Childhood Transvestism in Males

Dr. Palermo

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Transvestism is a condition in which a person adopts mannerisms common to the opposite sex, especially showing an interest in dressing as a member of the opposite sex. The condition is more frequent in the case of males than in females, with a ratio of three to one. (Hoenig & Kenna, 1970) The present paper will be an attempt to explore the phenomenon of transvestism in the male child, with the hope that by understanding the etiology of this condition, preventive steps may be taken in order to eliminate the condition before it becomes entrenched in the adult.

At the present time, the transvestite child is not frequently brought to therapy, although the condition is not infrequent in children. However, Bakwin and Bakwin (1960) point out that male child transvestites dress up in girls clothes at every opportunity; play with cosmetics and posture like girls. They generally prefer to play with dolls rather than other boys toys. Also, girls are more often chosen as playmates than boys, and they often indicate that they would like to be girls. Zuger (1966) says that in the symptom complex of the male transvestite one is struck by the completeness of the feminine identification and how full-sprung the development seems from the outset. There is an easily apparent feminine quality about the child and its expression is compulsive.

Many parents overlook childhood cross-dressing as a stage which the child will go through in his normal development. They may ignore a child's cross-dressing or look on it as amusing. However, the importance of this condition should not be overlooked. Cassady (1967) views childhood cross-dressing as the most obvious appearing and easily accessible device for the expression of cross gender interests. The paradox is that, in our culture, it is also the most socially acceptable expression. An interest in cross-dressing (Cassady defines cross-dressing as not only complete dressing in female clothes, but also dressing in one item, such as high heeled shoes or a petticoat.) may appear to be not wholly

play-acting or recreational. It may develop into a definite, compulsive need, something done in secret without the awareness of parents. Zuger (1966) also feels that the desire for a boy to wear feminine clothing is only one part of a larger feminine type behavior pattern. In the younger male, the desire to play house may be as compelling an urge as the wearing of feminine clothing, and these feminine interests are all part of the child's feminine identification. Zuger feels that this feminine child-hood behavior in males will carry with it serious consequences for the future sexual behavior of the child.

There has been considerable discussion in the literature concerning the age of onset of this condition in the male child. Such information could tell much about the etiology of transvestism in terms of the psychological state of the child. Taking a developmental approach, Cas ady (1967) has observed that two year old children in nursery school tend to favor classmates of their own sex, which suggests some degree of gender identity at this age. At about age 3, children are aware of the inappropriateness of playing with dolls, and, at age 4, or 5, shormal boys in their play activities identify themselves with a masculine role. At age 4, boys and girls are able to discriminate sex differences in dolls and in themselves, and most state a preference for growing up to become a parent of their own gender. The ability to make these discriminations appears to evolve earlier for boys than for girls. It has been clearly shown that by the time a child is four or five years old, a genuine awareness of gender role differences in play and self image have evolved.

According to Bakwin and Bakwin (1960), transvestism is usually first noticed in the fourth year of life, but probably begins earlier. They go on to point out that the child usually appears normal in physical appearance and general demeanor. Greenacre (1953) also believes the beginning point of childhood transvestism is the period in between three and four years old,

although he hypothesises that certain disturbances of the child during the first 18 months of life may precipitate the condition. A study of Zuger (1970) of twenty-five effeminate boys revealed that 23 of them showed interests in cross-dressing before six years of age, and most indicated that the age of onset was 2 or 3. Money (1967) points out that the age of onset of transvestism is probably three or four.

To summarize what has been said so far: transvestism first makes an appearance in childhood from the ages of 2 to 4. When such behavior becomes compulsive, psychological help is needed. The importance of treating childhood transvestism should not be overlooked, for the condition may persist into adulthood, causing difficulties for the person's later sexual identification. Also, childhood transvestism, rather than being a separate pathological entity, may be a symptom for an underlying gross cross-gender identification, ultimately leading to homosexuality or transsexualism in the adult.

Parental Influences

Since it has been well established that transvestism appears at an early age in childhood, parental influences must be studied, for at such an early age, the parents represent the major agent of socialization for the child.

In addition, the research by Money, et. al. (1968) on the sex attitudes of 105 hermaphrodites revealed that sex assignment of rearing is a more reliable predictor of a hermaphrodites gender role and orientation than is the chromosomal sex, the gonadal sex, the hormonal sex, the accessory internal reproductive organs or the ambiguous structure of the external genitals. In less than 50% of the cases was the gender role and orientation different from the sex of the assignment and rearing. The authors conclude that the important variable in the establishment of gender is neither hereditary or environmental, but rather his own interpretation of a number of factors. How the child interprets the social

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and environmental factors, whether under the impact of deliberate training or through experience, seems more important than ever was realized.

