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Mary E. Iannuccillo
A Correctional Facility
in a Western State
Transsexualism: The
Lifelong Paradox

ABSTRACT

This exploratory study was undertaken to test the validity of the current definitions of male transsexualism, add to our understanding of the etiology, and address the controversial treatment implications.

The experiences of four self-defined male transsexuals were compared with the clinical and theoretical findings of the two major theories, one proposing a non-conflictual etiology with a female core gender identity as opposed to those who have found conflictual roots with an ambiguous core gender identity. The theorists in both groups present descriptive profiles of male transsexualism, and identify two major sub-divisions called primary and secondary. The profiles address both etiological and treatment issues.

A semi-structured interview format was utilized, exploring early object relations, gender role behavior, cross-gender identification, school and peer experiences, gender identity, onset and course of transsexualism, sexual encounters and attitudes regarding expectations and implications of gender.

The major findings indicated there were both similarities and differences between the subjects' experiences as well as between the clinical and theoretical findings

reported by the two groups of theorists. According to the current definitions, all subjects presented material which would make them candidates for both the primary transsexual and secondary transsexual groups. The four further differed from one another most profoundly in the onset and intensity of their transsexualism as well as demonstrating differing degrees of ability to reflect on the nature of this phenomenon.

Although the findings from such a small sample cannot be generalized, they humbly remind us of the limited scope of knowledge in this area and the importance and potential richness of interdisciplinary interdependence.

DEDICATION

I would like to dedicate this project to my dear friends who have shared this long and arduous process through the language and years with deep caring and love, especially my dear Bob.

TRANSSEXUALISM:

THE LIFELONG PARADOX

A project based upon an investigation at a correctional facility in a western state, submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

Mary E. Iannuccillo

Smith College School for Social Work

1982

DEDICATION

I would like to dedicate this project to my dear friends who have shared this long and rich process, through the laughter and tears, with deep caring and trust, especially Jeane Burton and Dr. Dale.

I wish to thank Dr. Bob Warren for his confidence, curiosity and many hours of assistance with this project;

Dr. Natalie Hill for her clarity, laughter, support and uncanny ability to guide through a muddle pathlessly; and for her sharing of the unfolding of this process;

I would like to thank the transsexuals, in particular, whose willingness to share themselves made this project possible.

ACKNOWLEDGEMENTS

This project could not have been accomplished without the assistance of many people, whose contributions are gratefully acknowledged.

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CHAPTER 1

INTRODUCTION

"The woman in me is constantly screaming let me out, let me out, let me live."

"Here I am. I'm this girl. I'm locked up in this masculine body. It's not me and I want out."

"In my mind and in my heart I'm actually a female. Anatomically, I'm a male."

"I feel that mentally I'm female and physically I'm male. I've missed so much of life because I'm in another body."

(self-descriptions of four Transsexuals)

Transsexualism. What is it? An illness? A syndrome? A variant? Another gender? An hormonal error? A biological aberration? How to define it? And, further, how to treat it? Through analysis? Insight-oriented psychotherapy? Supportive psychotherapy? Behavior modification? Hormonal treatment? Surgical sex reassignment?

As this phenomenon weaves its way through the medical, social, legal and psychiatric communities, it leaves in its wake many questions, much confusion, dispute, speculation and implications regarding definition, classification, etiology and treatment. Though rare, transsexualism is a fascinating and unique area which crosses disciplines requiring much interdependence, out of which we may arrive at

a better understanding of normal gender development, a fuller appreciation and understanding of the term "psychophysiological being," and the implications for the subtle interdependence of the biological and the psychological. It is a reminder that there can be no true dichotomy between the mind and the body. Finally, it reminds us of the limited scope of our current knowledge and the humility and frustration engendered in those committed to empathizing with and alleviating pain.

Transsexualism, for the transsexual, is a lifelong experience filled with confusion, pain, longing, aloneness and intense frustration as he struggles to make sense of his feeling of dichotomy between his inner self and his physical self and to search lifelong for an identity where the two are not separate. He struggles with this in light of society's demands, implications and expectations for his physical self.

He fights against feelings that are not only honest but also basic to the structure of his personality... a fight he could not win and he fought it at the price of anxiety, depression and despair...culminating in self-mutilation and suicide. The mind could not accept the body, and, therefore, the transsexual was willing to submit to new, radical surgical procedures that could reshape the body, bringing it into conformity with the psychology of the person (Green and Money, 1969, xii).

And then, his lifelong commitment becomes a search for the "perfect female identity."

This project is limited to a discussion of male transsexuals and compares and contrasts interview material presented by four transsexuals with clinical and theoretical

material presented in the literature upon which definitions have been based and from which speculations as to etiology were drawn as well as implications for treatment.

CHAPTER II

REVIEW OF THE LITERATURE

Transsexuals was once viewed as a mental disorder and a manifestation of psychosis, but in the late 1960s and early 1970s the criteria for diagnosis were revised and the term was dropped. In the mid-1970s, it was considered as "sexual orientation" and "sexual behavior" and was replaced by "gender identity disorder" (Ambinder, 1978, p. 10). The medical community considered transsexuals to be a type of deviant or a form of mental illness until the late 1970s when they were given primary status. With the birth of modern psychology, "sexual orientation" and "sexual behavior" were replaced by "gender identity disorder" and "gender expression disorder" (Ambinder, 1978, p. 10). The medical community and researchers viewed transsexuals as "gender identity disorder" and in the interest of "public mental health" the goal of treatment was to alter the gender of the transsexual. It is reported that alteration was viewed by transsexuals as a necessary step in their life and possibly their sexual pleasure.

During the first half of the twentieth century with the advent of modern plastic surgery and the manufacture

CHAPTER II

REVIEW OF THE LITERATURE

Transsexualism was once viewed as sinful and a manifestation of demonic possession, drug usage or witchcraft and as such, outside of the province of medicine and better left to the interventions of the devil and God. In the middle ages, it was considered an "anomalie of sexual behavior...subject to torture and imprisonment (Money and Ambinder, 1978, 833)." The medical community considered transsexualism to be a pain reliever and outside of their realm since they treated primary pain and suffering. With the birth of modern psychiatry, "anomalies of sexual behavior", which had previously been classified as "sinful and demonic possession", were reclassified as mental illness and requiring treatment. Transsexualism was then defined as "gender identity transposition" and in the interest of "public social health", the goals of treatment were to alter the gender to match the genitalia. It is reported that alteration was viewed by transsexuals as a coercion threatening their personal identity and possibly their sexual pleasure.

history —

During the first half of the twentieth century, with the advent of modern plastic surgery and the manufacture

of sex hormones, transsexuals demanded that the medical community alter their genitals and secondary sex characteristics through surgery and hormonal treatment to appear as members of the opposite sex. The medical community was skeptical and some believed that this treatment was a collusion with a psychosis. It was already apparent that conventional psychotherapy had failed with transsexuals, and some in the medical community believed that they needed to respect the notion that the organism would heal its own psychic or somatic traumas. Others recognized the pain and suffering of these patients and believed that hormonal treatment and sex reassignment would, in fact, relieve the pain by reuniting the mind and body and ultimately would promote well-being through a positive body image (Money and Ambinder, 1978).

Cauldwell introduced the term transexualism in 1949 and Benjamin reintroduced it duplicating the s's in 1953. According to Pauly (1968), the first account of sex reassignment in the medical literature was reported by F. Abraham in 1931. The first biographical account of sex reassignment with medical supervision was in 1930 by Danish artist Einar Wegener who became Lili Elbe. In 1952, the dilemma of the transsexual was dramatized by the successful sex reassignment of George Jorgensen who became Christine Jorgensen. This case continues to be viewed by the medical community as a long term success (Money, Gaskin, 1971).

- trans. history -

Ancient Historical and Mythological Perspectives

Transsexualism is a phenomenon that is not unique to our culture, age or society. Threads of this theme have been evident in classical mythology, classical and ancient history, the Renaissance, cultural anthropology and recent history.

Green and Money and Green cite Bulliet's examination of classical mythology who found that Venus Castina, personifies the transsexual influence as the "goddess who responded with sympathy and understanding to yearnings of feminine souls locked in male bodies (1969, 13; 1974, 4)."

There are also myths where sex change is considered a punishment. Green and Money (1969) and Green (1974) describe Leach's version of Tiresias, a Theban soothsayer, who discovered two snakes coupling while he walked on Mt. Cyllene; he killed the female, and as a punishment by the gods, he was changed into a woman. He later angered the gods by describing pleasure in being a woman and was changed back to a man.

Another mythical account is that of the Scythians who pillaged the temple of Aphrodite at Ascelon. It was reported that she was so angered that she made women of the plunderers. Hippocrates later found "No-Men" among the Scythians. "They not only follow women's occupations but show feminine inclinations and behave as women."

Hippocrates theorized as to the etiology of this phenomenon:

We believe that this illness like any other comes from the gods...Here is, I believe, how this impotence happens: It is the result of the perpetual horseback riding of the Scythians when they go to a woman and cannot perform they do not worry at first and simply rest, but if two or three or even more attempts do not succeed, they feel they have committed some offense against God to whom they attribute their affliction, so they don women's clothing, admit their impotence, and from then on, live as women, doing their kind of work. This illness among the Scythians afflicts not the poor but the nobles and the powerful and the rich, horsemanship being the cause, and if the poor are less subject to it, it is because they do not ride (Green, 1974, 4).

There are accounts of gender dysphoria from ancient Greece and Rome. Green and Money and Green cite Masters' discovery of Philo, a Jewish philosopher of Alexandria, who described one thousand years ago some males of his Hellenistic society:

Expending every possible care of their outward adornment, they are not ashamed even to employ every device to change artificially their nature as men into women—some of them craving a complete transformation into women, they have amputated their generative members (1974, 5; 1969, 15).

They further add Masters' description of first century Rome, when the poet Manilius, made a similar observation:

These (persons) will ever be giving thought to their bedizenment and becoming appearance; to curl their hair and lay it in waving ripples—to polish the shaggy limbs—Yea! and to hate the very sight of (themselves as) a man, and long for arms without growth of hair. Women's robes they wear...(their) steps broken to an effeminate gait... (Green, 1974, 5; Green and Money, 1969, 15).

There are reports of sex change in the history of the Roman emperors. Perhaps, one of the earliest sex-change operations may have been ordered by Emperor Nero. It is

reported that he killed his pregnant wife by kicking her in the abdomen; whereupon, he searched for someone whose face resembled hers, found a young male ex-slave and ordered his surgeons to transform him into a woman. After the "conversion", Nero and this "woman" were married (Green, 1974; Green and Money, 1969).

Green and Money and Green cite Bulliet's finding that the Emperor Heliogabalus performed the "tasks of wife" following his marriage to a powerful slave. He describes himself as "delighted to be called the mistress, the wife, the Queen of Hierocles (1969, 15; 1974, 6)" and offered to the physician who would equip him with female genitalia, half the Roman empire (Benjamin, 1964).

Green adds DeSavitsch's report that in ninth century Rome the person known as Pope John VIII, nominated as successor to Pope Leo IV in 855, was a woman. Pope Julius III approved a published report which said that "she gave birth to a baby and died, together with her offspring, in the presence of a large number of spectators (1974, 6)."

Green and Money continue with DeSavitsch's report that in sixteenth to eighteenth century France, the sovereign was referred to as "Sa Majeste", meaning "Her Majesty", in deference to King Henry III of France who considered himself a woman. It is said that in 1577, Sa Majeste appeared before his Deputies "dressed as a woman, with a long pearl necklace and low cut dress (1969, 16)."

Green and Money and Green state that Bulliet, De

Savitsch and Gilbert have all found the Abbe de Choisy, a famous seventeenth century Frenchman, vividly describing an infancy and early youth where his mother had dressed him in girl's clothing. He continued this cross-dressing and at eighteen his waist "was encircled with tight-fitting corsets which made his loins, hips and bust more prominent." He reported "everybody was deceived; I had lovers to whom I granted small favors." He became Louis XIV's Ambassador to Siam. Regarding his gender identity, he wrote:

I thought myself really and truly a woman. I have tried to find out how such a strange pleasure came to me, and I take it to be in this way. It is an attribute of God to be loved and adored, and man—so far as his weak nature will permit—has the same ambition, and it is beauty which creates love, and beauty is generally women's portion—I have heard someone near me whisper, 'There is a pretty woman'. I have felt a pleasure so great that it is beyond all comparison. Ambition, riches, even love cannot equal it (1969, 16; 1974, 7).

