Archives of Sexual Behavior, Vol. 11, No. 2, 1982

Male and Female Transsexualism: The Danish Experience with 37 Patients

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Since the first sex-reassignment operation in Denmark at the Rigshospitalet in 1951, a total of 37 patients, 29 males and 8 females, have had sex-modifying surgery and a change in legal status. In our experience a basic insecure gender identity is a predominant trait in transsexuals, dating back to earliest childhood. This insecurity and a concomitant anxiety are overcome differently by the two transsexual sexes. In male transsexualism, the most outstanding characteristic is a narcissistic withdrawal to a condition marked by submission and pseudofemininity. Anxiety and insecurity are basic to the gender dysphoria but are subdued by means of fantasy escape and gratification in aestheticized ego-ideals with suppression of aggressive and sexual feelings. This results in the often observed pseudofemininity in the male transsexual. A core group of transsexual males are marked by a persistent pseudofeminine narcissism. They have stable ego strength, are agenital in sexual attitude, and have an intact sense of reality. This group is expected to remain so after sex reassignment. The transsexual female assumes a narcissistic, phallic attitude displaying outer activities and caricatured masculine manners in an attempt to subdue her insecurity. Examples are given of the characteristic splitting of these persons' phenomenological ego-experiences and how different their reality testing is from that of psychotic persons with a desire for sex change. Transsexual females are much more sexually active than transsexual males. We find a closer connection between female homosexuality and transsexualism than between male homosexuality and transsexualism.

KEY WORDS: gender identity; male transsexuals; female transsexuals; ego functions; sexual identity; transsexual.

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0004-0002/82/0400-0133$03.00/0

MALE TRANSSEXUALISM

The first known sex change operation in Denmark was carried out in 1951. It was reported extensively in the international press, as newspapers from New York traced the patient, the American citizen George Jorgensen, who took the name of Christine Jorgensen.

There was widespread interest in the operation resulting in a number of applications, domestic as well as from abroad, for this kind of operation. This has naturally stimulated the interest in the psychological phenomena underlying the wish for sex reassignment, and many patients have been operated on through the years (Sorensen and Hertoft, 1980a).

On the basis of their knowledge of Christine Jorgensen and a good many other transsexuals, Hamburger et al. (1953) carefully described the psychopathology of transsexual males. Via Benjamin's works, especially *The Transsexual Phenomenon* (1966), and later the works of Stoller (1975), Money and Primrose (1969), Green (1969), Socarides (1970), Ovesey and Person (1973), and Person and Ovesey (1974), our knowledge of transsexualism has been greatly increased, especially with regard to its nosological delimitation, but a number of etiological theories have also been suggested.

FEMALE TRANSSEXUALISM

Less has been written about female transsexualism, so we know relatively little about the psychopathology and treatment of this condition. The available works are nearly all case studies describing only one or two cases, and often the psychopathology of female transsexualism is perceived in line with male transsexualism.

In a thorough survey, Pauly (1974a,b) has reviewed case studies from 39 publications giving clinical descriptions of 80 female transsexuals. However, the descriptions are gathered from 12 different countries with different cultural standards, which makes comparisons difficult. Our knowledge of female transsexualism is thus uncertain, and information gained from the literature often seems contradictory.

It is frequently mentioned that the female transsexual adjusts to her new gender role in a less caricatured way than the male transsexual (Wålinder, 1967; Stoller, 1968; Pauly, 1969; Pauly, 1974b; McCauley and Ehrhardt, 1977) and that her social integration is better than that of the male transsexual (Vogt, 1968; Pauly, 1969; Léger et al., 1969). These observations, however, do not fit with other observations to the effect that the female transsexual is stereotyped and caricatured in her gender role (Léger et al., 1969; McCauley and Ehrhardt, 1977), that in adolescence she is characterized by "tomboy", behavior (Warner and Lahn, 1970; Pauly, 1974a;

McCauley and Ehrhardt, 1977), and that her psyche is impulsive and characterized by acting out (Simon, 1967; Vogt, 1968; Pauly, 1974) with a tendency to open aggressive outlets (Simon, 1967; Warner and Lahn, 1970); often resulting in alcoholism and criminality (Vogt, 1968); Pauly, 1974b).

There is also contradictory information with regard to the sexual functioning of female transsexuals. Most authors mention that the transsexual female has a reduced, even weak, sexual instinct (Wålinder, 1967; Vogt, 1968; Pauly, 1969), but nevertheless many case studies describe sexual relationships that indicate distinct and homosexually directed libido.

The impression of an active sexual life is confirmed, among others, by Hamburger's (1953) specification of letters from 465 persons who wished to change sex. From this work, it appears that transsexual females spontaneously gave a more detailed account of their sexuality than did transsexual males and that the libido of transsexual females was exclusively directed toward women, whereas the males had a more uncertain choice of sexual object. None of the women considered themselves asexual, again in contrast to the men.

PHENOMENOLOGY OF TRANSSEXUALISM

Most sex change applicants in Denmark are assessed at the psychiatric clinic of the University Hospital, Rigshospitalet, before the decision is made regarding surgical intervention. It is striking how homogeneous the personality traits are.

Narcissism is, in our opinion, one of the most conspicuous characteristics in these persons. The transsexual is inclined to refer all incidents to him/herself and often invests little interest in surrounding persons. This results in a certain emotional stereotype, an intrapsychic rigidity.

