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THE ANALYSIS OF THE MOTHER OF A TRANSVESTITE BOY¹

Introduction

Almost all psychoanalytic studies concerned with the causes of transvestism (e.g. 2, 15, 20) have been based on the analyses of adult transvestites. Until that of M. Sperling (26), none had been published on children, though recently there have been some non-analytic reports (8, 9). Despite the surge of papers in the literature concerning the influence of parents, especially mothers, on their sons' perversions (e.g. 1, 11-14, 16-18, 23), only Sperling (25, 26) has reported at length on the analysis of such a parent.

As part of a research project concerned with the development of gender identity, we felt it would help to understand the genesis of a perversion if we could study the mother of a perverse child. So we arranged to analyze the mother of a then 5 year old transvestite boy.* The data from her analysis confirm the work of Greenacre (11-14), Khan (16-18), and others (e.g. 1, 7, 21) regarding the effects of a mother's unconscious wishes on the infant who is to become perverse. By the time he was a year old, this boy's gender needs already mirrored those his mother unconsciously wished upon him: his transvestism was caused primarily by his mother's wishes. We shall be interested to learn what are the needs of a woman who can do this so successfully and to so young a boy.

Case Material: Mother

The patient, married, in her forties, with a teen-age daughter and a 5 year old son, was a perky, charming and sharply alert person; she appeared younger than her age and looked like one of the flippant, intelligent movie stars

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who in the last generation have portrayed a boyish femininity in which soft sweetness covers a capacity to outdo the masculine bluster of men. She would not have come to analysis had she not been told to, and in coming, she had great question whether she could be helped because beneath her facade of charm she felt she was "nothing", a "cipher", a "mirage". Her son had been an overt transvestite at least since about 11 months of age. However, neither the patient nor her husband had considered this odd until a few months before she was first seen by us, when the patient was scolded in a market by a stranger (woman) who was dismayed to see the boy walking about in girl's clothes (his sister's). Subsequent quizzical looks and comments by others caused the patient to bring the child for consultation but still without her consciously feeling his behavior was strange. She explained this aberrance of hers by saying that she had thought this wasn't unusual because other children dress up: she had frequently done it herself as a child.

It will be necessary in this paper to ignore almost completely the contribution that this little boy himself eventually made in developing his transvestism and instead to focus on the part his mother played in this "conspiracy". As a result of her analysis, what sources for his transvestism have become known to her?

1. Bisexuality

Of prime importance is a disturbance in gender identity, her bisexuality*, of which both gender and homosexual** aspects will be discussed.

The first aspect of her bisexuality was her tomboyishness. She always dressed either in suits or a skirt and blouse and wore only tailored blouses or shirts so that her slim body looked boyish in these clothes. Her tousled hair was cropped fairly short though in an appropriately stylish

* By which is here meant a heavy proportion of sensed and observable thoughts, feelings and behavior reflecting both masculine and feminine identifications.

** By which is here meant a conscious awareness of desire for genital sexual relations with someone of the same sex.

fashion. Her voice was low and husky. Nonetheless, there was no harsh 'butch' quality to her because of the obvious femininity also present in her appearance and behavior.

The over-all effect on her of this complex mixing of masculine and feminine qualities was a sense of having been essentially without gender since latency. She would take pride in photographs of herself in her early teens wherein she appeared to be a boy. At every opportunity for masquerading (e.g. Halloween) she would dress up and pass unrecognized as a boy. She was constantly getting groups of children together to put on little shows, in which she would take the male or female parts with equal success. Of this she said, "When you take off your clothes and put on different clothes, you can be anyone."

Second, for two years, in her early 20's, she lived in a monogamous homosexual relationship with a "butch" homosexual woman of her own age. Prior to this relationship, she had never had any overt sexual relations, much less intercourse, with any man or woman. She was in love with this woman, who mothered her and treated her generously and tenderly. The patient was not aware of any guilt during this relationship or for years later but broke it off in a panic because of the overwhelmingly giving quality of the other woman. Consciously in order to escape the social dangers of homosexuality, she married a man for whom she felt no love. While she has never had any other overt homosexual relationships, her sexual fantasies have always been of having sexual relations with girls. For years prior to starting in analysis, her active sexual life had practically disappeared, though when positive transference feelings began to overwhelm her, she again had intercourse a few times with her husband and also masturbated, these experiences accompanied by fantasies of homosexual intercourse with masculine women. She did not like to be with feminine women.

What are some of the causes of her bisexuality? Her mother is an empty woman, and with such a person as a model for identification, it is not surprising that the patient had a profound sense of emptiness. (It is not possible now to describe the quality of emptiness in the patient's mother nor how this was transmitted to the patient, but it is suggested in the following dream which the patient recalled from childhood: I had died and was now dead. But my mother kept sending me to the store on errands because she hadn't even paid enough attention to know it.)