They further describe Bulliet, DeSavitsch and Gilbert as contributing another famous example in Chevalier d'Eon from whose surname was derived the eponym eonism. He reportedly dressed in women's clothes and was a rival of Madame de Pompadour. He was also the mistress of Louis XV. He was made a trusted diplomat when the secret became public and he lived permanently as a woman following Louis XV's death. There was some question whether his anatomy was male or whether he was impersonating a male when he wore men's clothes. He lived for forty nine years as a man and thirty four years as a woman (Green and Money, 1969; Green, 1974).

Green cites Brown's adding that the first Colonial governor of New York, Lord Cornbury, came from England to America dressed as a woman and continued this dress while in office (1974).

Green and Money cited Westermarck's anthropologic studies of North American Indian tribes which give evidence of cross-gender identity and behavior: "In nearly every part of the continent there seem to have been, since ancient times, men dressing themselves in the clothes and performing the functions of women (1969, 18)."

Among the Yuman Indians were a group of males called elxa. It was thought they had a "change of spirit" as a result of dreams during puberty. "A boy or girl who dreamed too much of any one thing would suffer a change of sex (Green, 1974, 9)."

Green cites Bulliet's study of the Yuma culture's belief that a transvestite lived in the mountain Sierra Estrella and had the power to "sexually transform men". It was reported that such a transformation was apparent "early in childhood". The elders of the tribe could detect that a boy would "change sex" by his actions. They called these men, who behaved as women, married men and bore no children, "Berdache" (1974, 9).

Among the Cocopa Indians were males called "el ha" who had "feminine character from babyhood; as children, they talked like, sought the company of girls and did things in women's style (Green and Money, 1969, 18)."

Among the Mohave Indians there are reports that boys who became shamans (priest-doctors) would "pull back their penis between their legs, display themselves to women saying 'I too am a woman, I am just like you are (Green and Money, 1969, 19; Green, 1974, 10)."

There appear similar examples in Navaho and Pueblo tribes as well as Indian, African, paleo-Asiatic and ancient Mediterranean tribes.

Green says that Sir James Frazer in The Golden Bough wrote: (There is) "a custom widely spread among savages in accordance with which some men dress as women and act as women throughout their life...often they are dedicated and trained to their vocation from childhood (1974, 8)."

It seems that many people from many different cultures and times and living in many different places have experienced what we now refer to as transsexualism. Although this is a relatively rare phenomenon with reports of one case in 100,000, it is important to keep in mind that the majority of cases reported in the literature are predominately those seeking relief through sex reassignment. It is presumed that there are transsexuals who have not made themselves known to the medical community and who perhaps have arrived at some resolution of their situation. Perhaps we can speculate from the historical data that there have been a number of apparent transsexuals who have lived with a reasonable degree of acceptance of their transsexual identity without surgical intervention.

Throughout the historical and cross-cultural accounts, it appears that there are two constants: 1) that the onset was early and, 2) that the commitment was lifelong. There is now a term for this phenomenon but, that too, is not without controversy. Money and Gaskin (1971) report that Kubie and Mackie (1968) have criticized the term transsexualism "as not doing justice to all the complexities of gender transmutation and implying a false degree of clarity regarding the diagnosis and etiology of the syndrome which it purports to name (250)."

Definition

The DSM III (1980) classifies transsexualism as a "Gender Identity Disorder" falling within the broader diagnostic category of Psychosexual Disorders. It describes the essential characteristics as:

...an incongruence between anatomic sex and gender identity. Gender identity is the sense of knowing to which sex one belongs, that is, the awareness that 'I am a male', or 'I am a female'. Gender identity is the private experience of gender role, and gender role is the public expression of gender identity. Gender role can be defined as everything that one says and does, including sexual arousal, to indicate to others or to the self the degree to which one is male or female.

The DSM III lists the diagnostic criteria for transsexualism as:

...a sense of discomfort and inappropriateness about one's anatomic sex; the wish to be rid of one's own genitals and to live as a member of the other sex; the disturbance has been continuous (not limited to periods of stress) for at least two years; absence of physical intersex or genetic

abnormality; and not due to another mental disorder, such as Schizophrenia..

Further,

Individuals with this disorder usually complain that they are uncomfortable wearing the clothes of their own anatomic sex; frequently this discomfort leads to cross-dressing (dressing in clothes of the other sex). Often they choose to engage in activities that in our culture tend to be associated with the other sex. These individuals often find their genitals repugnant, which may lead to persistent requests for sex reassignment by surgical or hormonal means. Generally, there is moderate to severe co-existing personality disturbance...Frequently there is considerable anxiety and depression, which the individual may attribute to inability to live in the role of the desired sex (261-264).

Prior to publication of the DSM III's standardized definition, many authors have struggled to define this phenomenon with much disagreement. Encouraged by the philosophy of the Positivists that "you need never be anyone but exactly who you are...this is the truth that sets you free (Green, 1969, xii)," many serious authors have set out to define and refine their definitions of transsexualism since within the definition are implications of etiology and treatment.

Generally, there is agreement with Pauly (1969) who describes that:

The syndrome of male transsexualism is characterized by a life-long preference for the feminine role, predicated on the conviction of belonging to the female sex. This conviction is held and persists despite the painfully obvious fact of normal male anatomy and genitalia, before and after puberty, and in the absence of delusional ideation or psychosis...(he) is disgusted with the development of his primary and secondary sexual characteristics to the point where he frequently contemplates and

occasionally performs self-mutilation of his genitals. He prefers normal, heterosexual men as sexual partners, and rejects homosexual men or the idea that his sexual activity is homosexual. Feeling that he belongs to the female sex, he considers it appropriate to have a love relationship with a man, and he feels 'unnatural' in a relationship with a woman, considering this 'homosexual'. There is some evidence that overt sexual activity, whether it be considered homosexual or heterosexual, plays a minor or secondary role...Once the transsexual becomes aware of the possibility of the change-of-sex operation, he cannot rest until he obtains this cherished goal, and he frequently becomes depressed and suicidal while trying to find medical help (58).

Barlow (1973) describes several diagnostic signs: spontaneous cross-dressing before age five, early development of feminine interests, reportedly early cross-gender fantasies and identification, currently extremely effeminate behavior, gender inappropriate vocational interests, cross-gender sexual fantasies, and the request for change of sex.

Derogatis, Meyer and Vazquez (1978) state that:

Male transsexualism is a disorder of gender identity: an anatomically complete and biologically functional male fails to develop a normal masculine gender identity, but instead, develops in such a fashion that his preferred subjective experience of himself is as a female, not in the delusional sense since he recognizes his male morphology, but rather in a unique fashion, perceiving his psychological, female self as being incorrectly assigned and committed to an inappropriate morphological vessel—his body. His public gender role behavior becomes increasingly feminine as his manifest gender identity crystallizes, and he persistently and insistently attempts to enlist medical science to aid him in aligning his incongruous morphology with his nuclear feminine spirit (250).

Money and Gaskin (1971) define transsexualism simply as a "disturbance of gender identity in which the person

manifests with constant and persistent conviction the desire to live as a member of the opposite sex and progressively takes steps to live in the opposite sex role full time (251).

The general consensus among the authors is that the group is heterogenous with the common feature being the wish to alter their sex through hormonal treatment and surgery.

Stoller (1979), Person and Ovesey (1973, 1974a, 1974b) have further refined the definition into primary and secondary transsexualism although they use these terms differently. Stoller, an analyst and writer in this area for many years, describes the primary transsexual as an anatomically, chromosomally, and genetically (xy) normal male who receives a masculine name at birth and who is, without doubt, assigned to the male sex at birth. His external and internal male genitalia and apparatus are normal and functioning. They have "behaved in a feminine manner" since at least age one, are not sexually aroused when wearing women's clothing and "women's clothes are no more symbolically significant (for the primary transsexual) than for a feminine woman." The primary transsexual is "sexually excited exclusively by people of the same anatomical sex but opposite gender identity". He has wanted to be a female all his life and has been "feminine since early childhood and all the time regardless of garments worn (1979, 124)."

Stoller also describes a particular family constellation which will be discussed later, but, which involves essentially a blissful and on-going mother-son symbiosis

which fostered early, conflict-free feminization. He has indicated that some of those requesting sex reassignment are "motivated by severe unconscious conflict", but, in his estimation, these are not primary transsexuals. He believes that the primary transsexual's core gender identity is female. Stoller asserts that core gender identity begins when the "psychic structure is first forming...(It is) pre-verbal, rudimentary but fixed as an unalterable conviction...it is a sense of self, a piece of identity...unalterable by age three (1979, 111)." The core gender identity need not match the anatomical sex, according to Stoller, and this female core gender identity differentiates primary from secondary transsexuals. Secondary transsexuals basically have a male core gender identity. He describes them as being "biologically normal males, unequivocally assigned at birth to the male sex, who develop a desire to be feminine and a desire to change their sex to female." As a child, their "impulse toward being feminine may or may not have been consciously experienced as a wish to be a girl". Yet, they developed in an ordinary "masculine appearing manner (1979, 121)." During adolescence or later "manifestations of the underlying feminine urges appear... especially with the urge to put on women's clothes". Stoller says that this may be a symptom of "transvestism or of homosexuality"; that with the secondary transsexuals, "the use of clothes of the opposite sex is to produce

natal experiences to adult gender behavior. There is

sexual excitement (1979, 122-123)."

Person and Ovesey (1974a, 1974b) define transsexuals as falling into two groups: primary and secondary. They first define transsexualism in general as "the wish in biologically normal persons for hormonal and surgical sex reassignment (1974a, 4)." They then define the primary transsexual as having been transsexual "from the beginning and throughout the course of development and progress toward transsexual resolution without significant deviation either heterosexually or homosexually; that the transsexual impulse is insistent and progressive and usually cannot rest (1974a, 6)" until their objective is reached. They report that the primary transsexual is asexual and emotionally withdrawn. They define the secondary transsexual group as consisting of effeminate homosexuals and transvestites behaviorally, actively and primarily, and only secondarily do they become transsexual. "The transsexual impulse here may be transient and fluctuating (1974a, 6)" or may be full-blown under stress. They consider the transsexual impulse for the secondary group to be regression under stress.

The etiology remains unknown although there are many speculations from biogenic to psychological. Prenatal and postnatal factors are being considered and researched and although it is not within the scope of this paper, there is promising and significant biochemical research in the area of hormonal functioning and the relationship of prenatal experiences to adult gender behavior. There is

consideration given to the endocrine system, hormonal and chromosomal errors and brain function, particularly regarding the "influence of fetal sex hormones on the fetal brain and the relationship of sex hormones to the functions of the pituitary gland and the adjacent centers that co-regulate sexual behavior patterns (Money, 1965; Harris, 1964; Gorski, 1966)."

Benjamin (1966) who is noted to be the father of transsexualism, proposes a neuroendocrine etiology. Money and Gaskin (1970) believe that there exists an "extremely tenacious critical period effect in the gender-identity differentiation of a child with a particular, but as yet unspecified vulnerability (253)." Person and Ovesey (1973, 1974a, b) and Socarides (1969, 1970, 1975, 1978) believe the syndrome has pre-oedipal roots. Stoller holds that the etiology lies within a combination of an "imprinting" mechanism and a particular family constellation.

Gottlieb (1980) wonders about the "effects of prenatal hormones in developing the physical and perhaps emotional basis for the expression of masculinity and femininity since the basic development of the organism is strongly biased in a female direction...(6)."

Money and Ambinder outline an interesting biological process with "chromosomes beginning the process of gender differentiation...their effects are mediated by prenatal hormones which are mediated by cellular receptors. When the receptors are non-functional as in androgen insensi-

tivity syndrome, it is possible for a normal female external physique and a normal female gender identity to differentiate in a body that chromosomally would have been male (1978, 835)." They describe that there is confusion also when there are clear distinctions for the child between the sexes but there is an "impairment in the brain mechanism whose function is to distinguish identification schema from complementation schema (834-836)."

Green (1978) postulates that core gender identity may be "partly biologically determined, but probably largely socially learned (in) early postnatal social experience (815)." He believes that the influence of early post natal social forces is exemplified in those who are anatomically intersexed from birth. He describes Money and Ehrhardt's classic example:

...matched pair of hermaphrodites where two children karyotypically female (44+xx) and gonadally female (ovaries) are born with partially virilized external genitalia due to an inborn metabolic deficiency in the production of cortisol. The genitals are sufficiently ambiguous that one child is designated male and one female. Typically, (gender) identity in both will follow the sex of assignment. One child will develop a sense of being male, the other female (816).

The critics retort that the intersexed factor makes them "more amenable to environmental manipulation (816)." He responds by reporting a pair of genetically male twins who were anatomically normal at birth but raised in opposite sex roles. One experienced the traumatic loss of his penis at six months and was sex-reassigned to female at eighteen

months. Thus, one was raised female and one male." The children are presently eleven years old and developing as "typical brother and sister."