The literature gives many varied explanations of narcissistic personality changes, with regard to both phenomenology and theory (Kohut, 1971; Kohut and Wolf, 1978; Kernberg, 1975, Köhler, 1978), but an early phenomenological exposition of two narcissistic character types, put forward in 1922 by Reich, has especially been of interest in relation to our perception of the phenomenology of the transsexual condition.

Reich originally characterized these simply as first and second types, but his observations were further elaborated and explained in Characteranalyse (Reich, 1933), where he calls the two heterogeneous conditions, respectively, the passive feminine character and the phallic narcissistic character. These are characterological traits that according to Reich, are more or less common in many people; he did not particularly have the transsexual in mind.

In our opinion, the transsexual male is characterized by the typical personality traits of the passive feminine character, and the phallic narcissist seems, in its extreme, to be illustrative of the intrapsychic conditions in the transsexual female (Sorensen and Hertoft, 1980b).

The *passive feminine character* is marked by narcissism and a continuous escape fantasy, where the person reassures himself against an original anxiety and inner insecurity by satisfaction in aestheticized ego-ideals by means of a submissive masochistic attitude and an unreal perception of femininity. The passive feminine person lives not so much in the world of realities as in the world of fantasy. Spontaneity in aggressive and libidinal relations is heavily subdued, resulting in a tendency to take up an antiaggressive attitude. For the same reason the person has little desire and will for sexual genital satisfaction in a relation with a partner.

As mentioned, Reich describes more or less common characteristics, and he is not occupied with transsexualism. The representation of the passive feminine character is, however, the typical image of the male transsexual, whose female role is far from natural femininity. The individual is caricatured and submissive, and thus the designation submissive pseudofeminine character seems more suitable than Reich's original designation. In transsexual males we notice an unmistakable anxiety concerning gender identity, an anxiety subdued by perceptions of submissive overaestheticized femininity and lack of aggressiveness—hence, the often observed pseudofemininity in transsexual males. They are characterized by a narcissistic withdrawal without the emotional, libidinal, and aggressive reciprocity in manners seen in normal women. The genital-erotic sphere is thus of small importance. A transsexual may have a sexual life if this is conditioned by a partner's interest, but the genital desire is weak or lacking, and being together with another person serves first and foremost as a narcissistic gratification. Accordingly, the surroundings must reinforce the submissive pseudofeminine condition.

With this starting point in the phenomenological description of male transsexualism, we find it practicable by means of the following four criteria to delimit a core group of transsexuals with traits that are conspicuous, stable, and unambiguous without interference of other known parallel psychiatric states (Sorensen and Hertoft, 1980b):

1. Good intact reality testing unaffected by the gender dysphoria.
2. Agenital sexual attitude
3. Stable ego strength
4. Stable pseudofeminine narcissism (as characterized above)

Our purpose in specifying a core group of typical transsexual males is to delimit a group that can be expected to be stable during treatment, espe-

cially with regard to surgical treatment, since, in our and others' experience, surgery is the only treatment that satisfies transsexuals.

The *phallic narcissist* is a person marked by a basic insecurity and anxiety that the person seeks to subdue by assuming a self-assured and imposing front and by outer activity. He tries to convince others, and not least himself, that the uncertainty and anxiety do not exist. The activity and the continuous need of reinforcement of the belief in strength is obvious and in heavy contrast to an appreciable anxiety of showing what the person himself perceives as weakness, that is to say, the person takes up a caricatured masculine attitude. Reich states that feminine qualities are depreciated by the phallic narcissist, whose attitude to life generally tends toward the sadistically phallic; weight is preferred to sensitivity.

It has struck us how often such characteristics are found in the transsexual female. An insecure gender identity is subdued by seeking ego-satisfaction through actions and a caricatured masculine attitude. There is no natural aggressive and libidinal reciprocity in contact with other people. The transsexual female is lacking in the normal male's sensitivity and ability to be emotionally passive, since the normal male may behave emotionally submissive and receptive in many situations. The female transsexual is clitoral-phallic fixated and in sexual relations seeks to have her pretended phallic strength confirmed; if it is not, she is seized with anxiety and insecurity. Therefore, the female transsexual finds it difficult to behave receptively in emotional and sexual respects.

MATERIAL AND METHODS

Since 1951, when Christine Jorgensen was operated on, a large number of persons with a wish for sex change have consulted the psychiatric department of the Rigshospitalet for closer examination concerning diagnosis and treatment. As sex-modifying surgical operations are irreversible mutilating changes, our attitude has generally been cautious. Some patients, however, have been very convincing and persistent in their request for sex reassignment surgery. When, at the same time, they have had insignificantly interfering psychopathology and have consistently led the life of a male or female, we have not had weighty arguments against an operation. Further, the accomplishment of surgical operations must be seen in the light of failures in psychotherapeutic or medical treatment. We have thoroughly examined 73 males with wishes for sex change, and a total of 29 males have been castrated, with subsequent plastic surgery including, *inter alia,* creation of an artificial vagina. In this paper we will give a more detailed description of the preoperative conditions of these transsexual males. More

