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**PATERNAL CONTRIBUTIONS TO THE ETIOLOGY
OF GENDER IDENTITY DISORDER:
A Study of Attachment, Affect Regulation,
and Gender Conflict**

by

Cassandra Cook

A dissertation submitted to the Graduate Faculty in Psychology
in partial fulfillment of the requirements for the degree of
Doctor of Philosophy, The City University of New York

1999

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This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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Abstract**PATERNAL CONTRIBUTIONS TO THE ETIOLOGY OF GENDER IDENTITY
DISORDER:****A Study of Attachment, Affect Regulation, and Gender Conflict**

by

Cassandra Cook

Adviser: Professor Arietta Slade

The goal of this study was to formulate hypotheses concerning the contribution of paternal dynamics to the etiology of Childhood Gender Identity Disorder (GID) in boys. Six fathers of sons diagnosed with GID were interviewed using the Adult Attachment Interview (AAI), the Early Memories Test, and the Fatherhood Interview, a semi-structured interview designed for this project to assess the fathers' experience of their sons' cross-gender symptoms. AAI transcripts were scored using both Main & Goldwyn's (1998) scoring system and Fonagy et al's (1998) *Reflective Functioning Manual*. According to Main's system, every father in this sample evidenced clinically significant levels of Unresolved Trauma, and no subject was classified as Secure. The dramatic over-representation of Insecure and Unresolved Trauma classifications in this sample was understood as suggesting that these fathers' are very likely to have formed insecure attachment relationships with their sons, as well as to have manifested, when stressed, the kinds of frightened and frightening behaviors that may lead a sensitive and highly reactive child to feel anxious and unsafe in establishing a masculine identification. The low levels of reflective functioning obtained on this sample were seen as suggestive of these fathers' difficulties in forming accurate and detailed inner representations of their children. Significantly, however, this sample also provided clear clinical evidence that overall reflective functioning scores may not capture certain key capacities which interact to determine the quality of parents' internal representations of their children. It was proposed that the capacity to take responsibility for one's own role in relationships is

critical to the constructive use of reflective capacities, and also that the absence of well-developed reflective capacities in the specific domain of the relationship with the child may render the more general capacity for reflective functioning relatively useless in the process of preventing the intergenerational transmission of trauma. Finally, traumatic attachment-related experiences in these fathers' histories were found to be intimately related to past and present experiences of gender. The identification of two distinct attitudes toward the child's cross-gender symptoms led to the formation of hypotheses concerning two distinct dynamic pathways for paternal reinforcement of cross-gender symptomatology.

Acknowledgments

I wish to thank my chair, Dr. Arietta Slade, and my teacher, Dr. Steve Tuber, for their warm encouragement throughout this project. I am very grateful for Dr. Slade's careful guidance, her many incisive suggestions, and her generous commitment of time to training me in the administration of the Adult Attachment Interview, an experience which was invaluable from a clinical as well as a research perspective. I thank Dr. Tuber for his thought-provoking contributions to the development of this project, and for his much-appreciated help in thinking through psychodiagnostic issues. I also wish to thank Dr. Neil Altman and Dr. Larry Gould, for reading this work and offering their comments.

For having devoted many hours to the careful coding of this data, I would like to express my gratitude to Dr. Mary Target and Dr. Mary Sue Moore. I am particularly thankful to Dr. Target, not only for her commitment of substantial time to this project, but also for her sharp clinical insights and provocative inquiry during numerous discussions about the data.

Finally, I am deeply indebted to Dr. Susan Coates. It was through her generous mentorship that I came to this project. In ways both concrete and conceptual, she has helped me immeasurably along the way. Her dedication to the clinical material in all its complexity has been inspiring, and her frequent challenges to my thinking have enabled me to develop my ideas more clearly. Her vital input to this work is reflected throughout.

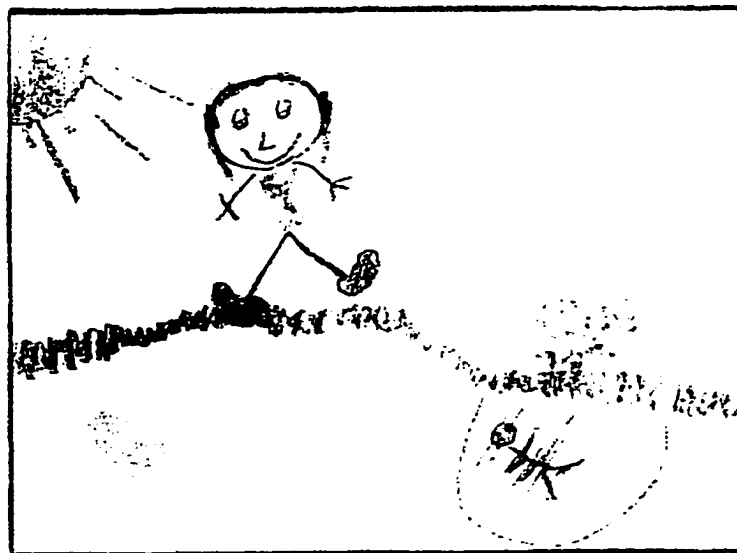
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INTRODUCTION

In recent years, there has been a growing body of research into the nature and etiology of Gender Identity Disorder (GID), a rare disorder of early childhood which is characterized by persistent and intense gender dysphoria and preoccupation with rigid, highly stereotypical cross-gender fantasies and behaviors. Though the prevalence of Gender Identity Disorder in the general population is so low as to make accurate estimates difficult to obtain, this uncommon syndrome has nevertheless drawn the attention of researchers for a number of reasons.

The primary reason for the study of GID is the fact that the disorder produces intense subjective suffering in the children in whom it develops. It is not uncommon, during the initial evaluation, for these children to declare directly their hatred of themselves and their bodies, as well as their wish to become someone else or, in some cases, to die. Those children who do not speak directly of their distress often express these feelings via drawings. This unnerving self-portrait made by a boy diagnosed with GID (Zucker & Bradley, 1995) is sadly typical:



Though he attempts to depict himself as a smiling, happy-go-lucky girl, the boy's underlying suffering finds expression in the gravestone and the image of the dead and buried child just beneath the surface. (In his original drawing the child had even gone so

far as to write his own initials on the gravestone, but these were removed for reasons of confidentiality before the drawing was published [Susan Coates, 1998, personal communication].)

Much is now known about the etiology of the disorder, and the origins of the distress in the children who are diagnosed with it, but there remains much to understand. Constitutional factors are now recognized (Zucker & Bradley, 1995; Coates & Wolfe, 1995) to play a significant part in the development of GID, but specific familial factors – appearing with remarkable consistency in case after case – have also been implicated. Continued research into the complex interaction between biological, familial, and environmental influences is necessary for the refinement of theoretical models and, ultimately, treatment strategies.

Another benefit of research on childhood GID lies in the opportunity this disorder affords to examine the complex processes of the intergenerational transmission of trauma. Early researchers (Stoller, 1968; Green, 1985) looked to the maternal relationship and to parental reinforcement of cross-gender symptoms as key etiological factors. But it was not until the late 1970's that the critical role of trauma in these family's lives began to be explored (Bloch, 1978; Meyer & Dupkin, 1985; Coates, 1992). The clear association of GID with trauma – both as an immediate, precipitating factor and as reported in maternal histories – has fueled speculation about the relationship between past and current traumas.

In this context, Attachment Theory has provided a particularly useful theoretical model. Current thought about the etiology of GID (Coates, 1990, 1992; Coates & Moore, 1997) posits that the child's cross-gender symptoms are a response to the derailment of the maternal attachment relationship, and, furthermore, that this derailment often occurs during a period of great stress, loss or trauma experienced by the family. In Coates' scheme – elaborated in greater detail in the next chapter – the child's repetitive and stereotypical behavior is viewed, not merely as a response to social reinforcement, but rather as a complex and multiply-determined symptom. The cross-gender enactments are understood as emergency defensive strategies through which the child attempts to regain the loving attention of the mother as well as to cope with overwhelming anxiety in the face of the parents' frightened and frightening behavior during the time of familial stress. When

the child's compromise formation "works" – when his behavior serves to reduce his anxiety and is also reinforced within the family – it can then become cemented as a particularly rigid and inflexible defensive strategy.

Coates has also observed (1985), through extensive clinical experience with GID, that although there are multiple pathways through which the disorder may develop, it never occurs in the absence of the father's direct or indirect participation in the reinforcement of the child's symptoms. It also does not occur if the father can, in cases in which the mother becomes severely depressed, assume the caregiving functions that the mother is temporarily unable to fulfill. The factors that combine to make the father unable to do so are not yet clear. Studies of parental psychopathology (Wolfe, 1991) have suggested a greater-than-average prevalence of mood, anxiety, and substance use disorders in the fathers as well as the mothers of boys with GID. But the more specific nature of the father's involvement in the formation and reinforcement of GID symptoms has yet to be systematically researched, and this paucity of information about paternal influences represents a serious gap in our knowledge of GID.

Research and theory alike have addressed the important role of fathers in their children's early development. Psychoanalysts have long believed that, beginning in infancy, but particularly in toddler years, fathers are instrumental in helping their children to modulate aggression (Fonagy & Target, 1995; Herzog, 1982; Jacobson, 1950; Loewald, 1951). In psychoanalytic theory, the father has generally been depicted as the "second other" (Greenspan, 1982) who comes to represent the infant's expanding experience with the world outside the maternal relationship. A positive, supportive paternal relationship, according to this perspective, facilitates the process by which the rapprochement toddler separates from the mother and moves into the world of triadic relations (Abelin, 1980, Greenspan, 1982) and provides a model for masculine identification. To the degree that this identification occurs within a secure and loving paternal relationship, it can serve as a neutralizing force in relation to aggressive and competitive impulses of the Oedipal years (Ross & Herzog, 1985).

Developmental researchers have also emphasized the father's role in child development, though from a somewhat different perspective. Despite early researchers'

intent to find empirical support for the notion that fathers play a unique role in child development, the cumulative data has tended to undermine this assumption, suggesting instead that the similarities in mothers' and fathers' influences on their children are, in fact, much more important than the differences (Lamb, 1997). Parental variables such as warmth, closeness and nurturance have been associated with positive outcomes for the child regardless of whether the parent involved is a mother or a father. Along similar lines, attachment researchers have studied the nature of the father-child attachment relationship, demonstrating that fathers and their children do, in fact, form distinct attachments. But the uniqueness of these relationships appears to be based more on their own distinct history of interaction than on any one paternal personality variable (Steele, Steele & Fonagy, 1996; van IJzendoorn, 1995).

But, while the great complexity and variety of paternal influences on child development has become increasingly apparent – with the possibility of finding one-to-one correspondences between particular paternal variables and child outcomes becoming simultaneously more remote – developmental research has also highlighted the enormous significance of children's multiple early attachment relationships for their subsequent development. It has now been repeatedly demonstrated that there are clear and measurable individual differences in parents' styles – differences which are apparent not only in direct interaction with their children but which are also, astonishingly, measurable before the birth of their child through the systematic analysis of aspects of their cognitive styles (Main & Goldwyn, 1998; Fonagy, Steele, Steele & Target, 1998; Slade, Belsky, Aber, & Phelps, 1998). Interestingly, some of the most promising avenues being pursued in attachment research are now circling back to the same questions that have long preoccupied psychoanalysis, with topics such as modulation of aggressive impulses and the establishment of a capacity for affect regulation now occupying center stage (Cassidy, 1994; Slade, 1993, 1996; Slade, Belsky, Aber & Phelps, in press; Fonagy et al., 1995). Given the discovery of increasingly complex interactions between maternal and paternal influences, it is important to examine paternal *as well as* maternal contributions to the etiology of a disorder which is as complex as GID. Ultimately, it will undoubtedly prove helpful to study both sets of influences in relation to one another.

