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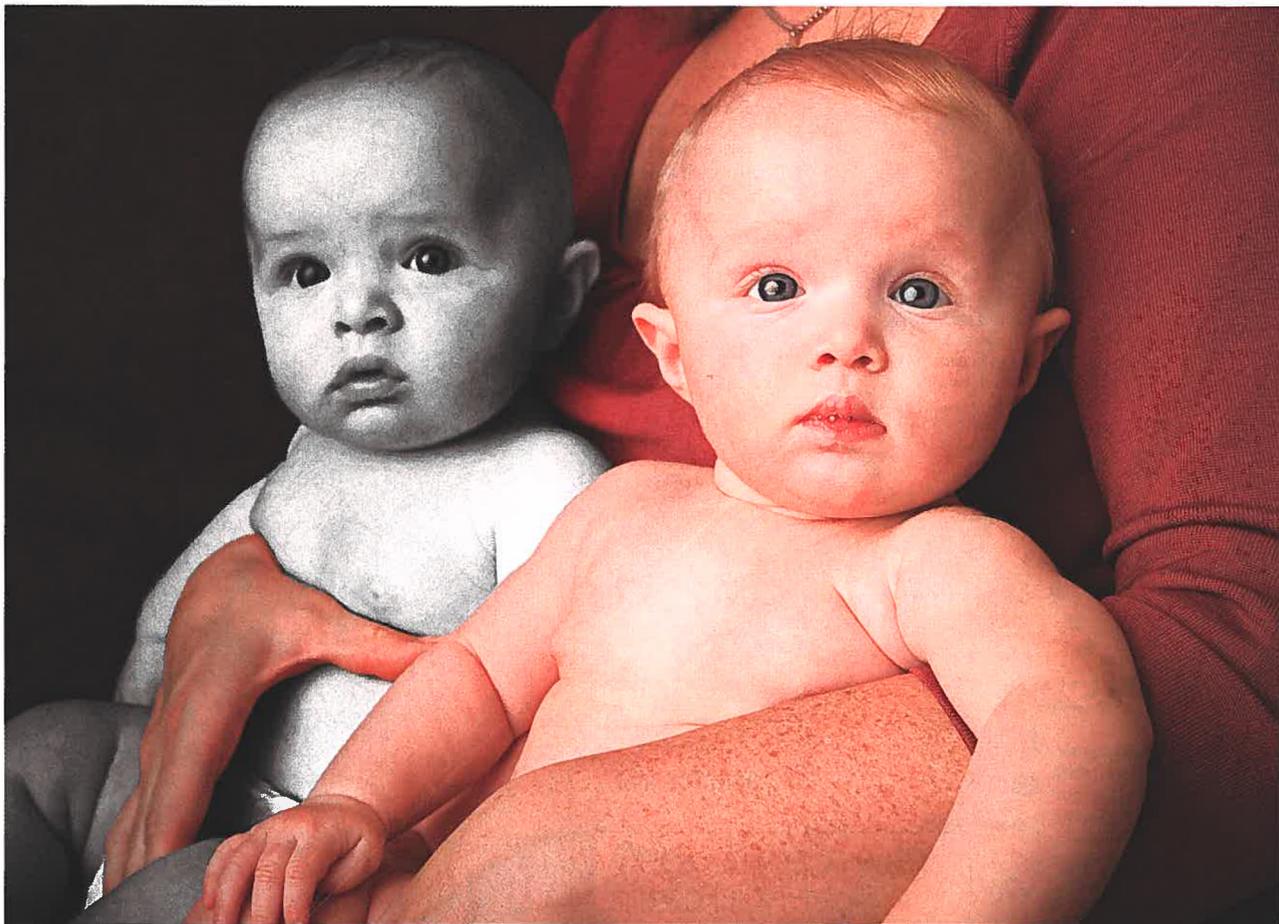
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# GIRL CRAZY