Her father, an alcoholic, was a man who displayed two distinct personalities, the one a happy, humorous, singing, very affectionate father and the other a man of terrifying violence and scarcely veiled sexuality during the frequent times he was drunk. He took over much of her upbringing that her mother should rightfully have undertaken. It was he who comforted the patient when she was sick and took her to the doctor, he who took her to sporting events (and to which her brothers were not taken), and it was he who bought all of her clothes for her. The damage to the development of a normal gender identity provoked by her empty mother produced a vacuum which was more than filled by her father. Despite his unpredictable moods, she was clearly his favorite until her sister, 6 years younger, was born. Then, with a feeling of profound disappointment, she changed this relationship with her father until by adolescence she was continually fighting with him. She left home at 16 almost never seeing her father again until he died years later. (A dream exemplifies her relationship with her father: I am sitting with another girl younger than myself in an open field at night, when we suddenly see a wild, frenzied stallion charging down the road. As it approaches, I notice that instead of eyes, it has burning holes showing its red-hot interior. It is not running at us on purpose, but still it is coming directly at us. Just as it is about to trample us, it is turned aside by a fence railing, a

railing which in fact had fronted our house in childhood.*)

The next source for the masculine defect in her gender identity was the maleness of the two older of her three brothers. Her brothers were two years older, three years younger, and 13 years younger than herself. The two oldest were vigorous boys, who, in the rather cramped living conditions of her childhood gave her more than ample opportunity to compare differences in the anatomy of the sexes. In addition, the cultural traditions of this family were that males are very superior and females very inferior. (Here is part of a dream: ...I came out upon a parking lot, looking for my car. There I saw my oldest brother in the center of a group of boys. He was the leader of this group and they were listening with fascination as he was telling dirty jokes. I looked and saw my car at the other end of the parking lot. The blue paint had been scraped off the side and the radiator in front had been smashed in.)

We have now looked at least sketchily at the patient's bisexuality, wherein, because of her mother's emptiness, her father's acceptance of her as a tomboy, her father's violent masculinity, and the clear preference shown to her penis-possessing brothers, the patient had a significant streak of masculinity built into her. This contributed to a conscious feeling of being of neuter gender without any denial that she was anatomically a female.**

2. Penis envy and revenge

Not only did not having a penis and not having the attributes of masculinity cause a sense of emptiness but, much more painful, resulted in all

* That the fence railing stood for her mother's protection was an indication that the prognosis was better than if her mother had truly been as empty as the patient had felt her to be for a long time in analysis.

** A highly important aspect of the patient's personality must be omitted: the hostility which lay beneath her sense of emptiness and beneath her sense of absence of gender. The prognosis would have been very poor were not the hostility there as witness to the rage and hope for fulfillment of certain inner needs. Thus her emptiness was not only the product of identification with an empty mother and with an awareness of being homosexual but also served as a defense - neuter-ness hurts less than frustrated hope.

too keenly experienced penis envy. First it helped make her have to identify with her brothers; second, it made her have to compete against them, and third, it made her have to overcome them and their influences. Thus we find, as would be expected, a tremendous nucleus of revenge as a source of her homosexuality. (The second dream in her analysis: Lance [her son] had gotten into my drawer and took something valuable. He was with some man I didn't know, a doctor or something. I was enraged.) As is well known, certain homosexual women 'resolve' their penis envy by saying in effect: "I do not need a penis for myself and I only admire those people who, like me, do not possess a penis; people with penises are really inferior". She has openly felt that all penises are ugly except her son's, which is beautiful, an aspect of the mutual identification discussed below.

The way this vengeful homosexuality helped to create his transvestism will be taken up later.

3. Excessive Mutual Identification

Her third contribution to her son's transvestism is treated separately though it was an aspect of her bisexuality: a merging of their identities so that each identified tremendously with the other. Throughout the first many months of analysis, she never talked about him as if this were a mother talking about her son. When she described a conversation they had had, it always sounded as if two equals had been conversing together in a sensitive, imaginative, understanding, and giving way.

There has been excessive sharing of each other's anatomy by identification made possible by continuous physical contact all through the day. The mood for this mutual identification was additionally set first by her feeling that penises are ugly but that he (her phallus) was beautiful and that his penis was also; and second by her permissive nudity. She permitted him with her whenever she was nude. The degree this informality reached reveals less separation than

one expects in our culture: "This morning I was in the bathroom undressed. He came in while I was facing backward and didn't know he was there and slapped me on the fanny and said with a laugh, 'What a lovely butt'. I laughed and told him how cute he was."

He had been sitting or lying enfolded in her body for much of the first year of his life, and later, as he became mobile, he was permitted to share her body with her as if it were his own. This was not experienced by either as heterosexual but was rather just as one grants oneself on one's own body an unlimited freedom, unencumbered by excitement, curiosity, hostility, or shame.