This study will attempt to further this process by focusing on the dynamics of the fathers. (A parallel study has been conducted in relation to maternal dynamics [Hahn-Burke, 1998].) There are many unanswered questions about paternal dynamics; this investigation will take as its starting point the notion that before we can begin to conceptualize more complex levels of interactions, we must first examine the fathers' own childhood familial interactions, and the ways in which their past experiences are re-awakened in the present day experience of parenting. Necessarily exploratory in nature, this research will undertake a systematic, clinically-informed examination of the paternal dynamics associated with GID, with the goal of generating more refined hypotheses about the influence of the father's inner experience on his current paternal functioning.

CHAPTER 1

LITERATURE REVIEW

Areas of the clinical and research literature relevant to this endeavor include:

1) contributions of research into the familial context of Gender Identity Disorder; 2) the psychoanalytic literature on the role of the father in pre-Oedipal development; 3) the contributions from developmental research on paternal influences in early development; and, 4) recent research into the significance of parents' internal representations of attachment relationships for child development – particularly the attachment literature relating to affect regulation, reflective functioning, and the intergenerational transmission of trauma.

Literature on Gender Identity Disorder

Because there is a growing body of GID research – much of it focusing on biologically-determined, constitutional factors – the primary focus of this review will be on those studies that illuminate the familial and, particularly, the paternal dynamics associated with GID. This review will also be confined to studies of GID in boys. This narrowing of focus is advisable for several reasons. First, boys diagnosed with GID outnumber girls by a ratio of roughly 4:1 (Zucker, 1995). Second, the research on GID in girls, though growing, is scant compared to that on boys. Third, there is widespread agreement that the dynamics of GID in girls and boys differ considerably. Thus, the dynamics of fathers of gender-disordered boys are likely to differ in clinically significant, but unpredictable ways, from the dynamics of fathers with gender-disordered girls.

Definitions and Terms:

With the field thus narrowed, and in order to provide a meaningful context for research and theoretical contributions to be discussed, following is a brief review of definitions and terms. Childhood GID is listed in the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3)* as one

of several “Disorders of Affect.” In the DC:0-3 system, affect disorders are described as frequently associated with problematic interactive patterns between child and caregiver. These patterns must have become sufficiently generalized, however, as to produce general affective and behavioral difficulties in the child. The current DC:0-3 criteria for diagnosing childhood GID are as follows:

-
1. A strong and persistent cross-gender identification (not merely a stated desire for any perceived cultural advantage of being the other sex) as manifest by at least four of the following:
 - a. Repeatedly stated desire to be, or insistence that he or she is, the other sex.
 - b. In boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing.
 - c. Strong and persistent preferences for cross-sex roles in make-believe play or persistent fantasies of being the other sex.
 - d. Intense desire to participate in the games and pastimes of the opposite sex.
 - e. Strong preference for playmates of the opposite sex.

 2. Persistent discomfort with one’s assigned sex or sense of inappropriateness in that gender role, manifested by any of the following:
 - a. In boys, assertion that the penis or testes are disgusting or will disappear or assertion that it would be better not to have a penis, or marked aversion toward male stereotypical toys, games, and activities, tied to the idea that he does not want to be a boy.

 - b. In girls, rejection of urinating in a sitting position or assertion that she does not want to grow breasts or menstruate, or marked aversion toward normative feminine clothing, tied to the idea that she does not want to be a girl.

 3. Absence of nonpsychiatric medical conditions – for example, *hermaphroditism*.
-

These criteria, which are very similar to those listed in the DSM IV, emphasize the child's intense preoccupation with cross-gender fantasies and behaviors and intense

aversion to almost every aspect of his or her own gender. An important distinction between gender nonconformity and gender disorder is implied in the requirement of clinically significant distress or impairment, as well as in the repeated specification that the symptoms must be both *intense* and *persistent*. In response to the frequent and politically loaded confusion between the notions of gender identity and sexual orientation, a critical distinction is made between the two. Stoller (1968) coined the term *core gender identity* to describe the child's "fundamental sense of belonging to one sex." The behavioral counterpart of this internal sense of gender is described by the term, *gender role*, which is defined as the behaviors, attitudes and personality traits that a given culture defines as masculine and feminine at a given point in time. Both aspects of gender are to be distinguished from sexual orientation, which is not determined until adolescence (or even later), and is defined by the sex of one's partner.

Though research (Green, 1987; Bailey & Zucker, 1995) has demonstrated a strong statistical association between GID in boyhood and later homosexual orientation – roughly two-thirds of gender disordered boys can be predicted to develop a homosexual orientation – this association holds true only prospectively. That is, of the adult population of male homosexuals, many recall gender nonconforming behavior, but only a small percentage have histories suggestive of a gender disorder (Coates & Wolfe, 1995). Treatment of children with GID is unrelated to later sexual orientation and is explicitly confined to treatment of the gender disorder and the subjective suffering and defensive inflexibility implied by it.

Psychodynamics and Associated Psychopathology:

Though the rigid cross-gender symptoms and preoccupations listed in the above DC:0-3 criteria are generally the most readily apparent feature of the syndrome, they are rarely present in isolation. Most often, these presenting symptoms are accompanied by a number of other problems, including symptoms of separation anxiety (Coates & Person, 1985; Lowry & Zucker, 1991) and depression (Coates & Person, 1985) in the child, and a familial history of difficulties in affect regulation (Bradley 1985; Wolfe, 1991; Marantz & Coates, 1991). The child, as well, may be experiencing considerable difficulty modulating

and controlling aggressive impulses (Coates, 1990 and 1992), a difficulty which – though it may not be manifest in all settings – is a frequent complaint of parents, and which is particularly notable given these boys' typically gentle and sensitive temperaments (Coates & Wolfe, 1995).

Such suggestions of underlying emotional turmoil are, however, consistent with evidence from projective testing. The Rorschach responses of these boys are typically characterized, not only by overt gender confusion, but also by disturbances in boundaries between fantasy and reality, and by interactions tainted with issues of control, dominance, and malevolence (Tuber & Coates, 1985; Coates & Tuber, 1988; Rainbow, 1986). Evidence of thought-disordered responses on the Rorschach has also been noted by Zucker and his colleagues (1980).

Constitutional Factors

Though researchers studying the formation of children's gender identity have invested considerable time and money investigating the question of hormonal influences, their efforts have thus far failed to yield evidence for any *direct* hormonal influence on the formation of gender identity. From their reading of the literature on hormonal sex differences in animals and studies of hermaphroditic populations, however, Coates and Wolfe have inferred that hormonal differences between the sexes, found both pre- and post-natally do appear to exert significant *indirect* influences via their impact on children's gender role behaviors (Coates & Wolfe, 1995). Increased levels of male hormones such as androgen, for example, have been shown to result in increased activity levels and preferences for active, rough-and-tumble play. But, since efforts to identify specific hormonal differences in boys with GID have consistently failed, there is, as yet, no evidence of a direct link between hormones and GID.

Coates and Wolfe (1995) argue, however, that there are important biological variables which exert their influence via issues of temperament. It has long been reported (Bates, Bentler & Thompson, 1979) that boys who are cross-gender identified tend to be fearful and inhibited. Coates and her colleagues (Coates, Hahn-Burke, & Wolfe, 1994) have found that the majority of children in their sample of boys with GID fit the

description of Kagan's (1989) "inhibited" types. They suggest that these boys, who have heightened sensory sensitivities and high levels of anxiety in novel situations, experience more difficulty in regulating their own intense affective experience and are consequently more than typically dependent on their primary attachment relationships for self-regulation and more vulnerable to disruptions in these relationships.

Historical and Current Theoretical Approaches to Etiology:

But though few observers dispute this notion of temperamental vulnerability in boys with GID, researchers vary greatly in their conceptions of the familial and environmental factors that interact with this biological predisposition to produce the disorder. Stoller (1968) was the first to put forward a comprehensive theory of boyhood gender identity disorder, which he then termed, "extreme femininity." According to Stoller, extreme femininity develops in response to a number of interacting factors. His primary focus was on the dynamics of the mother, whom he believed to be struggling with bisexual impulses and a history of discontent with being a girl. Stoller argued that the mother, harboring an unconscious wish to possess a phallus, enacts this wish in fantasy by creating a "blissful symbiosis" with her son. The father, both physically and psychologically absent, does nothing to disrupt this prolonged symbiotic unity.

This femininity is not, in Stoller's theory, the result of the boy's actively constructed identification, but rather of his passive receipt of the mother's fantasy of fusion. Also significant to Stoller's conception is his characterization of this experience as "non-traumatic" for the child. Stoller's child does not appear to be resentful or anxious in response to the mother's super-imposition of her own fantasy on his development, but rather is content within the unity so long as nothing disrupts it. The father, in Stoller's view, is remarkable primarily for his withdrawal and consequent tolerance of feminine behavior in his son.

The next major theoretical contribution – and the first attempt at large-scale, systematic research – came from Green (1974), who concluded that the boy's cross-gender symptoms are the primary result of social reinforcement. According to Green, an unusual closeness exists between mother and son that motivates the son to imitate her and to

become interested in her possessions. The mother is gratified by this imitation and responds by subtly (or not-so-subtly) reinforcing it. The father, in turn, does nothing to discourage this behavior, but may withdraw in response to perceived rejection by his son, who has developed a strong preference for the mother. Like Stoller, Green did not systematically evaluate suffering and psychopathology among these children, and therefore saw no reason to suspect that these boys experienced any direct suffering in relation to the family dynamics he identified. Like Stoller, he believed that their suffering arose later, in the context of teasing and rejection by peers.

Results of Green's (1987) studies of paternal variables support his theory. In Green's sample, the fathers of the gender-disordered boys spent significantly less time throughout childhood with their sons and took less initiative in planning family activities than did fathers of control boys. These fathers did not differ significantly from controls on any of a number of other variables, including self-ratings of masculinity-femininity, recalled childhood gender identity, the wish for a daughter during their wives' pregnancies, or self-ratings of marital adjustment.

Beginning in 1985, Coates assembled an etiological theory which – though it incorporates elements of Stoller's and Green's observations – represents a radical departure from these theorists' conceptions. Coates (1990) takes issue with Stoller's image of a "blissful symbiosis," arguing that, far from blissful, the mother-son relationship for children with GID is characterized by an extremely ambivalent enmeshment in which the mother is largely unresponsive, particularly during the phase of onset, to her child's basic emotional needs. Green's social reinforcement theory also is lacking, according to Coates (1992), in that it cannot account for the presence of parental psychopathology and trauma repeatedly observed in these cases, nor does it speak to the association of GID with the well-documented presence of concurrent separation anxiety and symptoms of depression in both the children diagnosed with GID and their parents (Zucker, 1995).

In Coates' etiological theory, (Coates, 1990, 1992; Coates & Moore, 1994), the child's cross-gender symptoms evolve in response to overwhelming anxiety in the face of the derailment of the maternal attachment relationship. The child's repetitive and stereotypical cross-gender fantasies and behaviors are understood, in part, as representing

an effort to repair through identification, an attachment relationship that has been jeopardized by an abrupt decrease in maternal availability. The mother's emotional withdrawal – which typically represents a change for the worse in a previously more secure relationship – generally occurs in the context of maternal depression, most often precipitated by a loss or trauma occurring in the first years of the child's life.

