

PARENTAL INFLUENCE IN TRANSSEXUALISM

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ABSTRACT

This is a study of parental influence in a group of Chinese male and female transsexuals compared with a group of male and female heterosexual controls. There was no difference in the parental ages of the transsexuals and controls at time of their birth. The fathers of the male transsexuals and the mothers of female transsexuals were less involved in their upbringing. Using a bonding instrument, the fathers of male transsexuals were found to be less caring, and mothers of female transsexuals were less overprotective than the fathers and mothers of the controls. Studies on parental involvement in male transsexuals showed a weak father figure and an over-involvement with the mother, and in female transsexuals, an unsatisfactory mother-daughter relationship. Abnormal parental-child relationship, postulated as an important aetiological factor in transsexualism, needs to be further confirmed.

Keywords: male transsexualism, female transsexualism, Chinese, father, mother, parents, aetiology.

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INTRODUCTION

This is a study to find out the role and involvement of fathers and mothers during the early life of transsexuals. Abnormal child-parent relationship during childhood had been considered important aetiological factors in transsexualism⁽¹⁻⁷⁾. Łukianowicz (1959)⁽⁸⁾ noted that reversal of parental roles (ie. an aggressive mother and a submissive father) may sometimes lead to the identification with the wrong parent. Ball (1967)⁽⁴⁾ found that the father of a male transsexual was more frequently absent. If he was present, he was either inadequate, incompetent, withdrawn or being driven into a subservient role by his wife who had usurped his position. In a few instances, the father was a pathologically aggressive, alcoholic, violent and hostile person of whom the patient remained terrified throughout childhood. Stoller (1969)⁽⁹⁾ concluded that the aetiology of transsexualism was mainly psychological, and the aetiological factors included excessive and blissful physical and emotional closeness between the mothers and the transsexuals during infancy; absent, passive, effeminate and/or distant fathers who were scarcely at home; strong transsexual or bisexual tendencies in the mothers, and unhappy marriages. The transsexuals were overinvolved with their mothers and had cold rejecting distant fathers. Stoller (1980)⁽⁹⁾ postulated that transsexualism could be the result of an imprinting process in which the mother's femininity was stamped permanently into the infant's psyche. Green (1974)⁽⁷⁾ identified maternal overprotection and absence of father as parental factors relevant to the development of male transsexuals. Sorensen (1981, 1981a)^(10, 11) in a

follow up study of 29 male and 8 female transsexuals found that the male transsexuals had the most significant emotional relationship with their mothers, whom they all preferred during adolescence. Feelings towards their father were neutral or distant. Most female transsexuals had a problematic relationship with both parents. Three quarters had close emotional association with their mothers.

Most of the previous studies did not use matched hetero-sexual controls. This could invalidate some of their conclusions. The present paper differs from previous investigations in that matched normal heterosexual male and female controls were used for comparison with the male and female transsexuals.

MATERIALS AND METHOD

Subjects

The subjects were 62 Chinese male transsexuals and 31 Chinese female transsexuals who were selected from a larger sample of 200 male and 100 female transsexuals who applied for sex reassignment surgery during the period from 1972 to 1988. The criteria for selection were (1) Chinese ethnic group, (2) willingness to participate in the study, (3) passed at least the Primary Six Leaving Examination, and (4) age below 35. All subjects must satisfy the DSM III diagnostic criteria for transsexualism which are as follows: (1) a sense of discomfort and inappropriateness about one's anatomical sex, (2) wish to be rid of one's genitals and to live as a member of the other sex, (3) the disturbance has been continuous for at least two years, (4) absence of physical intersex or genetic abnormality, and (5) not due to another mental disorder, such as schizophrenia⁽¹²⁾.

The controls were 66 Chinese males and 33 Chinese females who were admitted to a surgical unit for minor surgery. Their selection criteria were: (1) Chinese, (2) willingness to participate in the study, (3) passed at least the Primary Six Leaving Examination, (4) age below 35, and (5) not suffering from any psychiatric illness. The age and educational criteria helps to ensure a more

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reliable history. The subjects and controls were matched for age, education and social class (Table I). Their social class was indicated by their fathers' occupations and was divided into three groups: (1) class 1 & 2: professional, managerial, semi-professional and semi-managerial, (2) class 3: clerical and skilled, and (3) class 4 & 5: semi-skilled and unskilled.