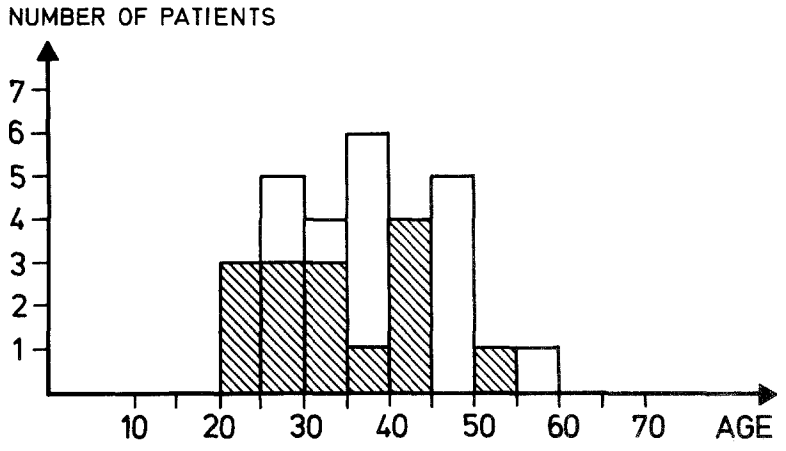

Fig. 1. Males prior to sex reassignment surgery. The hatched part indicates the core group.

than half of the males who received the operation (a total of 15) fulfilled the four above-mentioned demands for placement in a core group of transsexuals. The number and ages of the males who have undergone surgery are shown in Fig. 1, where the hatched part designates the persons in the core group.

Despite the small number of transsexual females who apply to clinical institutions, we have seen 25-30 females with requests for sex change since 1956, when the first woman in this country underwent sex reassignment. Of these, 10 have undergone sex-modifying surgery and a change in their official legal status from woman to man. In 2 of the 10 women, we

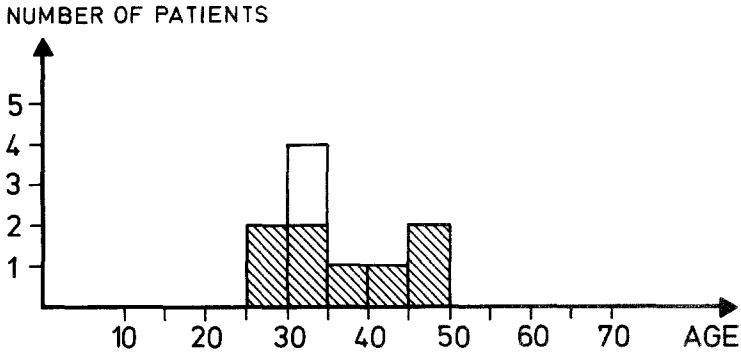

Fig. 2. Females prior to sex reassignment surgery. The nonhatched part indicates the two persons threatened by psychosis.

suspected a condition threatened by psychosis, whereas the remaining 8 presented a nonpsychotic condition. These 8 will be described in more detail. The age distribution of the females is indicated in Fig. 2. the nonhatched part shows the two persons who were threatened by psychosis.

From the thorough assessments before sex-modifying operations we shall present particulars regarding the personal and social conditions of the transsexuals during adolescence, the practice of cross-dressing, their sexual lives, and their psyches.

RESULTS

Family History of Psychiatric Illness

Of the transsexual males, 3% had fathers and 11% had mothers who suffered from a mental disorder. Information from transsexual females and from their relatives shows that 50% of the fathers had been psychologically deviating, whereas only one of the mothers presented deviation in the shape of mental instability and alcoholism. Among the fathers of transsexual females, there seems to be a preponderance of psychological deviations compared to the fathers of transsexual males. Abuse of alcohol has been common, and it appears that many of the fathers have been characterized by a violent alloplastic temperament.

Relations with Parents

The transsexual males had the most significant and emotional relations with their mothers, whom they all preferred during adolescence despite the fact that half of them described their mothers as domineering. Three-quarters had a clearly ambivalent relation with their mothers, marked on the one hand by emotionally close contact and on the other hand by dread and a grudge against the domineering. None of them regarded their fathers in this ambivalent way, and feelings for fathers were neutral and distant.

In adolescence most transsexual females had a problematic relationship with both parents. Three-quarters had the closest emotional association with their mothers and the remaining quarter had no preference for either parent but rather dissociated themselves from both.

The fact that many of the females emotionally preferred their mothers to their fathers does not indicate unproblematic relationships with mothers. Nearly all had ambivalent relationships with their mothers. Often the transsexual had conscious notions of the mother as a weak person who

needed protection but simultaneously an unconscious fear of her as an authority. The reverse was true of the relationship with their fathers as more than half found them domineering. However, partly unconsciously, fathers were often idealized in memory and taken as models (clinical descriptions of this ambivalence will be given later).

Peer Relationships

One third of the transsexual males felt isolated from their peers during adolescence, but in the core group this figure was 60% ($p < 0.01$, Fisher's test for comparison between core and noncore groups; all p values given later also apply to comparisons between the core and noncore groups). As boys, 86% preferred playing with girls, and 90% told how, during adolescence, they had frequent fantasies of being females.

The females were exceedingly extroverted in adolescence. They had many relationships but, as mentioned later, without deep emotional contact. All had clear fantasies in early childhood of being boys. Before puberty they associated mostly with boys, whereas after puberty their preference switched to girls.

Marital Status of Parents

For the males, 86% had parents who were married or cohabited, while 14% lived with their mothers in a one-parent family. Three of the females were reared exclusively by their mothers and one exclusively by her father. Only half grew up in a home with both biological parents. However, in most cases the child had frequent contact with the absent parent.