Coates would argue, however, that this maternal depression is a non-specific precipitating factor. A critical issue in the formation of GID is the mother's unconscious response to unresolved traumas from her own childhood. It is hypothesized that the mother has experienced trauma within important childhood relationships, and that she has understood that trauma in terms of gender. If, to construct a somewhat simplified example, the mother grew up in a household in which she felt tyrannized by a highly authoritarian and explosive father, she may, consciously or unconsciously, have come to associate the father's violence (and the intense fear and anger that it engendered in her) with his masculinity. Because highly traumatic memories tend to remain dissociated and therefore unintegrated with later, more mature forms of thinking, such a mother, when faced with a new situation that re-awakens old memories of the trauma, will be prone to think and behave according to the highly rigid and concrete notion that "men are violent and dangerous." This imagined mother's unresolved memories of traumatic experiences have, according to Coates scheme, come to be encapsulated, or "sequestered," in gender constructs.

Later, the continuing influence of her traumatic past will be likely to lead her to conflate her son's healthy role-typical behaviors (such as aggressive and boisterous play and self-assertion) with the destructive aggression she suffered as a child. Her response to such behaviors will be one of disproportionate fear and rage. If this mother also becomes depressed, the child will inevitably become hypervigilant – sensitive to anything that arouses her anger or, conversely, that increases her responsiveness. Given his constitutional vulnerabilities, the child is more-than-usually dependent on and responsive to the attachment relationship. He is therefore primed, both by his nature and by the extremity of the circumstances, to become highly attuned to his mother's unconscious feelings about his own masculinity. Because he is at an age and developmental phase in

which the concept of gender is not fully consolidated, his desperate wish to become a girl is fueled by confusion; he may believe that he can truly become a girl by dressing like one.

His rapidly-consolidated cross-gender defense is, then, multiply-determined. It serves, among other needs, the desperate need to repair the jeopardized attachment relationship, while also placating and re-vitalizing the depressed, withdrawn, and angry mother. This compromise, which comes at great cost to the child, can nevertheless be quite effective, in that it speaks directly to the mother's – and perhaps also the father's – unconscious wishes and fears. As previously mentioned, Coates has noted (Coates, 1985; Coates & Wolfe, 1995) the father's pivotal role in the consolidation of GID symptoms: Some fathers, according to Coates, are emotionally withdrawn and unavailable; they do not assume the caregiving functions that the mother is unable to perform, leaving the child with little alternative but to enact these emergency defenses. Other fathers may display a potential to behave in an unpredictably aggressive manner, thus frightening the child and prompting him to fearfully reject a masculine identification. Interestingly, Coates has also noted (1998, personal communication) that many of the fathers describe themselves as having been very shy as children. When, as adults, such men are confronted with a similarly shy and sensitive temperament in their own sons, their responses – including, among others, intense identification, disappointed withdrawal, or angry rejection of the child's personality – tend to be highly loaded and complex. The underlying dynamics that promote the establishment of these commonly-found patterns, however, are as yet little understood.

Following in Coates' theory of parental psychopathology, Wolfe (1991) undertook what is, to date, the most systematic study of parental pathology which has also included fathers. Wolfe found that, of the 12 upper-middle-class subjects in her sample, all could be diagnosed according to DSM-III-R criteria as having a current or past Axis I disorder, while two-thirds also received Axis II diagnoses. Those fathers who did not have a current Axis I disorder, were, according to Wolfe, currently being successfully treated psychopharmacologically for what would otherwise have been a diagnosable condition. The most frequent diagnoses were related to substance abuse and depression. Rorschach

data on these fathers also showed evidence of impaired object relations and greater-than-usual numbers of gender-confused percepts.

Wolfe's data suggest that the father's role in the etiology of his son's GID is unlikely to be confined to the effects of his psychological absence (though the tendency to withdraw may well prove to be a salient feature of his parenting). If fathers do, in fact, tend to suffer from substance abuse as well as depressive disorders, they can be expected to be erratic and unpredictable as well as to have difficulties in affect regulation. If these fathers tend, not only to be passive and withdrawn, but also unpredictable and even occasionally explosive, this combination of factors would have a profound impact on a child who is already contending with an insecure maternal attachment relationship.

The Role of the Father in Child Development: The Psychoanalytic Perspective

A useful lens through which to begin to examine the father's etiological role in Gender Identity Disorder can be found in discussions – both from the psychoanalytic and developmental psychology points of view – of the paternal role in infant development. In the psychoanalytic literature, the question of when and how the father's influence unfolds has been a long-debated one. From the most traditional psychoanalytic perspective, one might imagine that the father plays an almost non-existent part in child development until he enters the scene as the feared and desired Oedipal object and rival. Much of the psychoanalytic literature on the subject to appear in the last 25 years (Mahler, Pine & Bergman, 1975; Abelin, 1980; Greenspan, 1982) has been written as if in answer to this notion of the father as peripheral to early development. The primary focus of this literature has been to elaborate and extend Mahler's (1975) references to the father's role in the resolution of the Rapprochement crisis. From the beginning of her career, Mahler argued for the importance, for the developing toddler, of the expanding relationship with the father. She believed that, during the practicing subphase, as the toddler moves out of the symbiotic unity with the mother into a wider interpersonal world, the father is an exciting and refreshing person – a "knight in shining armor." In contrast to the internal image of the mother, which is subject to the intense and rapidly fluctuating ambivalence

inherent to the separation-individuation processes, the father's image is relatively uncontaminated.

In *The Psychological Birth of the Human Infant* (1975), Mahler reported repeated observations of the Rapprochement toddlers' active pursuit of the fathers and great enjoyment in games of "playful romping" with them. She noted that early identifications with and idealizations of the fathers seemed especially important in supporting the older toddlers' efforts to maintain a safe distance from the dangerous and enticing "mother after separation" (p. 118). She postulated that the boy's identification with the father facilitates an early beginning of a sense of gender identity, and also noted at least one case (p. 59) in which the father's ability to nurture and respond to the child's needs was sufficient to offset the destructive effects of the mother's narcissism and emotional unavailability.

At roughly the same time, and in collaboration with Mahler, Abelin (1971) began to elaborate these observations into a more extensive theory of paternal functioning in early development. In Abelin's view, the pre-Oedipal identification with the father is critical for the resolution of the rapprochement crisis and for the toddler's achievement of differentiated self and object representations. In early rapprochement, according to Abelin, the toddler's conflict centers on the alternating differentiation and fusion of internal representations of the mother-child dyad. At around 17 or 18 months of age, however, the father begins to appear in fantasy as bigger and more powerful than the mother. This recognition of difference between the two parents leads the toddler to represent himself in relation to two distinct internal objects – and, by extension, to recognize himself as distinct from each. The achievement of self-representation, in turn, reflects the toddler's dawning capacity for symbolization. The toddler's employment of the internal representation of the father has, for Abelin, far-reaching consequences. The father will not, he argues, attain rival status until the Oedipal phase; until that point, his presence is a relatively conflict-free one, serving to facilitate the toddler's engagement with reality and providing a sound basis for later peer relations.

While also focusing on the father's particular significance in the toddler's second and third years, Greenspan (1982) broadens the discussion to include earlier and later influences. He suggests that the father's presence is important from early infancy, during

which time his emotional availability can enhance the depth and range of affect in early attachment patterns. Later, as the "second other" the father can enhance the toddler's sense of security in exploring the world, aid him in integrating and coping with aggressive feelings, and facilitate the dawning of a sense of self as gendered. Between the ages of 2½ and 4 years, the availability of the father enables the toddler to tolerate painful affects arising with the shift in object relationships from the dyadic to triadic patterns. This shift, which entails the consolidation of object constancy, requires the relinquishment, to some degree, of his mother. The toddler needs to be able to mourn this loss – to experience some sadness. Once again, the father may offer himself as an alternative to the primary object, a "second best" object whose presence lessens the intensity of the mourning and, in so doing, helps his child to tolerate the experience.

Also critical, during this stage, is the toddler's need to begin to experiment with being angry at the mother. It is difficult for the child to move away from the dyadic intensity of the relationship with his mother without feeling relatively safe in the experience of being angry at her. According to Greenspan, the father's availability as a balanced and empathic "significant other" renders this anger less overwhelming and helps the toddler to tolerate and, eventually, to modulate his own rages.

The notion that the father's availability is related to the child's dawning capacity to modulate aggression is not a new one, and has been a focus of several authors. (Biller, 1974, Abelin, 1971, Jacobson, 1950, Loewald, 1951). Herzog (1980, 1982) introduced the term "father hunger" to describe the intense longing of young children whose fathers had recently become absent due to divorce. Herzog's father-hungry children all struggled with problems in separation-individuation, with the establishment of gender identity, and particularly with intense oral- and anal-sadistic aggression.

Boys, according to Herzog, are more vulnerable than girls to frightening disruptions in control of aggressive drives and fantasy. The little boy, unable to represent the absent father as both nurturing and disciplining, tends to focus exclusively on the latter function: "To be the limit setter in a kind of grotesque caricature of male discipline emerges as a common way of dealing with the loss of the father," (1982, p.171). The

libidinized, sado-masochistic implications of this defense are also linked, for Herzog, with the likelihood of a negative Oedipal resolution.

In a subsequent paper, Ross and Herzog (1985) note the important and individually varying capacities of fathers to engage in a constructive "aggressive dialogue" (p. 483) with their sons. All fathers, they suggest, inevitably experience aggressive feelings in relation to their sons. When the father's aggressive impulses are appropriately contained, however, such as they are within rough-and-tumble play, they can be highly constructive and growth-promoting, helping the child learn to negotiate intense and shifting affect states (Ross and Herzog, 1985). But when the father, himself, has difficulty modulating aggressive impulses, this rough and tumble play can become the occasion for frightening overstimulation of the son or, alternately, highly constricted contact in which the father is distant and withholding.

Too little paternal control of aggressive impulses can engender an eroticized sado-masochistic interaction of the sort Herzog (1982) saw in the symbolic play of his father-hungry boys. Too much control, however, is deadening; it leaves the boy bereft of and hungry for an active, vital and joyful experience of masculinity. Paternal attunement, then, implies for Ross and Herzog a sufficient comfort with aggressive impulses to enable the father to engage in an expanding, age-appropriate aggressive dialogue – including playful as well as disciplining interactions – in which the child's growing capacities and internal controls are recognized, respected and fostered.

Alongside these psychoanalytic theories addressing the father's role in helping his child through the separation-individuation process and in facilitating his or her efforts to modulate aggressive impulses, there have also been important contributions highlighting the complex influence of the father's own internalized early experience of gender on his experience as an adult and, ultimately, a parent. In his essay on "Creativity and its Origins," Winnicott, (1971) makes an argument for the essential health of an integrated bisexuality. Winnicott's conception of these male and female "elements" within the psyche – a conception that differs from the traditional psychoanalytic one – defines the "pure female element" as a "sense of being" (p. 80). This fundamental experience of "being" – the basis for all later sense of self – is neither active nor passive, because it derives from a

state in which baby and breast are not yet differentiated into subject and object. The later, male "element," which presupposes some degree of separateness, is that which acts upon the world and, in turn, is acted upon. This male element is the basis for all psychoanalytic theories of instinct, impulse and drive.

Winnicott also points out that it is not unusual for aspects of male and female elements to become split-off and dissociated from the rest of an adult's self experience, so that, for example, a man who is perfectly comfortable and content with his gender, may also feel quite clearly, in that dissociated part of his experience, that he is a girl. These feelings, for Winnicott, have no bearing on questions of sexual orientation, but, rather, relate to confusions in the experience of self – confusions that come to be represented in terms of gender. Thus, the creative, generative capacities of an adult man, as he approaches the task of fatherhood, are intimately related to the possibility for integration of split-off female elements. Split off "female" elements which do not become integrated, however, may nevertheless exert a strong influence on his fantasy life, and this influence, one would have to assume, might potentially be felt indirectly by the father's children.