Lance has potentially great creativity in the arts as well as remarkable sensitivity and intelligence. She is fully aware of these same, though blighted qualities, in herself. She always knew she was much more alert to his moods than to her daughter's, and he correspondingly played on her because he knew she was so much in tune with him. This had begun at birth. From then till he was two, whether awake or asleep, he was always with her. She could not stand to hear him cry, and so he was never separated from the sight of her for more than a few minutes. Since he never slept more than 1½ hours, her nights for the first year were spent with her exhaustedly patting him, feeding him, or singing him to sleep. (The following associations and dream fragment show her awareness of this mutual identification and her awareness of how she used it to shape his gender identity: Last night I was looking at a photograph of when I was 12. I looked just like a boy. Here is a dream I had last night: I am radioactive. At that point I was awakened because Lance was shaking me. In my first waking moment I thought, "He musn't touch me; now he is contaminated too".)

Her empathy for his feelings since birth was profound and instantaneous. As treatment began to separate them into two entities, this formerly fearless child became phobic.

4. Family history of acceptance of transvestic behavior

Her fourth contribution to her son's transvestism is her knowledge of her family having accepted such behavior in herself and her youngest brother. On occasion, as far back as she can remember, she would dress in her brothers' clothes especially in plays she produced with the neighborhood children. This went on for years; there was nothing covert about it. The patient's special skill in being able to imitate boys when she was dressed as one was a matter for praise rather than concern. The patient says about transvestic tendencies in childhood: "All children do it". This is not wholly wrong, for such tendencies are frequently seen and are not necessarily of prognostic importance.* Not only did the patient cross-dress as a child but her brother 13 years younger than herself did also and did so, as with her son, for his first six years. The patient was able to comfort herself that there was no significance to her son's transvestism because her brother gave it up, apparently spontaneously, never reverted to it so far as she knows in adulthood, and as far as she knows (she hasn't seen him for years however) is "a completely normal married man", though "a bit delicate and effeminate".

5. Cloth and clothes.

A fifth contribution to her son's transvestism is her special interest in cloth and clothes. This is far more intense than the normal interest in clothes one expects in a woman in our society. It would not be proper to call this fetishism on her part but is rather a sensual pleasure approaching voluptuousness in the feel of cloth.** She continuously plays with and strokes

* On the other hand, it is to be kept clearly in mind that we are not talking in this paper about a child with transvestic tendencies but a child who is a transvestite. The two are in some ways similar dynamically but not economically. Transvestism is an almost overpoweringly compulsive pleasure, the restriction of which produces severe anxiety and frustration, while transvestic tendencies do not have this quality and do not as significantly invade the gender identity.

** In both the patient and her son there is a generalized heightened awareness of a pleasure in many types of perception. Both are almost overwhelmed at times with pleasure from music, from harmonious non-musical sounds, from colors, the tactile quality of objects - both are potentially very creative and artistic.

her clothes; this is not a stroking of her body. Clothes and fabrics appear frequently in her dreams. (Here is the first dream she had in analysis: I shall avoid the temptation to comment on it further, using it here simply to illustrate the importance of cloth and clothes for her: There were two of me -- an amazing, unpleasant feeling. One was standing facing one way, the other another way - backward. That one was holding a lot of cloth and moving backward towards something dark. It was like a study in perspective in painting, like a dark tunnel. I felt myself to be the one who was looking at myself - the other one going backwards. The look on that one's face -- the one going backwards -- was sly. She had taken the cloth.)

6. Her son's beauty and creativity.

The child's physical beauty and artistic abilities made his mother's task of creating a transvestite easier. Ever since he was an infant, strangers had stopped her in the street to comment on how remarkably pretty he was. In his first months of life, she was already thinking how beautiful he might be as a girl, and at the beginning of analysis she was still thrilled when she would consider what a beautiful woman he could make when he grew up. Observers of the research team who have seen the boy all agree that he is indeed a lovely looking child, though none shared his mother's feeling that he was like a beautiful girl. There is no question, however, that his beauty has fitted into her needs to feminize him. (While this is probably not an infrequent situation in some boys who develop transvestic or other effeminate mannerisms it is contributory rather than essential in the production of transvestism, for unbeautiful little boys are also "successfully" feminized by their mothers' wishes.)

What seems to be an inherent artistic creativity has played a similar contributory rather than essential role in the development of the child's transvestism. His remarkable sensitivity, intelligence, and capacity to express

himself either in play by himself or with other children and adults in regard to colors, textures, materials, play acting, painting, etc. have been conceded by many observers at least since he was eight months. At the school he attends his capacity for body expression was considered so great that a professional movie was made of his improvised dancing. At age two he would sit raptly listening to Gregorian Chants with his mother, and for the past year he has been singing by heart all male and female parts in Latin of Orpf's "Carmina Burana". (He is not an autistic child.)

7. Patient's husband

Her choice of a husband was still another of the patient's indirect contributions. He is a man whose emptiness equalled if it did not surpass the patient's. This quality will not be discussed here except to mention that it bears on the "conspiracy", since he never interfered with his wife's feminizing the little boy and at times had encouraged it. When home, which was infrequent, he scarcely communicated with his family and hardly offered himself as an object for masculine identification. He is not schizophrenic. His similarity to her mother, with whom he gets along beautifully, is not coincidental. Interestingly, his emptiness and passivity do not occur in an effeminate man. His appearance and interests are unremarkably masculine, and this seemed to contribute to the fact that when his son was not cross-dressing, the boy too was unremarkably masculine-appearing and behaving.

