Female Transsexualism—A Child and Adolescent Perspective

S.J. Bradley, MD
University of Toronto

ABSTRACT: A brief review of the literature on female transsexualism illustrates the paucity of dynamically oriented explanations. The author presents information from eight child and adolescent cases in which the need to change sex appears related to a need to protect mother and herself from a violent or threatening father.

Although Stoller [1, 2] has written extensively on the dynamics involved in male to female transsexualism, as have Greenson [3] and Person and Ovesey [4, 5], these authors have done less to provide a satisfying dynamic picture of the female to male transsexual. Stoller [6] has described a dynamic in which the female child assumes the paternal role to support a depressed mother in father's absence. However, Stoller hints at the tentativeness of this formulation by describing it as a first approximation. Green [7] describes some of the likely origins in a male derivative name, a stable warm father, an unpleasant or emotionally unavailable mother, and reinforcement of rough and tumble play.

Despite the fact that paternal violence has been frequently noted in the cases described in the literature [8, 9, 10, 11, 12], it has only been seen as dynamiclly relevant in the cases described by Redmount [10] and Barahal [9]. In an analysis of one case, Redmount suggests 'uncompromising fear of her father seems to have offered a provocative stimulus for the development of radical adjustments to counteract the threat. The patient's assumption of the male identity appears to represent both a defense of herself and a way of relating to the idealized mother whom she needed'. (Redmount, 1953, page 110).

In eight of nine cases, ages five to 24, seen by the author, of young females wishing to be the opposite sex, violence or the threat of violence was felt to play a significant dynamic role. Because of the lack of attention given to this

Dr. Bradley is Staff Psychiatrist, Child and Adolescent Gender Identity Clinic, University of Toronto.

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variable in the literature on female transsexualism, it is felt that there is a need to explore the possibility that this dynamic may be etiologically relevant in many cases of female transsexualism. The following then, is an attempt to focus more attention on this area by describing the patients and their families and presenting the theoretical framework which ha evolved out of our experience with these patients.

The Patients

Although it has been suggested that many female transsexuals have a male derivative name, only two out of 9 had ambiguous names. In all of these girls there was evidence suggestive of a borderline personality level of functioning as diagnosed by the criteria of Gunderson and Singer [13]. This was manifest by a history of minipsychotic episodes in some and the production of bizarre material in unstructured situations in others. They were, in all instances, active as children, tomboyish, and preferred masculine activities. Some had in fact been diagnosed as hyperactive. Their sense of action was in direct contrast to their perception of mother's passivity. Additionally, these individuals all displayed difficulty with direct expression of angry feelings—a situation which appeared to give rise to depressive episodes in some and acting out behavior in others. therapeutic productions revealed the belief that men are in control and powerful, while women appear inadequate.

Their Families

Typically, these families suffered due to parental conflict, with father perceived by the identified patient as violent or threatening. Much of father's violence was directed at his wife but also occasionally at the children. In some instances, there had been actual physical abuse of mother, witnessed by the child whose reaction was to attempt to intervene and protect mother. This information was not volunteered in all instances but when enquired after was admitted. Chronologically, the episodes of violence or the threat of violence occurred before these girls' fifth birthdays. Although it was not possible to document that it always preceded the transsexual wish, the family climate was generally marked by conflict from the child's earliest years.

The mothers of these girls were in all cases seen as unassertive and perceived particularly by their daughters as unable to stand up for themselves. Although, initially seen by their daughters in positive ways,

hostile feelings toward these mothers began to appear in therapy particularly around themes of 'not letting go.' Most of these mothers had histories of depressive episodes frequently related to periods of marital conflict.

These fathers, four of whom were never seen were perceived in very ambivalent terms by their daughters. Although these girls admired aspects of their father's personality, they also tended to view their fathers (and men generally) as usuing and abusing women. There was little discouragement of these girls' cross-sex behaviors and there was as well, direct encouragement of daughter's fighting in one instance by a father who was proud of his daughter having mastered the "dirty techniques" of street fighting.

The following eight cases illustrate the factors described.

