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Marital and LSD Therapy with a Transvestite and His Wife

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In psychiatric literature, one of the most interesting and complex personality abnormalities is transvestism. We will present a case of a man who is a transvestite, drug addict, alcoholic, and sadomasochist. A multitude of psychiatric papers have been written on the symptomatology and etiology of transvestism, but few on treatment. We will present our observations of the symptomatology, etiology, and treatment of a transvestite. Treatment consisted primarily of twenty marital therapy sessions with the patient and his wife together with LSD therapy.

CASE REPORT

Mr. X is a 43 year-old white, married man who was the third oldest in a family of four children. His wife is 33 years of age and was an only child. Both Mr. and Mrs. X had been married before. He has a younger brother and older sister, both of whom are married. His brother is physically disabled as the result of polio, but has been successful in business.

Mr. X voluntarily entered the Alcoholic Treatment Program conducted in a VA Hospital. This program consists of 90 days of institutional treatment services which include group psychotherapy, family therapy, Alcoholics Anonymous indoctrination and information sessions on the disease concept of alcoholism. Some patients in this program also receive LSD-25. This drug is administered only to a selected number of patients under controlled supervised conditions. During the 90 days of the Alcoholic Treatment Program, Mr. X also received extensive psychological testing and LSD-25. His wife received extensive psychological testing, but was involved only in the marital therapy treatment sessions.

Mr. X revealed a long history of drug addiction, alcoholism, transvestism, and sadomasochism. Marital therapy sessions with the patient and the wife were attempted to help them gain insight into their individual and common problems, improve communication, and explore the meaning of the patient's transvestism, drug addic-

tion, and alcoholism. Our purpose was not to help the patient find a cure for his transvestism, but rather to gain a better understanding of his need for this type of behavior.

Family Background

Mr. X referred to his mother as domineering and controlling. He described his father as a reserved, rather passive person, who took little interest in his family. Mr. X felt rejected by both parents. He was never able to measure up to his mother's expectations. His mother frequently elaborated on his many shortcomings and failures. During much of his childhood, the father was absent from home; frequently as long as four months. He was a salesman. Although both parents were employed, the family always seemed to be poor. Several times during the patient's first ten years of life, he and a younger sister were placed in orphanages for periods of time. The other children remained at home. His mother worked ten to twelve hours a day as a truck driver. When neither parent was in the home, the patient's older sister assumed the mother's role.

Childhood Experiences

Mr. X can remember few periods of his early childhood which were happy and enjoyable. During the first four years of elementary school, he enjoyed school and maintained above average grades. He can recall his mother's disinterest in his academic progress and school achievements. After the fourth grade, he found it difficult to maintain interest in school.

The family attended the Catholic Church on a regular basis. His mother used fear tactics to force him to attend Mass. Mr. X admitted enjoying the attention he received when he purposely missed Mass. He found that he received attention when he rebelled against his mother.

Frequently during his childhood, the patient's mother would admonish him with the remark, "Why aren't you good like your sisters?" She would often refer to the attainments of the patient's disabled brother who had achieved success in life despite serious physical handicaps. Mr. X rarely felt pride or a sense of accomplishment in his own successes.

When the patient was seven, the family moved into a public housing development. Mr. X recalls that his transvestism dated back to

an incident which occurred only months after they had moved. He and his sisters were invited to a party held for the children in the housing development. The girls were to come dressed as boys and the boys dressed as girls. When he refused to dress as a girl, his mother threatened him with physical punishment. He submitted to her demands, but became violently ill. Several years after this incident, he impulsively tried on his sister's dress and experienced an erection and a sense of pleasure in seeing himself dressed in her clothing. After this incident, he would dress in his sister's clothing at every opportunity. Once, he dressed in his mother's clothing but he experienced extreme guilt, self-degradation, and nausea. His sister caught him wearing her clothing once, but he did not know if she told the mother. Mr. X in all sessions referred to his transvestism as "my habit."

Later Experiences

While serving in the Armed Forces, he was introduced to elixir of terpin hydrate with codeine. This drug was referred to as "G.I. Gin." He discovered elixir of terpin hydrate with codeine would help him forget, and produce a sense of well-being and peace of mind when his transvestism urges became intolerable. He became addicted after taking the drug periodically for a period of two years.

While in service, his left testicle was surgically removed because of an injury. After this operation, his transvestism urges increased and elixir of terpin hydrate with codeine provided the only relief. After discharge from the service, he married his first wife. Two children—a girl and a boy—were born in this marriage. He was at that time employed as a movie theater manager. Mr. X's first wife permitted him to participate in his transvestism for a short time, but later became repulsed by his "habit." His first wife found out about his transvestism when the patient, his wife, and several of her friends played a game suggested by Mr. X. This was a game of chance in which the losing person had to wear one article of clothing from his partner. Mr. X was very creative in making up these types of games. The patient's first marriage lasted seven years.