Problems at School and Work

The transsexual males were troubled by professional and personal problems at school and at work (Table I). Transsexuals in the core group differed from the rest by recording fewer problems at school, especially with regard to personal problems (13%, $p < 0.01$, Fisher). This also held for work (13%, $p < 0.05$, Fisher). The transsexual females also felt they had had many problems at school and at work, professional as well as personal (Table I).

Social Status

The transsexuals have been classified according to social status by the directions of the Danish National Institute of Social Research (1974). The

Table I. Transsexuals (%) with Professional and Personal Problems

	At school		During education		At work	
	♂	♀	♂	♀	♂	♀
Professional problems	41	38	28	62	28	62
Personal problems	76	88	45	75	38	88

highest social class is group I and the lowest, group V. The transsexual males are classified in social groups III, IV, and V only (3%, 27%, and 69%, respectively). The core group has fewer persons in social group V (47%, $p < 0.02$, Fisher). Nearly all the female transsexuals were classified in group V (88%), with only one in group IV. By contrast, in the general population, 25% are classified in social group V. The findings in this study indicate an overrepresentation of transsexual males and females in this social group.

Cross-Dressing

Of the transsexual males, 90% were compelled prepubertally by an urge to dress as girls; 60% occasionally did so, and of these 76% initially did so secretly. No one reported having been forced to wear girl's clothes, and only 7% had been punished when discovered cross-dressing. Two-thirds cross-dressed in public for the first time as adults. None recalled being sexually excited by cross-dressing, unlike what is usually reported by transvestites.

Seven females felt the urge to cross-dress prepubertally and the one during adolescence. No one recalled having been forced to cross-dress or having felt sexually excited by doing so. Four cross-dressed before puberty and only one did so secretly in the beginning, in contrast to the transsexual males, of whom 75% initially cross-dressed secretly.

Sexual Relations

Most of the transsexual males felt sexually attracted to men but had little interest in genital sexual activity. This was especially true in the core group. In sexual relations with men, the transsexual male always took the "passive" role. There was no alternation between "active" and "passive" roles, as is often seen in homosexual relationships.

Infrequent masturbation and coitus further illustrated the low rate of sexual interest and activity in the transsexual males, 93% (100% of the core group) masturbated less than once or twice a month. Two thirds had

homosexual and one-third heterosexual experience; this was mainly occasional relations. Many lacked a sexual life for long periods of time, and 17% had never participated in either homo- or heterosexual coital activity. Those with no or low coital activity make a total of 58%, again indicating scanty genital pleasure. Two-thirds of the males had no significant genital sexual satisfaction preoperatively, either by masturbation or in sexual relations with males or females (100% in the core group).

All females felt sexually attracted to women and had previously participated in homosexual activity. They had homosexual relations 3-4 times a week or more. Three-quarters of the females had led an active sex life according to their own information and that of partners and relatives. They experienced genital satisfaction both from coitus and masturbation, unlike the male transsexuals. The masturbation was clitoral.

None of the females had felt heterosexually attracted, yet 5 of the 8 had had occasional heterosexual coitus. Only one experienced genital satisfaction from this. The 5 women who had heterosexual relationships stated that they happened in adolescence and the succeeding years. At the time of investigation all the females had experienced sexual relations with women and had an active sexual life, this again contrary to what was found in the male transsexuals.

Psychological Characteristics

By the thorough clinical and psychological examination of the transsexuals prior to sex reassignment surgery, we have been able to describe their psyches based on principles given by Bellak et al. (1973) and modified by us. Table II shows the most important ego functions rated on a 4-point scale. The ego functions will be discussed in the order they appear in Table II.

Sense of Reality

Of the operated males, 69% had good or extremely good reality testing, excluding their transsexual imagination (100% in the core group, $p < 0.01$, Fisher). None of the males had a general psychotic reality testing, but a single male was suspected of paranoia with circumscribed paranoid conceptions concerning the sexual organs, a state appearing much like the paranoia described by Hansen (1976).

Two of the 10 females who had achieved a legal change of sex had a reality testing threatened by psychosis, one in the form of a clear, partial psychotic paranoia, as described by Hansen (1976), and the other with less distinct changes of reality perception that nevertheless threatened oc-

Table II. Some Important Ego Functions (Core Group in Parentheses)

	Transsexual males (%)				Transsexual females (%)			
Ego functions	Extremely strong	Strong	Weak	Extremely weak	Extremely strong	Strong	Weak	Extremely weak
Reality testing	21 (40)	48 (60)	31 (0)	0 (0)	0 0	38	62	0
Cognitive function	0 (0)	48 (80)	48 (20)	3 (0)	0	13	87	0
Affect control	14 (27)	41 (73)	45 (0)	0 (0)	0	0	100	0
Psychic defense	28 (53)	31 (47)	41 (0)	0 (0)				
Administration of object relations	0 (0)	3 (7)	97 (93)	0 (0)	0	0	100	0
Ego strength	24 (47)	34 (53)	28 (0)	14 (0)	0	25	62	13
Control of drives	41 (80)	14 (21)	41 (0)	3 (0)	0	0	100	0

casional experience of derealization and paranoic traits. These two patients are consequently not included in the detailed specification, as they cannot be considered transsexuals in the strict sense of the word.