Women who suffer from gender disappointment are using extreme "swaying" techniques—from high-calcium diets to embryo testing—to ensure they conceive daughters, raising prickly ethical questions about whether you can really engineer your children—and if doctors should even be helping. **By Ruth Shalit Barrett**

When a sonogram showed that Stephanie Lewis, a writer and party planner living in San Diego, was expecting boy-girl twins, she was ecstatic. Lewis, already the mother of a two-year-old son, had always longed for a girl. "From an early age, I just remember wanting a daughter," says Lewis, an effervescent brunette who recalls a *Pleasantville* childhood filled with mother-daughter fashion shows, ballet recitals, and tea parties.

"Now, finally, I was getting her. I was just in heaven."

Not that the sonographer's revelation had come as a shock. For this, her second pregnancy, the 28-year-old Lewis had done everything in her power to increase the odds of having a girl. She'd adhered to a strict diet of milk, kefir, berries, and low-salt sesame paste on the premise that X sperm will thrive in a calcium-rich environment. She'd douched with vinegar and slept with a lime-soaked tampon in hopes of lowering her vaginal pH to girl-favorable levels. With her husband's reluctant assent, Lewis also visited a local sperm-spinning clinic that practices a form of sex selection known as the Ericsson method. In this process, faster-swimming boy-producing sperm are separated from slower-

swimming girl-producing sperm, yielding a concentrate that is then inserted into the woman's uterus via artificial insemination.

It took Lewis four tries, each costing \$1,500, to become pregnant. Upon hearing the good news—about the girl-boy twins—she went shopping. "I didn't buy the boy anything," she says. Instead she stocked up on pink paraphernalia for her daughter, already named Cassandra. "I bought her jewelry and a little bracelet with her name on it. I was planning her first Halloween. She was going to be a little ballerina."

As it turned out, the sonographer had made an error. Lewis got a delivery room surprise: twin boys. "I was in hysterics. I felt like somebody had died. The nurse had to send over a psychiatric social worker," she says.

At home with her baby boys and her two-year-old son, Lewis' anguish deepened. She was put on Prozac, but it didn't help. "I stayed in my room. I drew the drapes. I felt like a funeral should be held." The low point was when the twins had to be circumcised. "I thought, Here we are with two penises when there should not have been two. I got a lot of preaching," she adds. "People would say, 'You have two healthy infants. How ungrateful can you be?'"

Family members pointed out the toll her mood was taking on her three young sons, but "I didn't want to listen," Lewis recalls.

"I was in a fog." She stayed in her room, ate peanut butter and jelly sandwiches, and slept for hours, rousing herself only to shop for "drop-dead, absolutely adorable" baby boy clothes. "I hated blue, so I bought mint green," she says. "That brought me comfort."

Lewis' despair began to abate when she went online and, to her astonishment, found chat rooms full of women who were distraught for the same reason she was. Her new friends had screen names such as Dreamofgirlz, Praying4Pink, and PlzBeABoy. On sites like iVillage.com and In-Gender.com, they swapped gender-"swaying" techniques, posted photos of their kids ("This is Carter, who was supposed to be Chance"), and grappled openly with their "gender disappointment"—GD for short. "I have not stopped crying," wrote one In-Gender poster. "I just sit in a daze and contemplate the end of my life." Wrote another: "I've been in a funk all afternoon and am once again considering terminating this pregnancy."

Finally, Lewis had a name for what was ailing her. "For the first time, I felt I wasn't a bad person for feeling this way. Here was this treasure trove of women who could all commiserate. It was like I was part of a club."

Gender disappointment is not an official psychiatric diagnosis. It's an Internet-era label, an appellation coined by women who are bitterly unhappy about their baby's gender and who can't get over it, even after their child is born. It's also a subculture, or, as Lewis says, a club. There are books on GD (*Altered Dreams: Living With Gender Disappointment*), herbal tonics and tablets intended to influence a child's sex, and a handful of fertility specialists who have no qualms about taking all the guesswork out of baby making. "Why not?" asks Jeffery Steinberg, MD, an Encino, California-based reproductive endocrinologist who specializes in the use of in vitro fertilization for sex selection. "We're not producing monsters; we're producing healthy babies."