Case Material: Son

Lance* is now six years old. There is unanimous agreement among everyone who has seen him that he is a lovely-looking, charming, witty, brilliant, warm, sensitive, altogether winning child. He is described by his

* I have chosen a name with the same masculine implications, exoticness, heroic qualities and onomatopoeia the child's real name has.

parents as having been a beautiful child at birth and in infancy and indeed is so now; neither his appearance nor mannerisms have ever seemed effeminate, except when he dressed up or played with dolls.

He was a planned baby. At the time of conception, his mother's hatred of her husband was long since fully developed, but "I had to have a baby." There was no thought of using the baby to save the marriage; she had never felt a desire to separate or divorce. The proper balance in the marriage for both was a mixed sense of emptiness and hatred.

Although breast feeding was attempted for three months after his birth, almost no milk was produced, and the infant was thus on a bottle from birth with no apparent feeding difficulties. From birth to the present, he has been a "prodigious eater" but has never been fat. Within a few months, as soon as he was sufficiently coordinated, he refused to let his mother feed him, holding his own bottle while she held him. Soon after, he was using utensils very skillfully for eating solids, again refusing from the very first day to let her help him. Long before he was able to walk, he was trying to do so without help, pushing his mother away. All this independence was expressed without rancor. It persisted, so that up until a few months after beginning his own treatment, he was considered by his parents and others as almost fearless of physical danger. This was not preceded by any overt period of fear and was not used for self aggrandizement. It did not have the history of or appearance of a counterphobic state.

In his first year of life he never slept more than 1½ hours without awakening famished. His mother says she never had got over three hours of uninterrupted sleep until he was more than three years old. She says, "He overdid everything. He cried louder, laughed louder, ate more, got more angry, and had less sleep than any baby I have ever heard of."

Since beginning to crawl, he has been voraciously curious, a quality which has had his mother and his teachers not only impressed but also at their wits' end.

He was over five years old before giving up a night bottle. "It was life and death to him. I told him that when he was five he should be thinking seriously of getting rid of it. We talked it over many times; we tried many nights, but he would get hysterical without it. When he finally gave it up, he and I had a big celebration. I gave him a pound box of chocolates."

When Lance was 8 months old, his mother recalls he would sit on the floor with her, looking at magazines. As she turned the pages, he would stop her whenever there were photographs of women cooking or of well-dressed, beautiful women, and though he could not talk, he would coo with deepest pleasure. Then, when he was not quite one year old, overt transvestism began for him in the first few days after he began to walk. He put on a pair of his mother's high-heeled shoes and not only successfully walked in them but climbed a flight of stairs. His mother was quite astonished at his skill and -- indicating an attitude very much a contributing part of his overt transvestism - was thrilled. From then on, his life focussed on cross-dressing. He turned to both his mother's or his sister's clothes, dressing up for part of each day. This behavior was observed and continuously admired by both parents. Although unchecked, it did not gradually become the only type of dressing for him. He also dressed regularly and contentedly in boy's clothes. He clearly understood outward manifestations of gender differences and chose (and was permitted) to live with both. He has never alleged that he was a girl, never has asked his mother if he would grow up to be a girl, and has never appeared effeminate when not cross-dressing.

No overt anxiety was observed in him in relation to his transvestism until treatment started. Then his mother's feeling that other people disapproved (she continued for many months to be unaware of any self-induced guilt) made her explain to him that it would be more discreet if he limited his transvestism.

On restricting him, "hysterical" anxiety rages occurred. Until his own treatment was well under way, he always took female roles in games he played by himself or with other children. These games were played either with his dressing up in bits of female apparel or with dolls in which his maneuvering of the dolls showed his transvestism and feminine interests. He preferred to play these games while dressed as a female.

Greenacre (12) suggests that there is a close relationship between a transitional object (29) and fetishism. This seems true for this child's transvestism too: a quilt was used from around 6 months to 3½ years, when it was displaced by his mother's bed jacket. "He took it and still has it (age 6). I didn't give it to him but after dragging it around for a few weeks, it was such a mess, I let him have it." Again one sees the excessive permissiveness that helped corrupt the child.

There was a very marked difference between this boy and an adult transvestite: Lance was not (yet) a fetishist; he was not genitally sexually excited by female clothes. The latter state is dependent on resolution (however faulty) of the Oedipal situation (2, 3, 5, 6).

This presentation has concentrated on the earliest effects of his mother's unconscious wishes on Lance. This is of course not the whole story in the development of his transvestism, for as his character structure formed, more and more secondary, defensive qualities were woven into it. What at first had been for him a relatively passive and pleasant experience, became contaminated by elements of rage, frustration, depression and the life. Now, as he was exposed to the rigors of the phallic stage and the onset of the Oedipal situation, his transvestism began to be used to protect him against these painful aspects... But this is a later story, which is best left for Dr. Greenson to report.