In *The Primitive Edge of Experience*, Ogden (1989) employs Winnicott's notion of transitional phenomena in a discussion of the precursors of Oedipal phase development in boys. He argues that, just as the mother (in Winnicott's view) must inevitably embody both the female and male elements in her son's infantile experience, so must she later embody – and act as the transition between – the dyadic and triadic object relations of early childhood. The boy's first Oedipal experience, according to Ogden, occurs in the context of the maternal relationship:

Paradoxically, it is through a relationship with the mother, a female, that the little boy acquires a phallus; it is in the context of a dyadic relationship with the mother that Oedipal triangulation develops; it is in a relationship with a woman that the boy's male identification and paternal idealization originate. (p. 152)

The mother's set of unconscious internal Oedipal object relations provides the framework for the boy's first encounter with the phallic father. If the mother lacks a firmly established internal object father, her son will be deprived of "one of the essential ingredients with which to psychologically and interpersonally elaborate the Oedipus complex," (p. 153).

Not only will the boy be hindered in his ability to form a productive identification with the actual father, but he will also experience, internally, a terrifying absence of the paternal prohibition against incest. This vital prohibition – first experienced via the mother's internal object father – provides a reassuring safeguard against the boy's regressive impulses, and helps him to maintain the state of differentiation from the pre-Oedipal internal object mother that is the fragile achievement of his first years of life. In Ogden's scheme, the mother's healthy bi-sexuality is critical to boy's experience of his own actual father, and, by extension, to his own later experience as a father.

Thus the father, who was once a little boy, brings to the task of parenting a complex inner representational world that must inevitably shape his conception of himself as a man and as a father to his son. It is therefore useful – in reviewing the growing literature on paternal functioning and paternal influences – to bear in mind the fact that, although the family drama may be played out among as few as three primary players, the little boy is nevertheless acting in a much more complex internal drama, through the course of which he must contend with the intricate and interlocking network of identifications within each parent.

Paternal Functioning – The Contributions of Attachment Theory and Research

For the past three decades, most of the important empirical research on parental influences has been conducted under the rubric of Attachment Theory. Students of this developmentally-based theoretical framework start from a very different vantage point than do the psychoanalytic theorists just reviewed. In its origins, Attachment Theory represented Bowlby's effort to correct what he perceived as an over-emphasis, in psychoanalytic theories of development, on the role of fantasy. (Cicchetti, Toth & Lynch, 1995). Bowlby proposed, instead, that human infants have evolved, under the influence of natural selection, to develop a biologically-based desire for proximity to and contact with their primary caretakers. The intense and reciprocal affective tie between mother and infant is, according to Bowlby, an evolutionary necessity which increases the species' ability to protect its young. Attachment behaviors – triggered in the infant in response to

frightening stimuli – are defined as all those behaviors that serve to increase proximity to the mother (Bowlby, 1969, 1973, 1980).

As the infant grows and learns more about his environment, he develops Internal Working Models. These internal representations of early experiences are not thought to be based on (or even distorted by) fantasy, as psychoanalytic theory would suggest; rather, they are defined as accurate internal representations of actual experiences of the self in relation to the attachment figures. Over the course of the first year, the infant's Internal Working Models are elaborated, within the context of primary attachment relationships, into coherent, individually-varying strategies for regulating the complementary needs for exploration and maintenance of security.

Ainsworth's Strange Situation – the now-famous research paradigm for the study of individual differences in mother-infant attachment relationships – was conceived as an empirically-based method of assessing the toddler's Internal Working Models of self and other (Ainsworth, Blehar, Waters & Dean, 1978). The three patterns of attachment relationships which emerged from Ainsworth's research – termed secure, avoidant, and resistant – were seen as reflecting distinct and coherent strategies of the infant for maintaining an adaptive balance between exploration and proximity-seeking behaviors. Though Ainsworth's patterns of attachment were identified from data collected in an artificial, laboratory-bound research design, they have since proven to be remarkably consistent across situations and stable over time. Understood as representing generalized and self-perpetuating styles of interaction, these patterns are highly resistant to change. Though they all make adaptive sense in the context of the maternal relationship in which they develop, some patterns of attachment engender greater flexibility and adaptive success in the world than others.

The secure attachment relationship is one in which the infant has developed an internal working model of the attachment figure as consistently responsive to the infant's needs and cues; from this reliably and predictably secure base, the infant can freely move out to explore the environment, returning for reassurance and support as necessary. By contrast, the two categories of insecure attachment relationships are characterized by an imbalance in the attachment and exploratory systems. In an avoidant attachment

relationship, the infant's behavioral patterns reflect an internal working model in which the attachment figure has been (accurately) perceived as consistently rejecting of the infant's attachment behaviors. In response to this rejection, the infant develops a strategy of ignoring cues that might activate the attachment system (thus risking further rejection) and defensively emphasizing exploration.

The resistant attachment relationship, on the other hand, is one in which the parent is minimally or inconsistently responsive to the infant's attachment behaviors. Given this predictable inconsistency, the infant's strategy is to maximize (Cassidy 1994) the attachment behavior (by crying, clinging, etc.) in an effort to gain the attention of the inattentive parent. Exploratory impulses tend to be sacrificed, since any move out of the parental orbit entails the likelihood of losing the parent's attention.

A fourth pattern of attachment – identified in research with clinical populations – is known as insecure-disorganized/disoriented. Infants in the disorganized classification were found to be difficult to classify. They seemed to lack a coherent strategy for managing the competing needs of exploration and attachment. It is now hypothesized (Main & Hesse, 1990), that these infants' inability to form coherent attachment patterns derives from their simultaneous experience of two incompatible impulses: On the one hand, the infant under stress feels the need to maintain proximity to the attachment figure; on the other hand, the infant behaves as if the attachment figure is one of the sources of fear. Main and Hesse hypothesize that these infants have had repeated experiences in which the attachment figure behaves in a frightened or frightening manner. (The hypothesized source of such behavior in the parent will be discussed below.)

The discovery of these patterns of attachment has generated a vast body of research in the past few decades, but, as with recent psychoanalytic theories, the bulk of the work has focused on mother-infant interactions. Consequently, much less is known about the nature of father-infant attachment relationships. It was not until the mid-60's, for example, that Schaffer and Emerson (1964) demonstrated that infants less than a year old direct attachment behaviors to adults other than the primary attachment figure. Following the development of Ainsworth's Strange Situation, several researchers (Lamb, 1978, Belsky & Rovine, 1987, Main & Weston, 1981, Bridges, Connell, & Belsky, 1988)

have gone on to demonstrate that infants can and do develop distinct and independent attachment relationships with each parent. Furthermore, the infant's attachment, not only to the mother, but also to the father, can be predicted by the quality of interactions with that parent early in the infant's first year (Cox, Owen, Henderson, & Margand, 1992).

Researchers have also suggested, however, that the father-infant attachment relationship is likely to differ from the mother-infant relationship in significant, though not yet adequately understood, ways. Reviewing data from studies on fatherhood, Lamb and Oppenheim (1989) have reported that, despite the changed attitudes and expectations that have accompanied the advent of feminism, fathers continue to spend much less time with their children than mothers do. Even highly involved fathers tend to be involved in different ways, devoting considerably less time than mothers do to caretaking activities and taking less responsibility for their children's day-to-day needs than the mothers do. But, though mothers may also spend more hours each week in play with their children, a much greater proportion of the father's time with his children is spent playing. The father's style of playing also tends to be more active and rough-and-tumble than the mother's.

Infants, too, direct a different kind of attention to fathers than they do to mothers. Kromelow, Harding and Touris (1990) found that the 18- to 21-month-old toddlers in their sample directed more social attention to fathers than to mothers, but fewer attachment behaviors. Based on this observation, they reasoned that play interactions, as opposed to soothing and comforting functions, may govern the development of the infant-father attachment. By extension, the toddlers' Internal Working Models of paternal sensitivity and contingent response may be developed in the context of play rather than child care experiences. In their sample of 20-month-old toddlers, Easterbrooks and Goldberg (1984) concluded that the quality and not the quantity of the father's time with the child is most salient, not only for the relationship but also for the toddler's development. Father involvement was found to be more strongly associated with the toddler's problem-solving skills, and this association held true even when the toddlers were observed in problem-solving situations with their mothers. Also notable was the finding that the father's participation in care-giving functions was not relevant to the development of secure infant-father attachment relationship.

Russell and Radojevic (1992), concurring with this emphasis on quality over quantity, pointed out that, in addition, the father is more likely to spend time with his child in a triadic than a dyadic context. They observed that around the second year, boys, in particular, begin to display a strong preference for their fathers, and that this preference is directly related to the father's interest in them. In this context, Russell and Radojevic caution against a too-narrow definition of the father's interest (in terms, for example, of the number of hours spent with his son); they suggest that other variables, such as a high degree of involvement in decision-making, may be more accurate reflections of the father's emotional investment in the child.

Alongside these and other, similar studies concerning paternal contributions to the child's development, a number of researchers have also begun to investigate the father-infant relationship in its familial context. Belsky has been an energetic advocate for the need to integrate attachment research with family systems approaches. Criticizing the tendency, in attachment research, to focus on parent-child interactions in a dyadic context, Belsky (1981) argues that researchers ought, whenever possible, to study interactions among the child and both parents, thus incorporating critically important aspects of marital relations and marital functioning. According to Belsky, a strong marital relationship can act as a buffer for the child when one parent is having difficulty; by contrast, a troubled marital relationship can have detrimental effects on both parent's sensitivity to the child's needs.

Along these lines, a number of researchers have discussed the effects of maternal attitudes on paternal involvement. Radin (1982), for example, found that the best predictor of paternal involvement was the mother's recollection of a gratifying childhood relationship with her own father. (Recall, in this context, Ogden's theoretical hypothesis that the child's first Oedipal encounter with the father is, in fact, an encounter with the mother's internalized Oedipal father.) Along similar lines, Atkins (1981) has argued that the mother plays a critical role in vitalizing the father for the child. Through her efforts to positively represent him in his absence – for example, “Daddy's at his office now” and “Daddy's going to come home and play soon” – she helps the child to form his or her own internal representation of the father.

Furthermore, both parents' childhood experiences have, increasingly, been recognized as fundamental variables in parent-child attachment relationships. Not only do parental characteristics exert an obvious and direct influence over the parent-child relationship, but they are also responsible for recruiting – or failing to recruit – many types of contextual support which, in turn, indirectly influence the quality of the attachment relationship (Volling and Belsky 1992).

Parental Representations of Attachment

But though psychoanalytic theory and clinical experience alike have long recognized the profound influence of early experience on parenting styles – and, by extension, on child development – the complex mechanisms within the relationship for the transmission of the parent's experiences have been difficult to study in systematic fashion. The watershed contribution came from Main (Main, Kaplan & Cassidy, 1985) in what she described as a "move to the level of representation." Returning to the significance of the Strange Situation paradigm, Main concurred that children develop coherent strategies for interaction with attachment figures; she stipulated, however, that these attachment strategies serve to regulate not only behavior, but also feelings, cognition, perception, memory and attention.

