PSYCHOLOGICAL FACTORS IN MEN SEEKING SEX TRANSFORMATION

A PRELIMINARY REPORT

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and

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This is a report based on some preliminary observations of men who demand surgical procedures to remove the male genitals and leave a female-appearing perineum. These studies have been conducted in preparation for the design of a research project investigating both the physical and psychological aspects of the problem. The material reported here is limited to the psychological findings in these subjects. All of them were physically normal by usual clinical standards and showed no signs of true or pseudohermaphroditism as it is usually understood. Despite feminine mannerisms, none of them showed a feminine body configuration or appearance.

BASIC PROBLEMS

It might be asked why this group is worthy of study at all, inasmuch as it is, comparatively speaking, a small one and does not pose a major public health problem. After the publicity in recent years about such operations, there have been increasing numbers of these men banging on the doors of surgeons and insisting that they have the operation. Physicians in Denmark, Holland, and Germany have received a number of requests from Americans for this surgery. We have no way of estimating how many of such operations have been performed. A review of the literature reveals that there has been little scientific work published on this problem, and certainly there are no controlled case studies with follow-ups after operations. It would appear that the operations have been performed more because of the desperate, pitiful state of the patients than on the basis of facts about the disorder. Since the patient who frantically seeks surgery poses ethical, scientific, and legal problems for the surgeon, it seemed worth while to devote a research to the problem in an effort to supply some factual basis for guiding the treatment of such men.

Aside from these somewhat urgent treatment questions, there are justifications for this study in terms of basic theoretical problems. Most of these men, for example, insist that they are really women who have been accidentally given a male body through a mistake of nature. They maintain this conviction despite the fact that it contradicts the available evidence of normal physical, endocrine, and anatomic masculinity. The existence of persons who have this distorted subjective perception of their sexual identity offers an opportunity to study the whole problem of how human beings normally get their sense of being a male or a female. This sense of being either male or female is not a simple function of some biological, endocrine, or other factor, but is, on the contrary, a complex psychobiological product. As observation of children reveals, there is a tremendous amount of learning involved in discovering whether one is male or female, and the influence of other persons is significant in this learning process. It is common for little boys to announce that they will grow up and have babies like mother and for little girls to proclaim that they are going to grow up and be a big strong man like father, and such behavior suggests that the sense of sexual identity is not the simple expression of something like the endocrine balance. A case in point is the fact that women who have masculinizing tumors do not suddenly announce that they are really men. In fact, most of them are rather horrified at the beard and other masculine attributes and insist that something be done so that they continue to look like the women they feel themselves to be.

In addition, the project has relevance to another rather spectacular problem, namely, that of genital mutilation. In our culture genital mutilation is rare, even in patients who are psychotic enough to be locked up in a psychiatric hospital. Quite the contrary, there is in the average normal person a strong impulse to protect the genitals. Many humorous anecdotes about combat fears reflect this compelling motivation. Although the subjects of this research are not clinically psychotic in any ordinary sense of the word, and we have yet to encounter any who have had psychiatric hospitalization, they are going around literally beseeching anyone to completely destroy their sexual organs. Indeed, some of them have performed castrating operations on themselves. The study of such phenomena will have implications for concepts of body ego and bodily integrity with regard to self-preservation.

DEFINITION OF SUBJECTS

A preliminary report seems indicated, since these observations might prove helpful to those physicians confronted with such patients. Before presenting the clinical material, further definition of our subjects is in order. Most of these men show the symptom of transvestism, but in quite varying degrees. Transvestism has been well known to the psychological and psychiatric literature for a long time. The urge to wear the clothing of the opposite sex has not been a rare condition, and, in fact, most little children will show it at one time or another. At costume balls and parties persons who are otherwise quite normal may masquerade temporarily as a member of the opposite sex, and a good deal of fiction is based on the appeal of this idea. Authors from Shakespeare to Mickey Spillane have used the theme of the one sex disguised as the other. We do not classify our subjects as ordinary transvestites. In some ways they are quite different. In the first place, the transvestite, as usually reported in the literature, has no wish for such a mutilating castration. In fact, one theory of transvestism \(^1\) holds that it is a means of pro-
tecting the male genital. All of our subjects have made active efforts over a period of one or more years to obtain surgery. In the second place, all of our subjects do not practice transvestism in the usual social context of wearing women’s clothes in public. For some of them the wearing of female clothes is restricted to phantasized activity or to a private display in front of the mirror. This is rather markedly less social than the ordinary transvestite.