Illegitimate Child

A 24-year-old operated female to male transsexual, first seen at age 18 and followed in therapy, second name ambiguous, illegitimate child, the youngest of five children (all brothers). When this child was quite young, mother established a common-law relationship with a man who drank heavily. At these times he was quite abusive to his wife and the child attempted on several occasions to intervene physically. In addition, attempts to encourage mother to leave were seen as futile, undoubtedly because of mother's marked dependency. Although intensely hated by the child originally, this father figure was later seen in a different perspective—as having been put down, dominated, and constantly aggravated by his wife.

Borderline Personality

This 15-year-old biological female, feminine name, presented a convincing request for surgical sex reassignment. After more than two years of psychotherapy, she continues to display intense transsexual wishes although the urgency of these varies with her mental state. A severe borderline personality, she has experienced frequent mini psychotic episodes related to family stress and dysfunction. She was witness, as a toddler to costant violent outbursts on father's part. Father, also a borderline personality, taught all his children to fight and encouraged the perception of a need to defend oneself against a persecutory world. The patient, while in therapy decribed the recurrent fantasy/dream of St. George protecting a lady from the dragon. When this fantasy was interpreted she could readily admit her feeligs of a need to protect mother. She also expressed much ambivalence about her father—admiring his wit and verbal abilities but frustrated with his instability and violence toward the family.

Passed as a Boy

A 16-year-old biological female (second of four children) who had assumed and been accepted in the male role by her family for several years and passed in the

community and in job attempts as a boy. Father was an alcoholic and frequently abusive, when drunk, of his wife and family. The patient, brought up in a family and community where fighting was acceptable soon developed skills in looking after herself physically. All the children begged mother to leave this frequently threatening father but she seemed reluctant or unable to do this despite several attempts. The patient readily admitted to mini-psychotic episodes. She had begun to abuse alcohol when efforts to move out of this frustrating and conflicted situation were hampered by her own lack of independence skills. Both the presence of a borderline personality and a more active temperature distinguished this girl from her older sister who did not manifest gender problems and who seemed better able to distance herself from the family conflict. The patient exhibited marked difficulty dealing with angry feelings directly but frequently appeared to act some of these feelings in the community. The feeling of mastery and control in the male role was verbalized more in statements about female weakness and a lack of control.

Gender Confusion

This eight-year-old girl presented with a wish to be a boy which she had been verbalizing according to her mother for approximately three years. She manifested fairly marked gender confusion, at times saying that she no longer wished to change sex but at other times revealing her belief that she might grow up to be a man. This was a family in which the parents had separated off and on, father being an alcoholic and physically abusive toward his wife. The patient who had been witness to some of the conflict had frequently spoken of protecting her mother. Again the patient was temperamentally very different (being very active) from her younger non-gender disturbed sister. In addition,evidence of borderline personality function was evident in marked lack of separation from mother and looseness in projective testing. Mother appeared to have difficulty discouraging her daughter's cross-sex interests but also difficulty encouraging appropriate behaviors. After one year of therapy, the patient denied to her therapist any further interest in being a boy but continued to insist that playmates call her by a male name.

Borderline Personality

This eight-year-old girl was first seen at age five, having been diagnosed as electively mute and referred to a preschool day treatment center. Although her boyish behaviors, association with male peers and statements about not wanting to be a girl had been recorded in the initial history, little attention was paid to these because of the drama of her staunch refusal to speak at school. As the mutism cleared, she was able to present more clearly her dislike of being female, her fantasy that men were powerful and in control. The borderline personality became pressingly obvious in her bizarre drawings and frequent mini psychotic episodes in therapy. Her fluid ego boundaries were manifest in frequent confusion in her drawings of self and therapist.

The patient is the youngest of three children (the two eldest males) of an Italian immigrant family. Father was seen as potentially very explosive and there had been considerable marital conflict when the patient was small. Mother was seen as passive. As therapy progressed, intensely hostile feelings were acted out towards all

members of the family. Despite two years of play therapy the patient has continued to present herself a contemptuous of the weakness of the female role and idealizing the male role.

Peer Preference and Toy Choice

This five-year-old girl was brought to the gender identity clinic because of a continuing desire to be a boy. Peer preference and toy choice was male. The parents had for the year prior to assessment been attempting to reward sex appropriate behaviors and interests but had ot consequenced cross-sex behaviors. The grandparents had fostered the child's cross-sex orientation and continued occasionally despite parental requests that they stop.