Much of the talk on the GD message boards revolves around sex selection methods, ranging from various folk remedies to sperm-sorting and spinning methods (MicroSort, Ericsson) to the holy grail: in vitro fertilization with preimplantation genetic diagnosis (PGD), a technique in which a doctor determines the gender of the embryos and transfers only those that fit the parents' request. The most popular at-home option is the Shettles method, named after the doctor who developed it and involving the exquisite timing of intercourse relative to ovulation. You'll also see lots of homegrown recipes for conceiving daughters that turn sex into a kind of kinky mad-science experiment: "Have your [partner] give you a 'sample.' Catch it in a cup or condom. Add warm lime. Do not warm lime in microwave—warm in hot sink. Then layer egg white (with a pH of 9 to 9.9) on top. You then incubate it for an hour...and insert it into yourself with medical syringe. Lay with hips raised."

Some women go as far as to label their own boys as "failed sways" or "Shettles Opposites." The mother of little Caleb, writing on In-Gender, wants it known that her apple-cheeked son is "living as a MicroSort statistic": He is the unexpected result of a 92.9 percent girl sort probability that doctors gave her. The mom of three-year-old Isaac and two-year-old Isaiah, who's expecting another boy on December 15, has put a frowny-face icon next to her due date. "I hate my life," she writes. "My family is complete in reality but not in my heart." She is considering giving all three of her boys up for adoption: "I want to give them to someone who can actually love them."

It's easy to dismiss the GD crowd as a bunch of heartless nutcakes. Yet it's undeniable that a kind of free-floating girl lust has entered the public consciousness.

I experienced it myself several years ago. I loved having a boy. But each time I visited my sister, I found myself drifting through

my nieces' rooms, mooning over the high-perched canopy beds and dollhouses and Lip Smackers lined up like little toy soldiers: Watermelon, Grape Crush, Berry Peach.

On impulse, I bought my three-year-old son an expensive Swedish dollhouse, so clean-lined and modern that it could pass for unisex. He removed the furniture, turned it on its side, and found a way of connecting the bed to the armoire and the armoire to the sideboard. "Look, Mom," he said. "A train."

When I got pregnant for the second time, I really thought I'd be fine with another boy. I tried to picture two little imps playing on the beach in matching Vilebrequin swim trunks. When the doctor's office called with the results of my amniocentesis, I was drinking root beer and eating takeout pad thai. "It's a girl," they said, and I put down my soda with a thud; I went to Whole Foods and stocked up on fresh veggies, brown rice, and an organic probiotic drink called Berry Green. I felt a sudden surge of tender protectiveness. I felt electrified.

It turns out I wasn't alone in fervently desiring a girl: Seventy-

"So you wanted a girl and got a boy. That may be what we call a narcissistic injury—you didn't get what you wanted."

one percent of American families who use MicroSort—which is still in clinical trials—want a daughter. The Ericsson method that Lewis used is actually more effective for selecting a boy: about 80 percent, compared with only 74 percent for a girl. But the ratio of girl-to-boy requests is as high as two to one at licensed clinics. "The era of wanting a first-born male is gone, not to return," founder Ronald Ericsson, MD, has said.

What's behind the modern-day girl fetish? One explanation: Women envision a brighter future for their daughters than they do for their sons. Boys are practically the underdogs these days, having fallen behind girls on nearly every measure of academic achievement, from college attendance to high school graduation rates. According to books such as *The War Against Boys* and *Boys Adrift*, they are in danger of becoming, as Christina Hoff Sommers has written, "tomorrow's second sex."