FACTORS AND THEORIES

Turning to what little literature is available concerning this topic, we find, on the one hand, Benjamin’s concept that these subjects are constitutionally female “in spite of the fact that the gonadal status may appear within normal limits.” 2 He has coined the term “somatic-psycho transsexualist” to characterize these transvestite males who want to be anatomically changed into women. He comments, “Such extremely deviated male transsexualists have the obsessive urge to be ‘all woman.’” 3 As will become apparent later, our studies are not in agreement with this statement, since we have not yet found one subject who has a realistic idea of what a woman is like. They all show an extremely shallow, immature, and grossly distorted concept of what a woman is like socially, sexually, anatomically, and emotionally. For our subjects the word woman has a rather autstic meaning quite different from that generally understood by most adults.

The importance of constitutional factors in the origin of this condition has been stressed by Benjamin 2 and Hamburger, Stürup, Dahl-Iversen. 4 Their view is based in part on the observation that the histories given by their patients indicated an early onset of symptoms and often did not reveal convincing external influences in childhood. We would have to question any conclusion based on the history of these men unless it took into account the severe disturbance in memory function that we have encountered in all our subjects. Most adults are able to call forth such a variety of memories from the past as to recreate a plausible and relatively rich picture of their childhood. In contrast, these subjects are markedly unfamiliar with their own past except in terms of a few cherished memories that seem to support their contention that they were really girls from the beginning. If pressed for information about their childhood other than these few memories, they react with an emotional disturbance. It seems to us that the question of the role of constitutional factors must await exhaustive and controlled measurements of endocrine, chromosomal, and body configuration variables. The role of psychological factors in the origin of this condition has been emphasized by Guthell 5 and Ostow. 6 Here again it would seem desirable that clinical findings be supplemented by further research.

This report outlines some common denominators and differences found in the case studies of five of these subjects. These are, of course, tentative findings that cannot be considered as statistically valid generalizations. Eventually these subjects will be compared with control groups of males who do not deviate markedly from heterosexuality and also with certain psychiatric patient groups. Not until these comparisons are available will it be possible to say what factors, if any, are unique and specific for these men. A word is in order as to how these data were obtained. All of the subjects were interviewed extensively by a psychiatrist with psychoanalytic training. All were subjected to a battery of psychological tests by a clinical psychologist.

SIMILARITIES IN SUBJECTS

At first glance, all of the subjects appeared to be relatively well-adjusted persons, but, on closer inspection, it was found that they were quite disturbed in a number of areas, particularly those following.

Need for Recognition.—The subjects all showed a desperate hunger for attention, recognition, and acceptance, and a marked feeling of being rejected and ignored. This constellation of feeling manifested itself in the fact that they brought much printed material to the physician’s attention, including their personal correspondence with famous persons. Pictures and articles concerning transvestism were collected from magazines and newspapers, and they brought many photographs of themselves and their friends, which they showed with a great eagerness for approval. All of the subjects have been extremely eager to cooperate in research, and some of them have made offers to be scientific exhibits and to allow their life histories to be exploited for scientific reasons. One of them said, “I’d like to offer them my mind, my heart, my soul, and my body for surgery and for hormone treatments and for plastic surgery, or whatever they would want to use me for in their research in exchange for sex transformation. I know that I would be far happier and it would be much easier for me to serve humanity in any community in which I would have to live.”

At one level the notion of being a woman seems to represent the only means by which recognition, admiration, and acceptance can be won. This feeling is evident in some of the psychological test responses. One of the tests used, the “Make A Picture Story” method, 7 requires that the subject select from a number of small cut-outs of human figures those that he wishes to place on a situational background and tell a story about. These stories have been found to reflect the phantasy life of the person telling them. When given a choice of backgrounds from among those available for use in story telling, the majority of our subjects selected a stage background and pictured themselves in this setting transformed into beautiful women, performing before admiring audiences or receiving the plaudits of the medical profession because of their successful sexual transformation. The desire to win attention through exhibitionistic display is expressed in these stories. In passing, it might be noted that several persons who have undergone surgical transformation have acted out this phantasy and earn their livelihood as entertainers on the stage.