Typical of both transsexual sexes are the selective but reversible distortions of reality. Phenomenologically they appear in two different ways:

1. In the undisturbed everyday life, transsexuals drift into a world of imagination where they visualize themselves as respectively valid females or males and feel and act as such. It is, however, a world of illusions that can be disposed of when required by external conditions. It is thus characteristic that they may act in a completely realistic and adequate manner according to their original sex so that it is completely undiscovered that they have the wish for sex reassignment. Yet the real world causes so much anxiety that they escape into a world of dreams and illusions, which secures confidence and anxiety reduction.

2. Conditions affecting the early childhood, especially the mother-child relations, are treated in an archaic ambivalent way, often suspending rational logic. The two concepts of mother, which they bear in mind simultaneously, may seem incompatible to an outside observer.

These two characteristics will be elaborated and exemplified later in this paper. Generally, however, the sense of reality is more injured in transsexual females. Decisions and actions are less controlled and thus make them seem more unrealistic to a neutral observer.

Cognitive Functions

Half of the males had well-developed cognitive functions (90% of the core group, $p < 0.01$, Fisher), the other half showing impaired cognitive functioning. Half of the transsexual males also presented with a normal level of intelligence (with 28% above and 21% below average), but it is characteristic that 86% made poor use of their intelligence. Here the core group is no different from the rest. All were marked by few interests other than the problem of sex change, and all had few creative skills. If they had a stable functional level, it was always in doing routine work.

As shown in Table II, 7 of the 8 females displayed poor cognitive functioning. We found 6 of the 8 to have average intelligence and 2 with above-average intelligence. However, they demonstrated few interests and their creativity was insignificant. The inability to control impulses inhibited their intellectual potential.

Affect Control

Of the transsexual males, 55% (100% of the core group, $p < 0.01$, Fisher) had strong or extremely strong affect control. The judgment made

from the clinical and psychological assessments showed the core group to have an autoplastic affect pattern. Feelings were typically directed toward the person himself and were often followed by *belle indifference.* The remaining group reacted alloplastically, with emotional manifestations more or less directed toward and abreacted on the surroundings.

All the females were marked by poor affect control. They were all alloplastic, i.e., they abreacted emotions on the surroundings instead of internalizing them.

Psychic Defense

Of the operated males, 59% had a strong or extremely strong defense (100% in the core group, $p < 0.01$, Fisher). No one had an extremely weak defense. The male transsexuals used denial, idealization, regression, repression, and isolation as defense mechanisms. This explains the *belle indifference* but does not indicate that the condition should be considered a neurosis, since it lacks some of the most important characteristics of neurosis, as put forward by Vanggaard (1959, 1979).

The defense mechanisms of the females were mostly denial, projection, and reaction formation. In many cases they were not effective, and anxiety was very often in evidence.

Administration of Object Relations

Nearly all (97%) of the males had maladjusted relations with other people. In this respect, there is no decisive difference between the two phenomenologically defined groups. Only one of the males administered his object relations well.

All the females showed a pronounced narcissism. They wanted the favor of the surroundings, and a great deal of their activities seemed aimed at being accepted as active males. Gratification of this idea was more important than deeper emotional relationships, and all the females were relatively lonely.

Ego Strength

Of the transsexual males, 58% had considerable ego strength (100% of the core group, which is explicitly selected on, among others things, pronounced ego strength). Ego strength is classified according to the ability to control opposing impulses and affects, to endure frustrations, and to make decisions and carry them through.

Six of the females had difficulty in controlling opposed feelings and impulses. In spite of an apparent determined attitude, four had, in reality, difficulties in making decisions. All things considered, it was characteristic of the females that they had no well-developed ego strength. Frustration tolerance was low, resulting in anxiety that activated the alloplastic defense of projection, denial, and reaction formation.

Control of Drives

Of the male transsexuals, 55% show strong or extremely strong ability to control impulses and drives (again, 100% in the core group, which is not surprising since they were characterized by good ego strength and lack of genital sexual satisfaction). As a rule, there is a parallel moderation of aggressive and libidinal drives, yet some of the males had more difficulty controlling aggressive than libidinal impulses.

Because of poor ego strength, all the females had difficulty in controlling aggressive and sexual drives, which often caused an instable and impaired working capacity.

DISCUSSION

Male Transsexuals

In our clinical and psychological assessment, we have consistently observed gender identity difficulties as a very important feature in the transsexual male. Often it becomes unmistakably apparent that there is anxiety in acknowledging a plain masculine identity. This anxiety forces the transsexual toward a female appearance, a special one that is aesthetically embellishing, antiaggressive and idyllic. That it seems to be an escape from a male identity is supported by a letter from a patient mailed before any decision was made as to complying with his desire for sex reassignment surgery.

> Physically I am like a man, but my feelings, thoughts, even my psyche are female; you feel you have got a wrong body. To behave like a man wears me down, I can't, it is unnatural to me, very stilted and artificial, one cannot be natural, it torments me at all hours that I must lead the life of a man. I can't play the game, everything seems to fall apart, you can't do anything without the greatest effort, you cannot go about your work. You cannot concentrate on anything, you are occupied with just one single thought, namely a complete invincible yearning to become a *woman*—a *woman* every day, always to walk around freely and naturally dressed as a woman. We transsexuals are women anyhow, whether the doctors will admit it or not. That we have no inner organs is another matter, but still we are women. At least by means of surgery you can get as far away from being a man as possible. It can be done.