"The way society is now—I feel there's a preference for girls," says Linda Heithaus, a marine biologist from Hollywood, Florida, who has two sons and is contemplating doing IVF/PGD in the hope of getting a girl. "They can do everything a boy can do, plus you can dress them up. It's almost like, to fit in, you need to have one." Girls, in other words, are boys plus. They can play sports and have careers, and you can dress them in pink and take them to tea at the American Girl café. What's not to like?

Others link the yearning to women's belief that they'll have a richer lifelong relationship with a daughter than a son. "Families are raised differently these days," says Kathleen Rein, a New York psychiatrist who specializes in postpartum disorders. "It's much more isolating to be a mother. You don't have your mom and grandmother next door. Women want girls because they want that close female bond they're not getting in other parts of their life."

Consider Cynthia Zierhut, a clinical and developmental psy-



chologist at UC Davis. Five years ago, after giving birth to her third son, Zierhut turned to MicroSort. "My desire for a daughter is not about pink or shopping. I don't get manicures and pedicures. All that stuff isn't important to me. Relationships are. As a woman, I have so much I want to share."

Zierhut, who is 40, has undergone two failed MicroSorts in the past year. Now she's pinning her hopes on ovulation timing and various at-home swaying methods, including the restrictive girl diet. "Lately, I'm just so sick of it," she says. But she's reluctant to give up. "I am a little bit obsessed. The minute I started pursuing this, I pursued it in the manner that I've pursued every single thing in my life that I thought I could obtain. And that just feeds on itself."

In this sense, Zierhut exemplifies the darker side of girl questing (though at least she's introspective enough to recognize it): a need for control. It's felt most acutely perhaps by successful professionals who've delayed pregnancy until their thirties and forties, by which time they tend to have very fixed ideas of what they want out of life. "I never thought I'd have three boys," Zierhut says. "Never. I am a high-achieving firstborn. I'm someone who has been able to methodically—with perseverance, persistence, and raw desire—accomplish anything I set out to do. So it's hard to accept that there's nothing I can do to guarantee that I'll have a daughter."

Of course, given the state of medical technology in 2009, the idea of manipulating one's body to produce a boy or a girl hardly seems beyond the pale. But there does seem a point when all this gender disappointment—or gender desire—seems to cross a line and become crippling for the women beset with it, not to mention for the children they're supposed to mother.

Michelle Priestley, a 37-year-old homemaker and mother of four sons, says she's suffered from deep disappointment ever since her

first XY was born. "I have these four boys who are as good as gold," she says. "They're good and fun, but I feel like I can't appreciate them. I can't appreciate what I've got because I'm so focused on this thing that I haven't got." Two years ago, when she learned she was expecting her fourth boy, Priestley felt "gutted," she says. "I completely disassociated myself from my [unborn] baby." She considered an abortion but says she couldn't go through with it because she'd already seen the fetus on the ultrasound. "If there had been any way to have found out the sex earlier, I would've terminated."

Even now, knowing her son? "It is difficult to say, because I do know him," Priestley says. "But if only there'd been an option to do it without actually knowing him..." Her voice trails off. "Every time you have another boy, you lose your chance of getting a girl."

When I first spoke to Priestley, she'd just found out she was pregnant with her fifth child. Unable to afford high-tech treatments, she and her firefighter husband had opted for at-home swaying: douching, girl vitamins, a carton of cranberries a day. It was her final attempt to conceive a daughter, she said. "I'd always assumed I'd have just one child. Now, when this baby arrives, I'll have five children under the age of six. And I'm not even particularly maternal."

Priestley told me she indulges in sugarplum girl fantasies during weak moments. "Taking her to ballet class. Painting her nails with pastel glitter. It will make me feel complete, without a doubt."

On July 31, when she was 20 weeks pregnant, Priestley had an ultrasound. It was another boy. When I spoke with her, she sounded resigned. "I just have to get on with life, really. I have to get it together and give my boys a good quality of life. I can't go on being selfish."