In another of the tests used in this study, the Thematic Apperception test, the subject is asked to tell stories about a series of pictures that are rather vague, ambiguous renderings of persons in various sorts of situations. The last card in this series of pictures is completely blank. With respect to this card, the subject is asked to imagine his own background and populating figures and then to tell a story about them. One subject's response is quoted in some detail, since it conveys the typical flavor of responses by this group.

I'd like if I could possibly draw a scene would be to draw a scene of myself as a female with beautiful long hair and with my features changed so that I would be attractive so that people would notice me; have beautiful evening gowns and dresses and being able to go to dances and walk down the street as any ordinary girl would do; to be able to wear nice clothes and things like that. I could picture myself like that in theatrical work which I have done before in dancing, like a waltz, or singing or even playing the harmonica or guitar music, something like that. I like music very much. But mostly I can picture myself walking down the street in a beautiful evening gown and my hair fixed up real pretty with a beautiful dress or evening gown, beautifully printed designs on it, and sort of when you walk by people, people would notice you and say, "gee, look what a pretty girl got on. Look what a beautiful build and shape she's got." I think myself in a picture like that would be very attractive. I could picture myself in this scene of walking down the street and window shopping and looking at other beautiful evening gowns and dresses and feminine clothes to select from and going into the store at various counters and selecting other feminine garments which are very attractive and pretty and be able to have a nice wardrobe. That's what I could picture in that.

The subject went on to say that he would picture himself as alone in the beginning of this scene and others would come up to congratulate him on how pretty he was.

They would come up to congratulate me on how pretty, perhaps the earrings that I would have on, or how pretty my hair was fixed up or my dress, and where I had bought it or what I had paid for it and make an acquaintance. And then I could picture myself going to the restaurant and sitting down and having a nice meal and conversation with some of the acquaintances that I have met. And I like very much to meet people and to be around people. Being around them and talking to them and having them comment on my beautiful clothes.

Several features of this response are noteworthy. First, it illustrates how the perception of femininity is restricted to a few of its more superficial aspects. This is reminiscent of the tendency of children to generalize from concepts based on limited information. For example, a child impressed by his first view of a fire engine may announce, "I want to be a fireman because they ride fire engines."

The patient seems to say in the story that a woman is nothing more than a person who wears pretty feminine clothes and is admired for this. Second, it may be seen that this patient tends to conceive of social interaction and interpersonal relations as a unilateral affair, involving admiration of himself by others, a relationship based almost wholly on appearance and clothing.

**Urgency and Impulsiveness.**—All of the subjects seemed to experience a state of urgency and impatience that was inappropriate to their life situations. When asked to tolerate any delay, they become upset, even though the anticipated event may be quite trivial or unimportant.

For example, one subject who is continually under pressure to mail all sorts of miscellaneous material to the examiner finds it necessary not only to send it special delivery but also to make frequent calls trying to find out if it has been received yet. More often than not his state of urgency has no connection with any result that he hopes the mail will produce, aside from winning the examiner's attention. Another subject who was about to leave town for the week end missed his train because he was making frantic telephone calls. The question he was burning to ask had no bearing on his trip, no immediate urgency in reality, and could just as well have been asked after his return. These illustrations are typical of the tendency these subjects have for feeling a state of emergency when none exists in external reality.

Under the pressure of this urgency, the subjects are prone to outbreaks of impulsive behavior, in which they act aside good judgment and jeopardize their own welfare. This type of action is typified by a cross country wild goose chase one subject made that cost him his job, his savings, home, and friends, and gained him nothing. He took off in this trip in response to a rumor that he made no effort to check.

The qualities of urgency and impulsiveness are particularly characteristic of the wish to get surgery. In office interviews the subjects are inclined to put considerable pressure on the physician, becoming quite frantic and desperate in their insistence that they cannot live any longer without the operation. Threats to commit suicide or to operate on themselves can be expected. Misunderstandings flourish. Despite the most careful explanation, the examiner is repeatedly confronted with the fact that the subject has jumped to the wishful conclusion that he is about to have his operation performed. Correction of this misimpression results in a bitter disappointment that, however, soon gives way to a new misunderstanding. The over-all impression created by this urgency is that surgery represents more a desperate attempt at escape than it does the means to achieve a positive goal that is desirable to the patient.