Discussion

One gets the impression of a blurring of clinical entities in many people's minds regarding transvestism, a condition too simply dismissed as nothing more than homosexuality. On the one hand, when looked at from the analyst's point of vantage 'inside' a patient's unconscious, drives toward cross-gender identification may look the same from one person to the next. Nonetheless, the manner in which such drives are woven into the personality differ widely, e.g., the identity of a transsexual (one who seeks out 'sex transformation' procedures) is so different from that of an insurance salesman in the church-social chorus line. The act of cross-dressing may occur in many different personality types: frequently in children with no evidence of a serious gender identity problem; as an occasionally permitted breakthrough in adults (at parties, Mardi Gras, Halloween etc.); as a rarely openly expressed, usually latent tendency in certain relatively integrated and relatively heterosexual but otherwise neurotic men; as a more overt though still not habitual tendency in effeminate male homosexuals; as a fierce need to change sex and gender in transsexuals; as a grotesque parody of women in homosexual queens; but as something rather different from each of these in the men who choose quite consciously to consider themselves transvestites (25, 27). They distinguish themselves (at least those who are articulate about the matter) by emphasizing a split in their identities: They wish to live alternating roles in both genders, each successfully maintained in the eyes of the public, their wives, and themselves. In their role as men, they are masculine enough in dress and mannerisms, are married and have children, maintain potency with their wives so long as this potency can be protected by the fetishistic act*, and have a dread of and abhorrence of homosexuality in themselves.** The absence of any

* (1) Clothes equals fetish; (2) wife equals fetish.

** See Greenson (10) for a fuller discussion of the dread of homosexuality.

homosexual genital activities whether dressed as men or women is a rule these men assiduously try to obey in order to maintain themselves as heterosexuals. While dressing as women starts with these men as a primarily fetishistic act, in which a single piece of female wear is sufficient, over the years the condition progresses to an equally compelling need to pass undetected in public as a woman (clothes, voice, posture, face, figure, etc.) Their feeling when 'dressed' that they are women with a phallus is another aspect of their need to feel both masculine and feminine. One can note here that the adult transvestite is in this regard the same as this child (and this is different from what one sees in all the other perversions of gender): There is a need to alternate between feeling masculine and feminine, and even when being feminine, the transvestite is keenly charged with the awareness of having a penis.

Now let us go from this general discussion of transvestites and review what has happened in this particular case. A strongly bisexual woman, with severe penis envy derived from her father and older brothers, and a sense of emptiness from her mother, married an empty man and had a son. On the one hand, the boy was (the phallus) of her flesh, and on the other, he was clearly a male and no longer of her flesh. He was therefore both to be kept as a part of herself by identification and also treated as a hated object on whom she would inflict the most exquisite revenge by feminizing him. It was thus not too surprising that as he developed, he showed, (as do all true transvestites) both aspects of this ambivalence: he alternated between being distinctly masculine (a "good phallus") and feminine (a transvestite-- a "phallic girl"). It was essential for him -- essential because his mother had long since by her unconscious wishes, demanded it of him -- to know that he was a male, never to deny he had a penis, but to treat it, his whole body, and his identity as if it were at times feminine.

He was his mother's feminized phallus*.

This child's transvestism cannot be explained on the basis of castration anxiety occurring at the height of the phallic stage or distorted resolution of the Oedipal situation by a faulty identificatory process. Understanding of transvestism in very young children obviously demands consideration of events that occurred long before the phallic and Oedipal phases. It will require more data to show to what extent similar dynamics have been present in the mother-infant relationship of those who develop perversions of gender later than this child did.

At any rate, one cannot consider this child's perversion to be a penis-preserving, potency-preserving "classical" perversion. It may be that one should add to Fenichel's formulation of transvestism** (2) that such dynamics occur only in those men in whom there was already present a specific weakness in gender identity produced in infancy by their mothers' unconscious needs. Fenichel has said, "If, now, we are in search of a pathognomonic etiology of the patient's transvestism, we are obliged to admit that we have not discovered one. We must in any case assume that he had a special bisexual disposition..." Whether such patients have a congenital increase in bisexuality or not must still await final proof from the biochemists. Nonetheless, our data suggest that one does not have to seek that explanation so soon. It seems more likely that what Fenichel was ascribing to a bisexual disposition can more properly be considered due to the mother's influences in infancy. Whether her influence is more effective because of some biological potential cannot be answered yet.

* This is not the same as being her substitute little girl. Occasionally (but by no means even in most cases) the parents will say that they wanted a girl and that they treated their son as if he were a female because they were so disappointed in not getting a girl. This is a rationalization used in those cases where there is a mother's strong need to feminize her son. Her true motivation is not to make up for not having a daughter but is rather the above-described overpowering need to revenge herself against males. Certainly most women who have a son after wanting a daughter do not feminize the infant: they do not need the revenge.

** Identification with a phallic woman; fetishism in place of a true heterosexual relationship; twofold representation of the penis as the anatomic penis under the clothes and the clothes as symbolic penis.