Table I
Age, Education and Social Class

	Male Transsexuals n = 62	Male Controls n = 66	Female Transsexuals n = 31	Female Controls n = 33
AGE				
Mean Age	24.16 yr	23.03 yr	23.94 yr	24.00 yr
Std Dev	4.42 yr	3.70 yr	3.61 yr	3.72 yr
t-Test	t = 1.57	p = 0.12	t = 0.58	p = 0.94
EDUCATION				
Mean Years	10.00	10.11	10.84	9.85
Std Dev	1.77	1.58	1.85	2.31
t-Test	t = 0.36	p = 0.72	t = 1.95	p = 0.06
FATHERS' OCCUPATION				
Class 1&2*	18 35%	14 26%	11 41%	6 22%
Class 3*	19 37%	27 49%	7 26%	12 44%
Class 4&5*	14 29%	14 26%	9 33%	9 33%
Significance	X ² = 1.74	p = 0.42	X ² = 2.79	p = 0.25

*Class 1&2: professional, semi-professional, managerial

*Class 3: clerical and skilled,

*Class 4&5: semi-skilled and unskilled.

METHODS

The author with the help of an investigator, conducted a structured interview on subjects and controls. The interview covered the subjects' psychosocial history which included their parental background, parents' ages, siblings, birth and early childhood, upbringing, educational history, occupational history, sexual development and social life.

Parental Involvement: In order to find out how closely the parents were involved in their upbringing, the transsexuals and the controls were asked 6 identical questions on a 3 point scale:

Do you remember your father/mother doing the following to you during your childhood? :

Feed you	no= 0	sometimes = 1	often = 2
Bathe you	no= 0	sometimes = 1	often = 2
Sleep with you	no= 0	sometimes = 1	often = 2
Carry you	no =0	sometimes = 1	often = 2
Take you out alone	no =0	sometimes = 1	often = 2
Confide in you	no =0	sometimes = 1	often = 2

The ratings for the six items can be added up to form a "parental involvement" scale which has a range from 0 to 12. A higher score indicates a more intense parent-child involvement. The test-retest reliability of this scale at a one week interval showed the Pearson correlation coefficients for father-son 0.934, mother-son 0.913, father-daughter 0.937 and mother- daughter 0.872.

Parental Bonding: This was measured by the Parental Bonding Instrument developed by Parker et al (1979)⁽¹³⁾.

This Bonding Instrument has 25 items in two subscales: (1) parental care with 12 items and (2) parental overprotection with 13 items. Each item is scored on a 0 to 3 point scale. The range for the "care" scale is 0 to 36, and the range for the "overprotection" scale is 0 to 39. The test-retest reliability of the "care" scale was 0.761 and for the "overprotection" scale was 0.628. For his normal sample, the mean score for the "care" scale was 24.9, and for the "overprotection" scales was 13.3. The scores were not influenced by age, sex and social class. According to Parker and Barr (1982)⁽¹⁴⁾, "High care scores suggest a parent who is caring and empathic, while low care scores suggest an indifferent or rejecting parent. High overprotection scores reflect a parent who overprotects, encourages dependency, controls, intrudes and infantilizes while low over-protection scores reflect a parent who encourages a child to independence and autonomy."

Those data relating to the patient parental age, parental involvement, and parental bonding were keyed into the IBM 3086 mainframe computer and analysed using the software packages SPSSX which also provided all the statistical calculations.

RESULTS

Parental Age

The age of the parents (to the nearest year) at the time of birth of the subjects were calculated. The results (Table II) did not show any significant difference in the ages of the fathers or mothers during the birth of the transsexuals or controls. Transsexuals did not appear to be associated to either youthful or elderly parents.