**Memory Disturbance.**—All of these subjects had an excellently memorized reconstruction of their childhood, highlighting those memories that supported the concept of their having been female from birth. When invited to tell about their past history, each of the patients would present this story without hesitation and in some cases with apparent satisfaction and relish. There was a remarkable similarity in these histories, which becomes less surprising when one realizes that they are composed of few memories of a restricted content. Typically, the story begins with memory of what beautiful curls they had, the tearful scene when the curls were cut; how they played with dolls, and how their first attraction was toward some little boy in kindergarden or early grammar school. These memories were vividly presented in some detail and often supplemented by assertions that they were never attracted to little girls and that they never indulged in boy's games, athletics, and the roughness that boys like. From childhood on, the subjects all remembered having wanted to get into girls' clothes and episodes in which they either secretly or with the family knowledge did dress as little girls. All of the subjects showed a marked need to have

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this version of their past history accepted as the whole story by the examiner. Characteristically a severe and extensive disturbance of memory becomes visible when they are questioned about aspects of their childhood other than those that they offer spontaneously.

One subject gave his history with pleasure and composure as long as it was not questioned. As usual with these subjects there were but few memories of childhood before adolescence, and all of these were to the effect that the patient had been more a cute girl than a boy. The great bulk of historical information was concerned with the details of transvestite urges, phantasies, and experiences from adolescence on into adult life. Finally, the examiner interrupted to suggest that he tell more about himself as a child before adolescence. The memories already given were repeated, and the subject returned to giving more details of his past adolescent transvestite activities. He was again asked for more details about his life prior to adolescence, and again he evaded the question. Finally, it was pointed out to him that he had given only a few incidents prior to his teens and that he seemed reluctant to tell more about his early life. In response to this the subject lost his composure, burst into tears, and poured out an account of an extremely difficult early life. These memories were accompanied by severe depressive feelings, and the patient stated, "I never think about my past—it doesn’t do any good. What’s done is done." It could then be seen that the few memories he had given in the beginning were relatively happy but minor incidents in a tragic childhood marked by a broken home, early loss of one parent, and intense exposure of the subject as a child to the grossly psychopathological behavior of the surviving parent. In terms of this new information, it became clear that, in the endeavor to avoid painful memories of his real childhood, he had kept before his mind a sort of a myth based on only a few selected childhood experiences.

Sometimes the subjects cannot be induced to fill in their spontaneous and inadequate account of childhood because they are too threatened. For example, another subject was interviewed for over three hours in an endeavor to obtain details of his life prior to the age of 17. The transcripts of these recorded interviews reveal his inability to look at his past, and under repeated questioning he repetitiously asserted, "I don’t know" and "I can’t remember." In addition, he expressed his reluctance to look back as follows: "The only time I ever try to think of anything in the past is if somebody happens to be asking about it," followed by the statement, "Well, I think there must have been only a very few times in my life when something came to my mind from the past because I have always trained myself to look ahead, look to the future, think of tomorrow; try to better yourself, and not let anything worry you." In describing his attitude to his past he said, "If you happen to accidentally hit my hand with a hammer, sure it’s going to hurt for a few minutes, but why feel bad about it—forget about it." This typifies the tendency of these subjects to look on their past as a painful hurt that has to be forgotten.

Attitude Toward Society and Themselves.—All of these men present themselves as the mistreated and misunderstood victims of the culture. In particular, their feeling is that the difficulties in getting the surgery stem from the stupidity and prejudice of society rather than from any question as to the appropriateness of their wish for a mutilating operation. In this regard they maintain an unquestioning acceptance of their subjective conviction of being female, rejecting all evidence that might conflict with it. They are convinced that their picture of themselves is correct and that the culture perversely clings to a distorted impression that they are males. This means a constant struggle to deny the recognition of their masculine appearance by others, as illustrated in one subject who said, "Why can’t they see I am a woman? How can they be so blind?" Another subject could not tolerate being referred to by his masculine first name, refusing to accept mail so addressed to him. Along with this they are constantly alert for any scrap of evidence that seems to strengthen their conviction that they are female. All of them treasure photographs of themselves in feminine clothes, wig, and make-up, as well as contacts with any persons who seem to support the thesis that they are women. The subjects put considerable pressure on the examiners to accept them as women and tended to become disturbed during the research procedures, partly because such reassurance was not given and partly because being studied psychologically implied to them that their subjective opinions were not being accepted as self-evidently correct.