It is apparent that there are a variety of speculations regarding the etiology of this syndrome and of gender identity formation, influenced, as Gottlieb (1980) says, "by various processes that begin at conception and end at the grave (5)." However, this paper will consider the two basic psychological theories; one regarding transsexualism as a "symptomatic expression of underlying conflict" and the other as "an actual gender-identity of non-conflictual origins" (Derogatis, Meyer, Vazquez, 1978, 235).

Stoller (1968) is the major proponent of the non-conflictual theory and believes that transsexualism "manifests itself earlier than do the neuroses of gender development (i.e., the perversions...which are the result of conflict and defense). I see male transsexualism as an identity per se, not primarily as the surface manifestation of a never-ending unconscious struggle to preserve identity. ...it is the expression of the subject's 'true self' (Winnicott's term) (2)." He distinguishes this from transvestism which he considers a perversion of gender identity and a compromise covering a basic and earlier self.

Opposing this view are Socarides (1969, 1970, 1978, 1979), Meyer, Volkan and Berent (1976), and Person and Ovesey (1974a, b) whose position has been referred to as the "defense symptom hypothesis." They do not view the

"transsexual identity as developing conflict free." They view "the transsexual resolution as a severe defensive maneuver designed to deal with profound early conflict which threatens 'identity dissolution' (Derogatis, Meyer, Vazquez, 1978, 235)."

Stoller's Theory of Transsexualism

Stoller noticed similar patterns which were common to the childhood of the adult male transsexual. He studied children and their parents who exhibited these patterns and who were referred usually after four years old by someone outside the family who was concerned by the child's extreme feminine behavior. Stoller reports that transsexualism is indeed rare and much rarer than those who request sex reassignment since the majority of those persons do not fit his description. He considers his findings to fit the classical or primary transsexual. Stoller says that the simple request for sex reassignment is not the essential feature of a primary transsexual.

It is, that there has been no important phase in life that this anatomically normal male or an observer could recognize as masculine. He recognizes that he is anatomically male and his mother never denies this maleness. At the time that his gender behavior appears, usually around one year, he believes he is a girl and shows exclusively feminine behavior, conveying a naturalness in this femininity in a conscious, open, undefended envy toward females (1974, 165).

When he is three-four years old, he is mistaken for a girl by others regardless of his clothing, he plays with girls

primarily in female roles and is accepted by them to the exclusion of other boys. In the first few years of life he says he wishes to grow up a girl and to have a female body. During adolescence and adulthood, the femininity does not diminish and there continues to be a persistent desire to have a female body. He is unable, even under threat to imitate a male (Stoller, 1968, 1973, 1974, 1975, 1979).

Considering his description of the classical transsexual, Stoller has found certain factors present in their family and the degree to which they are present is indicative of the degree of femininity and whether or not they are considered a primary transsexual.

Stoller reports that mother and son have an "excessively close and blissful symbiosis." This is different from the inability to differentiate self and non-self since the mothers encourage creativity, growth of other ego-functions and exploration of the non-self world. They help their sons distinguish self from non-self in all areas except in the area of mother's femaleness and femininity (Stoller, 1974).

Stoller describes the mother of the primary transsexual as "chronically depressed" and who, as a child, "developed a gender disorder in which a powerful masculine streak is mixed into her femininity (1979, 112)." During her childhood, no value was placed on her femaleness with her mother being harsh, cold, distant and showing no love or respect for this girl nor did she encourage her

femininity. As a young child, she had a close relationship with her father where she shared his masculine interests and masculinity and where "he both promoted some sense of value in her being his little daughter and at the same time encouraged her in masculine directions (1979, 112)." Before puberty, this intimate relationship was terminated and for several years thereafter, she develops as if she were to become a female transsexual, openly stating her desire for a penis. Her hopes of becoming male end with the physical changes of adolescence, whereupon, she puts on a feminine facade and later marries (Stoller, 1979, 1975, 1974, 1968). Her husband is "passive and distant" without effeminate qualities. Stoller reports that he was dominated by an overly aggressive mother without a firm and masculine father. His wife openly scorns him and he is unable to participate in the family as a masculine male. He is bitter and ineffective and spends much time away from home engrossed in work and hobbies. The marriage is portrayed as empty, loveless and sexless. The situation is portrayed as chronic and yet all the children are not transsexual; rarely, more than one child is transsexual (Stoller, 1979, 112).

The third factor is the contribution that the son makes to this constellation. The child must be perceived by the mother as beautiful, graceful, cuddly, gentle and gratifying. She develops an extremely intense need for the child, at which point her chronic sense of hopelessness and

valuelessness disappear for the boy becomes his mother's "perfect feminized phallus". Stoller rejects the notion that these mothers wanted a girl. "This mother wants a son...a male who has a penis (1979, 113)." These factors are viewed by Stoller as "necessary precursors" but in and of themselves "do not produce the extreme femininity (1979, 113)" of the primary transsexual.

A major influence, according to Stoller (1975, 1979) is the mother's handling of the infant, keeping him physically and psychologically close with little frustration. He is an extension of her body and she conveys through the handling, her envy and dislike of males so that within a year he believes he is female just like his mother. She discourages masculinity, encourages femininity and "is thrilled when she sees her little son dress in women's clothes, show keen sensitivity regarding cosmetics, hair styles and feminine carriage (1975a, 237)." Meanwhile, his father does not discourage or interrupt the symbiosis nor is he present to serve as a model for masculine identification. Abelin (1978) says that the absence of the father contributes to feminine core gender identity in boys as early gender identity is more readily established in boys, with identification with father at eighteen months. Mahler supports the importance of father as "the active presence of the father, especially by the end of the second and in the third year, importantly reinforces the little boy's gender identity (Mahler, 1975, 246)."

Stoller has postulated that the core gender identity of the transsexual is female. He defines it as:

...the sense one has of maleness in males and femaleness in females. It is a part of, but not identical with gender identity. It develops first and is the central nexus around which masculinity and femininity gradually accrete. It has no implication of role or object relations (1977, 60, 61).

Once the biological substrates have been laid down prior to birth, gender identity is essentially learned and that the earliest stages of learning and of identity formation are produced by conditioning and by the related but different process, imprinting (1975a, 236).

Stoller (1973) has proposed that core gender identity is the result of several factors: biological; genital anatomy—its signal to parents and source of sensations; sex assignment and rearing, parents and others attitudes about this child's sex and gender; and learning, conditioning and imprinting. Stoller states that core gender identity is produced by these factors and "does not arise from defense by one part of oneself (superego or ego) against 'instinctual desire' (id). These conflicts contribute to gender identity development later (217)." He says that these factors are not remembered nor felt by any of the senses and may be unshakeable parts of the character structure.

According to Stoller (1974) the transsexual female core gender identity is a result of prenatal factors, a particular family constellation, a predisposition, and through messages to and from mother and son before age one

through handling and sensory input. Stoller further refines the relationship between mother and son as being a "gender symbiosis" through which attitudes and information to and from infant and mother are transmitted. "The symbiosis is maintained in the sector concerned with passage of femininity (1974, 167)" and the femininity created in this symbiosis, was "imprinted" on the infant and was continually encouraged.

Stoller (1973, 1979) further proposes that there is no oedipal conflict since the transsexual boy does not wish to possess his mother as a sexual object but to be like her. There is no erotic component to the relationship. There is no castration anxiety since a sense of maleness is not part of the identity to prize and protect. "Genital castration is not a threat, for the male genitals are not 'connected' to the core identity (1973, 223)." The father is not a model for identification since the son has no desire to be masculine.

Stoller (1974) sees "at least a minimum tendency toward transsexualism occurring in the usual masculine state (1974, 165)" in that there is initially a primary identification with the mother "as a female with a feminine gender identity... The primeval phase in developing masculinity is a feminine one (1974, 165)." During the development of masculinity, the boy child must push away from mother with mother's encouragement of his masculine development. If masculinity develops, the earlier feminizing stage will be

covered over and will not be distinguishable. In the case of the transsexual, the primary identification with mother as a female with a feminine gender identity remains as the boy transsexual does not separate from her femininity and does not individuate into masculinity. He parallels the development of femininity in a transsexual as similar to the development of non-transsexuals in that it is "the result of non-conflictual forces (1973, 215)."

Mahler (1975) is skeptical when she says that "it is difficult for me to believe that transsexualism ever takes place in the baby's earliest stages without severe trauma or conflict, and particularly without some contribution in that direction being made by the baby's constitutional predisposition (245)." She underlines the importance of the child's contribution and innate capacities in determining his gender identity.

Mahler (1975) further questions Stoller's report of a "blissful symbiosis".

Symbiosis does not continue to be blissful for the infant beyond the fourth or fifth month whether or not the mother or father wants it to remain so! It is automatically dissipated during the developmental process by the ego's inner resources (246).

Mahler (1975) further proposes that there are many complex variables, both inborn and environmental that lead to gender identity. She agrees that the mother's attitude toward her male child significantly affects gender identity especially her "unconscious attitude toward her own 'self'

and her 'feminine self-esteem'...(245)." She has found that "normal or average mothers" often regarded the body of their boy or girl child as a "precious part of their own body, more or less clearly as their penis or penis substitute (245)" while other mothers, from the beginning "regarded their son's penis as a symbol of his own masculinity (245)." Mahler states that it is crucial for the baby's "development of a sound gender identity" that the mother "abandon the first fantasy at the time of differentiation (fifth-tenth month) and certainly by the practicing period (tenth-fifteenth month) of the separation-individuation phase (245)."

Finally, Stoller (1979) has found clinical differences between secondary and primary transsexualism. He defines secondary transsexuals as "biologically normal males, unequivocally assigned at birth to the male sex, who develop a desire to be feminine and a desire to change their sex to female (121)." His clinical findings indicate that they differ from primary transsexuals in that their core gender identity is masculine and not feminine; they "develop in a ordinarily masculine appearing manner (121)" and usually in adolescence and adulthood "manifestations of the underlying feminine urges appear (122)," in particular, the wearing of women's clothes; while often they report that these impulses were always present from early childhood. Stoller wonders if this is symptomatic of transvestism or effeminate homosexuality. Second, he has never found in

their infancy or early childhood the particular family constellation which characterizes the primary transsexuals. He has reportedly found no primary transsexuals to be fetishistic and proposes that the wearing of clothes for the secondary transsexual is fetishistic. He defines fetishism as "genital sexual excitement provoked by women's clothing (122)."

Secondary transsexuals experience transsexual impulses, or the desire to be a women, that grow in strength and last for longer periods. These impulses do not bring an end to fetishism in the one group or to the erotic homosexual urges in the other, nor are the masculine aspects of identity present from earliest life ever completely submerged. The earlier aspects of identity persist while the desire for sex change is less insistent and expressions of femininity are less permanent... (122).

Theorists Opposing Stoller's Non-Conflictual View

Opposing Stoller's view are those who have been referred to as the "defense/symptom hypothesis" theorists. They view transsexualism as a severe psychopathology with pre-oedipal roots where the personality structure resembles Kernberg's Borderline Personality and where the defense of "splitting" is used.

Volkan and Berent (1976) view transsexualism as an "emotional illness" with the search to be the "perfect woman" serving as a defense against anxiety. They believe that the "core gender identity is a conflictual one that is the result of a developmental arrest (the splitting of opposite self-images) rather than the result of normal learning

(456)." In their view, the transsexual continually strives for reunion with the "good mother" but demanding that it be "all good" without contamination by aggression; that the feminine gender identity "remain pure and idealized" requiring a "continuous unconscious battle against the 'bad' and aggressive components" which are externalized, always present and continually pose a threat to the "all good" unit (456). They postulate that the transsexual fears his "aggression untamed". "He views his penis (masculinity) as an aggressive weapon rather than an organ for the expression of love, rejects it, and feels that he will lose his aggression were he to lose his penis (457)."

Their basic disagreement with Stoller is their recognition that the feminine core gender identity is pathological. They agree with Stoller's family constellation and that the mother-son relationship "produces a profound disturbance in the infant's body ego (457)"...where the infant is unable to differentiate his body boundaries from his mother's at least in regard to maleness and femaleness. They agree that the crucial factor is the unconscious desire of mother to maintain a symbiotic relationship with her beautiful son preventing her son's separation and individuation. They believe that this situation creates anxiety and produces sexual perversion. They do not dismiss factors other than this relationship as producing the pathological feminine core gender identity and speculate that a physical trauma to the genital area in early

development may produce this effect (Volkan and Berent, 1976).