In a similar manner, Freud's (3, 5, 6) explanation of a splitting of the ego in fetishism as being due to a need to handle the dreadful possibility of castration also does not explain transvestism in the very young child. This is not to say that there was no ego-splitting in Lance. There was of course; to the extent that the process of identification produces part-object and whole-object identifications which go to building up the identity of the adult, there is splitting of the ego in infancy in normal as well as pathological identity development.* In this little boy's case, primary identification with his mother, facilitated by her all too physical closeness throughout infancy, forced upon him the feminine identification at the same time as she permitted and encouraged a certain amount of masculinity to develop because of her seeing him as her phallus.

The study of the atmosphere with which a mother's personality surrounds her infant has been among the great accomplishments of recent years in psychoanalysis. Of many invaluable papers in this area, it is only possible to deal with a very few.

From Greenacre's essential contributions, I regretfully restrict myself to the following '...is there already at the phallic phase a weakness in the pregenital structure with a rift in early ego development definitely forecast or present, which sharpens the castration problem and draws the primitive form of denial mechanism so readily into its service?

'A review of the actual cases suggests that there are two main eras of disturbances; namely, those of the first eighteen months or so, and those occurring at three to four years of age. In considering the disrupting influences of the first era, we may again group them into early physical

* There seems to be a value in one's being more precise in discussing the splitting of identity if one can describe it more specifically in terms of identifications (7).

disturbances causing marked sudden fluctuations in body image or subjective feelings of this nature; disturbances of mother-child relationship which affect the sense of the infant's own body and leave an imprint on the early emerging ego; and third, the effect of early primary identifications...' (10) (Cf 17)

Lichtenstein (21), talking about the development of identity, has said (pg. 202) '...I am inclined to see in the early mother-child unit, and not in its breaking up, the primary condition for identity in man...the very extremeness of the symbiotic relation of the human child to his mother... becomes the very source of the emergency of human identity... thus the maternal Umwelt (which includes the unconscious of the mother) ordains an organ-function to the child, and it is this primary function in which I see the nucleus of the emerging human identity...' And later (pg. 204) ..."I suggest the use of the well-known concept of 'imprinting' for the description of certain aspects of early infant-mother interaction..." (pg. 205) "The imprinting stimulus combination would be the individual and unique unconscious wishes, the unconscious needs of the mother with regard to her child."

Juxtaposing Greenacre and Lichtenstein reveals two rather different views of the symbiotic mother-infant unit. Greenacre's implies a disruption of what otherwise would have been a rather smooth process. Lichtenstein implies that even the smooth enough process shapes the infant's identity. In a related way Winnicott (30) writes of a 'normal illness' at the end of pregnancy and on into the first weeks after the infant is born, in which the normal mother is in a preoccupied, 'devoted' state of sensitivity to her infant.

We are more used to hearing of specific impingements by a mother's pathology, impingements which break the relatively smooth developmental process. Greenacre's 'focal symbiosis' (13), Khan's 'cumulative trauma' (17), and 'symbiotic omnipotence' (18), Kris' 'strain' (19) and even Shields' 'too-good mother' (24), imply, as Khan has said, breaches in the protective shield (4)

role of the mother. Greenacre's and Lichtenstein's perspectives are of course not contradictory; each is applicable to greater or lesser degree with every mother-infant unit. Certainly, even when holding, loving, and 'good enough care' (28, 31) are abundantly present - they were for Lance - the mother's personality may still gently coerce the infant into a perverse identity (there are many ways of pushing one's revenge) without the infant very actively cooperating in or defending himself against his mother in the earliest stages of this process. Khan (17) has given us a study of such a breach, describing how a mother's depression produced changes in her child leading in adult life to the daughter's homosexuality. He says, "One reason this sort of child colludes so much with the mother's 'organized defense' is because of the absolute necessity of the relationship for the child. The child is totally dependent on the parent's livingness and, therefore, has to sponsor all the defences that enable the mother to live..." However, what is felt as trauma for the child may be no more sensed by the infant than the air he breathes; he may not sponsor his mother's defense in infancy because he may not be able to tell the difference between his mother's defences and "good enough care." In a most recent paper, Khan (18) discusses a special mother-infant relationship ('symbiotic omnipotence') which is pertinent to our case, though the patients he describes were not transvestites. He notes:

"... Relatively little has been written about the mother's task as the provider of phase-adequate aggressive experiences. This function of the mother derives from her capacity to tolerate aggression and hate in herself, and in relation to the child. Where this capacity is lacking in the mother exaggeration of positiveness interferes with the meaning of the mother from the child and thus leads to a failure to enable the child to distance itself from the mother. It is the peculiarity of these mothers that they shirked every type of aggressive confrontation with the child."

Lance's mother bent her son to her wishes but did this in a warm, loving, concerned, over-protective atmosphere in which was invisibly mixed her need to ruin his masculinity. So rather than a breach in the protective shield, the shield itself bent him, 'imprinted'* (Lichtenstein) him. This may also be the case in more normal development, which would then depend for its normalcy upon the normalcy of the mother at least insofar as her relation to her infant is concerned. In both the normal and pathological situation, the amount of symbiosis may be equal; that is, in both situations the child may respond fully and willingly to what the mother is doing. It is already known (22) that in the case where the mother, due to a child's intersexuality (physical hermaphroditism) has no reason to question the sex of her child, she will produce in that child a gender identity appropriate to the mistakenly assigned sex rather than the biological sex. In this situation, with very rare exceptions, the child so assigned willingly accepts the mother's conviction as to the proper gender and the child grows up with a normal gender appropriate to the one ascribed rather than to the one biologically present.