In studying the etiological factors of adult male transvestism, Stoller (1968) found one striking and consistent factor. This is the mothers need to feminize their sons. Stoller feels that this need is brought on by a strong envy of males with a consequent desire to humiliate them. She accomplishes this by making him a little girl "on occasion." By "an occasion", Stoller means that the mother lets her son know that he is a boy, the possessor of a penis and a member of the male class. She very specifically and precisely defines occasions in which the child is to be a girl. This commonly occurs when she dresses him in girls' clothes or otherwise expresses her wish that he be a girl.

Lukianowicz (1959), in a study of transvestism, has found that almost every transvestite has indicated that he was dressed in girls' clothes until he was 3 or 4 years old.

Despite this strong maternal influence, Stoller goes on to point out that the mother, no matter how she may try to damage her son in this manner, cannot succeed without the "cooperation" of her husband. According to Stoller: "It is astonishing to discover how often the fathers, knowing that their wives are dressing their sons in girls' clothes, do not put a stop to it." The fathers can hardly be considered members of the family in that they only rarely are found at home, and if they are at home, are silent and passive.

However, there is another type of father, who secretly, perhaps unconsciously, conspiring with the mother in feminizing their son. This type of father may be less obviously passive, yet chooses not to see the evidence, until he ultimately discovers his son as dressed as a girl. He then deals with this by punishing the child by forcing him to dress even more completely as a girl. However this only conveys a message to the child that is completely opposite to which the father has intended. Stoller claims that

many adult male transvestites date the beginning of their transvestism from the time of such punishment.

Bakwin & Bakwin (1960) also have found that the mothers of transvestic children wanted a girl instead of a male offspring. As a result a femininization process is carried out by the mother, by providing the boy with feminine clothes and generally rearing him as a girl. The father in these circumstances usually has little contact with his son. He may reject the boy, and consequently he disliked by his son. On the other hand, he may be greatly domineering which causes the mother to overprotect her son.

In terms of the status-envy hypothesis (Grinder & Spector, 1965), a child will identify with the parent who has control over the resources necessary for the child's happiness. Thus, in the normal course of events, both girls and boys will initially identify with the mother because of her control over the infant (feeding, bathing, comforting, etc.). Eventually, however, the boy comes to view the father as controlling his resources and the girl continues her identification with the mother. However, Lukianowicz (1959) has found that a reversal of parental roles (an agressive mother and a submissive father) may sometimes lead to an identification with the wrong parent, which may ultimately result in transvestism.

According to Stoller, what the mothers of transvestites do to their little boys from birth on is to pathologically accelerate and exaggerate the normal process of feminine identification present in all males at this age. This results in an identity problem: the boy is unsure of what he is insofar as gender role is concerned. Stoller feels that transvestism is an efficient method of handling these very strong feminine identifications without submitting to the feeling that his sense of masculinity is being submerged by feminine wishes. The transvestite fights this battle against being destroyed by his feminine desires by first alternating his masculine and feminine behavior, and the secondly by being aware, even in his feminine behavior, that he

has the physical signs of maleness (penis).

According to speculations by Kinsey, transvestism may arise in several ways. First, there may be an erotic attraction toward the opposite sex. For example, a male may be so attracted to females that he wishes to be identified with them, to have sexual relationships with them, and to live with them permanently, just as females might live together.

Also, Kinsey speculates that the occurence of transvestism in the child depends on a child's reaction against his own sex. Under these circumstances he may or may not be attracted to the opposite sex. If he is attracted, he will eventually seek heterosexual relations. However, the male transvestite may idealize females to such an extent that the idea of having sex relations with them is offensive, and will eventually be left without any opportunity for sexual contact.

Kinsey points out that in some cases transvestism may arise out of a fetishistic desire for the clothes of the opposite sex. This type of behavior is almost exclusively found in males. However, fetishism is often aimed at only one or two garments, and the fetishistic child rarely dresses completely as a woman, acts like a woman, or desires to be a woman.

According to Kinsey, transvestism depends largely on the person's capacity to be psychologically conditioned during child-hood. He states that the more frequent occurence of transvestism among males is due to the male child's greater capacity to be conditioned by their sexual experience.

In general, the theory of psychological conditioning blames an adverse conditioning in childhood for the occurence of transvestism. Lukianowicz (1959) points out that certain traumatizing factors in early childhood set the stage for adverse conditioning. Some of the factors are: parental rejection of a child because of his sex, the resultant insecurity feelings, an unhealthy preoccupation with problems of masculinity and femininity, a confusion regarding his own sexual identity, and finally, the transvestic activity itself.