In "Die Ichspaltung im Abwehrvorgang" ("The Splitting of the Ego"), Freud (1938) describes for the first time the concept of splitting of the phenomenological ego. He describes a boy who lived with the fear of castration, after having been threatened with this on account of masturbation, and who viewed the female genitalia as being the result of castration. The boy's answer to this conflict was not an either-or, that is either to renounce satisfaction of his drives acknowledging the danger or to continue masturbation with denial of reality. By means of a fetish the boy constructed an illusion of the woman as phallic and thus enabled himself to continue masturbation; the danger was not excluded, but it was sized up realistically, and he attempted to avert it. Freud mentions that the conflict was responded to with two opposing reactions, both valid and active, but the cost was "einesr Einrisses im Ich" (a split in the ego). Further, he emphasizes that the fact that the boy realistically made up his mind about the danger shows that the illusory experience of the phallic woman is not a psychotic state.

Similarly, the transsexual males are marked by a splitting of the phenomenoligical ego experience. As mentioned earlier, the reality testing of the transsexual male is not psychotic.

Some authors, e.g., Baastrup (1966), have perceived the transsexual's assertion of being a woman as a primary delusion and have thus perceived the state as psychotic. It is characteristic of the transsexual, however, that he can live realistically on his biological conditions and, accordingly, behave realistically as a man when it is vital to him, but he feels it unpleasant and alarming. He prefers to live in a world of illusion, in the conception of being a woman, where he feels safe. Here, as in the case mentioned by Freud, it is not an either-or but rather a both-and. On the one hand, there is the illusion of being a valid woman, which subdues anxiety and gives inner satisfaction, and, on the other hand, it is possible to act realistically on the male conditions. Thus, there is no firm fixation in a female or male gender identity. The insecurity is typical, but the realistic conduct is secured. This makes an essential difference from a psychotic state.

In psychotic or borderline persons with a wish for sex reassignment, gender identity is not characterized by the balanced and circumscribed delimited splitting of the phenomenological ego experience. In psychotic individuals there is a much more generally insecure identity. The person is not able to maintain normal reality testing beside the illusory conception as is the case with the genuine transsexual.

Gillespie (1952) mentions that the splitting phenomenon is characteristic of all perversions and emphasizes that the pervert escapes psychosis by means of this phenomenon. The splitting phenomenon related to perversions is also mentioned by Bak (1953) and Segal (1965).

The archaic and regressive conditions, due to the special defense, are clearly reflected in the transsexual's ambivalent relation with his mother. On

the one hand, she is felt to be the closest, the only one with whom the transsexual as a child had any close emotional connection. On the other hand, he is frightened of her as an authority. Often the transsexual speaks about the mother as a good and wicked person simultaneously. This is often seen in the child's development in the preoedipal phase (A. Freud, 1946).

These persistent archaic conditions show that infantile conflicts are unsolved. In our opinion, however, these conflicts are not necessarily of etiological significance to transsexualism. Instead of being the cause, they might well be the result of a lack of ability to manage difficult developmental phases. The archaic ambivalent condition corresponds in many ways to the special relation between the transsexual and his mother as described by Stoller (1975); and the fusional connection, which the split ego seeks to maintain with the infantile mother, corresponds in many ways to the condition expounded by Socarides (1970) and Ovesey and Person (1973) and Person and Ovesey (1974). The ambivalent condition or the lacking separation from the mother are, however, probably not etiological factors, per se, but are essential phenomenological facts; and a thorough clinical knowledge of these facts is important in order to make a sufficient diagnostic demarcation and a varied treatment effort.

The following clinical descriptions, which are representative of a great number of the transsexual males, may illustrate the mentioned psychic characteristics, including, among others, how the illusory dream of being a woman is managed steadily, how sexual and aggressive drives are pushed away resulting in the submissive pseudofeminine condition, and how the relationship with the mother is emotionally ambivalent.

Case A

This 40-year-old man was born under stable social conditions and raised as the eldest of four siblings. During adolescence he was most attached to his mother, but in an ambiguous emotional way. He described his mother as gentle and very beautiful, and on account of her human qualities as admirable and worthy of imitation, and as a person he could confide in. But at the same time he had a grudge against her, as he felt her to be unnecessarily strict and authoritarian. He continued this relationship to his mother as an adult, often grumbling about her and feeling that she meddled unnecessarily in his affairs, but at the same time still closely connected with her. His unchanged preoccupation with her is seen from a repeated dream, occurring especially during periods where he finds her particularly domineering, in which she appears in the shape of the Virgin Mary. The relationship with his father did not have this emotional investment at all. He was perceived in a much more neutral and unambiguous manner.

In his development, the patient had been little occupied with sexuality. Not until he was about 30 years old did he have occasional affairs. He felt attracted to men, not for the sake of sexual satisfaction but rather as gratification of his own perceptions of being female. In these relations, which were always peno-rectal, he was the passive partner and had no orgastic benefit.

Outside working hours the patient eventually lived consistently in women's attire. At home he attempted in particular to familiarize himself with the role of a woman and mother. He invested much time in four dolls that he considered his children, nursed them, told stories, watched TV with them, and changed their clothes. Yet all along he knew how to deal realistically as a man with his surroundings when necessary, for instance at work. He passed night after night imitating a mother-child relationship that he knew quite well was an illusion, but the illusion of being a woman and mother gave confidence and composure, unlike the male role.