Mr. X met his second and present wife at a party. She was separated from her husband, but was pregnant at the time. After several months of dating, she moved into his apartment. He maintained that although they lived together, their relationship was platonic. The

welfare department made her move out before the baby was born but she moved back after childbirth. The welfare department then threatened to remove the child from the home unless she made other living arrangements. When Mrs. X refused to leave the patient, the baby was removed and placed for adoption.

Early in their relationship, Mr. X told Mrs. X of his "habit" and addiction. She permitted the patient to participate in his "habit" and bought his supply of elixir of terpin hydrate with codeine. She believed she could help him control the use of the drug if she purchased the supply.

After several moves, her husband's repeated loss of employment, and uncontrolled drug addiction, Mrs. X attempted suicide. Mr. and Mrs. X were then hospitalized in a state hospital. Mr. X was able to refrain from the use of the drug for two years after his discharge. Throughout both marriages, his mother persisted in her efforts to control and dominate his life. He fought continually with his mother, but was unable to break away from her domination and control.

Mr. X again attempted to control his transvestism urges without the use of elixir of terpin hydrate with codeine. He began to lose control over alcohol which had been substituted for elixir of terpin hydrate with codeine. He felt extreme guilt because of his belief that his wife did not accept his "habit." He again resumed taking elixir of terpin hydrate with codeine, and was hospitalized in a state hospital for the second time. After his discharge, Mr. and Mrs. X moved again to another city. A daughter was born. Welfare authorities again threatened to remove this child from the home because of physical and emotional deprivation. They left their belongings and returned to the home of Mr. X's mother.

While there, Mr. X made the decision to obtain treatment for his drug addiction and was admitted to the VA Hospital. His mother had demanded they leave her home. Mr. X admitted feeling a sense of relief.

Mrs. X

Mrs. X, age 33, is a stout but attractive woman. Mrs. X experienced extreme emotional deprivation in her early childhood. Her mother killed herself when Mrs. X was four years old. Her mother and father were divorced at the time. She was living with her mother and grandmother, but visited her father frequently. After her mother's

death, she lived with an aunt and uncle. They had two other children. Mrs. X always felt like a stepchild in this family. She received what was left over from the other children. Her uncle often accused her of being like her mother whom he referred to as a prostitute. Her father, who had remarried, visited her frequently and took her out of the home. At the age of nine, her father began having intercourse with her each time he took her from the aunt's home. She enjoyed his attention at first, but became repulsed by his behavior. She began to hide each time he came for his regular visit.

At thirteen, Mrs. X went to live with a minister and his wife. She recalls this period from thirteen through eighteen as the most enjoyable in her life. She refers to the minister and his wife as mother and father. The couple had no children. All of their home and social life revolved around the church. She received attention and affection from both, although she was closer to the minister's wife.

Mrs. X married her first husband after completing high school. This marriage lasted only for a short time. Her husband could never break his emotional ties to his mother, whom he returned to live with. Mrs. X was attracted to Mr. X because of his good looks, manner of dress, and outgoing personality. She insisted that she has always accepted Mr. X's transvestism and enjoyed seeing him dressed as a woman. She believed that everyone has one or more personality quirks.

Mrs. X denied any feelings of guilt over giving up her first child. She made the decision that she wanted to live with Mr. X rather than leave him and keep her child. She feels more attachment to their present child and wants to give her the attention, security, and affection she missed as a child.

Family Therapy

Mr. and Mrs. X were seen together in twenty marital therapy sessions. Mr. X remarked that he took the "fifth step," one of the twelve steps in Alcoholics Anonymous philosophies, during the marital therapy sessions. He believed he was able to take an honest look at himself and gain better insight into the cause of his problems and needs. He thought he became honest with himself, other people, and God. This was essentially taking the "fifth step."

Mr. and Mrs. X agreed that one of their main problems was a lack of communication. Both had difficulty understanding each other.

Mr. X had a fear that his wife would reject him because of his transvestism or drug addiction. Mrs. X had a fear that Mr. X would reject her if she expressed anger. Mr. X was helped to talk about his early childhood experiences, the rejection he felt by his parents, and the early development of his transvestism. Mrs. X was helped to talk about the rejection she experienced by her parents, aunt, and uncle. She was given support in her efforts to express anger toward her father because of his incestuous relationship with her.

Both Mr. and Mrs. X were able to express their expectations of each other as well as their own individual expectations and goals in life. Both were helped to accept each other as they are.

Mr. and Mrs. X spoke honestly of their sexual relationship. It was revealed that Mr. X also experienced some guilt over their sexual relationship. Mr. X assumed the feminine role in the sex act and Mrs. X the masculine role. When dressed as a woman, he requested Mrs. X to whip him and tie him in a chair. He enjoyed dressing in tight feminine attire. These sadomasochistic acts always led up to the sexual act and were not an end in themselves. Both felt that their sadism and masochism complement each other in their sexual relationship.