While rejecting any evidence from others of their masculinity, they struggle even more against the evidence of their own bodily perceptions. Physical attributes ordinarily accepted as evidence of masculinity are likely to be interpreted as threats that must be rejected or denied. One subject, for example, submitted himself to the lengthy painful procedures of having his heavy black beard removed by electrolysis.

The occurrence of erections, ordinarily an unmistakable manifestation of masculinity, poses an almost insoluble problem for these subjects. To avoid the collapse of their whole female self-image they are driven to extreme lengths. It is our impression that the wish to escape anxiety connected with erections is part of the motivation to have the offending penis removed. One subject said bitterly that it was no use trying to love anyone because sooner or later he would get an erection that would ruin everything. In all subjects masturbation was used partly to get rid of erections, and several subjects said that they masturbated to destroy the genital. None of the subjects admitted much pleasure in masturbation, and all denied that they would miss it after surgery.

Conflicts About Sex.—Intense conflicts about sexual identity that have severely compromised the sexual lives of our subjects were apparent. For some of them this took the form of a rather spectacular prudery, while for others the fear and guilt were more prominent. In all subjects there was evidence of a struggle against strong sexual impulses that were perceived as threatening and unacceptable. A statement by one subject typifies the drastic alternatives that these subjects feel they are up against: "Sex is in your mind. You can either control it and get it out of your mind completely, or you can let it drive you crazy."
A subject who had been married described an impotence and panic reaction on his wedding night and said that the odor of a woman repelled him. These subjects stated directly that they hoped the operation would leave them sexless. Female genital sexual activity did not seem to be an important goal for any of them. One explained, "I'd like to be without sex, but I regard myself as a woman." He explained that he was thinking of someone like a nun or a little girl. Another subject was intensely guilt ridden and fearful about homosexuality, heterosexuality, masturbation, and transvestism and said, "It's all dirty. If I could have the operation and dress in feminine clothes, I'd feel free and clean."

One of the Thematic Apperception test pictures shows a bedroom scene with a seminude woman lying on the bed and a man standing nearby, with one arm covering his eyes. Stories told as a reaction to this card ordinarily range from violent sexual attack to complete nonsexual themes of illness or death. Generally, our subjects were caught up by the sexual implications but unable to cope with them. This is typified by the response of one subject.

I would say this is a story of a man and woman that have strayed away from common decency. Infatuation has got the best of them, and they have made sex contact. After contact, the boy realizes the sadness of the situation not only for the girl but mostly for himself. Both of them have gotten emotionally involved here. He has let reason give way to sex; he's made a very cheap affair of the relation between him and the girl. He's praying for forgiveness. The girl apparently isn't concerned. Female species, the act means more to them than hopping in bed and out. She's still there thinking how beautiful the affair was. He's very concerned and looks like a little boy ready to go home to mother crying. I would say it's been one of his few experiences and this experience made a very strong impression. He vows that the next time it will be his wife. It's easy to judge others but difficult when you can't see out of their eyes.

The dangers of sexuality particularly for the male figure are highlighted by this story, and the subject's effort to control this danger by means of prudish anti-sexual attitudes can be seen.

Another subject responded to the same card as follows: "Well—one sure thing is she's dead. They are religious people; you can see two volumes of the Bible on the table. Now, why are her breasts uncovered? That's what bothers me. She is the religious one, and he has killed her. Maybe he tried to attack her, and she died and he said, 'My God, what have I done?' When he pulled up the covers, he didn't pull them up far enough. That accounts for the uncovered breasts. They bother me. Why shouldn't they be covered?"