Case B

This 41-year-old man was reared in a stable family setting and wished to be a woman as far back as he could remember. He was most attached to his mother during adolescence. The relationship was intense, but ambivalent, as he found her to be a most understanding person but also unnecessarily authoritarian. He did not understand why she so often made common cause with his father, whom the patient considered to be a third party.

The patient secretly procured girl's clothes and concealed them from his parents. He also concealed his urge to appear like a woman. He grew up in a provincial environment with very strict codes of acceptable behavior and now thinks that it was out of consideration for the general standards that he married the woman with whom he had only had a platonic friendly relationship. His wife did not know about his affinity for the female role, and he carried on cross-dressing secretly. The married couple had a modest sexual life, but, despite his ability to ejaculate, the patient had no orgastic satisfaction. Only after 12 years of marriage and after the desire for sex change had become irrestistible did the patient disclose his transsexualism to his wife, who had had no idea of his perceptions of being a woman.

The marriage was dissolved, and the patient lived as a woman in his spare time. He attended to his work and behaved convincingly as a man at work, so that no one suspected him to be transsexual. In his spare time, however, he led a quiet, solitary, feminine life, where he imagined himself to be a weak, beautiful, and passive woman. He dreamed of a strong man who would be domineering but declared that he had to choose a solitary life without very much contact with others since the physical presence of a partner would ruin the well-ordered balance of his world.

Like other authors, we have found transsexual males to have little interest in genital satisfaction. The sexual drives seem to be bound in a stable manner in the so-called core group, which is more than half of the patients. From person to person we found a defense marked by denial, regression, repression, and isolation, a defense attempting to bind aggressive and sexual drives. This again marks the affect control that, especially in the core group, finds expression in a *belle indifference*. According to our observations, the core group is stable because of the pronounced ego strength that is one of the preconditions of the autoplastic psyche.

The transsexuals outside the core group are more or less alloplastically reacting, which makes the defense less stable. The consequence is that these persons are often so ambivalent that at one time they are occupied with sex change with great conviction and present themselves with a convincing female appearance, and at other times they throw themselves with libidinal strength into hetero- or homosexual relationships with no thought of sex change and without interest in a female appearance. They do not possess the stable internalized strength that can lead to a stable pseudofeminine narcissism.

Female Transsexuals

The findings show both similarities and differences between male and female transsexuals. Female transsexuals share an insecure gender identity and a basic anxiety, but the methods of coping with the anxiety are different. The insecurity stems from earliest childhood and manifests itself in an obvious infantile and archaic ambivalent relationship with both parents, persisting into adulthood.

The insecurity is observed in other relationships as well, and the reluctance to show and acknowledge this is notable. In an attempt to compensate, the female transsexual lives in a continuous struggle to show activity and strength and thereby, to receive recognition. Most of this activity is clearly characterized by display without subsidiary strength. The consequence is that when in a situation that creates anxiety and little acceptance of her condition, the transsexual will further exaggerate these traits and make use of a pseudophallic defense with a pronounced need to show dominance, activity, and initiative.

All our information about the transsexual female's sexuality shows that she must unconditionally be the initiating, domineering, and active party, especially with new partners who make her insecure. It is also obvious that she gets satisfaction from touching her clitoris, which she often considers to be her "penis." Usually the transsexual female does not permit

the partner to touch her clitoris but requires the partner to remain completely passive and receptive and thus to be satisfied by digital or oral stimulation or by means of a dildo. Only when relationships have become more relaxed do some of the transsexuals allow mutual touch and masturbation. But they seldom permit contact with their breasts and rarely with their vagina.

The following two clinical descriptions are given in order to illustrate adolescent conditions and contact with parents and peers and to elucidate special sexual characteristics:

Case A

This 29-year-old woman was reared as an only child in a large provincial town. Her father was a petty officer and the patient remembers him as violent, a drunkard, and bohemian, whereas the mother is described as stable, tolerant, and obliging. The relation with both parents is clearly ambivalent, however. She dissociates herself from the father as he is described above but nevertheless she admires him and almost idolizes him on account of his strength and resolution. The mother is similarly described to the contrary as an intolerant authority who failed her emotionally in favor of the father.

As far back as she can remember she wanted to be a boy. As a child, she hated girls' clothes such as skirts and dresses and struggled to be permitted to dress in trousers and shirts. Her mother gave in to her part of the way in this respect. Before puberty the patient preferred to relate to boys, among whom she tried to fight for a position by display of force. Again and again during our interviews she used the expression that "companions should be bullied." At school she was unconcentrated, restless, and a poor reader. She was mostly interested in physical activites and had many problems with teachers and peers.

After 9 years she left school and tried to get a clerical education, in which she did not succeed. She could not submit to a hierarchical system and was fired after 1½ years. After this, she did unskilled work in factories and workshops. Since the age of 28, she has worked as a taxi driver.

She was interested early in sex and masturbated from puberty with fantasies of being a strong and potent man who had an affair with a passive woman. Although prepubertally she was only interested in boys, she later changed her attitude and took an interest in girls. When she was 14, she had her first lesbian relationship. When 18 she had occasional coitus with a male friend her own age. She regarded him as a companion and was disgusted with the few experiences with sexual intercourse, and she broke with him after a few weeks. For a long time she moved in lesbian circles that were

gathering around a night club and led a promiscuous lesbian life. Her lesbian partners were not allowed to touch her sexually but were required to remain passive and be satisfied by her oral and digital stimulation or by means of a dildo. Then, when the partner was satisfied, the patient masturbated herself to release. Only when she had a few closer relationships, where she found clear gratification for her masculine conduct, did she allow some mutual sexual stimulation. She preferred heterosexually disposed women as partners.

