A CASE OF FEMALE TRANSSEXUALISM

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Transsexualism, a term first used by Cauldwell, is a specific form of disorder which exceeds the desire for cross-dressing as seen in transvestism. Transsexual patients desire not only to dress as a member of the opposite sex, but to be a member of that sex physically, emotionally, sexually, occupationally, socially and legally. Each patient has an overwhelming desire for an operation to correct his or her perceived sexual deformities.

There are several medical centers in the United States now studying these patients, before and after hormonal and surgical treatment, such as the Gender Identity Research Clinic at the Johns Hopkins Medical Center and similar centers at the University of Minnesota and at the University of California at Los Angeles. A similar study has been contemplated at The Mount Sinai Hospital after investigation of the interesting case of a female transsexual reported here. Female transsexuals are less common than male transsexuals, the ratio being reported as between 1:3.7 and 1:8. Still a rare disorder in the psychiatric literature, cases of transsexualism are being reported with increasing frequency. Walinder has estimated that 1 : 37,000 males and 1 : 103,000 females are transsexual. Pauly’s estimates are 1 : 100,000 and 1 : 400,000 respectively.

Case Report

This South American, white, Catholic homosexual woman, then 28 years of age, was referred for admission in February 1964 to The Mount Sinai Hospital Psychiatric Institute for depression and for psychiatric evaluation of requested surgical transformation of sex, which had been recommended at another medical center but which, for legal reasons, could not be done there at that time. Clearance was necessary before the gynecologist she had consulted would proceed with bilateral mastectomy, complete removal of internal genitalia, closure of the vagina, and hormonal treatment for clitoral enlargement.

Born in 1936 to an upper class, religious South American family, the patient was the youngest of four siblings. Her sisters were eight and seven years older and her brother was six years older than she. The mother had
attempted to abort the patient after aborting a male child three years earlier, and she had become pregnant again only because her husband, the patient’s father, desired another son. The patient was reportedly carried in utero for 12 months, related to mother’s peritonitis after an appendectomy when three months pregnant. Delivery was difficult and prolonged. Although breast-fed to age one year, the patient was rejected by mother and cuddled and adored by father, who felt that she resembled him.

When the patient was two, her brother was hospitalized for cardiac and pulmonary disease and remained away until the patient was eight. At age three the patient refused to wear dresses and “behave like a lady.” At age five she reports that she heard mother’s “asthma” through a bedroom door, the night before mother looked “too happy.” At that time she became convinced mother and all women could read her thoughts through her eyes. Blushing began at that time and continued to the present, decreasing slightly in intensity at age eight.

Happy, aggressive and competitive, she was a good student and bicycled, fished and hunted with her father. She boxed with him and dabbled in mechanics, becoming his constant companion. At age six she engaged in sexual play with a girl friend, inserting a pencil into her friend’s urethra as a “blood sacrifice” and thinking that babies were born through the urethra. At age seven she was astride a stallion when he mounted a mare. She was frightened and sexually excited and later experienced the same feelings when riding behind her sister. She masturbated for the first time and only time, fantasizing two horses mating, feeling she was was the horse “on top.”

At age eight she decided to be a boy. At that time her 14-year-old brother returned from the hospital and was showered by mother’s affection. At one point he was assaultive to the patient and tried to pull her under water while swimming. She cried out, and her father responded by throwing a rock at her brother and fracturing his skull, necessitating his return to the hospital for a short period. Soon thereafter she felt her first conscious attraction to a girl. At age nine she stole from her brother and father, became fearful of swimming or suffocating in the shower, and could no longer touch her own genitalia. She thought of changing her name to its male form. At 11 she shared a room with a newborn nephew and felt “paternal” to him. She became preoccupied with her sister’s near death after cesarean section. Within the next six months this sister had ovarian surgery, her paternal grandfather had a resection for carcinoma of the stomach and died, and the same surgeon removed the patient’s appendix. In the hospital she could not tolerate penetration of her body by enemata or thermometers. She became convinced that something “male next to my ovaries” existed, and that the surgeon removed something else as well as her appendix.