LDS-25 Experience

Mr. X had a definite psychodelic experience under the influence of LSD-25. He reported a tremendous inter-soul searching. All contact with the real world was shattered, and he experienced a feeling of total oneness with God and the universe. He saw himself as a piece of thread in the whole pattern of the universe. Mr. X felt he did not have to conform to the mandates of his mother or society. The LSD experience was for Mr. X a rebirth. He felt that he could now accept himself as he is. Mr. X could now accept his transvestism as being part of his personality instead of deviant behavior in the eyes of society. He also felt that through the LSD experience, he could now accept his maleness and become more comfortable in his relationships with other men. He realized that for him to live, it was necessary to break the bonds of dependency which he had continuously maintained with his mother.

Discussion

Both Mr. and Mrs. X were reared in homes where emotional deprivation was present. Both experienced traumatic oedipal relation-

ships. Mr. X was quite rigidly controlled by a maternal figure toward whom he felt a strong ambivalence of dependency and rebellious anger. The oral dependency remained fixed and strong. Mr. X, early in childhood, experienced quite persistent angry feelings toward a masculine authority figure. These feelings seemed to add to the weight of his guilt and self-depreciation.

Mr. X's psychological testing revealed a personality disorder manifested by passive-aggression, addiction, and difficulties in sexual ad justment in an individual of bright intelligence. Some paranoid trends in Mr. X's thinking were noted, but he did not seem to be psychotic.

This patient's mother exhibited a masculine narcissistic orientation in a phallic woman. She seemed to communicate castration threats to her son by her continual emphasis on his weaknesses. The patient through his transvestism may have been creating a phallic woman and thus attempting to alleviate his castration anxiety. A disassociation of physical and mental sexuality developed early in the patient's life. He was told repeatedly that women have the preferred status in society and are the strong sex. Through his transvestism, he hoped to gain maternal acceptance. Mr. X could never identify with his father's masculinity. He saw his father as a weak passive man who was dominated by mother. His mother was seen as the person who could provide support, make all the decisions, and who was strong physically and emotionally.

When dressed as a woman, the patient wants to be subjugated and domineered. In his everyday normal male role, he expected to be the head of the household and he wanted to feel superior to his wife. As a child, he could only obtain his mother's love and attention through submission to her. In the present marriage, he obtains the love and attention of his wife through his submissiveness. It is also possible to speculate that this patient dresses in women's attire and expects domination and punishment so as to resemble mother and punish her through his own self-punishment. With his feminine dress and attire, he is able to hide his genitalia, which for him was the visible cause of his rejection.

It is interesting to note Mr. X's frequent comments concerning the sense of security which he derives through wearing a tight corset and other female attire. He experiences a sense of security through tight clothing which restrict his movements. In his daydreams, Mr. X frequently fantasizes himself in situations where he is forced by an older,

aggressive, domineering woman to dress in feminine attire with threat of punishment if he refuses. This corresponds with the time in his early childhood when he was forced by his mother to dress in girl's clothing.

The patient does not want to assume the woman's role anatomically, but only in respect to the social role. For him, his love of feminine things is an end in itself and is used as paraphilia for accomplishing his change in sex role. He denied homosexual strivings. He maintained that because of his hostility toward his father, he could never love another man. Mr. X has great difficulty understanding why a man becomes a homosexual. He maintained that if he were a woman, he would become a lesbian. The thought of one man loving another man was repulsive to him. Mrs. X admitted having homosexual urges. This was validated by psychological testing. She admitted feeling more comfortable around the patient when he is playing the feminine role. His masculinity is apparently a threat to her. This may be the result of continual rejection by important men in her life, and the incestual relationship which she had at an earlier age with her father. Mrs. X enjoys participating in sadistic acts which precede the sexual act. Although she can rarely verbally express anger through her domination over her husband in the sexual act, she is able to successfully express and act out her anger for men.

Follow-Up

Mr. X. completed the 90-day treatment program and was discharged. Mr. and Mrs. X. moved to another state and continued outpatient treatment services. Mr. X. attempted unsuccessfully to gain satisfaction and enjoyment by taking elixir of terpin hydrate with codeine. He was unsuccessful in his efforts to gain the effect which he had hoped for.

Mr. X. began a personal crusade against codeine addiction and gained wide recognition for his efforts in seeking more stringent regulations on the purchase of cough preparations containing codeine. Mr. X. continued his "habit" but was more comfortable in accepting himself. Mr. and Mrs. X. continued to have some difficulty with their communication problem, but were progressing in their efforts to remedy this problem.

After the completion of this paper, the author received word that Mr. X. had died suddenly of a coronary. At the time of his death, Mr.

X. had been completely free of the effects of drugs for four months. His new purpose for living was to tell young people about the dangers of alcoholism and drugs. Mr. X. had found himself.

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