They further disagree with Stoller that transsexuals have no oedipal conflict nor castration anxiety. "They suffered intense castration anxiety because normal oedipal constellations and resolutions were not available to them... and (thus) adheres to a belief in his own femininity to preserve the already present underlying feminine core (458)." They believed that the transsexual experienced intense anger toward his father, feared this anger and was further frustrated in his attempts to identify with his father and that the "safest defense against father's retaliation was to become a woman (458)."

Person and Ovesey have defined transsexualism as:

The wish in biologically normal persons for hormonal and surgical sex reassignment...originating from unresolved separation anxiety during the separation-individuation phase of early development. To counter the separation anxiety, the child resorts to a reparative fantasy of symbiotic fusion with the mother (1974b, 174). The final transsexual resolution...is that the transsexual acts out his unconscious fantasy surgically and symbolically becomes his own mother (1974a, 4).

Contrasting with Stoller, they propose that the transsexual has an ambiguous core gender identity which is firmly established by age three and is a result of the symbiotic fusion with the mother (1974a, 4).

Their findings have indicated that their transsexuals do not have a common family history, developmental history, personality structure, psychodynamic patterning and clinical course (1974a). As does Stoller, Person and Ovesey

differentiate primary from secondary transsexualism. For them, primary transsexuals are emotionally withdrawn and asexual; they are transsexual

from the beginning and throughout the course of development and progress toward the transsexual resolution without significant deviation either heterosexually or homosexually; their transsexual impulse is insistent and progressive and usually cannot rest until they reach their objective (1974a, 4).

Secondary transsexuals experience the transsexual impulse,

only after sustained periods of active homosexuality or transvestism. Primarily, they are effeminate homosexuals or transvestites and only secondarily they may become transsexual. Their transsexual impulse may fluctuate and be transient or may become insistent and progressive and a 'full-blown' transsexual syndrome (1974a, 4).

The transsexual impulse may arise as a defense and a regression under stress for these transvestites and effeminate homosexuals (1974a).

Person and Ovesey's classification into these two main groups reflects their belief that while all suffer from unresolved separation anxiety, each group of transsexuals reflect "different ways of handling separation anxiety at progressive levels of maturation" with the earliest being the primary transsexual, followed by the transvestite and effeminate homosexual (1974a, 7). The ambiguous core gender identity is greater in the primary transsexual. They question the notion of the transsexual's life long conviction of being female and postulate that this may not be a real conviction but rather an attempt to resolve the confused core gender identity. They propose

that the secondary transsexuals may have been more successful at alleviating their gender dysphoria earlier by dealing with the separation anxiety as transvestites or effeminate homosexuals while retaining a tenuous masculine core gender identity which is threatened under stress and, thus, they regress to transsexualism.

Person and Ovesey (1974a) have reported findings which differ from Stoller. In their interviews of ten subjects who applied for sex reassignment, they did not

...elicit a history consonant with a state of 'blissful closeness' between mother and child. Subjects, when pressed, said that relationships as Stoller described 'would have been impossible' since nothing in the mother's personality ever indicated any potential for close binding behavior, either physical or emotional. All said that their mothers dutifully provided routine care often in the face of harsh realities, but were insensitive to the child's emotional needs (1974, 13).

Mother and son were excessively distant and not excessively close while the fathers were similar to those described by Stoller. Person and Ovesey concluded that there was a "deficit in the quality of empathic mothering, often in association with a real separation precipitated by the child's illness (14)." They found that in five out of ten cases there was a physical separation from mother within the first four years of life precipitated by the child's need to be hospitalized for illness.

They do not believe that the mother-son interaction described by Stoller is the major etiological factor but one interaction of many that predisposes the transsexual

to separation anxiety. They "reject Stoller's imprint hypothesis and believe that transsexualism is born out of conflict (1974, 180)."

While Stoller reported that he found evidence of effeminate behavior in the transsexual's childhood where they were called "sissies," preferred girl's play and girls as playmates while avoiding "rough and tumble or competitive activities" and enjoyed housekeeping and being mother's helper; Person and Ovesey (1974a) found "no evidence of effeminacy in childhood, were not called sissies and were identified as boys by peers (14)." They participated in "rough and tumble behavior" with "an inner sense of abhorrence" and did not play with girls or pursue their activities any more than other boys. Housework was considered a chore and not pleasurable. Only one case in ten reported being called a sissy and preferred girls and their activities. All reported feeling lonely, socially isolated and withdrawn with few friends and engaged in solitary activities "or just sat, stewing in anxiety and depression (14)." They reported envying girls and fantasized being a girl but none thought he was actually a girl. The gender dysphoria became more severe as he grew older with relief in adolescence or early adulthood when he discovered the existence of transsexualism. Person and Ovesey view this relief as a resolution of the ambiguity with the adoption of the transsexual identity. During adolescence, they found that the transsexuals had little or no sexual interest

in either sex with infrequent masturbation being the sole sexual experience during which time they rarely fantasized and when they did, saw themselves as women. They agree with Stoller that the main characteristic of the primary transsexual is a hatred of their male genitals and other male physical characteristics. "The willingness, or rather eagerness, to part with the penis is the sine qua non of the primary transsexual; secondary transsexuals are willing but not quite so eager (16)."

The male insignnia, particularly the penis, block the credibility of womanhood; that is, they give the lie to the psychic fusion with the mother. They also represent a demand for masculine performance, a demand which cannot be met. The self-loathing is focused on the male insignnia, thereby preserving a modicum of self-esteem for the fantasized other self, that is, the 'female self'. For the same reasons, the primary transsexual indignantly rejects homosexuality; were he to accept it, he would, acknowledge he was male (1974a, 16).

Person and Ovesey agree with Stoller that the primary transsexual does not relate fetishistically to clothing but that the "response to women's clothing reflects solely the alleviation of separation anxiety" and is interpreted as "a symbolic fulfillment of the unconscious wish for symbiotic fusion with the mother (16)." Some of their primary transsexuals recalled early experiences of cross-dressing as: "I felt very warm, very comfortable." "I had company." "I felt relieved." "I felt wanted (1974a, 16)."

They describe post adolescence as marking the "one last effort to be a man (1974a, 17)" and to try to resolve the confusion through a total immersion in traditional male

activities such as drag car racing or joining the army. When this attempt fails, the transsexual becomes more depressed and anxious and begins to try to understand his situation by reading medical literature until he stumbles on the existence of transsexualism thereby giving him an identity and an explanation for his feelings (Person and Ovesey, 1974a).

Person and Ovesey (1974a) trace the transsexual path as being an "obsessive preoccupation with gender related items" with the obsessive form remaining but the content changing. In childhood, the transsexual is "obsessed with being a girl", in adolescence with "one last effort to be a man" and in adulthood prior to surgery, "obsessed with sex conversion (19)." After the surgery, obsessed with anatomical results and then how to be a perfect woman in "appearance and behavior" with "gender ease" never being fully established (1974a, 19).

They finally characterize the transsexual as being:

...schizoid-obsessive, socially withdrawn, asexual, unassertive and out of touch with anger...typical borderline syndrome characterized by separation anxiety, empty depression, sense of void, oral dependency, defective self-identity and impaired object relations with an absence of trust and fear of intimacy

and are distinguished from other borderlines "by severe impairment of both core gender identity and of gender role identity from earliest childhood (1974a, 19; 1974b, 188)."

Person and Ovesey have contributed a psychodynamic

formulation with separation anxiety and the fusion fantasy common to both transsexuals and those with borderline personality structure but they have not explained the etiology of transsexualism and how it happens that the core gender identity is so severely impaired as to be obsessed with sex reassignment. Separation anxiety is common to many other Psychiatric disorders and is not specific for this group.

Socarides (1975) also disagrees with Stoller in his belief that transsexualism arises out of conflict and, in fact, has the "greatest degree of conflict of all the sexual deviants (243)." He postulates that the transsexual

is overwhelmed with anxiety, paranoidal fears, body ego deficiencies, overwhelming fears of engulfment and paranoidal fears of attack... with strong homosexual wishes in early adolescence he disavows his penis and his insistent overriding wish is often delusional or semi-delusional (243).

He believes that there is severe pathology that the transsexual is "unable to neutralize his anxiety...resorts to self-murder and attempted re-birth" and further believes that the apparent "'absence of conflict' is in reality a monument to severe and overwhelming psychic defeat (243)."

The etiology of transsexualism remains unknown while many of the theorists have presented psychodynamic formulations, they have resorted ultimately to biological explanations as they are faced with evaluating and making treatment recommendations.

Treatment

Stoller (1968) suggests that "the general rule that applies to treatment of the transsexual is that no matter what one does, including nothing, it will be wrong. All one can hope is to do the least harm and assuage the most pain (117)." All agree that once the core gender identity has been established by three years old it is difficult to modify.

As there is disagreement regarding etiology and definition, so too is there disagreement regarding treatment. Volkan and Berent (1976) view transsexualism as an emotional illness with sex reassignment as contraindicated. They state that the transsexual is "emotionally disturbed to a severe degree and surgical intervention sanctions the transsexual's pathological view of reality and cannot resolve the conflicts that underlie it (448)." They present evidence that "psychological tests indicate a potential for positive healthy identification with the male role and a deep sense of failure or inability to realize this potential (465)."

Socarides agrees that sex reassignment is a "sanctioning of the transsexual's pathological view of reality and cannot resolve the underlying conflict (1969, 25)."

Person and Ovesey (1974, a, b) point out that the rationale behind hormonal and surgical treatment is that psychotherapy has been ineffective since most transsexuals have been unwilling to pursue this route and have little

capacity for insight. The problem is compounded for the medical community since there are often suicide attempts and self mutilation if surgery is denied. Person and Ovesey have found that many of their subjects sought psychiatric help during adolescence or early adulthood and recall it as being a negative and judgmental experience and were told they were psychotic and that their wish was delusional.

Person and Ovesey emphasize that since sex conversion surgery is "radical and irreversible", the best candidate is the primary transsexual but that the majority of applicants are secondary transsexuals (1974, b, 190). Pauly (1969) believes that psychotherapy has been unsuccessful in its attempts to alter an established gender identity.

Stoller (1978) voices a strong opinion in his belief that transsexuals "should be allowed free passage to live as members of the opposite sex (846)" but he feels that hormone treatment and surgery "ultimately do not change sex but sex role (846)." He is troubled by this and states,

We drifted into this muddle without trying, proceed now too willingly, and wait for time and its hazard accumulation of data to reveal the results of this treatment...we have a major surgical effort with no consensus as to proper procedures, with operative and postoperative dangers of unknown frequency, and with the short and long term psychological results unknown. Some of the most psychologically sensitive parts of the body are destroyed and irreversibly replaced by substitutions that may be equally loaded psychologically. Despite these dangers and uncertainties any physician is free to undertake this work. And such extensive and risky surgery is performed on a physically healthy person for purely psychological-cosmetic reasons (1978, 846).

Often there is little or no screening or, at best, it is haphazard; there are inadequate follow-up studies with inaccurate evaluation of the results. Basically, little is known as to the number of persons who undertake surgery, who they are, where they live, with what surgical procedure and the results. It is speculated that for some the gender discomfort and depression is relieved, while for others, there is no improvement. Some attempt suicide post surgery, become psychotic and some even request a second surgery to be reassigned as men (Stoller, 1978).

Stoller (1978) studied fourteen post-operative transsexuals and found that each had surgical complications with different degrees of severity. He found that one had suicided after continuing to feel hopeless post surgery. The others conveyed apathy and hopelessness. Stoller describes their feelings:

Despite looking like the ordinary men and women they want to be, despite being able to establish heterosexual relationships as defined by their identity, and despite being employed as members of their own sex, they despair as the years pass that they have not truly changed sex (849).

but appearance. He believes that surgery should be available but he is unsure for whom. He feels that the best treatment is prevention and hopes to identify children at risk.

Gottlieb (1980) has found a "pattern of relentless searching for new operations" and states that surgery seldom goes right. Kavanaugh and Volkan (1978) agree with

this endless search for perfection through surgery.

Many, including Stoller, have been unable to engage transsexuals in psychotherapy except as a "sympathetic listener". Green (1969) and Gottlieb (1980) question the intentions and attitudes that the surgeon has regarding transsexualism and wonder if they rush to perform surgery out of "unconscious counter phobic mechanisms (1980, 8)." They are speaking of those who perform sex reassignment surgery haphazardly and not with the benefit of association with a gender identity clinic where there is more stringent screening.

Harry Benjamin (1966), a pioneer in this area, studied fifty-one transsexuals post surgery and found that 33 percent had good results, 53 percent satisfactory and 10 percent doubtful results. Yet, when a follow-up was done by Charney (1978), he reported that there were many surgical complications with a generally poor adjustment.