I wanted to cheer when I heard this: Priestley had finally realized there was life beyond girls. But the intensity of the craving she'd described made me wonder if changing her mind-set would



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be an arduous undertaking.

Shari I. Lusskin, MD, the director of reproductive psychiatry at New York University Langone Medical Center, believes GD may be a distinct kind of depressive disorder. "These are women who are vulnerable to depression in pregnancy," she says. "And the gender disappointment interacts with the depression to magnify the disappointment to a pathological level." Lusskin recalls a patient who suffered acute GD during her pregnancy. Lusskin treated her for depression, putting her on medication and seeing her twice a week in therapy. "When the depression went into remission, the gender disappointment did too," she says. "In the end she bonded very deeply with her baby boy."

Others who specialize in the psychology of motherhood agree so-called GD is a problem, but they wonder if it's more analogous to an old-fashioned personality flaw. "It always intrigues me when we grab onto these new pathologies," says Karen Kleiman, executive director of the Postpartum Stress Center in Rosemont, Pennsylvania. "Have I seen women clinically experience this? Yes. Do we need to create a name for it? I'm not sure."

Kleiman believes GD is often a classic case of what psychiatrists call an "Axis Two" diagnosis. "Axis One is depression and anxiety," she says. "Axis Two is a personality disorder. There's no pathology attached to it, other than narcissism. So you wanted a girl and got a boy. That may be what we call a narcissistic injury—you didn't get what you wanted. And that's not treatable. There's no medication for that stuff."

Kate Hogeland, a 30-year-old hairstylist, wants to raise public awareness of GD. "Just because there is no medical diagnosis, that doesn't make it not legit," she says. "How long did it take to have doctors take PMS or PPD seriously?" She says she fell into a state of "panicked despair" days after finding out her second child was another boy. "I was mourning a death," she says, "mourning the image of my daughter." At work, she spent most of her time in the break room, sitting on top of the washing machine and crying. "I felt guilty and sad and terrified. I remember going into Wal-Mart and seeing the aisles and aisles of pink clothes. I felt like I was dying, suffocating. I felt insane. I realized I had to have this little girl."

Hogeland cashed in some Starbucks stock from her days as a barista. She persuaded her husband, a plumber, to take out a \$7,000 high-interest loan. "I sat him down and said, 'There's this thing called PGD. It's going to cost more than a car, more than a vacation. But I want this more than a vacation. I want this more than I'd want anything.'"

Doctors at Hogeland's local fertility clinic

weren't sure if they wanted to take her case. As she tells it, they were nonplussed at doing in vitro on a fertile 27-year-old. Nor did they like the prospect of having to throw away healthy male embryos. Finally, a compromise was offered: "If the PGD showed that we only had boy embryos, we'd have to put the boys in." Hogeland agreed, though she knew she'd never go along with it. "I just put my blinders on. I loosened my ethics and morals more than I care to admit." She bought a pink onesie that said "Worth the Wait" and slept with it under her pillow.

Two girl embryos were transferred. Both took, but Hogeland lost one of the twins at nine weeks. The other girl, Aine Brennan Hogeland, was born in June 2008. "We're over the moon," Hogeland says. "I'd always wanted a redheaded little girl. And it looks like she's going to be a strawberry blond."

But Hogeland can't stop thinking about the girl she lost. "I might try saving for [PGD] just one more time," she says. "I want the experience of raising two boys and two girls. I want that symmetry." Hogeland pauses. "I realize some of this may be a control-freak thing. I know I probably sound crazy. I mean, you can't handpick your family."

**Or can you? Welcome to the Fertility Institutes, Jeffrey Steinberg's Encino, California, clinic, where the lobby is festooned with pink and blue papier-mâché baby shoes and brochures tout "a world where gender is no longer a matter of chance."** Steinberg is one of the few MDs who advertises that he does IVF/PGD, which was pioneered to diagnose severe chromosomal defects, expressly for the purpose of sex selection. In IVF/PGD, doctors biopsy eight-cell embryos in petri dishes to remove a single cell, called a blastomere. The cells are examined to reveal the genetic information, and patients with a preference for boys or girls can elect to have those embryos transferred.