From the age of 14-15 the patient had worn a tight band around her chest to avoid a feminine appearance and at 18 began to cross-dress continuously. Since age 24 her wish for surgical removal of breasts and sexual organs was more and more obvious.

Case B

This 41-year-old woman grew up as the third of five siblings, one boy and four girls. The patient describes her father as patriarchal, violent, and a drunkard. He was regarded as a threat by the patient and as aggressive and punishing, but she nevertheless admired him. Her mother, on the contrary, is remembered as weak and sympathetic, so weak that the patient felt she had to protect her against the domineering father. Simultaneously, she saw her mother as an authority figure and was afraid of her.

The urge to become a boy and man was clear to the patient at an early age. She wanted to act as a boy, play boys' games, and mix with boys. Her mother seemed ambivalent about this and did not accept it openly, but, secretly, and presumably unconsciously, admired the patient's "tomboy" manners.

At school the patient had difficulty in relating to peers and teachers and had a reputation for being wild and unruly. She preferred to play with boys and was ready, if necessary, to fight for a position among them. After 9 years at school, she got a clerical job but did not fit in because of restlessness and authority problems with colleagues and superiors. She then worked in different unskilled, but physically demanding, jobs in factories and truck gardens. Here she had conflicts with colleagues and frequently changed jobs. The patient was restless and extroverted and had many friends but no deep contact with anybody. Once, she was involved in a criminal offense and was sentenced to 3-month imprisonment for receiving stolen goods.

She had sexual feelings at an early age and started to masturbate in puberty 3-4 times a week, with fantasies of being a man making love to a woman. She also made an early debut in sexual relationships, at first in lesbian cricles but preferably with heterosexually minded female partners.

In such relationships she would be the active party. Usually, she had coitus with the partner lying on her back and the patient on top. When she had satisfied her partner with a dildo, she would masturbate herself to orgasm. When she was 35 years old, she established a sexual relationship with a woman of her own age who accepted her way of life and who remained passive and submissive to her domineering attitude. In this relationship, the patient found some confidence in her masculine role and for the first time could allow a certain reciprocity in sexual contact, through retaining the dominant active role. It was during this relationship that the desire for sex reassignment surgery and change in legal status became the most important thing in her life and caused her to seek professional help.

As in the transsexual males, the sense of reality is marked by a clear splitting of the phenomenological ego experience. Although convinced of being a man, the transsexual female has preserved a sense of reality and is able to act as a woman, although it is unpleasant and gives her anxiety. As stated earlier, this phenomenon differs conclusively from delusions in psychotic or borderline patients whose reality testing is much more generally injured. Another characteristic of the reality testing is the archaic ambivalent relation with the parents, which shows the presence of unsolved infantile conflicts.

The weak ego strength, the alloplastic reaction pattern, and the poor control of drives are the essential characteristics of the transsexual female. It is remarkable that not one had a definite autoplastic temperament as was seen in the transsexual males. Consequently, we have not been able to select a core group with an especially stable and delimited condition.

All the examined females were homosexually directed. There has not been a similar neutralizing of sexual impulses as seen in the male transsexuals, whose sexuality was controlled and considerably subdued, especially in those with an autoplastic reaction pattern.

It can be difficult to distinguish female transsexuals from some lesbians, much more difficult than to distinguish transsexual males from homosexual males. Female transsexuals differ from most lesbians in consciously keeping a picture of themselves as males and seeking gratification of this perception in sexual practice. But even though the lesbian acknowledges herself as a woman, she often holds phallic desires more or less repressed. Because the transsexual female is alloplastic and has poor ego-control, she lacks the faculty of internalizing and repressing the desire for a masculine status, quite contrary to the lesbians described by Deutsch (1932), who were autoplastic with masculine desires long repressed.

From a purely phenomenological point of view, there seems to be a series of transitional forms between female homosexuality and female transsexualism, whereas the effeminate homosexual male and the transsexual male differ widely, as demonstrated by the fact that the homosexual man has an active and genitally steered sexual lie and a pronounced

castration anxiety that is not found in the transsexual male. The homosexual female with masculine behavior and the transsexual female are both genitally steered, and their sexual instinct is directed toward women. The difference between them seems to be the transsexual female's perception of herself as masculine and her need of stressing the heterosexuality of her female partner in gratification of her own wish to be perceived as a man. Thus, the difference between homosexual and transsexual females is not as distinct as the difference between homosexual and transsexual males.

This smooth transition between homosexuality and transsexualism in females may be one of the explanations for the greater variation in the extent of sex reassignment surgery among females than among males, as stated in a specification of all sex change applications to the Danish Ministry of Justice from 1950 to 1977 (Sorensen & Hertoft, 1980a). Thus, some females only wish mastectomy or a change of name and renounce hysterectomy or castration and consequently accept menstruation.

The knowledge of these phenomenologically described differences may be of decisive importance with regard to diagnosis and treatment. In a later follow-up study of transsexuals who have changed sex, we shall try to elucidate how the psychopathological differences can be decisive for the years following a sex change.

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