Hastings and Markland (1978), in the University of Minnesota study of twenty five patients after a ten year follow-up, found a fair to poor adjustment in those who were sociopaths. They also reported two psychotic episodes and four serious suicide attempts, but none regretted the surgery.

Meyer and Reter (1979) from Johns Hopkins Gender Identity Clinic state from their data of fifty patients, fifteen of whom had surgery that

among the applicants for sex re-assignment, there

are operationally two groups who, in the face of a trial period, will self-select for or against surgery and that in either instance, improvement will be demonstrated over time...sex reassignment surgery confers no objective advantage in terms of social rehabilitation, although it remains subjectively satisfying to those who have rigorously pursued a trial period and who have undergone it (1015).

This clinic chose twenty four patients from fifteen hundred applicants.

There has been one successful case reported in the literature where treatment was based on behavior modification techniques used to alter gender identity. Many authors who primarily adhere to psychoanalytically oriented psychotherapy have been impressed with this study and feel that behavior modification techniques may be substantially successful in this area. Barlow, Reynolds and Agras (1973) treated a seventeen year old transsexual male who requested sex reassignment and reported cross-dressing before age five with persistent desire to be a girl throughout his childhood and adolescence. They employed behavior modification techniques and modeled masculine behaviors along the lines of classical conditioning. A one year follow-up revealed that this young man was showing a "solidly masculine heterosexual pattern" with no transsexual impulses.

It is apparent from the literature that the definition and etiology of transsexualism remain unknown as well as there being little agreement or knowledge regarding the evaluation for or procedure of treatment or its goals.

As transsexualism maybe a life long paradox for the

transsexual where "they can never deny that the changes in their body are not fundamental...they not only remember they were born male but they know that one cannot ever truly change sex (Stoller, 1979, 119);" the medical community also experiences a frustrating bind when "to not 'change' the transsexual's body, is to leave 'her' chronically despairing, (but) to grant the request is to give short-term relief (and) another sort of despair which...may lead to suicide... (Stoller, 1979, 119)."

This empirical study of four self-defined male transsexuals was designed to determine how their life experiences compare with the theoretical positions and treatment methods proposed on the current scene. The writer will also examine the responses in an effort to highlight the similarities and differences between individual subjects. In essence, this study will test the validity of the current definitions of transsexualism, hopefully shed new light on the etiological underpinnings, and address the controversial issue concerning treatment.

CHAPTER III

METHODOLOGY

Setting

This study was conducted in the maximum security facility for men within a state penitentiary system for adult offenders. It is located on the outskirts of a rural town near a large metropolitan area in the Midwest. The subjects were housed in the protective custody area of this facility. There are sixteen inmates in each unit and approximately three units within the protective custody area. The subjects were not all housed in the same unit. The population consists of the general population, those in administrative segregation and protective custody. Those in protective custody are not physically accessible to the other segments of the population. The subjects were required to wear standard prison outer clothes with some flexibility as to their choice of under garments and personal grooming styles and preferences. At certain times, they were permitted to lounge in apparel of choice.

There were security officers, barred areas, a watchtower, electronic security system, locked cell blocks, observation posts and television cameras. There were also

visiting rooms, day rooms, interviewing and conference rooms.

Sample

The sample consisted of four self-defined transsexual males who were incarcerated and considered to be Anti-Social Personality Disorders. This was a sample of convenience and the use of this sample in no way implies that all transsexuals are anti-social nor that the anti-social personality relates in any way to transsexualism. The only criteria for this sample were that they be physically male and define themselves as transsexual. They were all Caucasian, representing a variety of ethnic groups. Their ages were twenty-four, twenty-nine, thirty-six, and thirty-seven years old. They have been incarcerated from four to seventeen years for crimes ranging from burglary, felony and auto theft to kidnap, rape and arson.

None had undergone surgical sex reassignment. All had taken estrogen at one time or another. One was diabetic, another had severe asthma, another had epilepsy and the other subject's mother reportedly had narcolepsy.

Instrument

The instrument used in this study was a semi-structured interview, open-ended and allowing for spontaneity. This study was explained to each individual subject as an investigation of transsexualism and since they had defined

themselves as transsexuals, the writer was hoping that their experiences may be helpful in better understanding this area. It was further explained that they would be asked questions about family experiences, early childhood, peer relationships, sexual encounters, cross-dressing and other questions related to gender identity and transsexualism and that many personal and private issues would be explored. Informed consent forms were signed and appear in Appendix I. The interviews were audiotaped and were approximately two and one half hours in length. A copy of the semi-structured interview is in Appendix II.

Data Analysis

The four interviews were transcribed and the focus of the content analysis was identification of similarities and differences between the subjects' experiences and the clinical and theoretical material presented in the literature as well as similarities and differences between subjects including their own thoughts and feelings regarding transsexualism.

Procedures

The sample population was first discovered by attending a presentation given by the Director of Mental Health of the penitentiary. He was later consulted regarding this study and referred the writer to the research department of the Department of Corrections. A proposal and copy of the

semi-structured interview was sent to this department and the study was approved by the administration. The Superintendent of the facility also granted permission of access.

The writer consulted with the Director of Mental Health of the facility and other mental health staff including psychiatrists, social workers, psychologists and a criminologist, and the theoretical framework and study questions were presented.

The Director of Mental Health contacted the prospective subjects, explained the research and asked if they were interested in participating. All agreed. The interviews were conducted in a private interview room over a two day period of time. This room was located within view of the security officer's post. Each subject was escorted to and from the area. The interview times were arranged and agreed upon in advance by both the subjects and the security officers.

TWO MAJOR THEORIES ON TRANSEXUALISM

Non-Conflictual Theorists'

Profile of the Male

Transsexual: Stoller

Conflictual Theorists'

Profile of the Male

Transsexual: Person and Ovesey

PRIMARY TRANSSEXUALS

female core gender identity with no conflict
blissful close relationship with a

bisexual mother

mother not overtly angry toward males

father absent or passive

no school cross-dressing

fantasized being girl, feminine since

very early

ambiguous core gender identity
mother distant, non-empathic

father absent

cross-dressed from 3-10 years

but not prevalent

fantasized being girl, feminine since

very early

cross-dressing not prevalent

CHAPTER IV

FINDINGS

This study examined the experiences of four self-defined transsexual men and compared these data with the clinical and theoretical material presented in the literature on transsexualism. The writer also conducted an intra-group comparative analysis to determine similarities and differences between the subjects themselves.

A chart outlining and comparing the two major theories of transsexualism, conflictual and non-conflictual, appears on the following page. As shown there, the conflictual theorists represented by Person and Ovesey, propose that transsexualism has pre-oedipal roots originating from unresolved and continuous separation anxiety and the wish for a symbiotic fusion or reunion with the mother. They view transsexualism as a defensive maneuver designed to avoid symbiotic engulfment with a particular integration of the fusion fantasy which disrupts core gender identity and then, through surgery, the transsexual hopes to alleviate the separation anxiety by becoming the mother.

The second major theory, represented by Stoller, proposes an "imprinting" mechanism similar to classical conditioning. The mother and son convey, through handling during infancy, certain messages which contribute to the

TWO MAJOR THEORIES ON TRANSSEXUALISM

Non-Conflictual Theorists'

Profile of the Male

Transsexual: Stoller

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Profile of the Male

Transsexual: Person and Ovesey

PRIMARY TRANSSEXUALS

female core gender identity with no conflict	ambiguous core gender identity
blissful close relationship with a bisexual mother	mother distant, non-empathic
father absent or passive	father absent
pre-school cross-dressing	cross-dressed from 3-10 years old, but not prevalent
fantasized being girls, feminine since early childhood	fantasized living as girls, knew they were not
cross dressing not erotic	cross-dressing not erotic
despise male genitals	hatred of male genitals
physically and genetically normal males, effeminate	not effeminate
during adolescence cannot engage in intercourse	disinterest in adolescent sex with either sex
prefer girls' activities, and female playmates	engage in masculine role with abhorrence
no masculine behavior or desires	asexual
sexually excited by same sex but opposite core gender identity	envious of girls
called sissies	no evidence of beautiful, cuddly infant
ordinal rank, youngest or uninterrupted by siblings for years	socially withdrawn, but not psychotic
parents had unhappy, sexless marriage	transsexual impulse insistent
do not consider selves homosexual	preoccupation with suicide
sister's influence important	"last fling" at trying to be male during adolescence
beautiful cuddly infant	less confusion after discovering transsexualism during adolescence
as children, assume their bodies will become female when they get older	

SECONDARY TRANSSEXUALS

Non-Conflictual Theorists' Profile: Stoller

evidence of transvestism or "effeminate homosexuality"
"erotic homosexual urges"
cross dressing produces sexual excitement
cross dress during adolescence or later
develop in an "ordinary masculine appearing manner"
no evidence of a family constellation similar to the primary transsexual
desire for surgical sex re-assignment is less insistent

Conflictual Theorists' Profile: Person and Ovesey

"Effeminate Homosexual"

Transsexuals

effeminate at all times, flamboyant
initial homosexual self-identification
not transsexual
after puberty, cross dressing used to attract male sexual partners
before puberty, fantasize being girls while cross dressing
prefer female playmates, avoid "boyish activities"
do not believe will grow up to be women
mother is symbiotic, intrusive or hostile
father is passive, hostile, absent

"Transvestitic" Transsexuals

core gender identity male
not effeminate, hyper-aggressive
heterosexual with history of homosexual encounters
early erotic cross dressing, fantasize being women
value and assert maleness
erratic maternal care
father seen as violent, absent, physically abusive

son's inability to separate from the mother's femininity resulting in the development of a core female gender identity. Stoller also identifies a family constellation which contributes to this resolution. Both theories differentiate primary from secondary transsexuals by developmental history data, defenses, coping mechanisms and etiology.

The major areas of agreement among the theorists propose that 1) primary transsexuals loathe their male genitals; 2) the father is absent or passive; 3) there was non-erotic cross dressing between two and three years old; and 4) entertain fantasies of being female, but know they are anatomically male.

The major areas of disagreement lie within the context of the relationship with the mother and the family constellation; core gender identity; sexual relationships; gender role behavior; prevalence of cross dressing and etiology. Stoller observes that Person and Ovesey's definition of primary transsexualism falls within his definition of secondary transsexualism. Stoller classifies both transvestites and effeminate homosexuals, who request surgical sex re-assignment, within the secondary transsexual category. There is disagreement among the theorists on such variables as motive for cross dressing; gender role behavior and sexual object choice as well as early object relations.

The following case vignettes have been transcribed

from the writer's interviews with each of the four subjects, and most of the transcriptions are verbatim responses. They are presented in this fashion for the purpose of attempting to capture as closely as possible not only the actual syntax and content of the dialogues with this unique group but the emotional coloring of their responses to key questions and sensitive issues.

Presentation of Subjects' Responses

Subject A

[This subject reports being primarily cared for by an adolescent neighbor from birth through age five. They were inseparable and he even accompanied her on dates.]

We did everything together. There wasn't anyone in the world I think I cared for more than her. She did everything for me and with me. [This girl's mother] was one of the greatest people alive. I was hers. I was in that family.

Relationship with mother

[The subject recalled three memories of mother before age five:]

...going to work with her and eating there; telling her I didn't want to go home but wanted to live with the neighbors; and a fight between her and my father when he left and she was crying...My mom worked all the time. She was tired and grumpy. It was bad enough she had to take care of my baby sister and brother. She got upset all the time. She had a hormone imbalance when I was born.

Relationship with father

I never really understood him. He's different. He's a wanderer. He gets bored easily. I get bored easily ...that's one of the few things I ever picked up from him. I like him, but I'll never forgive him. He packed up, split, left us broke...I'll never forgive him for it.

Relationship with stepfather

I didn't like him from the day I saw him... There was no love lost between us. We weren't his kids and he wasn't our dad. As far as I was concerned, I didn't have a dad.

Regarding father's absence

Grandma used to say dad was good...he left your mom for good reasons. She was always pushing me my mom was bad and he was good. My mom was pushing me that he was bad. I agreed with my mom. He had no right to leave us. It would have been different [if he didn't leave] but not as far as my transsexualism. We wouldn't have spent so much time hurtin'. My mom wouldn't have had to work herself to death. I wouldn't have had to go through what I did with my step-father.

Relationship with grandfather

...he was the only man around. I loved him a lot. He used to do things with me...he was an accomplice. He was on my side.

Siblings

...sister was a very, very good friend...protected me when I was young. She fought with people [over] me. I'd walk away before I'd fight. My sister and I were pretty close. [At age twelve] me and my sister didn't get along. I was in a high state of confusion. She was going through puberty. It was more or less envy on my part. I separated from her, not her from me. I felt like she had everything and I didn't. It was a super strong jealousy type of thing.