Table II
Age of Parents at Time of Birth of Subjects

	Male Transsexuals n = 62	Male Controls n = 66	Female Transsexuals n = 31	Female Controls n = 33
FATHERS' AGE (YRS)				
Mean	35.98	34.30	35.35	39.34
Std Dev	14.88	16.75	14.29	17.78
t-Test	t = 0.57	p = 0.57	t = 0.96	p = 0.34
MOTHERS' AGE (YRS)				
Mean	30.48	27.72	28.52	34.24
Std Dev	15.08	12.33	5.97	18.81
t-Test	t = 1.07	p = 0.29	t = 2.02	p = 0.12

Parental Involvement

The results for parental involvement (Table III) showed that the mothers were more involved than the fathers in the upbringing of all the subjects. The fathers were less involved with the male transsexuals whose mean score was 2.18, compared with the fathers of the rest (male controls and all the females) whose combined mean score was 3.15. For maternal involvement, there was no significant difference between the male transsexuals and the male controls, but the mothers were less involved with the female transsexuals whose mean score was 4.41, compared with the mothers of the female controls whose mean score was 7.25.

Table III
Parental Involvement in Upbringing

	Male Transsexuals n = 62	Male Controls n = 66	Female Transsexuals n = 31	Female Controls n = 33
FATHERS' INVOLVEMENT				
Mean Score	2.18	3.11	3.25	3.09
Median	1.0	3.0	3.0	2.0
Mann-Whitney U	Z = 2.01	p = 0.045	Z = 0.11	p = 0.91
MOTHERS' INVOLVEMENT				
Mean Score	6.36	6.08	4.41	7.25
Median	6.0	6.0	4.0	7.0
Mann-Whitney U	Z = 0.64	p = 0.525	Z = 3.39	p = 0.0007

Table IV
Fathers' Care and Overprotection

	Male Transsexuals n = 62	Male Controls n = 66	Female Transsexuals n = 31	Female Controls n = 33
FATHERS' BONDING				
Mean Scores	17.02	22.32	19.48	21.15
Median	16.0	23.5	19.0	22.0
Mann-Whitney U	Z = 4.63	p = 0.000	Z = 1.03	p = 0.30
CARE				
Mean Scores	12.67	12.14	9.65	12.06
Median	13.0	10.5	8.0	13.0
Mann-Whitney U	Z = 0.70	p = 0.49	Z = 1.51	p = 0.13
OVERPROTECTION				
Mean Scores	12.67	12.14	9.65	12.06
Median	13.0	10.5	8.0	13.0
Mann-Whitney U	Z = 0.70	p = 0.49	Z = 1.51	p = 0.13

Parental Bonding (Care and Overprotection)

The results (Tables IV and V) showed that the fathers of male transsexuals were less caring than the fathers of male controls, and mothers of female transsexuals were less overprotective than the mothers of the female controls. These findings were consistent with the results from the parental involvement scale in which the fathers were found to be less involved with the male transsexuals and the mothers were less involved with the female transsexuals.

DISCUSSION

Parental Age

Late maternal age has been found to be associated with psychiatric patients and sexual deviation. Tsuang (1966)⁽¹⁵⁾ reported higher maternal ages of psychiatric inpatients. Studies on homosexuals showed that they had older parents⁽¹⁶⁻¹⁹⁾. Slater (1962)⁽¹⁶⁾ suggested that chromosomal anomaly associated with maternal age might play a part in causation. Moran and Abe (1969)⁽¹⁹⁾ found that the age of parents, particularly of the fathers at the birth of homosexual sons tended to be higher than in the general population, and the homosexuals also had a poorer father-son relationship. The present study did not show any significant difference in parental ages for all the male or female transsexuals compared with their respective heterosexual controls. Walinder (1969)⁽²⁰⁾ obtained information on paternal ages of 39 out of 47

Table IV
Fathers' Care and Overprotection

	Male Transsexuals n = 62	Male Controls n = 66	Female Transsexuals n = 31	Female Controls n = 33
FATHERS' BONDING				
Mean Scores	23.93	24.03	20.61	23.85
Median	23.0	24.0	19.0	24.0
Mann-Whitney U	Z = 0.25	p = 0.81	Z = 1.65	p = 0.10
CARE				
Mean Scores	12.91	11.65	8.94	11.67
Median	14.0	12.0	8.0	10.0
Mann-Whitney U	Z = 0.98	p = 0.33	Z = 2.01	p = 0.04
OVERPROTECTION				
Mean Scores	12.91	11.65	8.94	11.67
Median	14.0	12.0	8.0	10.0
Mann-Whitney U	Z = 0.98	p = 0.33	Z = 2.01	p = 0.04

transsexuals and the mean ages of the parents of his transsexuals of his cases did not show any unusual features. The results showed that unlike homosexuals, transsexuals did not have older parents than heterosexuals. In this respect, transsexuals appear to be different from homosexuals.