Greenacre (1953) points to disturbing factors during the first 18 months in precipitating transvestism. Among these are: early physical disturbances of body image, disturbances of the mother child relationship (especially separation anxiety), and disturbances of primary identification.

Lukianowicz further states that if a child is rejected by his parents because of his sex (or if he imagines such a rejection), he may develop a hostile sado-masochistic attitude toward his own genitals. He directs his resentment and hatred to the visible "cause" of their rejection and unhappiness and wants to have them hidden under the dress of the sex to which their parents wanted them to belong, and which they, by their cross-dressing, wish to represent.

In addition to the parent, another source of problems encountered in childhood conditioning may be the siblings of the child. Lukrianowicz has found that the favored status of a little girl in the family group has played a causative role in many cases. Through assuming the dress of the preferred sex (and thus pretending to belong to it) the children want to participate in the preferential treatment of this sex.

Still another traumatizing factor in precipitating childhood what does transvestism is close visual contact with a female, usually the mother or a sister. Lukianowicz points out that this may lead to a state of primary identification with her.

It should be pointed out that the evidence for adverse conditioning in childhood is not yet established for transvestites. Benjamin (1967) reports that in his studies of 242 cases of adult The male transvestites, fewer than half of the cases were accountable by adverse conditioning in childhood. Moreover, C.V. Prince, editor of Transvestia (a magazine for transvestites) sent questionaires to 166 adult transvestites and found that evidence of pathological conditioning was reported in fewer than 20% of the cases. Benjamin feels that conditioning could, perhaps, be a trigger that results in transvestism if a constitutional predisposition

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is present, the nature of which may be neuroendocrine.

Benjamin (1967) also points out that imprinting may be a possible cause for transvestism. Imprinting is basically a form of learning occuring during a critical period of a baby's development. The theory is based on striking animal experiments which showed how impressionable the brains of very young birds were. Ducklings, for instance, could be made to follow one of the investigators or even an inatimate object wherever they went, accepting them as "mothers".

In the case of imprinting, the child, during the first two or three years of life, is accidently or intentionally exposed to the experience of wearing or fondling the clothing of the opposite sex. This permits imprinting to take place in which the child is conditioned to the clothes of the opposite sex and at the same time acquires a strong preference for them. He may even be given extra attention and praise by the parent for this behavior.

The difficulty in proving human imprinting lies in the fact that the person obviously cannot give such information, and the parents do not often remember enough of the details of this early period in the lives of their children.

All psychoanalytically minded writers base their interpretations of transvestism on the teachings of Freud. Their point of view is summarized by Lukianowicz (1959): Transvestism is an attempt to overcome the fear of castration by creating an imaginary phallic woman, and subsequently identifying with her. The myth of the "phallic woman" substitutes for a phallic exhibition which is inhibited by the castration anxiety, and is made up of two different kinds of castration denial. In effect, the child is saying, "I keep my penis by acting as though I were a girl" and "Girls are really no different from me and when I put on my mother's dress, I feel as if I were her and by doing this, could arouse sexual feelings in my father, and possibly take my mother's place."

Greenacre (1953) states that transvestism has its roots in the

phallic stage, which under normal circumstances, is the time for the consolidation of the genital part of the body image. However in the case of transvestism, the phallic stage has become instead a period of increased anxiety regarding the genital parts. These children do not successfully solve their Oedipal complex, and the eventual feminine identification which follows seems to have had its origin earlier and seems to have been a way of expressing the full intensity of the Oedipal conflict rather than resulting from the Oedipal conflict itself.

Fenichel (1945) believes that during the Oedipal conflict, the transvestite identifies with the mother, while refusing to believe the mother has no penis. The transvestite act has two unconscious meanings: the object erotic one, where the male cohabits with the clothing, symbolically representing a female penis; also, a narcissistic meaning, where the transvestite himself represents the phallic woman under whose chothes a penis is hidden.

Friend, et al. (1954) report case studies of three child-hood male transvestites. They found an obvious narcissistic component in all three mothers of the transvestites. These women were considered "phallic" women who constantly enacted castration threats to the boys, and had a very primitive identification with the child. They felt that all the mothers showed a severe sado-masochistic attitude. The children themselves fell into the classification of "severe pre-oedipal behavior disorder".

Friend and co-workers also pointed out that another feature of these cases was the exhibitionistic desires of the transvestites' parents, plus the fact that in early childhood, the child rearing was actually handled by both male and female parents. It was felt that the earliest identification when differentiation of objects (mother from father) was possible, led to a confusion of roles and encouraged a splitting of the object to be related to. This may be of great importance in understanding the etiology of transvestism. why - what

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In summary, the psychoanalytic viewpoint does not generally we provide a good interpretation of the dynamics of transvestism in the child. Perhaps this is revealed in the low degree of success in treating transvestites in psychoanalysis.