This organic extension of Ainsworth's theoretical framework represents a subtle but profound dialectic shift. Attachment theory – which had been born out of Bowlby's conviction that it is actual experiences, and not fantasy, that drives earliest development – had now come full circle: Out of the infant's reality-oriented adaptive efforts, Main proposes, a representational world evolves which serves, in turn, to shape experience in and perception of the actual world. The profound developmental implications of the infant's internal representational world can be located in the self-perpetuating cognitive styles and structures which derive from them – and which persist into adulthood.

At the same time, George, Kaplan, and Main (1985) developed a unique, semi-structured interview designed to assess the adult's current "state of mind in relation to attachment." The Adult Attachment Interview (AAI) consists of 18 questions focusing on attachment-related experiences in early childhood and on the subject's current attitudes

toward those experiences. The primary emphasis, in scoring the AAI, is not on the reported content of childhood attachment experiences, but on the adult subject's ability to integrate and relate these experiences in a relatively coherent and consistent fashion.

The three primary scoring categories of the AAI – secure-autonomous, insecure-dismissing, and insecure-preoccupied – are analogous to the Strange Situation categories of secure, avoidant and resistant (Main & Goldwyn, 1998). Subjects classified as "secure-autonomous" are those for whom attachment relationships are felt as valuable and influential. These subjects are able to reflect on their childhood in a flexible and relatively objective fashion. The essential coherence of their account suggests an openness and relative absence of distortion in their interpersonal relations. Adults classified as insecure-dismissing tend to present themselves as self-sufficient and independent people. When asked about attachment figures, they minimize both the value and the continuing influence of these relationships. They often describe their childhood in idealized terms which stand in blatant, but unrecognized, contradiction to the specific memories they report. Protocols of insecure-preoccupied subjects, on the other hand, reflect a high degree of current absorption with attachment figures and an ambivalent, often openly angry assessment of their influence on the subject's current life. These adults are typically unable to present a unified or coherent view of past experiences and tend, instead, to become flooded with and confused by memories of the past.

An fourth category, which may be scored in conjunction with any of the above AAI classifications, is the score for unresolved trauma. This 'U/d' score, which parallels the later-discovered Disorganized classification in the Strange Situation, indicates the presence of disorientation, disorganization and/or confusion in the subject's thought processes when discussing experiences of loss and/or abuse. These disruptions are thought to be manifestations of unresolved – and therefore dissociated and unintegrated – traumatic attachment-related experiences (Main & Hesse, 1990). It is now believed (Main & Hesse, 1990; Schuengel, Marinus, van IJzendoorn & Bakermans-Kranenburg, 1997) that the lack of resolution of such unresolved traumas may, at times, prompt the parent to behave in frightened or frightening ways, thus producing a Disorganized/disoriented pattern of attachment with the child. Main (1991) conceives of such disruptions in the

narratives as lapses in “metacognition” – or, the ability to think about one’s own thinking and to monitor the likely effects of one’s discourse on listeners. Such lapses in metacognition on the AAI occur, according to Main, when questions about attachment-related trauma trigger the re-activation of dissociated traumatic memories.

Not all adults who have experienced attachment-related traumas will display this quality of mental disorganization, however. Ainsworth and Eichberg (1991) report that adults classified as Preoccupied are over-represented among subjects whose interviews warrant the additional ‘U/d’ classification. These authors suggest that the lack of distance and perspective on early attachment experiences that is evidenced by Preoccupied adults are qualities which make it particularly difficult to resolve traumatic experiences.

A fifth AAI scoring category – Cannot Classify (CC) – was incorporated into the formal scoring system by Main and Hesse in 1992. This classification, which has recently drawn the attention of a number of researchers, is assigned to transcripts when no single, organized attachment strategy is evident (Hesse, 1996; Minde & Hesse, 1995). In transcripts classified as CC, there is clear evidence of a breakdown in discourse strategies (hence, a breakdown of the subject’s efforts to maintain an attachment strategy). Such transcripts differ from those classified as Unresolved in that the breakdown of attachment strategies appears to be global, rather than occurring in the isolated area of a particular loss or trauma. Though this category is just beginning to be researched, there is mounting evidence (as reviewed by Hesse, 1996) that CC ratings are strongly associated with serious psychopathology and/or unfavorable experiences, including histories of psychiatric disorder, marital and criminal violence among men, and experiences of sexual abuse.

Intergenerational Transmission

The development of the AAI, like the Strange Situation, has stimulated a huge amount of research. Results of many studies now confirm strong links between the parent's state of mind in relation to attachment and the child's security of attachment. As yet, however, there is considerably more data for mothers than for fathers. Both Main and Weston (1981) and Fonagy and his colleagues (Fonagy, Steele, Steele, Moran & Higgitt, 1991; Steele, Steele, & Fonagy, 1996) have extensively explored the relationship, in

fathers, between state of mind with regard to attachment and subsequent infant security. The particularly compelling results of Fonagy's long-term study revealed that, even when the AAI is administered during the mother's pregnancy, AAI scores of both mothers and fathers predicted the security of the infant's attachment with each parent (Fonagy, Steele, & Steele, 1991). This finding lends strong support to the view that the father's relationship develops to some large degree independent of the mother-infant relationship and that, like the mother-infant attachment relationship, it too is strongly influenced by the parent's current representation of past attachment-related experiences.

As regards specific data concerning the concordance of parental and child attachment in families in which the child has been diagnosed with GID, no systematic research concerning parental state of mind with regard to attachment has yet been published. In one recent study, however, almost three-quarters of boys diagnosed with GID were found to be insecurely attached to their mothers in the Strange Situation (Goldberg, 1997). This is a markedly higher percentage than the less-than-half of children in nonclinical samples that would be predicted to be insecurely attached using van IJzendoorn's (1995) meta-analytically-derived norms. Though this finding suggests that the population of parents of children with GID is likely to exhibit a greater percentage of insecure classifications on the AAI than would be expected among parents of non-clinically referred children, no data has yet established such a trend.

Turning, then, to more general findings, in his comprehensive review, Van IJzendoorn (1992) notes that, although the rates of concordance between parent AAI classification and child attachment security tend to be somewhat higher for mothers than for fathers, two studies have found a 69 percent concordance rate for fathers (Main & Goldwyn, 1990, cited in van IJzendoorn, 1992; Ainsworth and Eichberg, 1991). In a subsequent paper, van IJzendoorn (1995) suggests that stronger concordance rates for mothers may be the result of the fact that the Strange Situation does not adequately tap the infant-father attachment relationship.

Van IJzendoorn also addresses the question of the nature and mechanisms for the intergenerational transmission of attachment. Though the past two decades have yielded many studies linking infant security to parental sensitivity – the quality that Bowlby (1973)

low ago proposed as the mediating variable in intergenerational transmission – van IJzendoorn (1995; 1996) points to the insufficiency of the “parental sensitivity” construct. He argues that, although the empirical evidence of the intergenerational transmission of attachment status is both powerful and convincing – in regard to fathers as well as mothers – the particular mechanisms for this transmission are as yet not understood and that, as a result, the field is now facing a “transmission gap.” (He reports, in fact, that “parental sensitivity” measures have succeeded in accounting for only 7% of the variance in infant security.)

In attempting to refine and better-differentiate our understanding of the complex network of factors that interlock to determine the ways in which attachment is transmitted from one generation to the next, some researchers have turned their attention to systemic factors, namely to the complex inter-relation between mothers' and fathers' state of mind in relation to attachment. Cohn and her colleagues (Cohn, Cowan, Cowan, & Pearson, 1992) found that parents of both sexes classified as insecure were less warm and provided less structure for their toddlers than did secures. Of particular interest, however, was the finding that insecure mothers, when married to secure fathers, did not differ on these parenting dimensions from secure mothers. (Since, in this particular sample, there were no cases in which insecure fathers were married to secure mothers, there was no way to assess whether or not this relationship holds true in the opposite direction as well.) These preliminary results, however, suggest that the presence of one securely attached parent is critical for the child, not only because of its direct benefit, but also as a support for the insecurely attached partner. The researcher's hypothesis was that the secure fathers were able to contain and regulate conflict and intense affect without becoming hostile and that, in the context of this containment, the insecure mothers were able to better regulate their own affective states with the child.

In a theoretical exploration of the emotion-regulating functions of attachment relationships, Cassidy (1994) argues that the affective communication between parent and child forms a context in which the child comes to understand and organize later affective experience. Cassidy suggests that subjects classified as Dismissing on the AAI tend to restrict the expression of intense emotion, both in themselves (through repression) and in

their children (by withdrawing in response to the child's expression of negative affect). Subjects classified as Preoccupied display the opposite tendency: these adults demonstrate a tendency toward heightened expression of intense emotion. By failing to provide adequate limits and structures for their children, they interfere with the development of capacities for emotion regulation. In so doing, they unwittingly encourage the expression of unregulated negative affect in their children.

In a similar vein, Slade (1993, 1996; in press) discusses areas of convergence between recent conceptualizations within Attachment Theory and psychoanalytic conceptions of defense. According to Slade, "minimizing" strategies, often expressed through the employment of "disgust" and "contempt," are related to obsessive, ideational defenses. Since minimizers tend to deny and split off negative affect, they are vulnerable to dissociative experiences. Maximizers, on the other hand, tend to exaggerate the experience and expression of negative affect. Because they have insufficient structures to contain the negative affect, they cannot make use of ideational defenses and tend, instead, toward hysterical and labile expression of affect. Slade also points out that these defensive styles, far from distinct and de-limited, can, at times, collapse into each other, such that the rigidly defended adult can, under stress, become flooded with affect; conversely, an hysterical maximizing adult can, when over-loaded, suddenly shut down and feel dead to all affective experience.

These efforts to better conceptualize the factors implicated in the transmission of attachment – theories in which issues of affect regulation are central – have recently been powerfully buttressed by the work of Fonagy and his colleagues, who have sought to elucidate more clearly and completely the particular mechanisms of intergenerational transmission. Culled from Fonagy's extensive data pool from the Anna Freud Centre in London (Fonagy, Steele, & Steele, 1991; Fonagy et al., 1995), there is now ample evidence suggesting that a child's attachment with each parent develops independently – that is, that the child's attachment status in relation to each parent can be better predicted from that parent's current state of mind in regard to attachment than by reference to any one of a host of other parental variables, including, not only the other parent's AAI

classification, but also many other potentially confabulating parental factors such as personality, verbal fluency, marital satisfaction and psychopathology screening measures.

That is not to say, however, that a child's attachments to mother and father develop completely independent of each other. Recently, Steele, Steele and Fonagy reported (1996) the finding, contrary to their prediction, that ratings of infants' security in the Strange Situation, assessed with the mother and then with the father, were not entirely independent of each other. A secondary analysis of their data suggested that the small degree of overlap between the infant-mother and infant-father SSP's (an overlap which was not adequately explained by congruence of the mothers' and fathers' AAI's) could be accounted for either by reference to constitutional factors within the child or by the existence of some maternal influence on the infant-father attachment relationship. (The latter explanation is supported by the fact that maternal AAI's accounted for some of the variance in father-infant SSP's.) It has thus become increasingly clear that the inter-relation between a child's maternal and paternal attachment relationships is a complex one. Although it is clearly inadvisable to infer a direct one-to-one correspondence between a parent's state of mind with regard to attachment and that parent's actual attachment relationship to his or her child, there *is* solid data suggesting that parents' representations of attachment relationships do, in fact, exert a profound influence on the nature of the relationship they will form with a child of their own. Given that the significance of intergenerational influence is now difficult to dispute, efforts to better understand the particular mechanisms through which this influence is transmitted have become a central focus of research and theoretical interest.