Voilà, Steinberg says. Gender disappointment is cured. "Most obsessions can't be resolved," says the 56-year-old Steinberg, who is stout, balding, and jolly—a Santa Claus of sex selection. "But here is an obsession that can be resolved. My patients get their girl, or their boy, and they're happy as pie."

Steinberg isn't the only fertility doctor to offer IVF/PGD for sex selection. Physicians at other clinics, including California's top-ranked Reproductive Partners Medical Group, use PGD as a screening tool to identify embryos with defects, and—if pressed—will reveal the sex of embryos in conjunction with other findings. "We would transfer embryos of one sex or another if that is the patient's preference," says Arthur Wisot, its executive director and a clinical professor of reproductive medicine at UCLA. "We would

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**GIRL CRAZY**

(CONTINUED FROM page 246)

do it if they seem like reasonable people and no one is hurt by it. But we certainly don't advertise it and promote it the way Steinberg does. The people he services are more on the fringe, and he's just playing to their neuroses."

Steinberg, who says he performs about 700 IVF/PGD procedures annually, charges \$18,000 per attempt. "For try No. 1, [patients] may be getting financial help from their family," he says. "For tries No. 2 and 3, they're mortgaging homes, selling cars." In 2010, he plans to begin offering sex selection at half price out of his Guadalajara, Mexico, clinic. "People are going to go crazy," he says.

To Steinberg, sex selection is practically a social good, "far preferable to abortion," he says. "And believe me, we see plenty of that in people's histories. Women will come in, I'll look at their chart. It says: Gravida 5, Para 2. What happened to the other three pregnancies? The answer is: three abortions. So that's something distasteful."

How does Steinberg justify working with patients who've repeatedly aborted chromosomally healthy babies due to gender? "It's hard to lecture them, because they're not going to go out and do it again," he says. "They've finally found the answer."

But have they? If the GD world is indeed a "club," it's a singularly depressing and bewildering one. Whatever happened to unconditional love? Aren't kids supposed to represent more than the easy fulfillment of their parents' dreams? "It takes tremendous insight and maturity to raise a girl if you are yourself a woman, to help her develop in her own unique way," says psychiatrist Vivien Burt, director of the UCLA Women's Life Center. "For some women, it's very hard to disentangle these issues, and a huge burden falls on the little girls."

In other words, there's a high likelihood that even if GD sufferers get what they want, they'll be disappointed anyway. After wallowing in bitterness following the birth of her twin boys, Stephanie Lewis eventually decided to adopt a girl from Korea, whom she named Jamisyn. Her husband opposed the adoption. The marriage fell apart, and Lewis ended up having a biological daughter, Eliza, with her second husband.

Two girls! Is Lewis in heaven? "Yes and no," she says. "In the end, my expectations of what it would be like to mother a daughter were not fully realized." Eliza and Jamisyn don't like to play with dolls, don't enjoy ballet. "Neither is really frilly," Lewis laments. "They don't want to do the things my mother and I did. I have to shake myself and say: You got what you wanted. So why do I feel this longing still? It leads me to believe that this GD thing is far deeper than meets the eye. I'm actually exploring it in therapy myself because I want to understand it."

In the meantime, Lewis is trying to accept her daughters as they are. "I've tried not to take it out on them, but there have been pangs of anger, of disappointment, pangs of, I went through all this, and now you're not cooperating? Didn't you read the instruction booklet on how to be a daughter? If a dream is held that long, then you better believe it becomes a well-crafted dream."

And indeed, Lewis is not ready to call it a day. "I still try every once in a while. I say, 'Let's have a princess party.' They say, 'Mom, you know we don't like princesses.'"

Lewis laughs ruefully. "I don't give up easily," she says. "I'm pretty tenacious." ●