The subject's disturbance over the card expressed itself in his continuing attempt to explain away the uncovered breasts. Finally, he said, "He has a knife in his hand. He has stabbed her between the breasts. He did that in a fit of rage, no intention to; but she's dead. There's even blood on his trousers."

One can see in this story how the subject deals with a sexual temptation by murderously eliminating it. In this effort he creates a method, stabbing, that holds obvious symbolic reference to rape. His disturbance is such that he distorts his perceptions of reality, seeing a knife and blood that do not actually appear in the picture on the card.

In passing, it might be noted that the history of this subject revealed that in his early teens he assisted with the nursing care of his sick mother. The close contact with her that this entailed led him to believe that she was deliberately exposing her body to him in order to teach him the facts of life.

A story about the same card by another subject expresses the theme of intense guilt about heterosexual activity.

This is a picture of a man standing up with his arm up to his face, seems to be in agony or weeping of some sort; a girl lying on the bed—seems to be his first visit to a prostitute and after he's had his fun, he's beginning to wonder whether it was worth it—can see now where he had a little bit of enjoyment but it seemed like a big price to pay for a physical outlet, you might call it—love at a price or something—probably his first and last time he'll visit a prostitute.

As can be seen in this story, the subject's guilt is so intense that for him sexuality is hardly worth the consequences.

Attitude Toward Own Genitals: All of the subjects had a rejecting attitude toward their own genitals, regarding them as objects of contempt and ugliness. The intensity of this feeling is reflected by their wish to have them removed. One patient put it: "It's like having a cancer removed." Another subject said, "It's always been in the way." None of the subjects had even a passing acquaintance with the reality of a female genital. All of them had such anxiety, disgust, and even horror of the female genital that for the most part they had avoided looking at it, including even the subject who had been married. One man, who asserted that he had never seen a female genital in his life, insisted vehemently that this was what he wanted on his own body. This insistence on having one was even more paradoxical in subjects who pictured the female genital with horror. For example, one person during the administration of the Rorschach test responded to the lower center, bright-red portion of the ink blot on card 2 as follows: "What I see below seems unpleasant. I feel I would like to possess this, but it looks unpleasant. At the bottom it looks red and nasty—it must symbolize a woman's sex organ. It looks like it's bleeding, and at the same time I would like to have it for my own body. . . . I would like it on me, but I find it repulsive on another woman's body and would prefer to see men's organs."

The psychological tests gave repeated indication that this attitude of repugnance is used by the patients to defend against the danger of being tempted by heterosexual urges. This is dramatically shown in one subject's response to one of the upper outer areas of the ink blot on card 4 of the Rorschach test, sometimes seen as a flaccid male genital. When asked what the ink blot reminded him of, he reported, "On each side there is a woman. I determine this by the gracefulness of the body. Her stomach is protruding as though lying down—her feet and hands are hanging down. A strange position but not unpleasant." At this point, the subject becomes threatened by the seductive aspect of his creation and anxiously attempts to deny it as follows: "I think of it as a statue rather than alive. I don't admire it as a man would a woman, but as one woman might admire another. It doesn't arouse
me. It's just a statue of the female body." The subject could not accept the fact that he himself had projected these seductive ideas on to the neutral ink blots, and, instead, he accused the examiner of showing him dirty pictures. This represents the breakdown of his ability to discriminate between his own fantasies and the reality of the unstructured ink blots. Variations of this type of distortion were observed in all the subjects. Such gross disturbance in the relationship to reality suggests psychosis, except that in these subjects it occurs only in narrow sectors, while otherwise they maintain relatively unimpaired reality perceptions.

**DIFFERENCES IN SUBJECTS**

Although our subjects share certain needs, wishes, and personality characteristics, it would be completely erroneous to conclude from these similarities that they represent a homogeneous group. The need for surgery that these persons share does not in itself represent a disease entity but rather a symptomatic expression of many complex and diverse factors. There is danger in confusing this symptom with its underlying causes, which may differ considerably from person to person. In order to avoid oversimplification, we must note the differences that these cases present. For example, the life adjustments were seen to vary considerably. At one extreme was a person who has been successful on a professional level, having achieved considerable eminence in a complex and highly technical field. At the other extreme, our group includes a person whose best job to date has been messenger boy for a neighborhood store. Some of our subjects have been able at one point to establish a fairly stable home life, including marriage, while others have lived withdrawn, isolated, and almost friendless lives. A high degree of variation is evident in the intellectual level of the subjects who comprise our group, as well as in their attitudes, range of interests, and systems of values. We have seen that all our subjects struggle with problems, conflicts, and resultant anxieties that are severe. It should be noted, however, that the ways in which they handle their conflicts and defend themselves against anxieties differs considerably, involving a wide variety of defensive patterns and processes.