Studies aiming to narrow the "transmission gap" (van IJzendoorn, 1995) have been conducted by Fonagy and his colleagues, who have argued, along with Cassidy (1994) and Slade (Slade, 1996, in press; Slade & Cohen, 1996), that the parent's capacity to integrate negative emotional affects is of central importance to the infant's subsequent security. Citing Bion's (1962) notion of "containment," Fonagy proposes that it is the cumulative history of a parent's affective response to the child's emotional distress that is reflected in the infant's behavior in the Strange Situation. In her recent discussion of a paper by Peter Fonagy and Mary Target, Coates (1997) argues that it is not merely the parent's ongoing

sensitivity to the child's needs, but, more specifically, the parent's ability to respond to the child in moments of distress in such a way as to convey both a recognition of the distress and, simultaneously, a sense of mastery of the troubling affect. Thus, the mother of the securely attached infant, when confronted with her baby's tearful upset after a minor fall in the playground, will both mirror the baby's distress and also convey a second, slightly incompatible affect – perhaps via a smile or a calm, soothing tone of voice, or the addition of a warmly humorous tone to her soothing efforts. The baby will then, in representing the experience, internalize both the initial distress *and* the containing maternal response, thus forming the basis for the beginnings of affective self-regulation.

According to Fonagy's theory, the various forms of insecure attachment reflect points along a spectrum of failure in parental containment. On one end of the spectrum, defined by the dismissing parent, Fonagy postulates that the relational history has been one of parental failure to recognize and adequately mirror the infant's distress. (Note that the failure to mirror the affect need not preclude the parent's taking appropriate steps to cope with the feeling. In fact, the parent may proceed immediately to managing the distress without first acknowledging its nature.) On the other end of the spectrum, defined by the preoccupied parent, the relational history has likely been one of intense, though perhaps inconsistent, parental recognition of the child's distress, without the accompanying capacity for mastery of the affect. In this case, the child's distress is met with only equal or more often even-greater distress, making it even more difficult for the child to cope with his or her feelings. In either case, the child's insecure attachment style is understood as reflecting the internalization of the parent's defensive style.

This continuum – which is compatible with the notion (Cassidy, 1994; Slade, 1993, 1996) that the avoidant style is to minimize affect, while the enmeshed style is to maximize it – is accounted for, in Fonagy's theory, by reference to the parent's capacity for "reflective functioning." Fonagy argues that parents who provide sufficient containment of their child's distressing affect are able to do so through their ability to relate to their child as an "intentional" being, with thoughts, feelings, beliefs and wishes. The capacity for reflective functioning – which Fonagy, Steele, Steele and Target (1998) have operationalized in a new scoring system designed for use with AAI interview transcripts –

is seen by the authors as intimately related to the capacity for affect regulation. They argue that it is the understanding of one's own and others' beliefs and wishes that renders others' behavior predictable and understandable. Furthermore, the ability to reflect on a feeling – or even simply to represent a feeling *as such* rather than simply experiencing it – plays a critical role in the development of both empathy and self-regulatory capacities. Before the child is capable of such reflection, his or her own affective experience will inevitably have a global and potentially overwhelming quality. Unable to think about and reflect on others' feelings, he or she can only know about them through direct experiencing of what Fonagy calls “emotional resonance.” Such a child's – or, later, an adult's – subjective experience of others' behavior is filled with arbitrary attributions – attributions which, in psychoanalytic terms, are governed by projection (Fonagy, 1991).

In their analyses of AAI transcripts, Fonagy and his colleagues (1991) found, as did Ainsworth and Eichberg (1990) and Main, Kaplan and Cassidy (1985), that of all the subscales used in scoring the AAI, the rating for internal coherence of the transcript was the best predictor of the child's subsequent attachment status. Fonagy argues that the adult's capacity to present a coherent account – that is, a narrative that is relatively clear, concise and convincing in its presentation and evaluation of the past – is predicated on the underlying capacity for reflective functioning. He speculates that it is, in fact, this capacity for understanding one's own and others' thoughts, feelings, wishes, motivations and intentions that the AAI has all along been measuring, and that it is thus the quality of the parent's reflective functioning which best accounts for the variation in the security of the subsequent parent-infant relationship. Though Fonagy's concept of reflective functioning is, according to these authors, quite similar to Main's theory of metacognition, they suggest (1991, 1997) that it differs in a key respect: namely, that a person's level of reflective functioning is defined not only by the quality of his awareness of his own mental states (as it is with metacognition), but also by his awareness of the mental states of others.

In her discussion of Fonagy's work, Coates (1997) offers a vivid and disturbing clinical example of the cost, for the child, of severe distortions in a parent's reflective capacity.

... consider the experience of another child who discovers a litter of kittens and, excitedly picking one of them up, accidentally drops it. The mother in this case races toward him in horror and outrage, telling him that he is going to grow up to be a 'killer.' The mother has not met the child's sense of wonder and discovery but has imposed her own fears on the child's experience such that she obliterates the child's original impulse. In its place the mother's fears, anxieties and preoccupations have been substituted – only in treatment does the mother trace these back to traumatic physical abuse suffered from men in adolescence – with no way for the child to sort things out. (p. 1020)

As this example makes poignantly clear, parents with poorly developed reflective capacity – or, in some cases, with a reflective style that has been systematically distorted by the effects of traumatic experiences – will inevitably be confronted with affectively intense moments in which they cannot adequately contain and regulate their own responses to the child's behavior. With repeated experiences of this sort, the child's representational world will reflect these defensive distortions, and the child's reflective capacities will thus also be seriously impaired.

According to Fonagy, in the most extreme cases, in which the parent is frankly abusive, the child may be forced into a defensive strategy of wholesale avoidance of reflection as the only way to safeguard himself from the threatening discovery of murderous thoughts and feelings that the parent harbors in relation to the child (Fonagy 1991). Without the protective influence of a well-developed reflective capacity – and the more balanced perspective that it might enable the child to achieve in relation to the parent's abusiveness – such experiences of abuse will be even more overwhelming and will be likely to be split off and dissociated. When this child grows up and becomes a parent, the cycle will most likely begin anew: When confronted, as any parent inevitably is, by moments of intense distress in relation to the child, the parent may be overtaken by the return of the dissociated memories, and may then behave in the frightened or frightening manner that Main and Hesse (1990) describe. On the AAI, this parent will be likely, when asked questions that stimulate memories of the dissociated experiences, to manifest the kinds of dysfluencies and lapses in metacognitive monitoring that Main has documented in subjects who are classified as unresolved in respect to loss or abuse (Main & Goldwyn,

1998). Such a parent would also be likely to manifest at least some areas of serious impairment in reflective functioning.

Given the likelihood of repetition of this pattern of abuse – or extreme anxiety and fear in relation to past traumatic experiences – in the next generation, an important question for research is whether the establishment of a well-developed capacity for reflective functioning in one parent can facilitate the development of reflective capacities in the child, even if the other parent cannot function in such a way as to support that process. Fonagy believes (1991) that the existence of just one significant relationship in a child's life in which reflective capacities can be internalized can serve to create a resilience in the child, and to prevent a maltreated child from resorting to the highly detrimental defensive solution of turning away from reflection.

Parental Representations of the Child

A closely related area of recent attachment research has focused on the quality and significance of parental representations of the parent-child relationship. Researchers in this area take as their premise the notion that, since parents inevitably form attachments to their children, they can also be expected to form working models of these developing relationships. Arguing that such representations of the attachment relationship with the child exert a powerful influence not only on what parents allow themselves to think and feel in the relationship but also on actual parenting behavior, several investigators have suggested that parental representations play a central role in the intergenerational transmission of attachment (George & Solomon, 1996; Slade, Belsky, Aber & Phelps, 1998; Zeanah, Benoit, Hirshberg, Baton & Regan, 1995). Because the parent's representations of the child begin to take form in fantasy even before the birth of the child (Slade & Cohen, 1996), these images are inevitably strongly influenced by hopes, fears and expectations derived from parents' working models of past attachment relationships. But, as Slade and Cohen point out, parental representations of the relationship with the child would not be expected to be identical to representations of prior attachment relationships, but rather to reflect a complex union of past experiences with the real current experience with this particular child. Thus, a parent's representation of his or her

relationship with each child may develop differently as a function of the complex inter-relation between the child's own temperament and behavior and the quality of the parents' representations of past attachment relationships.

To assess individual differences in parental representations, several investigators have developed interviews that focus on the parent's experience and understanding of the child. One system focuses primarily on the parent's representation of the *self as caregiver* (George & Solomon, 1996). Another (Zeanah, Benoit, Hirshberg, Barton & Regan, 1995) focuses on the parent's representation of the *child*. A third (Aber, Slade, Berger, Bresgi & Kaplan, 1984) focuses on the representation of the *relationship* with the child. Whereas the systems developed by George and Solomon and by Zeanah and his colleagues both employ categorical approaches to coding interview responses, analogous to those used in coding Strange Situation and AAI results, the Parent Development Interview (PDI) developed by Aber and his colleagues uses dimensional rating scales to code parents' representations of their own and their child's affective experience within the relationship as well as the parent's overall state of mind in relation to the child.

Results of investigations that employ these interviews to assess the quality of parental representations have lent clear and consistent support to the hypothesis that parental representations are a key element in the intergenerational transmission of attachment. Studies by these researchers have demonstrated that the parental representations of the relationship with the child are systematically related to adult representations of attachment (as measured by the AAI) and are predictive of the child's subsequent security of attachment in the Strange Situation, and even of patterns of mother-infant engagement and attunement (Benoit, Parker & Zeanah, 1995; George & Solomon, 1995; Haft & Slade, 1989; Slade, Belsky, Aber & Phelps, 1998; Tobias, 1995; Zeanah, Benoit, Hirschberg, Barton, & Regan, 1995). Thus careful analysis of parents' representations of their relationship with the child – the quality of which we would also expect to relate to their capacity for reflective functioning – is an important aspect of any clinical investigation into intergenerational influences.

Summary and Research Questions:

Existing literature, still relatively scant, on paternal dynamics in the etiology of Gender Identity Disorder highlights several key issues that require clarification and elucidation. Clinical observations of these fathers suggest that they are often passive within the family and emotionally distant from their children, that they frequently fail to place limits on their sons' cross-gender enactments and displays of aggression, that they have difficulty with affect regulation, and that they are often viewed, by their sons, as potentially frightening and explosive. Research findings, as well, point to a higher-than-average level of Axis I psychopathology, with depression and substance abuse-related diagnoses the most common. On the Rorschach, the fathers' responses are suggestive of impaired object relations and gender conflicts.

Both psychoanalytic theories of paternal functioning and attachment-based research efforts suggest that the father's contribution to his son's early development is extremely complex. Paternal influence cannot be fully understood in terms of concrete behavioral factors; it must also be evaluated through the lens of the father's internal representations of current and past attachment relationships.

Psychoanalytically-informed developmental theories suggest that the father plays a particularly important developmental role in the second and third years of the child's life – the precise age of onset for GID. Optimal paternal functioning, during this time, entails: 1) the ability to be empathic and emotionally available as the child struggles in the transition between dyadic and triadic object relations; 2) the capacity to tolerate and to modulate aggressive impulses toward the child and, in so doing, to help the child to modulate his own affective experience; and 3) the ability to positively and constructively represent, for a son, the masculine world, and offer oneself as a model for masculine gender identification. Since the typical symptom profile of a boy with GID includes not only cross-gender identifications, but also intense separation anxiety and difficulty modulating aggression, one must ask what factors have conspired, in these cases, to prevent the father from fulfilling these important paternal functions.