In the initial assessment, the patient, a very energetic youngster, discussed a fight between her parents in which her father kicked her father out of the house. The patient acted out her own response which was to hit and kick father and said she would kick him ut of the house. She also said her daddy doesn't know how mad she is. Most of her conversation was focussed around the increasing size of her muscles and how she was building up her body. Her thought processes were sometimes disconnected and difficult to follow. Projective testing revealed bizarre material which was poorly organized given her intellectual ability.

Longstanding Wishes

This 15-year-old girl was seen at a reception and assessment center for delinquent adolescents. She was referred by the psychologists because of concerns about borderline personality functioning. She presented a very boyish appearance and described her involvement in a gang of boys where she appeared to have been accepted as "one of the boys." When asked about her gender, she readily admitted longstanding wishes to be a boy but was not interested in the idea of sex change because of an intense fear of hospitals. She would like her breasts off but couldn't stand the thought of hurting her body. She has always played with boys and has had no interests in girls' activities. She expressed confusion about her own sexual orientation and about her role as a female. She appeared to be borderline in her intellectual functioning and very concretely resolved her gender difficulties by assuming she would go on behaving as she has done, doing what she wants with the boys. There was evidence of some paranoia in her intense fear of hospitals and persecutory feelings about what doctors had done to her aunt.

She described a family situation in which her mother was beaten up by a succession of common-law partners and expressed the feeling that that was how men usually treat women.

Antisocial Behavior

This eight-year-old girl was referred because of persistent cross-sex wishes. Her peer and play preferences were male. She had exhibited a marked psychotic reaction to Ritalin and continued to be somewhat loose and disorganized off the medication. This child led other boys in aggressive antisocial behaviors in the

community. Although the family was guarded in the initial assessment, the patient played out a division of family with herself and mother in one group and verbalized a distinct fear of father's temper. A suicide attempt by mother was only revealed after much questioning and was played down by father.

Discussion

The "need to be the opposite sex" in our cases appeared to arise out of a need to protect themselves and their mothers from violent or violently threatening fathers by assuming the role and therefore the power of a male. The more apparent significance of this dynamic in a child and adolescent gender disturbed population may point to the fact that dynamically important events in a child's life may be forgotten or repressed as the patient develops and feels less threatened in a direct or physical sense. In addition, as stated above, simple history taking might not have revealed the extent to which father was perceived as violent—a fact the families did not always volunteer. It was necessary to inquire directly about the incidence of aggressive or threatening behaviors and the child's reaction to them.

Although the precise mechanism by which the transsexual wish develops is still not clear, the above cases suggest the following formulation. A sensitive energetic girl with poor anxiety tolerance (characteristic of the borderline personality as described by Kernberg [14], may at times experience intense anxiety and fear of harm to herself or mother during parental fights. Unable to tolerate the insecurity resulting from this conflict, she seeks some security in identification with the aggressively powerful father and refuses to identify with her weak, abused, and inadequat mother. This identification, at least in fantasy allows her to feel powerful and confident. Mother absorbed in her own depression fails to discourage the cross-sex identification and father may in fact encourage her modelling of him.

It is likely that in some cases other dyanamic factors may play more important roles as suggested by Stoller. In the one case where there was no history of violence, mother's depression and inadequacy in dealing with a dissatisfying marital relationship may fit Stoller's theoretical framework better. It might also suggest that the main mechanism in these cases is the need to disidentify from mother and her weakness.

Obviously, confirmation of the above theorizing will have to come from careful examination as well of an adult female to male transsexual population As well, because the dynamic described above occurs in many families, without a transsexual daughter, it will be necessary to study other related groups. It is the present thesis that it is in the conjunction of factors, that is famiy pathology plus personality pathology, that gender disturbance

occurs [15]. If this hypothesis is correct, girls from such families, who do not manifest gender disturbance should also have less evidence of borderline personality disturbance. Conversely, girls with borderline personality functioning but minimal or absent gender disturbance should not display evidence of the above family dynamic.

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