Although the histories as viewed by the patients are remarkably similar and might lead one to expect a striking consistency in their backgrounds, our investigation reveals that this seeming consistency is only a product of the distortion and selection of memories. Actually, we found a remarkable diversity with respect to almost every background variable investigated. This is particularly striking in view of the limited number of subjects. The socioeconomic level varied from very wealthy to poverty stricken and from highly educated to semi-illiterate parents. The family constellations also differed. There was one orphan in the group who spent almost his entire childhood in an orphanage. Another orphan lived with foster parents, one of whom died when he was 5 years of age and left him from that point on in a broken home, since the mother never remarried. In contrast, another subject lived in close proximity to his parents all the way through his adult life. One subject grew up in a family of eight children, while others had no siblings. All tended to agree that they had not experienced a warm, friendly family life, recalling themselves as lonely, isolated children. None of them pictured father as a warm admirable person whom they would want to pattern themselves after. Three of them had extremely intense relationships with their mothers, complicated by varying degrees of seductiveness. For example, one was invited by his mother to help her fasten her brassiere and underclothes from the age of 7 on. Another subject slept in the same bed with his mother until he was 14 years old.

All of them began at an early age phantasying that they were girls. One of them started at 7 years of age in an overt homosexual relationship with an adult man. Three of them began at an early age stealing female clothes either from their sisters or their mothers and wearing them. In two subjects the wish for surgery antedated by many years the publicity about such operations, while in two other subjects the publicity seemed significant in stimulating the wish for surgery. These differences, even though briefly noted, indicate that we are dealing here with unique individuals who are not all cast from the same mould.

**SUMMARY AND CONCLUSIONS**

Certain personality and behavior characteristics have been observed in men seeking surgery to remove their genitals and modify the perineum so that it has a female appearance. These findings, based on preliminary pilot studies, may be summarized as follows. These men offer a simple, stereotyped explanation for their condition, frequently stating that they are really women with male bodies. Our data contrast sharply with this formulation and point to a high degree of complexity of the problem. All of the subjects show a marked impairment in the ability to give an adequate history of their past lives. The memories they offer initially with composure are restricted in number and content, and, when pressed for further details, they become emotionally disturbed by significant but painful recollections that they are reluctant to think about. This tendency for selective recall must be recognized in any attempt to evaluate the significance of their historical reports. A need for recognition, attention, and acceptance coupled with inner feelings of being rejected and ignored is prominent in all subjects. The idea of being female represents for all of them the solution to the problem of maintaining a comfortable level of self-esteem. Urgency inappropriate to external realities and poor frustration tolerance are manifest in all subjects. These are evidenced in constant pressure on the physician and frequently result in impulsive ill-conceived actions that jeopardize the welfare of the subjects. All the subjects tend to externalize their problems. They attribute their difficulties to a "sick" culture that refuses to accept them as women, at the same time denying the possibility that the wish for surgery might be symptomatic of a disorder within themselves. Intense conflicts over strong but unacceptable sexual urges are apparent in all subjects. They are threatened by direct sexual activity, whether heterosexual, homosexual, or masturbatory. The idea of surgery seems to represent an escape from these sexual impulses rather than a wish for a female sexual life.
These psychological findings make it difficult to conceive of this condition as the result of any single causative factor, be it psychological, physiological, endocrine, or chromosomal. Further research is necessary to determine the relative significance of these possible contributing factors. Since the data offered here indicate that this problem pervades the entire personality, it seems unlikely that it can be removed by amputation of the genitals. The effect of such surgery on the personality problems will not be known until long-term follow-up studies have been completed.