Operating within the context of attachment theory, researchers have succeeded in demonstrating empirically that the infant's attachment status has far-reaching consequences; not only does it reflect the infant's current level of adaptive functioning in his environment, but it also represents the formation of lasting internal representations – Internal Working Models of self and other that shape the child's subsequent perceptions and experience of the interpersonal world. With the development of the AAI, it has now become clear that the quality of the attachment relationship a father forms with his child is closely related to his state of mind in relation to attachment. The structure of the father's inner representational world – which will determine, in large measure, his capacity for reflective functioning and his consequent ability to regulate negative affect – will also shape his interactions with his wife and his son. Thus, it is the father's success or failure in integrating painful experiences from his own childhood that will determine the extent to which he is able to contain and modulate his own and his son's negative affective experience and to remain emotionally available to both his wife and his son during times of stress. The parents' abilities, not only to integrate negative affect but also to use reflective capacities to understand, represent, and contain their child's distressing experiences, are particularly relevant to the etiology of GID since the onset of the disorder often occurs following a period of intense trauma or loss within the family.

In light of converging research and theoretical formulations of the father's normative role in development, and given the considerable evidence suggesting that fathers of boys with GID have, at least during certain periods of intense familial stress, found themselves unable to fulfill these functions, the primary questions in this exploratory study of paternal dynamics are:

- 1) What internal factors, evident in the fathers' state of mind in relation to attachment, account for their seeming difficulty in intervening in their sons' enmeshed and ambivalent maternal relationships?
- 2) What is the quality of these fathers' inner representational worlds; what do their representations self and of other key attachment figures

(including their sons) suggest about their capacity to engage with their sons in constructive, self-regulating interactions, particularly around the child's aggressive impulses?

- 3) What conscious and unconscious attitudes toward gender do these fathers demonstrate which may prompt them to reinforce their sons' cross-gender behavior (thus actively discouraging a masculine identification)?

CHAPTER 2

METHOD

Subjects

The sample for this study consisted of six fathers whose sons were diagnosed with Gender Identity Disorder following completion of the comprehensive psychological evaluation provided at the St. Lukes'/Roosevelt Childhood Gender Identity Disorder Center (CGIDC). The participants were all white, middle, upper-middle and upper-class, employed men (with a mean Hollingshead [1975] SES of 57). They ranged in age from 36 to 49. At the time of the interviews, all the subjects' marriages were intact, and all were the biological fathers of a son who was then, or had previously been, in treatment for GID. The mean age of their sons, at the time of the interview was 8.4 years old, ranging from age 6 to age 13. These boys were all evaluated and diagnosed with GID by the age of 5. (During the period of data collection, four subjects' sons were still in treatment, and two subjects' sons had completed treatment.) The treatment modality was long-term, psychodynamically-oriented individual psychotherapy accompanied by regularly scheduled parent sessions.

Procedure and Measures

Fathers were asked by their son's therapist whether they would be willing to participate in a study aimed at learning more about the experiences of parents of boys with this disorder. (At the same time, mothers were asked to participate in a separate, similar study.) They were informed that the study would entail two sessions of approximately one-and-a-half to two hours each. On the first visit, subjects were given the Adult Attachment Interview. On the second visit, the Early Memories Test was administered, followed by the Fatherhood Interview, a semi-structured clinical interview designed for this study. The interviews were conducted at the offices at which the initial evaluation had taken place, and were scheduled no more than two weeks apart.

Adult Attachment Interview (AAI): This semi-structured interview, developed by Main and her colleagues (George, Kaplan, & Main, 1985), is designed to assess the quality of the adult subject's representations of early attachment relationships. The AAI, which generally takes between one and two hours to administer, consists of 18 questions focusing on the subject's recollection and evaluation of early childhood attachment relationships. It begins by asking subjects to describe their early childhood relationship to their parents. Subjects are asked to provide five adjectives which describe their childhood relationship to each parent. They are then asked to provide specific memories that illustrate the adjectives they have chosen. The next segment of the interview probes for subjects' recollections about early separations and losses. Subjects are asked to recall times that they were hurt or upset, and to describe what they did to comfort themselves. Finally, subjects are asked to describe changes in their relationship to their parents over time, to reflect on possible reasons for their parents' behavior, and to assess the influence these early experiences have had on them as adults and as parents. The primary emphasis, in both administration and scoring of the AAI, is not on the reported content of childhood attachment experiences, but on the adult subject's ability to integrate and relate these experiences in a coherent and consistent fashion.

Following the (audio-taped) administration of the AAI, verbatim transcripts were scored according to Main and Goldwyn's (1998) *Adult Attachment Scoring and Classification System, Version 6.2*, and Fonagy and his colleagues' (1998) *Reflective Functioning Manual, Version 4.2, For Application to Adult Attachment Interviews*. The transcripts were scored independently by two experienced coders, who were blind to each other's classifications. The scoring within the Main system was completed by Mary Sue Moore, Ph.D., an experienced coder who was trained by the authors and who has achieved reliability in the Main and Goldwyn system. The scoring within Fonagy's system was completed by Mary Target, Ph.D., one of the authors of the system.

The *Adult Attachment Scoring and Classification System, Version 6.2* (Main & Goldwyn, 1998) is a coding system designed by the authors to provide an overall assessment of an individual's state of mind with respect to attachment. According to the

Main and Goldwyn scoring system, transcripts are rated on each of eight, nine-point scales. The first three of these scales – loving/unloving, rejecting, and role-reversing/involving – are designed to measure the subject's probable actual childhood experience with attachment figures. The remaining five scales – coherency, idealization, anger, insistence upon lack of memory for childhood, and lack of resolution with respect to traumas – reflect assessments of the subject's current state of mind with regard to attachment. Based on these ratings as well as on the coder's overall reading of the transcript, an adult attachment classification – D/dismissing of attachment, F/secure-autonomous with respect to attachment, or E/preoccupied by past attachments – is then assigned. A score of 5 or more on the Unresolved with Respect to Traumas scale warrants an additional overall classification of U/d/unresolved. In the rare cases when a transcript is rated CC/Cannot Classify, one or more alternative best-fitting Ds, E, or F sub-categories are assigned.

In a series of meta-analytic studies (1993, 1995, and 1995, in press), van IJzendoorn has found strong support for the reliability, predictive and discriminant validity of the AAI (coded according to Main's original system), as well as for its independence from other assessments of intelligence and psychopathology. Van IJzendoorn's meta-analyses also suggest the presence of a strong link between parental state of mind with regard to attachment (as assessed by the AAI) and parental responsiveness. This link is, as yet, little-researched for fathers. Of note, however, is van IJzendoorn's (1995) report that the correspondence between adult attachment status and responsiveness tended to be stronger in the samples which included fathers than in those that included only mothers.

The *Reflective Functioning Manual, Version 4.2, For Application to Adult Attachment Interviews* (Fonagy et al., 1998) is a coding system designed, as part of the London Parent-Child Project, to provide an overall assessment of reflective functioning (RF) capacities. The authors conceive of the scale as providing operationalized definitions of individual differences in adults' metacognitive capacities – capacities in parents which they see as critical to promoting and maintaining secure attachment relationships with their children as well as enhancing children's self-control and affect regulation.

According to Fonagy's system, individual passages of the AAI are first identified for scoring. There are two types of scorable passages: those offered in response to *demand* questions (questions such as, "Why do you think your parents behaved as they did during your childhood," which demand reflection), and *permit* questions (questions which do not require, but which may present opportunities for reflection). To rate these designated passages, the rater assesses the presence or absence of a variety of qualities which suggest moderate to high RF (i.e., evidence of awareness of the nature of mental states; efforts to tease out mental states underlying behavior; evidence of recognition of developmental aspects of mental states; and demonstrations of awareness of mental states in relation to the interviewer). Ratings of these individual passages are then consolidated into an overall RF rating. The overall ratings range from a low of -1 (Negative RF), which is assigned when a subject consistently resists taking a reflective stance throughout the interview to a high of 9 (Exceptional RF), for transcripts showing exceptional reflective sophistication. (See Appendix A for an outline of RF scoring procedures.)

While the reliability and predictive and discriminant validity of this new scoring system is still in the process of being established, early validation studies conducted by the authors have shown great promise. The scale was initially validated on a sample of 100 women and their spouses recruited during pregnancy. AAI's were administered to the mothers and fathers when their infant was 12 months and 18 months old, respectively, and attachment security of the child with each parent was assessed at the same time using the Strange Situation. RF raters for the father interviews achieved reliabilities ranging from .79 to .89. A comparison of RF ratings with a variety of demographic characteristics of the sample, including level of education, IQ, social class, socio-economic group, age and marital status revealed that these factors were largely unrelated to the RF scores. (The highest correlation's were with fathers' educational level, which accounted for less than 10% of the variance of RF ratings.) The authors also found that subjects' RF ratings were unrelated to a number of other measures of adult personality and quality parent-child relationship. Finally, the authors found a strong relationship between RF scores and Strange Situation ratings of the mothers and fathers with their infants (with a point biserial correlation of $r=.51$ for mothers and $r=.36$ for fathers, $p<.001$). Although they

acknowledge (Fonagy, Steele, & Steele, 1991) that AAI classifications are still slightly superior to RF ratings as predictors of infant security, they note that RF ratings are more closely correlated with overall security than are any of the current AAI subscales, including overall coherence (which, of the subscales, is most closely correlated with reflective functioning).

Mayman Early Memories Test: This test, developed by Mayman in 1968, has been widely used in research (Arnou, 1991; Richman & Sokolove, 1992; Fowler, Hilsenroth, & Handler, 1995). The first systematic approach to gathering early memories, the test was conceived as a means of assessing the level and quality of a subject's internal representational world, as it is reflected in the structure and content of early memories. The test is typically presented orally and audio-taped. The subject is asked to provide his earliest and next earliest memory, his earliest and next earliest memory of his mother, and his earliest and next earliest memory of his father. He is then asked to recall specific types of memories, such as the happiest and unhappiest, and memories of feeling angry, scared, etc. Throughout the test, the subject is urged to provide a specific incident rather than a general description, and to describe in detail his visual image of the event. He is asked for recollections about his feelings at the time, and also about feelings accompanying the telling of the memory.

In addition, for the purposes of this study, subjects were asked about memories of their son (including their most striking memory, the memory of the child that is most characteristic of him and any other memories they choose to add). These additional memories were elicited with the goals of: 1) obtaining data concerning the subjects' internal representation of the child and, 2) providing a basis for comparison between subjects' memories of past and present attachment relationships with their parents and their children.

The test was scored using both Mayman's original "Self-other Relationship Representations" scale, through which a subject's relationship patterns are categorized using a psychosexual developmental model, and the Krohn Object Representation Scale (Krohn and Mayman, 1974), which assesses a subject's inner object world based on the

content, style, and “feel” of early memory responses. The Krohn Scale includes eight points along a continuum of developmental levels of internalized object representations. The continuum is defined by primitive, malevolent, poorly articulated representations on one end of the spectrum and rich, full and complete representations on the other. Thus whereas the Mayman system tends to illuminate intrapsychic conflicts concerning sexual and aggressive fantasies, the Krohn system serves to highlight the subject’s experience of and within relationships with others. Because each of these perspectives is relevant to the attempt to gain a more complex understanding of the inner lives of these fathers, the Early Memories transcripts were scored in both systems.

Fatherhood Interview: It was anticipated that the final research question for this study – concerning the fathers’ unconscious attitudes toward gender – would be the most difficult to assess. Because existing measures of gender attitudes and behaviors were investigated and found to be relatively concrete, it was necessary to create a new interview that would attempt to tap into unconscious attitudes toward gender in the process of inquiring about important aspects of the father-son relationship.