Cross-gender identification

[I was told] All girls have breasts when they get older. I felt that at five years old, I would grow breasts and grow up to be a woman. I thought I was a little girl. I never knew any different until nine or ten years old. That's when the real confusion started. My sister was a girl. I think I am a girl. She wears dresses, why can't I? I had had this impression as a woman gets older, she changes;

so, I thought this is all gonna change. What I did have physically wouldn't be there when I got older. I wasn't that worryful. Then, I found out that I wasn't going to grow up to have breasts and a female body. [Describes depression and confusion] Why wasn't I going to grow up to be one? I felt that I was a woman, yet had a male body and never heard of transsexualism at that time.

Gender role behavior

[nine-ten years old] I learned to crochet and knit from my mother and sister. My mother and father got into arguments over this. 'Why are you letting him play with this girl stuff?' It really got out of hand...crocheting booties at dinner. Mom took it away. I got mad. ...I played with dolls.

Cross-dressing

[At eight years old first cross-dressed wearing his sister's outer clothes and his mother's shoes] I felt just fine. There was no sexual excitement. I wasn't worried about getting caught.

[He cross-dressed everyday at home and was "caught" by his step-father and "sent to my room or whipped".] I guess he thought he was going to make a man out of me.

School and peer experiences

[Prior to adolescence, he describes feeling lonely and isolated with his life consisting of school, television and homework.] The guys felt something was wrong with me. I didn't want to do anything they wanted to do. The girls ostracized me because I was physically male. I was very close to my sister and her friends. [During adolescence] I never messed with gym. I didn't want anything to do with locker rooms...I felt like I was a woman and I wasn't going in no men's locker room. I never went to high school...no friends in school...guys liked basketball and baseball and that wasn't anything I was interested in. It just wasn't ladylike. My sister wouldn't do it. I wouldn't do it.

Transsexualism

I feel that mentally I'm female and physically I'm male. I've known and felt I was a transsexual for twelve years. Before that there was confusion.

Discovery of his transsexualism

[At thirteen years old he discovered transsexuals.]
 ...now I know where I'm going. I was at home. They took me into their little circle. From that point on, I knew exactly what I wanted and what was eventually going to happen. They explained sex change... I understood one way or another that's what I was going to do. I walked out of one environment into another and the confusion was gone. I was with other people that understood.

Others' reactions to his transsexualism

[sister]: 'If it makes you happy, go for it.' ...ok with everyone but stepfather.

Desire for surgical sex re-assignment

I've missed so much of life because I'm in another body...missed relationships in school, friends, dances, boyfriends in the normal sense of the word... puberty. I never developed body hair. I feel like I missed everything. If I didn't have the surgery, I'd just rather be dead.

Sexual encounters and preferences

[At six years old he had his first sexual experience with a boy; again at ten years old and from eleven-thirteen years old, he had a sexual relationship with a boy.]

[He grew up with] no one ashamed of sex or their bodies...walked around the house naked."

[He speaks of his current relationship]: he's strong ...intelligent...good-looking. He respects me as a woman...not ashamed of me being a transsexual. He's against homosexuality. I've never considered myself a homosexual. I'm completely heterosexual. A homosexual is a male or female who enjoys sex with someone of their own sex and uses their own sexual

parts. ...transsexual is a heterosexual relationship ...someone in the wrong body. I'm not comfortable with a sexual relationship with my body being a male body. But, he's understanding of my distaste for my body as it is.

I'm always disgusted with my sex organs. [He binds his genitals and does not use them for sexual pleasure.] The sexual parts I do have, I don't look at them. ...depressing to have erections. I feel as a woman that when that happens it's like this big neon sign says you've got a male body over and over.

[His sexual encounters have been with men and when a young woman approached him during adolescence]: It blew my mind...I wasn't going to be with no woman.

Attitudes regarding gender

Gender is basically a role in our society. I believe that boys wear blue, girls wear pink comes from parental influences...being a female or being a male is a role. Emotionally there is some difference. I can't describe what a male's emotions are 'cause I've never had them. I perceive men as strong and, at the same time, weak as a baby. I understand the difference between males and females...I knew what I looked like. I knew what my mom, grandma looked like.

Experiences in prison

I'm considered a possession here. If someones with me, that puts him high on status level, because I am a female. The only way I'll go out on tier is to have a protector...to be with someone...people are jealous of me.

Subject B

Relationship with mother

[He describes her as] ...always laughing, happy, a homemaker, a good mother...she was treated as good as gold, but was subservient to father. He took care of her...never abused her. She was always there when I needed her...fall down and go boom... she was there.

[He describes always feeling comfortable with her until he told her about his homosexual relationship

at age twelve]: She got a whole lot cooler...her whole attitude was one of tolerance. We've always been a very touching family. Even when I was sixteen, I was still kissing my mom and dad hello and goodbye. It was nothing to just walk in and put your arms around mom and say 'I love you'. That all ceased. That hurt me bad because I loved her. She could not accept the fact of my gayness...There's no hate there, just...I sometimes wish that she was still alive so that I could sit her down and help her with this. I revolted her and that's hard for a youngster to look in his mother's eyes and see sickness.

Mom was the law...she knew how to work my dad...I can't remember ever having one of their arguments last more than just a few hours. They were very demonstrative of their love.

Relationship with father

I could talk to my father a lot easier than I could with my mother. He took good care of mom. He worked nights and he wanted to be with us and wanted to do things with us, but the only time he could was on his days off. And I found a companion [a male lover when twelve years old]. I loved my father because he was my father...

Relationship with lover (twelve years old)

...we slowly evolved into a whole sexual relationship long after we had formed a bond. I respected him. I admired him. I found great pleasure in just being with him. We became inseparable. He'd take me places. They [lover and father] were totally opposites.

Siblings

My sister won't have anything to do with me because of my sexuality.

Gender role behavior

I tried having a 'normal' relationship with a woman and it was the most miserable six months of my life. I couldn't perform up to standards. I've never been the macho type. Most women demand that in their man. I had never been comfortable in bed with a woman... that's not me. I enjoy being taken care of. I was

not made to be the one to take care of. I want to say hold me; care for me.

A man has a certain role in life to fulfill and a woman has a certain role [and society says] you are a male, therefore you will go to work. You will pay the bills. These concepts were laid down to me at the age of two or three.

Cross-gender identification

To please my family, I tried sports. I'm not athletically inclined. I would rather read a good book and [listen to] a good record and just be by myself. I didn't act effeminate at all...part of the day, part of the evening, I would be feminine and then I had to go back to my masculine side for the family.

When I was really young I played with dolls and stuff but every kid does that. I had my little firetrucks and little toy soldiers but I'd look over at her [sister's] dolls and I wanted the dolls. I didn't give much thought to feminine things until I was with [lover]. And I didn't give much thought to male things except when I was at my house. I have a very violent temper and when my temper explodes, the male in me comes out.

Cross-dressing

[At twelve years old, a twenty-four year old lover] first introduced me to cross-dressing. He would dress me up around the house...makeup, wig, panties, stuffed bra...I thoroughly enjoyed it. I would get sexually aroused by it, but, that wasn't the main goal. It's nice to feel soft things next to your skin. He catered to my every whim. I was somebody. I was the center of attention...doted on by everybody [who] thought I was all woman.

[Later in the service] ...began to wear women's clothes off base. It was pleasurable. In my mind, I thought I'm fooling them. Just to be able to present myself as a woman to the world was a charge. Now it's a necessity. Now it's the only thing that's going to give me peace of mind. [Wearing of women's clothes now is not erotic for him.] The pleasure I get...to look good...not only for my man, but for the outside world...for them to be pleased with me.

[He describes cross-dressing at age fifteen wearing

sister's clothes.] I had a pair of her panties on and one of her bras and I was standing in front of the mirror looking at myself.

School and peer experiences

The majority of friends were girls...my sister's girlfriends. [I had] one really close male friend [who later was] killed. I felt more comfortable around girls. They just seemed more in tune with my lifestyle...the quiet, passive role...even as a youngster. Up until the time my sister found out about me, we were super close. She would talk about guys and clothes. I love clothes. She had four really close friends...and they came to accept me.

In the locker room at school...guys would be talking: 'Well, yeah, I banged this girl last night and I drank three six packs of beer'...that's not me. I didn't have no relationship with them.

Boys...at a young age want to play cowboys and Indians, running around screaming and hollering; as they got older, they were into girls, cars, athletics. Those things didn't interest me. I felt uncomfortable around those people.

Sexual relationships and preferences

I had my first gay experience when I was twelve years old with a man who was twenty-four. For four years [we were] lovers. He taught me compassion, love... very kind to me. Very early in my life...accepted the fact that I was a very effeminate homosexual.

When I make love with a man, he never sees, touches or even realizes that I have a penis. They can do anything they want to me as long as it doesn't involve my sex organs...my penis. As long as my man is happy, then I am totally satisfied.

[His lovers] were totally straight [heterosexual] when they came to prison. In fact, the man I'm involved with right now...before he met me, if a homosexual would have come up and approached him, he would have broke his jaw. That's how super-macho he was. He's not going to play with your penis. That revolts him. So, that is the perfect mate for me...a straight man.

Transsexualism

The woman in me is constantly screaming 'let me out, let me out, let me live'. The institution is constantly holding me down saying...that's wrong, sick, perverted, idiotic. I feel with all my heart and soul who I am. But I can't present myself to the world as what I am. This causes terrible heart rending conflicts. Once the surgery is done I'd feel comfortable with myself and be able to stand up in front of the world and say I'm a woman. I'd rather deal with the female problems than with this female/male problem.

Onset

[Subject B describes his realization of his transsexualism during his late twenties while he was incarcerated.] ...until then, I had been bisexual; had relations with men and women...always been attracted to men sexually. About the time we're talking about, I stopped being satisfied from being the male half of the relationship. [He explains] When two men make love, one usually acts the female part...receives; and the other one gives...that's the male part. Well, the male half of the relationship stopped doing anything for me. I still got physical release, but the emotional part, it was tearing me up. So I started reading and talking to people. They said, 'maybe you're a woman! I told 'em no! They said, 'well don't you enjoy dressing up like a woman?' Sure, I enjoy that. They said, 'Don't you enjoy being made love to?' Sure, I enjoy it. So, 'therefore, you're a woman.' To me that sounded good...maybe that's a way out of the problem going around in my head. If I can convince [my head] that I'm a woman, then it will be alright again. I'll be content and happy again. I've always felt better when I could dress up in women's clothes. I found me a real good man. I fell in love with him. And he treated me as a woman...totally as a woman...with tenderness...I've always been into sex. Sex has always been my prime goal until this time. I no longer felt good about myself, about what I was doing...I still have male sex organs and I still produce male hormones...it's still there. I hate it [penis]. I feel like cutting it off. It offends me. It's not a part of me.

Relationships

It's very important to have a one-to-one relationship. I always had to have somebody that I could call mine, and they could call me theirs and we could be close. Women friends accepted me for what I was and I got along just fine as long as I don't have to perform as a 'male'.

Views regarding men and women

Men are strong, domineering. Women are passive. A woman has to take care of her man. When it comes to providing and protecting, that's the man's job. Women are soft and feminine and to be cared for...to be cherished. These are the concepts that I have of women and I realize that in this day and age, they're outdated.

Experiences in prison

It's easy [being here] because I conduct myself to the best of my knowledge as to how a woman is supposed to conduct herself around men...I have managed over the years to gain the respect of people. I could never again conceive of myself as one of the fellas. I like the special treatment.

The experiences that I had as a male...as presenting myself to the world as male...the good feelings, the emotional stability weren't there. I've always been able to get along, but the emotional satisfaction and the feeling of well-being was never there until the last few years. I go out in the yard in a pair of panties and layout in the sun and I've got four or five people over there...'let me put some lotion on you'. It's not a sexual thing. It's just 'cause my skin is soft and it feels good to them. They enjoy having a reminder that there is still something feminine in the world. One thing we lack in here is being able to sit down and talk to a woman about feelings. As nice as a man is, there's certain things you can't talk to them about.

Subject C

Relationship with mother

My mom always considered me her oldest daughter...

my sisters considered me their sister...my mother treated me and my sisters all the same way. We were all dressed like girls. We all went to school together...my mom was divorced when I was born... my real dad walked out.

...my mom was really nice...was never mean to us... wasn't always there when we needed her because she was trying to support us. A next door lady used to come over and take care of us.

...my mom used to tell me that men were no good and that if you ever fell in love with one, all they do is break your heart...

...when I was younger, my mother used to teach me and my sisters everything she knew...how to sew, iron and keep house and cook...all the general things a female is taught.