The implications of this concept for normal development are too broad to be considered further here.

Confirmatory data

A close examination of one case suggests that other cases may be similar, but nonetheless one feels more comfortable only when the other cases have been properly studied. One especially feels better about the data from one case when confirmatory data come from quite different sources and are collected by quite different techniques. The following information may therefore be of help.

* I use the term with hesitation since the ethological connotation of a critical time and CNS change of function are not demonstrable.

The mothers of a few other male transvestites, both children and adults, have been interviewed, and although they have not been studied in any detail, some aspects of their relationship to their sons are the same as those found in the case presented in this paper. All have an openly expressed scorn for men (though this was muffled as compared to what one hears from "butch" homosexuals). In each case, the husband has lived in the family but almost as a stranger. From the transvestites themselves, one gets a description of mothers who have held their sons in a powerful grip wherein there is satisfaction for the boy only if he is completely obedient to and openly expresses his need for his mother. These mothers are described as doting, extremely attentive and tantalizing when their sons are responding to their mothers' wishes but making crushing use of shame, sarcasm and other powerful non-physical humiliations the moment the child shows any aggressiveness, "dirtiness", or attempts at independence.

These findings are interesting but not impressive for their specificity, since at this macroscopic level they are not much different from what one sees in homosexual or rather passive men.

However, there is one very specific finding which repeats itself in the histories of almost all the transvestites I have seen or that have been reported in the analytic and psychiatric literature. It is this: The mother's (or mother surrogate's) active pleasure and participation in her son's cross-dressing. In those cases, by far the most common, where the transvestism does not begin in the first year or so and where the distortion of the gender identity is less profound than in Lance, the first time the child dresses in girls' clothes, it is his mother (or some other older woman in the position of a mother surrogate, such as an aunt, cousin, or sister) who decides to do it and puts the clothes on the child. This makes the episode more traumatic,

less ego-syntonic, and not so motivated by the demands of the child's gender identity.*

This is not quite the situation in infantile transvestism, where the first episode is a spontaneous act of the boy's, though, as we have seen, he comes to it 'naturally' as the unknowing agent of his mother's unconscious wishes. And we also have observed that once the child has embarked on this activity, his mother enthusiastically supports it.

The findings from a group of women who have been able to remain married to transvestites despite knowing of the perversion give interesting confirmation to the data already presented.** It is not possible now to discuss their psychopathology or the most illuminating psychodynamics revealed in such marriages*** except to note that these women are driven to encourage femininity in their husbands as our patient has done with her son.

A transvestite can marry or remain married to a woman who knows of his transvestism if she is able to permit herself to be maneuvered by the transvestite into reproducing the original mother-infant situation. Or to look at this from the viewpoint of the wives' dynamics, these women, consciously acting like passive victims of their husbands' perversion, with the rationalization that they accede only to preserve the marriage, in fact live out on their husbands the same drive to create their own feminized phallus that our patient has done with her transvestite son. These wives, consciously with the greatest of pleasure, first lend their own clothes, then do the shopping for their husbands' women's wear, and finally take the many hours necessary to teach their husbands how to dress, make up, walk and talk, and otherwise behave successfully as women so that finally husband and wife are going on

* I have no idea how often, if ever, a mother dresses her son as a girl and the boy does not eventually become a transvestite or at least transvestic.

** These women must be differentiated from those who, on learning of their husband's transvestism, end the marriage immediately.

*** This information will be reported extensively in another paper.

least appropriate, and not so motivated by the demands of the child's gender identity.

This is not quite the situation in infantile transvestites, where the first episode is a spontaneous act of the boy's, though, as we have seen, it comes to it eventually as the unknowing agent of his mother's unconscious wishes. And we also have observed that once the child has embarked on this activity, his mother enthusiastically supports it.

The findings from a group of women who have been able to resist married to transvestites despite knowing of the pervasiveness give interesting confirmation to the data already presented. It is not possible now to discuss their psychopathology or the most interesting psychodynamic

revealed in such marriages except to note that these women are driven to encourage femininity in their husbands as our patient has done with her son. A transvestite can marry or remain married to a woman who knows of his

transvestite if she is able to permit herself to be maneuvered by the transvestite into reproducing the original mother-infant situation. Or to

look at this from the viewpoint of the wives' dynamics, these women, collectively, acting like passive victims of their husbands' pervasiveness, with the rationale

said that they decide only to preserve the marriage, in fact live out on their husbands the same drama to create their own fantasized picture that our patient has done with her transvestite son. These wives, occasionally with

the greatest of pleasure, first hand their own clothes, then do the shopping for their husbands' women's wear, and finally take the many hours necessary to teach their husbands how to dress, make up, walk, talk, and otherwise behave occasionally as women so that finally husbands and wife are going on

... If a boy or girl has a brother dressed for her as a girl and the boy does not eventually become a transvestite or at least transvestite. These women must be differentiated from those who, on learning of their husband's transvestitism, end the marriage immediately. See this information will be reported extensively in another paper.

excursions into the public world together. That the process proceeds inexorably beyond what the wives bargained for (e.g. they find themselves increasingly horrified to be having intercourse with these well-dressed, high-styled "women" with penises) leads us beyond the intent of this paper.