Parental Influence in Male Transsexuals

Most studies on parental involvement in male transsexuals showed a weak father figure. Lukianowicz (1959)⁽⁶⁾ noted that reversal of parental roles (ie. an aggressive mother and a submissive father) might sometimes lead to the identification with the wrong parent. Stoller^(1,2) who interviewed their family members especially their mothers, concluded that aetiological factors included abnormally close mothers to the transsexuals during infancy and distant fathers who were scarcely at home. Ball (1967, 1968)^(4,5) in a comparative study of 30 transsexuals, 30 homosexuals, 30 exhibitionists and 94 neurotics also found a weak or inadequate father figure, and concluded that there was an 'apparent failure to make normal male identifications together with persisting female identification, in the transsexualist cases'. He noted that paternal absence and disturbed father-child relationship also occurred in other disorders, but the frequency seemed to be considerably less than in transsexualism and homosexuality.

Green (1974)⁽⁷⁾ identified maternal overprotection, excessive maternal attention and contact, lack of separation, maternal dominance and absence of father as parental factors relevant to the development of male transsexuals. Uddenberg et al (1979)⁽²¹⁾ also found unsatisfactory contact with parents in male transsexuals. Buhrich & McConaghy (1978)⁽²²⁾, in a study of 29 male homosexuals, 34 male transvestites, 29 male transsexuals, and 30 male inpatient controls of whom 15 were suffering from neuroses, reported that during childhood there was a trend for homosexual, transvestite or transsexual subjects to report that their fathers lacked interest in them or were absent from home. There was little evidence to support the view that homosexual, transvestite or transsexual subjects had pathological relationships with their mothers.

Parker & Barr (1982)⁽¹⁴⁾ who administered the Parental Bonding Instrument on 30 male transsexuals, 30 male controls and 30 female controls matched for age and paternal social class, found that the male transsexuals

scored their fathers as significantly less caring and as more overprotective than the male controls, and less caring than the female controls, but did not score differently from the controls for their mothers. The results of the present study using the same Parental Bonding Instrument found that the male transsexuals scored their fathers as less caring only, but not overprotective, and they did not differ from the controls in scoring their mothers.

Parental Influence in Female Transsexuals

Pauly (1974)⁽²³⁾ in a review of 80 cases of female transsexuals from 39 papers found that the fathers of female transsexuals were assaultive, alcoholic, excessively masculine, competed with patient, and encouraged masculine identification. About 22% of the fathers were reported to sexually abuse their transsexual daughters. Their mothers were weak, sick, emotionally disturbed and in need of protection from the fathers. The relationship between the parents was unhealthy in that divorce or separation was present in 37%. The mothers tended to prefer a male child and they were in need of protection from the fathers by the transsexuals. The mothers were also emotionally disturbed, cold and rejecting. They encouraged masculine identification.

In a study on 13 female-to-male transsexuals, Stoller (1972)⁽²⁴⁾ found that the mother was almost always psychologically removed from the family. The infant girl did not strike the mother as a beautiful feminine child and the mother was removed in affect from her child by

severe emotional illness, usually depression. The father did not support his wife in her sufferings. The child's masculine behaviour was encouraged and feminine behaviour discouraged "until the island of masculine qualities coalesce into a cohesive identity".

Past studies, some of which included homosexuality and transvestism, showed consistently a weak father figure and sometimes a strong mother-son involvement in male transsexuals, and an unsatisfactory mother-daughter relationship in female transsexuals; but the details differed slightly in different studies. Such differences could be explained in terms of selection of subjects, subtypes of transsexuals studied and the methodology used, as well as real sociocultural and biological differences. Studies which involved intensive interviews on a few young subjects and their parents without control groups tended to show a very abnormal parent-child relationship and would conclude these abnormal parental relationships as an important aetiological factor^(1,3,7). Studies which used rating instruments comparing large groups of subjects with controls would show some statistical differences, but detailed examination of the rating scores would show a considerable overlap between transsexuals and controls⁽⁹⁾. Although abnormal parent-child relationships were found in the early lives of transsexuals, such association could not be regarded as a cause of the condition without further supporting evidence. They could also be a reaction of the parents to the transsexuals' cross-gender behaviour.

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