Thus far, we have dealt with familial factors in the etiology of transvestism. It was pointed out that distortions in the family structure are causative of transvestism. However, a study by Zuger (1970) has raised some doubts about the importance of parent-child relationships in this disorder. In a study of 25 effeminate boys, 23 reported feminine characteristics before 6 years of age. Zuger found that in general, the maritial relationship of the parents was no different from a control group of non-effeminate boys. Also, no significant difference existed between the dominant parent of each group and no difference existed between the parent's desire for an opposite sexed child. In addition, among the parents of the 25 effiminate boys, only 6 mothers and 2 fathers had strong negative reactions to the effeminate behavior in their sons.

However, Zuger did find a qualitative difference in the boys relationships with their mothers. The non-effiminate boys solicited his mother's attention in regard to their own concerns. The transvestite child aligned his concerns to those of his mother's dress, appearence, etc. Also, the transvestite boys were found to have no interest in the activities of the father.

Zuger concludes that parental relationships and attitudes of the families of non-effeminate boys are not significantly different from those in families of effiminate boys. Therefore these parent-child relationships are not seen as a significant factor in the origin and development of persistant feminine behavior. Zuger believes that the origin and development of transvestite behavior is inherent in the boys themselves.

Such an inherent factor has been postulated by Benjamin (1967)

in his neuro-endocrine view. Benjamin states that there is a hypothalmic center which is basically a female structure in both male and female fetuses. There is also a critical period in which the center in the male fetus has to be masculinized through the androgen produced in the fetal testes. Otherwise it remains female and may well determine the sexual behavior of the future child.

Therapy

Most researchers agree that the earlier treatment is initiated, the better its' outcome is likely to be. Bakwin & Bakwin (1960) point out that the first step in therapy is a detailed review of the home situation with special attention given to the attitudes of the parents toward each other and toward the child. The domineering mother may need to be curbed, and the passive father may need encouragement to take a more active role in his son's life. The youngster should be encouraged in the behavior characteristic of his genetic sex, and at the same time, discouraged from the behavior characteristic of the opposite sex. The boy should be trained in activities and responsibilities consistent with his sex. Coercion, teasing, and shaming are ineffective and can even be harmful by causing the negativism in the child. Confusion about sex should be made clear, and explanations given in terms the child can understand. Also, a transvestite child should be carefully guarded against undesirable emotional attachments. Such as ?

Often, it is difficult to initiate therapy with such a child. When confronted with the inappropriateness of his behavior, the child may be quite defensive. This defensiveness may take the form of outright denial of its occurance and a discounting of its significance. The child may turn to secret cross-dressing or to less noticable behavior. Zuger (1964) confirms these observations.

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Casady (1967) points out that when the child is young, an unstructured play setting (play therapy) may be useful in gaining an impression of the childs gender identification. The choice of play objects and the choice of dolls representative of the child's family members, and which doll represents the child are valuable cues. Direct observation of the child will reveal manner of carriage, speech patterns and general appearence. valuable indices of gender orientation.

Dupont (1968) reports one of the few successful cases of treating childhood transvestism. The patient was an eight year old boy who began to feel unwanted when he discovered that when he was born, his parents had wanted a girl.

In therapy, the father was advised that the parents should give the child more attention and affection and cease all talk about wanting a girl (the mother was pregnant with a second child at the time of therapy). The parents were told to tell the child that he did not need to try to be a girl because they liked him as he was, and that they didn't want a girl to take his place. In a follow-up study of the child done twelve years later, no more cross-dressing had occured, the boy having passed through a normal adolescence.

In the treatment of adult transvestism, electric aversion therapy has proved successful. Marks(1968) reports that this therapy has proved successful in extinguishing the crossas they carried out their cross-dressing. However, no report fullow-ups has been made of applying this method of thereon to dressing of 20 transvestites. The method employed is to admin-

Behavior modification may prove to be useful in treating childhood transvestism in an inpatient setting. Rewards, such as tokens, candy, etc., could be given for masculine (sex appropriate) behavior, thereby reinforcing such behavior. Also,

reinforcement could be withheld for any sex inappropriate behavior. Although no report of such therapy has yet appeared, it may prove to be a fruitful approach.

Finally, the importance of treating childhood transvestism s should be emphasised. A characteristic of this disorder is its resistance to therapy (except aversion therapy) in the adult. It would appear that certain characteristics of adolescent development is responsible for the deep entrenchment of this disorder.

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