My mom would never bring a man home...she would stay out sometimes at night and me and [my sister] would always end up having to watch the little ones.

I never knew how a woman got pregnant until I was twenty-one. I thought maybe it was something that occurred naturally...[when mother pregnant] my mom told me that God is going to let us have another sister. We thought it was something that happened every year...

Grandmother

She accepted me as one of the girls...would teach us how to embroider, needlepoint...

Relationship with father

I never knew my real dad...I've never seen a picture of him. When I was twenty-one, my mother told me my dad had left the day she went into the hospital to have me...just packed up and left. ...he left maybe because there was too much pressure in bringing up a family...I've been down on men for a long time because my mom had drilled this into me and my sister's head that men are nothing but somebody to go on out to dinner with...that all men are wicked.

Uncles and grandfather

I had uncles but none of them was ever around...I

used to play with dolls...too busy to do anything. My grandfather accepted it...same as my grandmother. ...it was confusing to me: 'There's something wrong here...I've got long hair and I'm wearing dresses', yet, I look the same as him.' Nothing was ever said to me.

I didn't really like my grandfather because he used to tease me...he was mean.

My uncle was the same way. He knew I was afraid of dogs, and he used to let them in whenever me and my sisters were there.

Father's absence

I think I missed a lot. I'm not condemning my mother for the way she raised me or the way I feel, but things could have been a whole lot different. If I had my father around, maybe he would have taught me things that were different...how to act like a man... and do things that men do...like play football. As it turned out, I played dolls and tea party because of the way I was brought up. I can't really say that I hate him, but I dislike him. I don't know if I would be hostile or if I would just sit down and talk to him and try to find out some things just to clear up my own mind or if I would just take a gun and try to shoot him. According to my mom, he was a drunk. He used to beat my mom. It makes me mad that this person who helped bring me into this world beat up on my mother.

Siblings

...[my sister] and me are about the same...we can feel each other's pain...when I'm hurting, she can feel that.

...my sister is just the opposite of me...she prefers women. She cannot stand a man. My sister feels that I'm a female...I'm the same as she is...none of my sisters condemn me for it...they feel that I'm just one of their sisters.

Gender role behavior

...I never did the things guys do, like play baseball, football and stuff like that...I've always played with my sisters and I've been close to my sisters and my mother...

Cross-dressing

...I've been dressing like a woman since I was young... the earliest time I remember was eight...I was dressed in dresses when I went to school and when I was at home with my sisters. I dressed myself. I guess it was a force of habit because when I was younger, my mother used to dress me like that.

My mother...ever since I was born...has been telling me that I was a mistake...she wanted a girl...that's been ingrained in me. So, I've been taught to dress and all of this...from my mother, my sisters.

...I had never seen men's clothes until me, my mom and my sister went shopping when I was twelve years old. I didn't know what a man was then...I thought I was a female...men were something that I had to watch out for.

When I went to school dressed in girl's clothes, no one said anything...they thought that me and my next oldest sister were sisters...that I was female...including the boys. Nobody ever said anything...my grandma and grandpa treated me like they did my sisters, and none of my relatives said anything. ...as I started getting older, my mother padded my bras. I think the worst memory I ever had of it was when my sister [and I] had walked through the park [after work]...we were both raped [sixteen years old]. I think that's the worst thing that I have on my mind.

School and peer experience

I had boyfriends that took me to dances and they all thought that I was a girl. I had girlfriends even to this day who don't know...they thought I was a female.

Transsexualism

...I used to wonder 'How come I'm different?'...I started asking questions...'why am I different?'...the doctors would tell me, 'because you're sick'. I feel that I'm just as much a female as a female, although my anatomy is different...It's a quirk of life...

...people say it's a sickness...it's not a sickness...this is a lifestyle I have led since I was young. They're trying to say that it's being a transvestite...

there's a complete difference there...I don't like women. A transvestite is somebody that likes women, but they like to dress in women's clothes because they get sexually off on it...I have not been able to get [an erection]...for eight years...

...a transsexual actually believes they are that sex when they put on those clothes...it makes them feel easier, and they're not turned on by it...

I don't want to be female...I am one. My anatomy isn't one, but my way of thinking and everything is...

...I don't feel that I'm a homosexual...most of your gays are the type that they not only get sex, they give it...I couldn't give sex if you used a crane... I think it's the syndrome of the way I was raised that causes this, and therefore, gays feel that I have a sickness because I want to become a full female and live that role...

If I wasn't transsexual, I would be scared [in prison] ...I could make it anywhere...I think that I could possibly get along with people...be able to express myself differently. The way it is now, I can only express myself in one way, like a female...when something goes wrong, I have tantrums, I start throwing things...I could better defend myself...the only way that I know how to fight is like a female...

Sex re-assignment

...I would feel better and it would put an end to a lot of problems, a lot of confusion and arguments that I've had all my life...and people telling me it's a sickness.

...that's the only way I would be happy...I don't feel comfortable in the role of just playing a role. I would have to take care of my apartment, my old man. I would feel a whole lot better, because right now all I'm doing is faking it.

Relationships

...what I really want is to fall in love with somebody...it takes a lot of time for me to trust a man... I'm afraid that he'll just pack up and split, and not say nothing to me...

...in order for a man to love me, for me...he would

have to be able to accept my bitchy moods...I can get off into a bitchy mood and start throwing things...

Views regarding men and women

...I think men have one thing on their mind, and that's sex. I think women want to become more equal toward men and are interested in different clothes styles. The thing that I have on my mind is I want to have a sex change and become a female. I want to get out of here and I want to work...I want to be able to take care of a husband, or an old man. Women can have an outside beauty and an inside beauty, too. And a lot of men don't look at what's on the inside.

Experiences in prison

It makes me scared and paranoid to be here [rape, physical and verbal abuse]...for the survival part of it, you have a tendency to hook up with somebody... I have an 'old man' that can handle anything...no problems with people messing with me...everybody respects him...they respect me.

Subject D

Relationship with mother

My mother and grandmother...raised me. I had asthma as a child. I grew up with the impression that my mother didn't like me. She's a very, very cold non-loving person. I was told 'you're no good. You're never going to be any good. You're just like your father was. He was no good, and you're just like him.' I was alienated from men...my mother had divorced my father and lied to me about it. She never physically abused you, but if there is such a thing as verbal abuse, I got it...my mother was very careless about whether or not I saw her half-undressed or dressed...careful never to be seen naked...you don't talk about your body or sexual things. She used to give me my bath...until I was twelve years old.

Father's absence

I'd have had somebody masculine around the house...

would have grown up with a masculine image, instead of with solely feminine values and feminine images... no male role models.

Relationship with uncle

He lived with my grandmother...they were always fighting. He scared me. In a way, I like him a lot. He used to take me out to watch the car races. I grew up loving cars. My mother used him as the whipping post. He'd reinforce masculine behaviors, but at the same time made me negative on masculinity, too.

Siblings

I was an only child for the first eight years of my life...there was a lot of sibling tension between myself and my brother. I felt my mother liked my brother and not me.

Cross-gender identification and gender role behavior

I was raised like a girl. I grew up in a manner that a girl would grow up thirty years ago. I wasn't allowed to play rough sports or games because of my asthma and because of my family's feelings that people didn't do that. So, I [played] with girls. There was a real division between what girls can do, what boys can do. I was on the feminine side of that division. You fight a war in your mind, 'I want to be a girl, I don't want to be a girl, I do want to be a girl'. I felt very worthless...that I can't do anything and it's so much easier...to be a girl. You get married, some guy takes care of you for the rest of your life. I was scared...to do it on my own. ...some guy will take care of me...which is really funny considering that I am masculine and always liked girls. I remember asking my mother...when I was nine or ten whether I was going to look like her. I thought I was going to develop breasts and everything else. I thought I was a girl. At ten-twelve years old, my conception of myself was as female. I knew that there were physical differences...when you believe that you're female, it doesn't make any difference what you physically are.

Cross-dressing

I love dressing up in girl's clothes...it seemed

like I always managed to make friends with the one girl who didn't mind me dressing up in her clothes. We'd play house or dolls in the backyard. I can remember one girl's mother who thought it was cute... eight or nine years old...she used to encourage it. ...mother pretended not to know...I know they [mother and grandmother] knew about the clothes because two or three times they took them away.

[First incident of cross-dressing] In first grade where they put you in girl's clothes [as] a form of punishment. It wasn't to me. [He continued to cross-dress until adolescence and placement in youth homes.] When I got to be twelve-fourteen years old, I would take my mother's old clothes and I would hide them and I would dress up on weekends...I'd slip out of the window at night, go wandering around the streets...dressed as a girl. I borrowed a girlfriend's bra and stuffed it full of cotton. Shoes were the hardest thing...I couldn't wear my mother's shoes. I had to go to the store and buy a pair of girl's shoes and told [clerk] I was buying them for my sister.

There were several incidents of my running away... my mother told me to get out of the house...it reinforced that worthless feeling that I had as a boy, as a masculine person...totally worthless. It attacked me as a male. If I was not male, I was no longer that bad person. Being a girl was getting away from that awful, terrible person that I must be.

[At twenty years old and incarcerated] I was acting like a girl, long hair, makeup, cut off jeans, skirts. My mother was aware of it because my legs were shaved. She did not respond. One comment she made was that if I was younger and smaller and petite and better looking, she might try to have my sex changed, but because I was so tall, she didn't see it.

School and peer experiences

I didn't get along with other kids...one or two... who misbehaved...I don't think I've had more than three friends in my whole life. I had asthma badly. I couldn't run around. I didn't know how to fight. ...other children know that you're a sissy. As long as I was away from the boys, I wasn't picked on. None of the girls picked on me. In junior high school, I would not go to gym class, because you had to undress and take a shower. And, I always figured that if I go, everybody is going to know that I'm not the same as everybody else...that I'm half female.

[Fifteen years old in a youth home] I had a [male] teacher who was the one person who did like me... I progressed quite a bit becoming more stable emotionally and then, when he left, I went straight down the tube. I was an emotional wreck.

Sexual experiences

I was molested when I was a little child [six years old] by some guy in the park...scared me terribly... that, too, turned me off to be masculine.

I've had sexual experiences with males [prostitution and assaults]. I think mostly...it made me feel like somebody wanted me. I was very shy with girls when it came to sex...I was attracted to girls...never to boys. I was twenty-one before I had sexual relations with a woman. [At twenty-four] I settled down, went to school, to work, met this girl, joined her church and got married. I was making a very conscious attempt to be 'normal'...an attempt to really sort myself out. I still had the desire to dress as a girl. I tried to get rid of the feelings I had...a deep desire to be female...got involved with the church. [He was married for approximately two years.]

Transsexualism

It was easier to be accepted [in a youth home] as a girl. People didn't expect anything of you. It's a kind of wall around you and nobody bothers you. ...reassure yourself...that you are not homosexual, that you're transsexual and then you build up on that. You develop a very deep desire to become the opposite sex. When I was in my teens, the only masculine aspect was my interest in automobiles. I liked girl's clothes. I loved dressing up. By the time I was twelve or thirteen years old, I knew that I was not female, but wanted to be. The only love I got from anybody was when I was acting as a female...dressed as a girl. [When incarcerated during current term] I made a conscious decision to be feminine...wore women's clothes, grew my hair long. I think I'm still a transsexual...mentally I'll always be feminine. If somebody told me today that I could go to the hospital to have my sex changed, I would do it. I'd wind up being a lesbian. I dislike men. I have an intense dislike for our macho society. I don't like this idea that you have to constantly be proving your masculinity...If I could have one wish...I would ask to be female.

Ambivalence regarding transsexualism or
surgical sex-reassignment

I don't see where I'm going to be able to have surgery done because of finances and my age. I'll have a hard enough time getting my life together [on the] outside...so, I decided the hell with it. I'll just go along as I am and try to make the best of it. This has been building up over a couple of years. [Having surgery]overrode everything. I felt for a long time I couldn't function any other way...that I had to have the operation in order to function. Over the last several years, I have realized that I can function without being physically female.

I will not live as a 'gay person'. I think a lot of it is that people don't differentiate between mental femininity and homosexuality and the stigma that is on homosexuality. I don't like people looking at me as though I was homosexual. Maybe this situation [prison] for the past several years turned me off to it [transsexualism]. I think like a female. Females think differently than males...connections in your brain are different, or the way you grow up gives you a way of thinking...it may have something to do with the genetics of the individual.

Accumulative and Intra-Group Analyses

In this section, the writer will present an accumulative and intra-group comparative analysis of the subjects' responses, with specific emphasis on the key variables proposed in the two major theories on transsexualism.

