alter a person's entire life style, therapists should "define precisely all relevant dimensions of service programs as well as their short- and long-range effects" (Davison and Stuart, 1975, p. 760). Therefore, one should approach the problems with extreme caution and after prolonged and advised consideration. For example, feminists may be scorned and isolated by segments of society, and while they may not like the societal scorn, most have indicated a need for modification programs aimed not at themselves but at the very segments of society that set the occasions for their problems. Similarly, pacifists may be scorned, ridiculed, and isolated, but they do not indicate a wish that they had been treated at an early age to avoid problems wrought by segments of society. With reference to the second argument for treatment, it is only reasonable to assume that the transsexuals, transvestites, and homosexuals who sought psychiatric help were unhappy with their status. It does not necessarily follow that all such men have the problems reported in psychiatric case studies, since little is known about the status of men with similar behaviors who do not seek psychiatric help. In other words, not every social pressure, not even every extensive social pressure, need be taken to define a deviancy that thereby needs treatment.

The third treatment rationale, that intervention at an early age may be the only effective treatment, may on may not be true, but this too seems based on the assumption that the boy will be unhappy later.

The final reason for treatment was that the boy's parents were concerned. If a therapist takes only this point into consideration, then the therapist has become the parents' agent, rather than the child's, or society's. Can the therapist justify that short-sighted a role? What are the consequences for the field, and for society, if that were to become common practice? It is difficult for a therapist to be fully aware of all the issues involved when changing behaviors defined not by the person whose behavior is in question, but by other agents, such as parents or courts. This is especially true when treatment is not done by request of the person being treated. In such situations, it may be important and prudent for the therapist to seek out other people who may be more aware of the various issues involved. In this instance, the therapists could have consulted with women and men of the feminist movement, spokespersons for lesbian and homosexual organizations, representatives of AABT positions concerning homsexuality, children's rights advocates, and others. These people might have shown the therapists other sides of sex-role typing as a social process. Clearly, there will be problems with this procedure, and moreover, after such consultation, the therapists' decisions might have been unchanged, but if therapists are to gain confidence in the ethics of their treatment, they should guard against treatment that unsophisticatedly threatens diversity in society.

Although in this case, one might question the issue of whether behavior should be changed, the real issue is *"how* and *to what ends"* that behavior is changed (*cf.* Davison and Stuart, 1975, p. 757; Bandura, 1969, p. 85). The following summarizes the researchers' "how" and questions their "means and ends". In the clinic, the mother was taught socially to reinforce Kraig for playing only with toys considered "masculine" by the experimenters. Three sets of toys were used (one for training, two for generalization tests).

All three sets were divided into girls' toys and boys' toys. The girls' training toys included: "(1) a baby doll with feminine clothes and miniature nursing bottle; (2) a doll crib with moving sides; (3) a doll bathinette; (4) two purses, one child size and one doll size; (5) a doll Babytenda (feeding chair); (6) a set of toy plastic tea dishes, two cups, two saucers, silverware, and a teapot; and (7) a wicker doll-buggy wth movable canopy" (p. 178).

The boys' training toys included: "(1) a plastic toy submachine gun with moving trigger, but silent; (2) a highway road scraper with adjustable blade; (3) a plastic race car with friction motor; (4) a plastic tugboat with moving helm and searchlight; (5) three miniature plastic soldiers; (6) a set of five small plastic airplanes; and (7) a plastic dump truck with moving dump mechanism" (p. 178).

The two sets of generalization toys were labelled dress-up and affect. The girls' dress-up toys included: "girls' cosmetic articles and girls' apparel, consisting of a woman's wig, a long-sleeve dress (child's size), a play cosmetic set (lipstick and manicure items), and a set of jewelry consisting of bracelets, necklaces, rings, and earrings" (p. 176).

The boys' dress-up toys included: "a plastic football helmet, a sea captain's hat, an army helmet, an army fatigue shirt with stripes and other military decorations, an army belt with hatchet holder and canteen holder, and a battery operated play electric razor" (p. 176).

The girls' affect toys were labelled "maternal nurturance" and included: "a baby doll in a 3-ft. crib with sliding side, a baby bottle, baby powder, and a 'Barbie' doll with two sets of dresses, shoes, hat, and miniature clothesline" (p. 176).

The boys' affect toys were labelled "masculine aggression" and included: "two dart guns with darts, a small target, a rubber knife, plastic handcuffs, and a set of plastic cowboys and Indians (42 pieces, 2 in. tall each)" (p. 176).

Treatment in the home involved both reinforcement and punishment. Kraig was rewarded with blue tokens for such desired behaviors as brushing teeth, washing hands, and chores. These were exchanged for candy and favored activities. He was punished with red tokens for feminine behaviors: (1) play with girls; (2) feminine gestures; (3) play with dolls; and (4) female role play. Receipt of red tokens resulted in subtraction of blue tokens, or timeout, or a spanking by the father. This procedure eliminated all four of the feminine behaviors. Additionally, treatment in the clinic resulted in Kraig playing exclusively with aggressive toys, never with maternal nurturance toys.