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**CLINICAL NOTES**

**CHLORPROMAZINE IN THE TREATMENT OF EMOTIONALLY MALADJUSTED CHILDREN**

**PRELIMINARY REPORT**

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Children who are overtly aggressive, delinquent, and destructive constitute a difficult treatment problem because their withdrawal and inaccessibility make them poor subjects for psychotherapy, guidance, and milieu therapy. Quieting them with sedatives accomplishes nothing beyond providing a respite for harassed hospital personnel, since such drugs usually make the children inaccessible to the therapist and, in some cases, may further excite them.

When Lehmann and Hanrahan found that a new phenothiazine derivative, namely chlorpromazine (10-(\(\gamma\)-dimethylaminopropyl)-2-chlorophenothiazine hydrochloride), controlled psychomotor excitement in psychiatric patients, without appreciably clouding consciousness, interest was aroused in assessing the usefulness of this compound in treating emotionally maladjusted children. The findings of Altschule, Bower, and Cook that the drug abolishes response to a conditioned reflex in animals suggested its use in altering conflict-laden conditioning in maladjusted children, especially in those in whom onset of the nonconforming, aggressive, acting-out behavior was of recent origin, perhaps two to three years. The fact that chlorpromazine possesses some adrenergic-blocking activity indicates it may interrupt the vicious cycle of conflict and sympathetic reaction-producing overactivity that so often precipitates or aggravates acting-out episodes. Experience has shown that such episodes, if unchecked, continue, as a snowball rolling down hill, to derange behavior so that the child is then in need of special psychiatric treatment. Toxicity studies by Moyer and co-workers in animals and in human beings revealed the relative safety of chlorpromazine. Moreover, pharmacological data indicated that the drug, among its diverse effects, acts on hypothalamic areas, and recent concepts, according to Gellhorn, suggest that hypothalamic activity and behavior may be related.

**MATERIAL**

The study was conducted in a cottage-type residential treatment center for maladjusted children. The population at the time of study was 150 children, divided almost equally between boys and girls, who ranged in age from 4 to 16 years. The majority of the children (84%) were those who had been totally or almost totally rejected by their parents, had one or both parents who were psychotic, or had come from homes that psychiatric social workers considered inadequate for proper emotional growth and development of the children. The remaining children (16%) though, had they come from relatively intact homes, were admitted because their behavior was overt, destructive, and aggressive to the extent that they could not be supervised in the community nor controlled by their parents. From this population nine boys, ranging in age from 6 to 13, who were acutely disturbed and chronically acting out, were selected for the study. All subjects, including one epileptic patient who was extremely disturbed, defiant, and hostile, had previous psychotherapy, guidance, group, and/or milieu therapy. All nine children had received medication, various sedatives, and hypnotics, in an effort to control their aggressive behavior with poor or no results. The epileptic child received diphenylhydantoin (Dilantin) sodium maintenance therapy. The following description of one patient is fairly typical of the behavior commonly seen in this group.

**REPORT OF A CASE**

A 13-year-old white child was one of eight children. His father was a chronic alcoholic, very hot-tempered, and abusive. When the child was 7 years old his parents separated, and two years later they obtained a divorce. His mother, after being separated, began living in a common-law relationship with a man 20 odd years her senior. The boy resented his mother's paramour, as did one of his sisters, who requested placement by a welfare agency. His birth and subsequent development had been considered normal; however, one year prior to his parents' divorce he became progressively surly, overactive, delinquent, and truant. He was first admitted to the residential treatment center at the age of 9 after he was caught stealing several times. On admission the child was found to be insecure, disorganized, chronically anxious, and hyperactive with a bizarre conduct that typified his many fears. He seldom talked to anyone. Moreover, when any adult attempted to focus attention on him, to make conversation, or to show affection he reacted with panic, manic-like hyperactivity, and flight. It was common for him to run from the housemother and stay in the middle of the drill field, avoiding anyone who tried to approach him. During one of his frequent temper tantrums he thrust his hand through a glass door and sustained lacerations that required suturing.

Psychological testings showed the boy had a potential of average intelligence, but he was functioning at a borderline level. His ego was extremely weak and frequently broke down to the point of flight. His behavior and total adjustment pattern continued to show that his defense mechanisms were poorly controlled. Having neglected his school subjects he appeared intellectually retarded. He was seen in individual therapy from one to two hours a week for about two years. During this time he