This is followed by an effort to examine the data within the context of the profiles formulated by the two theorists for the purpose of addressing similarities and differences between the subjects' responses and the profile variables.

All subjects were given male names at birth and all had legally changed their names to traditionally female names in adulthood.

No subject reported being a particularly beautiful or cuddly infant, and none reported an "excessively blissful", physically and emotionally close, all-gratifying, non-frustrating relationship with their mothers. There was evidence, however, in subject C's history, of a symbiotic attachment to mother and sister. All reported varying degrees of distance from and unavailability of the mother. Subject A, who was separated from parents and cared for by neighbors whom he considered his family, reported a close relationship with his female adolescent caretaker. Subject B described a "traditional" mother who was emotionally unavailable to him from age sixteen when he disclosed his involvement in a homosexual relationship. Subject C recalled his mother's inability to differentiate him from his sisters and subject D reports unempathic, hostile mothering.

All subjects spoke of an absent or unavailable father, with two subjects, C and D, reporting an absent father. Subject A mentions an unavailable, distant father when the subject was five and an intense dislike of his subsequent step-father. Subject B reported a "traditional" father unavailable due to work. None describe a family constellation similar to Stoller's findings. Subjects C and D observed that their mothers conveyed an overt hatred of males. It appears that subject D's mother had difficulty differentiating him from his father.

Generally, none seemed to have a consistent, mature male role model with whom to identify. Subject A recalls

a good relationship with his grandfather who he felt was an "accomplice" but with whom he did not identify. Subject B, at age twelve, had a close relationship with a twenty-four year old male lover which was primarily sexual in nature. Subject C reported a sadistic uncle and grandfather, and subject D remembered liking his uncle with whom he enjoyed going to auto races but who appeared to have a symbiotic relationship with his mother. This subject was "crushed" when a teacher with whom he had established a positive relationship during adolescence, left the school, and he describes himself as becoming "emotionally unstable" at that time.

All subjects were the oldest in birth order and all had a sister one-two years younger except subject D who was the oldest male for eight years. Subjects A, C, and D remember being raised primarily by women. It appears that subject C had a symbiotic relationship with his sister. The parents of three subjects were divorced.

Subject B reported that initially cross-dressing may have produced sexual excitement but the primary motive for this appeared to be an increase in self-esteem through narcissistic gratification. None of the remaining three claimed to be sexually aroused by cross-dressing. Subject A remembers cross-dressing from age eight and possibly earlier, while subject B began cross-dressing at age twelve, initiated by his male lover. Subject C remembers cross-dressing always and having little curiosity about physical

differences between sexes until age eighteen. Subject D began cross-dressing in first grade, reportedly initiated by his teachers.

Subjects A and B have such an intense loathing of their male genitals that they bind them in attempt to make them less conspicuous. Subject C commented on the fact that he is impotent.

Subjects A, B, and C state that their sexual object choice is men while subject D prefers women. None consider themselves homosexual, instead claiming a heterosexual orientation in light of the core female gender identity. Subject D reports the desire for a sexual relationship with a woman even though he may undergo surgical sex re-assignment.

Subjects A, B, and C are strongly motivated to undergo surgical sex re-assignment while subject D is presently ambivalent. All subjects have at one time taken estrogen.

Subjects A, C, and D expected that they would grow up looking like women, including breast development during puberty. All were aware they were physically male when children.

All, except B, reported feeling comfortable playing primarily with girls during childhood and engaging in what has traditionally been considered "girls' play". Subject B claimed a disinterest in traditionally male activities but was not particularly inclined to engage in female ones either. Three subjects engaged in male

prostitution to some degree as adolescents and two, C and D, reported being raped by males at the age of six and sixteen respectively. Three subjects describe being transsexual from the beginning while the remaining subject describes his onset being eight years ago.

Comparison Of The Responses With The Conflictual And Non-Conflictual Profiles

None of the subjects fit Stoller's definition of primary transsexual as far as family constellation was concerned. Three had an absent father. Yet, they have reported other factors which Stoller has included in his definition of primary transsexuals. All wish for surgical sex reassignment, some with less insistence than others. Two subjects report loathing their genitals; three describe non-erotic cross-dressing as children and one as a pre-adolescent. Three report thinking of themselves as female as children and believing they would develop as women; three preferred early "female activities". None considered themselves homosexual but heterosexual. Subjects A and C, in particular, describe being female from the beginning with no hint at identifying themselves as male.

None of the subjects fit into Stoller's definition of secondary transsexuals since cross-dressing does not produce sexual excitement; again, they do not consider themselves homosexual. At least two subjects did not "develop in an ordinary masculine appearing manner" and, in only one, did the desire to wear women's clothes appear during

adolescence. All subjects fell within the secondary transsexual category only in the area of family dynamics present during infancy and childhood.

All subjects met Person and Ovesey's definition of primary transsexualism in the areas of relationship with parents; non-erotic cross-dressing in mother's clothes between ages of three and ten years old (except subject B); being envious of girls; fantasies of being girls; intense negative reactions to their male genitals (except subjects C and D). Person and Ovesey indicated that their group of primary transsexuals acted in a masculine role, but hated it. Subjects A and C reported this was not true for them. Subjects B and D had this experience, but, they did not act solely in the masculine role. They all described being loners to some extent, and none report disinterest in sexual encounters with either sex.

The subjects report some experiences which fall into Person and Ovesey's secondary transsexual definition and others which do not. All subjects have described a father similar to the description of the father of the "effeminate homosexual" transsexual and "transvestitic" transsexual. Subject D describes a mother similar to their description of the "effeminate homosexual" transsexual's mother. Only subjects A and C describe being effeminate at all times. All described preferring girls as playmates and avoiding "boyish activities". Three subjects describe fantasizing being girls before puberty, yet, they differ with the

findings that the "effeminate homosexual" transsexuals do not believe that they will grow up to be women; that the motive of cross-dressing is to attract male sexual partners; that they are flamboyant; that the initial self-identification is homosexual. This was the case for subject B. Only one subject reported that rejection by lovers was a common stress precipitating regression.

There is also agreement and disagreement with the definition of "transvestitic" transsexuals. All subjects had erratic maternal care and a passive father. They were not hyper-aggressive and only one subject engaged in "boyish pursuits". None value and assert their maleness and only one has a history of sexual encounters with women.

The next chapter will summarize the findings and the writer will address the validity of the current definitions of male transsexualism in light of these findings. Further, speculations and questions generated from this study as to etiology and treatment recommendations will be explored, as well as proposing further avenues of research in this area.

CHAPTER V

SUMMARY AND CONCLUSIONS

The purpose of this study was to test the current definitions of male transsexualism; to explore the etiological propositions; and, to address the resulting implications and recommendations for treatment. Material presented by four self-defined male transsexuals in the areas of early object relations, gender identity, cross-gender identification, gender role behavior, and onset and course of their transsexualism was compared with the clinical and theoretical findings presented by two major theorists from which they developed a descriptive profile of the male transsexual, identifying two major sub-divisions, primary and secondary.

This comparison revealed that the four self-defined male transsexuals present a profile which differs from those of the major theorists and, that they do not fall exclusively into either the primary or secondary transsexual definition. Further, there is disagreement between subjects as to family and developmental history, onset, insistence, and clinical course of their transsexualism. The factors which are common to all include: inconsistent or unavailable empathic relationships with parents; non-erotic cross-dressing; absence of a stable, available male role model;

fantasizing themselves as girls; and not considering themselves homosexual. For two of the subjects, loathing their male genitals and not asserting or valuing their maleness were identical traits.

The material presented by the subjects suggests a serious question about the definition of primary and secondary transsexualism. This study also suggests the need for further research to determine the etiology of this phenomenon.

It is apparent that there are very few writers seriously studying transsexualism over time and the work they have done does not include much variability in the samples selected for study, as the majority of the subjects upon whom they base their findings have requested surgical sex re-assignment. Stoller, himself, makes a point of mentioning that his primary research is in the area of masculinity and femininity and not transsexualism, although he is considered a major theorist in this area. It is also apparent he has given little consideration to self-defined transsexuals who do not present with his definition of the primary transsexual.

The etiology remains unknown, with this current study adding to the questions and speculations. It questions Stoller's "imprinting" and non-conflictual hypothesis as well as Person and Ovesey's "separation anxiety with a particular integration of the fusion fantasy", conflictual hypothesis. Since separation anxiety is common to many psychiatric disorders, it seems that an important, unanswered

question is what is the particular integration which disrupts core gender identity to the point where there is a request for surgical sex re-assignment. This is, of course assuming a postnatal etiology. Is the wish to become a woman less an identification with women than it is a rejection of being male, stemming from family history and/or societal implications and expectations of the male and female role? Yet, transsexualism is not specific to our culture or age. Is transsexualism a defiance of the societal restriction against men dressing as women?

In transsexuals where pathology is evident, is their pathology a result of the painful experience of being transsexual or is their transsexualism an expression of their pathology? The onset and course of the transsexualism for each subject differed and the writer wonders if this identity was latent or if the coping mechanism was the adoption of a transsexual identity and why.

There are a myriad of speculations which might be drawn from this study, but the small size will not permit any generalizations. A further serious limitation of this study is the fact that all four subjects were convicted felons and confined to a correctional institution. This strongly suggests a character pathology that is not indigenous to transsexualism per se. Thus, this group could not be considered in any way as representative of the total transsexual population. The importance of the study, then, is not what was found about this unique group, but what

was not found; more specifically that they did not meet all of the criteria for transsexualism proposed by the major theorists.

It is evident that there is a need for further serious research aimed at developing a clear definition encompassing a broader range of subjects from all walks of life, which may provide a clearer understanding of the etiology and a stronger foundation upon which to base determinations for treatment. Research aimed at a deeper understanding of this area is important in determining the needs of the majority of visible transsexuals who request and are refused surgical sex re-assignment.

It would add considerably to our knowledge in this area for further research to develop a descriptive profile of a relatively healthy, adaptable, socially functional, non-visible transsexual whose transsexual identity is known only to them. Other possible areas of research are a comparison of male transsexuals with female transsexuals, particularly as to whether the family situation is in reverse; exploring further the father absence factor; interviewing parents of defined transsexuals to explore their perceptions of this phenomenon; and, finally, a study of three groups: acknowledged transvestites, homosexual men with a firm masculine identification who are not transsexuals nor transvestites, and transsexuals, to determine similarities and differences among them.

Further, it seems, from the literature, that treatment

recommendations are drawn from a very unstable knowledge base and it is alarming that many disciplines have developed and recommend so radical a procedure as surgical sex re-assignment without further in-depth research aimed at strengthening the knowledge base.

In the course of conducting this study, it became apparent that the dynamic, creative, always-changing process of growth and contribution to a defined body of knowledge exists within a framework of past, present and future, both standing alone and standing in relation. This study points to the continued need for interdependence among the disciplines as well as humble stance that with a truly empathic and respectful ear, our patients continually teach us.

Date _____

Signature of Participant _____

Witness _____

Signature of Investigator _____

APPENDIX I

INTERVIEW PERMISSION FORM

I am doing research in the area of transsexualism. You have been asked to participate in this research since you have defined yourself as a transsexual. If you agree to participate in this research, you will be asked questions about transsexualism; your relationships with your family/friends; and prison life for you. The interview will be audiotaped and will last approximately two hours. The information on the tape will be used in a written report. Your identity will remain confidential in that your name and other identifying information will not be used in the written report. Further, you will not receive any benefit financial or otherwise, for participating in this research. Your signature will indicate that you have decided to participate after having read the above information.

Date

Signature of Participant

Witness

Signature of Investigator

APPENDIX II

Semi-Structured Interview Format

Early Object Relations

- Separation-Individuation
- relationship with mother, father and significant others
- physical separations from both
- siblings, relationships with them and their relationship with parents
- role of the subject in the family
- peer relationships, school phobia?
- relationships with teachers
- affect as a child; withdrawn, assertive, anxious, depressed
- childhood disorders: anorexia nervosa, thumb-sucking, bedwetting
- how subject saw self
- attitudes regarding sex
- discovery of anatomical sexual differences

Gender Identity

- identification with male role model
- traditional role function, i.e., did subject pursue traditional "boy", "girl" activities (gender role behavior)
- was he "mother's helper"?
- effeminate behavior
- his and his family's attitudes about his being male
- self-esteem and gender
- his understanding of his sexuality
- adolescent relationships
- ego ideals

Transsexualism

- cross dressing: when, erotic? fantasies? comfort?
- sexual object choice; asexual
- fantasy being a girl? when?
- did he believe he was a girl who would become a woman when he grew up
- homosexual as an adolescent?
- wish for sex reassignment operation? what hoping for?
- onset, intensity
- prison experiences related to this
- stressful precipitants

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