Thus, the treatment and results implied that males should play only with aggressive toys and never with nurturance toys, and should: (1) never play with girls; (2) never play with dolls; (3) never engage in feminine role-play; and (4) never exhibit feminine gestures. It was not clear if the opposite of these behaviors was considered desirable for females, a very questionable position to which many people would object. In any case, there are serious implications for a society whose children are raised in such a manner.

One might also ask whether aggression is representative of healthy play. We wonder, since the authors reported that after therapy, "Kraig was playing with 'rough-neck' Kenny next door to the extent that Kraig was acquiring Kenny's mildly destructive and reckless behaviors" (p. 186). Additionally, "Kraig's mother began to complain to us that her son had become a 'rough-neck' and was, thereby, in danger of getting hurt in reckless play as well as endangering furniture and other household items" (p. 186). Rather than reinforcing aggression to replace behaviors that were considered abnormal for boys (and girls), they could have reinforced behaviors that would be appropriate for either sex. After all, in today's world of changing roles, nurturance is considered normal for all.

What effects might training a boy never to play with girls have? One reason given for treating Kraig was to avoid his becoming homosexual. Teaching the thorough avoidance of

girls may, in fact, foster male homosexuality, not avoid it. Do we know?

The use of punishment contingent on playing with girls and emitting feminine behaviors raises a very critical question with regard to experimental strategy in new areas of behavior change. Davison and Stuart (1975) citing Morris (1966), suggest: "as a general rule, it can be stated that every therapeutic intervention should begin with the least intrusive procedure from which a positive outcome can reasonably be expected. This principle of 'least severity' would apply to both community and institution-based services" (p. 759). The use of punishment for these behaviors is clearly not an example of exposing this child to as little "risk and discomfort . . . (as possible) . . . relative to the greatest possible expected benefit" (Davison and Stuart, 1975, p. 759). It is one thing to argue the expediency and appropriateness of the use of punishment on extreme self-mutilation behavior by autistic children (Lovaas and Simmons, 1969), and another to argue, at this point in our clinical wisdom, for its use contingent on playing with girls and emitting feminine behaviors.

There are alternative procedures that the experimenters could have used to avoid sex-role typing. The behaviors listed as justification for treatment were quite numerous and included: slovenly and seductive eyes, a high screechy voice, a "swishy" walk, feminine gait, feminine content of speech, feminine inflection, feminine mannerisms, mimicking the subtle feminine behaviors of an adult woman, avoidance of his brother, avoidance of rough-and-tumble games, fear of getting hurt, lack of self-defense, lack of ability to throw or catch a ball, excessive crying, feminine clothing, oppositional behavior, and the worry of the parents. However, the behaviors chosen for modification were toy choice, playing with girls, feminine gestures, and feminine role-playing. Without dealing with these potential problematic behaviors, the child's repertoire could have alternatively been expanded to include some "traditional masculine" behaviors considered appropriate for all children, female or male. These might have included self defense, cooperation, independence, and even throwing and catching a ball; all skills the boy lacked. Additionally, a better outcome might have been extracted through modifying behaviors that are considered inappropriate for either males or females, *i.e.,* the boy's extreme fears, excessive crying, avoidance of his brother, or avoidance of certain types of play activities. If such behaviors were so extreme that they would be inappropriate for either females or males, they could have been treated in a manner appropriate for both females and males.

Finally, we question the experimenters' description of a feminine sex-role: "When we first saw him, the extent of his feminine identification was so profound (his mannerisms, gestures, fantasies, flirtations, *etc.,* as shown in his swishing around the home and clinic, fully dressed as a woman with long dress, wig, nail polish, high screechy voice, slovenly seductive eyes) that it suggested irreversible neurological and biochemical determinants" (p. 187). How can a high screechy voice or slovenly seductive eyes be female characteristics that are neurologically and biologically determined? Are those (multitudinous) women who do not show these characteristics somehow unwomanly? Many of them would be very concerned if a young girl swished into a room and consistently used a high screechy voice; and "slovenly, seductive eyes".

Clearly the experimenters' ideas about sex-role are also shared by others. Indeed, the study was supported by a research grant from the National Institute of Mental Health and the experimenters are replicating their research with several other young boys whose parents we assume have given permission for the use of these procedures.

Behavior therapists have always reported their treatment methods and made these as explicit as possible. In addition, negotiated goals and the final outcome must be objectively monitored (Davison and Stuart, 1975). Rekers and Lovaas have, by publishing this study, placed them-

selves in the proper position of being accountable to their profession. We agree with the authors if their broad goals are to assure happiness for young children when they grow up. We question the methods that appear to be the result of these researchers' own sex-role stereotyping. Only time and monitoring will tell the outcome.

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