Each of these women married her husband because he had problems which she felt to be pitiable. Each of these women had a history previous to her marriage of being compellingly drawn to deeply troubled men whom they were consistently able to rescue by love. Each of these women looked on her husband's transvestism as most appealing; none was repelled on discovering it or during the months or years when she was teaching her husband how to be more feminine. The marriage held up remarkably well in each case until the husband was no longer pitiable, that is until he had so mastered the art of passing as a woman that he was doing it successfully and was increasingly happy in his transvestism. At this point the fracture lines in the marriage always appeared. These men, passively molded by their mothers, have later actively reproduced the identical relationship by finding a woman who would be able to play it out again even to the ultimate unhappy ending.

Another confirmation for our belief that the mother's unconscious need to feminize her son is an essential factor in these cases of transvestism is a most unusual one, a new perversion or at least a new combination of a couple of old ones. The informant in this case is a middle-aged man, a transvestite, who because of the special nature of his work, is able to visit a number of homes each day. In this way he meets many hundreds of mothers of young sons. Through a subtle means of questioning these women, he is able to cull out from them those few to whom he is able to make the following proposition: Since none are wealthy, he suggests that he has a special source of girls' clothes and can save the mother money by giving her girls' clothes in which she can then dress her little boy, so as to save wear and tear on the boy's masculine clothes. In this way, he has succeeded in convincing 15 mothers

to convert their little sons into transvestites. When he revisits the family and looks upon the success of his efforts he becomes greatly excited, thus gratifying his perversion. He has no question that these rare mothers take great pleasure in what they are doing and that they sense that they are entering into a conspiracy with him to feminize these little boys. In all these cases, the father was missing, in essence or in fact.

It was very interesting recently to see another family with a transvestite boy. This child, 4½, had been observed by the parents to be a transvestite since around age two. Like Lance, he is hyperactive, fearless, intrusive, masculine, intelligent, fascinated with colors and with other heightened awareness of perceptions - but compelled intermittently to dress in girls' clothes, to play girls' games, and to prefer girls for playmates. His mother dressed as a boy till her teens and expressed the same pride in neuterness that Lance's mother did. She also feels herself to be empty, a 'nothing'. Although she denied homosexual experiences, one of her closest friends throughout adolescence was openly homosexual. The boy's father conspired, as did Lance's, by never complaining about his son's dressing up. This father is also physically absent (as well as emotionally) every day of the week, working nights and week-ends in the garage where he has a photographic darkroom.. The similarities between these two families (which I have scarcely sketched in), are remarkable.

A number of these findings have recently been reported by M. Sperling (26), who describes the same peculiar bisexual mixture of playing both male and female roles in the mother she analyzed, the mother's excessive exposure of her nude body to her transvestite son, an older brother whom the patient envied greatly, and a husband who seems, in his weakness, to have been too little a part of the family emotionally.

Finally a last confirmation, from the patient herself. When, after many months and the analysis was moving well, a new clue emerged. The patient had done this before to another infant. She had mentioned in passing early in her analysis that her youngest brother had been transvestic. Now the episode was retold in new detail: When she was 13, the last of her siblings, a boy unwanted by either the parents or the children, was born. The patient was put in charge of the upbringing of this baby by her empty, withdrawn mother; the baby responded to her, rather than to their mother, as if she were its mother. The essential difference in the story with this most recent telling, was that the patient admitted that it was she, not her mother, who brought the baby up, the mother supplying only perfunctory nursing care. This little boy's transvestism had not been produced by the patient's mother (or by a genetic strain running in the family) but by the patient herself. At the end of this hour, she told me for the first time her brother's name: Lance.

So, it may be that we have come upon some quite specific causes for infantile transvestism: a bisexual mother with severe envy of and anger toward males promotes an excessive symbiosis, producing a pathological identification between herself and her son (her phallus) by means of unlimited physical contact and other intimacy in the first months of his life. Thus, unfortunately, are the dimensions of his body ego, such a crucial element in gender identity, opened to include her - her body and her bisexually distorted femininity - as part of himself. When the boy's father does not put an end to this process of two people of opposite sexes devouring each other's gender, the infant transvestite may be produced.

Summary

On analyzing the mother of a transvestite boy, it was found that she had wished this transvestism on her son and that he had complied without observable struggle before he was even a year old. The data suggest that his

perversion was not primarily the result of defenses raised to combat anxiety or depression during infancy or of defenses against castration anxiety in the phallic stage or faulty resolution of the Oedipal situation.

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