

# Sex of the Soul: Transsexual Identity Development

*Transsexualism: Illusion and Reality*

By Colette Chiland

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*Review by Nadine Vaughan*

The complexity of distinguishing between varied sexual identities is manifest in Chiland's (2003) ground-breaking work, *Transsexualism: Illusion and Reality*. Chiland's analysis of how we come to understand our own sexuality allows clarity to arise from a pool of possibility. Homosexuality is not at issue here except as adjunct to the behaviors of her primary focus of inquiry, transsexuals. By confronting issues head-on, sexual secrets of the past are illuminated and myths exposed. Almost immediately, and contrary to contemporary wisdom, the reader must grapple with Chiland's thesis that intersexuals and transsexuals are not the same, that the latter's formation is psychological in nature and thereby subject to reversal with appropriate and effective psychotherapy. Further, Chiland proposes that "a particular kind of family dynamics operates between a 'transsexual' child and that child's parents." (2003, p.ix)

Chiland chooses a subject of universal interest in that sexuality holds allure even in the most ordinary of settings. The media and big business capitalize on it. Individuals need only reflect for a moment to see how the most mundane heterosexual experiences contain the seeds of human mystery as body, mind, and soul combine to form new life. This is miraculous yet understandable in light of evolutionary imperatives. So how does one explain the power of sex on a person's life when procreation is not the culmination of one's behaviors and mating is not the object of one's sexual desires? Chiland explores with us factors that contribute to radically different experiences of sex, experiences that only serve to increase our fascination.

Sometimes our fascination takes the form of judgments against what we do not understand. One need only reflect upon childhood curiosity to see how easily it turns to disgust as the child is able to imagine what he or she cannot yet appreciate. Amidst this initial sexual confusion some folks learn that their biological sex is not consistent with their sexual desires. Some hear the words homosexual, gay or lesbian and apply them to themselves.

Chiland speaks of other individuals whose genitalia contain residual evidence of both male and female organs. She refers to these people as intersexed. Although rare, they comprise a group who, if it was not already decided for them at birth by parents and doctors, must decide for themselves which sex they want to be, or they may do nothing and become what Chiland boldly refers to as the third sex.

Chiland's work with intersexed and transsexual people, both children and adults, reveals inconsistencies between what they say and how they choose to live. For example, in Chiland's experience, male to female transsexuals say they want to be women, yet they are never feminists; they do not seek equality with men in the workforce, fight for women's rights to nurse children in public, or feel the need to convince their husbands to share in the housework. Indeed, the women that these biological men seek reassignment surgery to become are caricatures of actual women. With few exceptions, the idealized women they imagine sport long flowing trusses over long flowing dresses. In pre-surgery fantasies, these idealized Barbie-doll women await their husbands in the most conventional of home settings and live a life that biological women have been fighting for decades to escape.

Yet, transsexuals do not all follow the same path to surgery nor live similar lives afterward. Chiland speaks of their need to undergo transsexual reassignment surgery as originating from issues of identity, homosexuality, or transvestism, with the identity component producing the most satisfactory results. Within these subgroups, Chiland gets even more specific in an already complex system when she describes one group of transsexuals called transhomosexuals (Tully and Clare, cited in Chiland, 2003). These men-to-women transsexuals, while not homosexual prior to surgery, become so following surgery since they are only interested in women as sexual partners; they may remain married to their same female partner and learn to refer to themselves as lesbians.

### *Early Identity Formation*

One might ask "why would a biological man, with all the societal benefits of being born male, choose a life that is often demeaned by men and that so many women find oppressive?"

Through the lens of psychoanalysis, Chiland looks to the families of transsexuals for the answers. In the case of male to female transfers, she observes an early pattern of parental behavior that contributes to the creation

of the ideal-woman fantasy even as the boy learns to reject his biological sex. So overwhelmed is he by his mother's smothering delight in her small son's delicate features and so strong is his need to escape the masculine burden that seems fraught with violence, competitiveness, and disapproval, that he imagines himself female; not female like his mother, but an idealized, more powerful, ultra-feminine version who can stand up to her.

However, not all transsexuals experience childhood in the same ways nor emerge from it with the same goals. Chiland speaks of a rare group of children who are born biologically normal; in other words, they are not intersexed, yet exhibit transsexual traits in early childhood. As adults these children do not opt for sexual reassignment. These are the little boys who never identified as male and the little girls who never considered themselves female. In adulthood, surgery is unnecessary since they already experience their psychic identity as a person of the other sex. According to Stoller (cited in Chiland, 2003), these rare individuals are called primary transsexuals. Stoller observed such a case when he first encountered a particular female to male transsexual in which "...the patient was not what I expected—a woman who acted masculine and in the process was a bit too much, grimly and pathetically discarding her femininity. Instead, it was a man, unremarkable, natural appearing—an ordinary man" (cited in Chiland, 2003, p.49).

Chiland doesn't stop with an analysis of childhood parental influences on transsexuals; she uses childhood identity formation as a springboard for examining ways it is modified during adolescence and into adulthood, through the development and influence of social constructs. This fine-tuning distinguishes those who become candidates for transsexual reassignment surgery from those who choose to live lives as homosexuals or marry and perhaps turn to transvestism.

Throughout her book, Chiland calls upon the work of others in the field of sexual identity development for support and counterpoint. The writings of researchers such as Money (1986), Benjamin and Green (Cited in Chiland, 2003), and others are reaffirmed or challenged in keeping with Chiland's central thesis. Her words are cause for reflection in that she has uncovered important patterns that lead to her conclusions.

Chiland's in-depth exploration into the motivations of male and female transsexuals who decide to undergo sexual reassignment surgery supports her thesis that psychological reasons are more important than biological ones. Indeed, there was only one aspect of her work with which I disagreed; that is, that all women experience penis envy. Perhaps this is true of all the

participants in her research, but it is certainly not true for the hundreds of American colleagues, students, and clients with whom I have had this discussion over the years. That issue aside, Chiland makes a compelling argument with her assertion that all transsexuals who seek to change their genitalia share at least one point in common.

Chiland asserts that individuals who make this life-changing surgical decision make it based less on what they want to become—their understanding is usually quite superficial—and more on their unequivocal experience of loathing toward the genitalia with which they were born. In light of Chiland's work, perhaps new imperatives should be established requiring that transsexuals undergo pre-surgical psychological work with professionals who are specifically trained in these issues. These specially trained psychologists and psychiatrists would focus on helping sexual-reassignment surgical candidates, to not only more fully understand the lives they are moving toward, but more importantly, to better understand what early life experiences led them to want to abandon their biological sex. In light of Chiland's careful analysis and persuasive arguments, I highly recommend her work to others interested in a deeper understanding of what she refers to as the sex of the soul.