The Fatherhood Interview is a semi-structured, open-ended clinical interview focusing on the subject’s experience of and beliefs about his son’s symptoms and about fatherhood in general. The interview probes the subject’s feelings and attitudes about a range of paternal experiences, beginning with the subject’s current concerns about and emotional responses to his son’s cross-gender symptoms, and then extending back to his overall experiences as a father: his decision to have children, his wife’s pregnancy, his son’s infancy and his present-day relationship to his child (with particular emphasis on their experiences of being angry with each other). The subject is asked about his understanding of the different roles of fathers and mothers during these times and also about his views (based on either personal experience or fantasy) of differences between father-son and father-daughter relationships.

The interview was designed to provide a non-threatening conversational context in which a preoccupation with gender as an explanatory construct – if such a preoccupation

exists – was expected to emerge. The complete interview (see Appendix B for specific questions), took about 45 minutes to administer and was audio-taped.

Data Analysis Plan

This project is an exploratory study aimed at generating hypotheses for future research. The central questions were evaluated using in-depth, qualitative methods of analysis undertaken with the goal of obtaining a more specific and accurate descriptive understanding of this group of fathers. Though prior research on these fathers has been scant – and has offered little basis for generating specific, testable hypotheses – this study was guided by the following general expectations and predictions.

First, as regards the AAI, given that clinical experience suggests that this group of fathers has difficulty regulating negative affect, it was expected that the percentage of insecure classifications would be higher in this population than has generally been reported in normative samples in the literature. (The percentage of insecure classifications in this small group of subjects would, however, obviously be statistically meaningless.) In addition, since this finding – even in a larger sample – would not be sufficient to differentiate fathers of boys with GID from fathers of other clinically-referred boys, an in-depth qualitative analysis was assumed to be critical to the effort to construct a more detailed and diagnosis-specific understanding of the paternal dynamics. Areas on the AAI of particular qualitative interest included: 1) thematic consistencies in the subjects' descriptions of their relationships with their own parents, and particularly with their own fathers; 2) themes and patterns in the fathers' recollections of early separations and how they were handled by their parents; and, 3) the presence (or absence) of unresolved trauma in the fathers' narratives.

As regards the Mayman Early Memories Test, the qualitative analysis was focused on the effort to obtain a richer and more detailed portrait of the inner representational life of these fathers. Though it was expected that these fathers would be unlikely to score on the upper end of the Krohn Scale – which requires a relatively high level of internal object representations – the primary focus was on the qualitative, thematic analysis of specific

memories, with particular emphasis on the inter-relation between childhood relationships with parents and current representations of the subject in relation to his son.

Finally, as regards the Fatherhood Interview, it was difficult to predict what findings might emerge. It was anticipated that, to the degree that this interview succeeded in eliciting material beyond the subject's efforts to conform to cultural convention concerning gender attitudes, gender would emerge as an unusually salient and central explanatory construct. Of particular interest were the content and affective tone elicited by questions focusing directly on the child's symptoms. To the extent that the subject is actively reinforcing the symptoms, dissociated affects evoked by the symptoms were expected to be evident during descriptions of the child's behavior. Also of interest, though less directly relevant to the cross-gender symptoms themselves, were indications that sons' and daughters' as well as fathers' and mothers' roles were experienced, in relatively rigid fashion, as highly distinct and de-limited. A final focus of analysis was the subject's capacity – or incapacity – to identify constructively with aspects of his own father in the process of fathering. In this regard, it was predicted that these fathers would be unable to call upon a productive identification with their own fathers in the process of raising a son. Finally, since it has been demonstrated that many mothers of sons with GID wished to have a girl, it was thought to be important to discover whether or not the fathers shared this wish, and how they recall the experience of becoming fathers to a son.

CHAPTER 3
DESCRIPTIVE RESULTS

It was anticipated that the results for this study would be meaningful primarily in the context of the qualitative case-study analysis which is reported and discussed in the following chapters. Though the small number of subjects renders statistical analyses impossible, the ratings and classifications from the Adult Attachment and Early Memories Interviews are reported, as they suggest important trends. (No formal coding system was devised for The Fatherhood Interview, the results of which are considered in purely qualitative fashion.)

The two scoring systems used to code the six Adult Attachment Interviews – Main & Goldwyn's (1998) the newly-revised scoring system and Fonagy and his colleagues' *Reflective-Functioning Manual* (1998) – yielded the following classifications:

<u>Case Number</u>	<u>Attachment Classification</u>	<u>RF Rating</u>
Case 1	U/d / E2	4-5 ordinary RF; inconsistent type
Case 2	U/d / E2; Alt U/d / Ds4	3-4: low RF; overanalytic type
Case 3	U/d / E3; Alt U/d / Ds1	2-3: low RF; naive/simplistic type
Case 4	U/d / F4	2-3: low RF; miscellaneous
Case 5	E2 / U/d; Alt. E3 / U/d	5: ordinary RF; ordin. understanding
Case 6	E2 / U/d; Alt. E3 / U/d	6: ordinary RF; inconsistent type

In the Main system, the first score listed is considered the primary classification. The primary classification of U/d – Unresolved with Respect to Traumas – is assigned only when the score on one or both of the nine-point subscales for unresolved loss and abuse is greater than 5. The U/d score is listed as a secondary classification if there is a score of 5 on either subscale. In this study, every subject has either a primary or a secondary

classification of Unresolved with Respect to Traumas, and no subject has a primary classification as Secure/Free/Autonomous. Five subjects met criteria for either a primary or a secondary classification of Preoccupied. The reflective-functioning ratings obtained on this sample range from a low of 2-3 (indicating an RF level somewhat below criteria for a score of “3 - Questionable or Low RF”) to a high of 6 (the midpoint between the ratings of “5 - Ordinary RF” and “7 - Marked RF”). The mean reflective-functioning score for this sample was 3.8.

Verbatim transcripts of the Early Memories Tests were scored using both the Mayman and the Krohn Scales (see appendices A and B for detailed coding information). The Mayman Scale is useful primarily for qualitative analysis, the results of which will be reported in subsequent chapters. The following are the mean scores of ratings obtained using Krohn’s 8-point Scale:

<u>Case Number</u>	<u>Mean Krohn Score</u>	
	<u>Childhood Memories</u>	<u>Memories of Son</u>
Case 1	5.7	5
Case 2	4.9	4.8
Case 3	4.3	4
Case 4	5.7	4
Case 5	5.4	5.3
Case 6	4.4	4.7

The Krohn Scale, which represents a continuum in the quality of internal object relations ranging from a rating of ‘1,’ in which the subject’s world seems to be completely lifeless, vacant, alien and strange, to a rating of ‘8,’ in which the subject’s internal world is lively and populated by fully human objects. Most of the scores for these subjects’ early memories clustered around the rating points of ‘4,’ in which the subject’s experience of people is to a very great extent fashioned around issues of gratification, and ‘5,’ in which the subject’s inner world is populated by people who are neither fluid nor massively distorted, but who do not have real identity and are consequently more or less

interchangeable for the subject. The particular significance of these scores will be discussed case by case.

CHAPTER 4

QUALITATIVE THEMES

The six participants in this study constitute a small, relatively heterogeneous group of fathers. Though they have in common the fact that they all, at some point in time, decided to take their sons to a specialist for evaluation and treatment of Gender Identity Disorder, it would hardly be apparent to a casual observer what other traits they might share. In fact, it is easy to imagine that if left alone in a room together, they might find little else in common. But despite marked differences in their individual styles and dynamics, the detailed analysis of their interview transcripts suggests certain consistent themes – patterns in their past and present relationships, childhood experiences, and current attitudes – that emerge with striking, though not entirely predictable, frequency. This chapter will focus on those general themes.

Before attempting to elucidate them, however, it is important to note that, in this initial descriptive effort, there is no assumption that thematic consistencies found among these interviews necessarily reflect themes that are specific to fathers of sons with Gender Identity Disorder. Nor can it be assumed that shared traits that exist in this group bear a causal relation to the development of GID in their sons. Efforts to generate speculative hypotheses about the relevance of themes in the subjects' narratives to the etiology of their sons' GID will be reserved for the individual case studies and for the Discussion.

Overall Impressions:

Superficial similarities among these fathers include certain characteristics of urban, upper middle class men: Immediately striking is the fact that the men in this group are gainfully employed and relatively high-functioning; the majority of them occupy high-level professional or business positions. Overall, they are an intelligent and verbal group, a group that was noted by an experienced AAI coder (Mary Target, 1998, personal communication) to be unusually bright and articulate. But what was even more palpable, in the overall impression created by the subjects, was the fact that (with one exception) these fathers placed considerable emphasis on personal moral and ethical principles. After

speaking at length with them, one is left with a strong impression of their essential decency: five of the six subjects spoke in a compelling and genuine way about the personal importance in their lives of such issues as honesty and integrity in relationships, tolerance and acceptance of others, and the importance of loyalty to and involvement with one's family. Moreover, these principles did not appear as hollow protestations of values, but seemed to find expression some aspects (though not necessarily all aspects) of their lives.

All the subjects shared an intense wish not to repeat in the next generation the mistakes that were made and the traumas that occurred in their own lives. (The very fact that they all brought their young sons for evaluation and then for treatment marks them as an unusual group.) But all these fathers, in various ways and to various degrees, also expressed a sense of perplexity and bewilderment about how to avoid repeating with their sons the mistakes that were made in their own past experience. Their solutions, though clearly well-intentioned, were frequently remarkably concrete – particularly given the group's high level of cognitive sophistication. For instance, one subject, having suffered in childhood through an extremely bitter parental divorce, has distilled from that experience a powerful determination never to yell in front of his own children. Another subject, having felt intensely jealous of his parents' attention to others and resentful of his brother's presence, has resolved to always let *his* eldest son know that *he* is the favorite. Yet another subject, having felt dominated and controlled by his mother's arbitrary and authoritarian style, decided never to say "no" to his son. Thus, the parenting principles held by these fathers, though linked to powerful reparative impulses, can be tragically misplaced when the fantasies of reparation are not connected with the actual needs of the child.

Subjects' Experience of the Interview Process:

Though all the fathers had readily agreed to be interviewed and no father dropped out of the study after the first session in which the Adult Attachment Interview was administered, it was apparent that, despite our efforts to make the experience as comfortable as possible, the subjects found the interviews to be very intense and frequently upsetting. Four of the six subjects became visibly upset at points in the interviews, and all

the subjects were markedly anxious at times. The discomfort appeared to derive from the combined effects of the high levels of trauma they reported in their histories and their inevitable distress and vulnerability in relation to their sons' current difficulties.

In fact, an almost constant undercurrent in every interview was the father's painful awareness of having a son who has or has had psychiatric difficulties – an awareness that was undoubtedly heightened by the fact that all subjects knew that their son's diagnosis of GID had provided the impetus for the interview. All the fathers either directly reported or indirectly expressed highly distressing feelings – feelings of failure, despair, shame, embarrassment, anger and frustration – in relation to their son's difficulties. As would be expected, the three fathers whose sons are currently in treatment for GID appeared most vulnerable, exhibiting considerable sadness, anxiety and/or defensiveness in discussing topics they perceived as related to their son's difficulties. The three fathers whose sons are no longer in treatment, though they appeared less immediately vulnerable to and upset by the topic, all reported feeling very upset and destabilized at the time their sons were evaluated and entered treatment. Thus questions about the perceived influences of childhood relationships on their adult personalities and current feelings about parenting – questions which are experienced as relatively benign by many adults – could not possibly be answered by these subjects outside the context of their current roles as fathers of boys who have had serious psychological problems.

Despite the resulting intensity of the interview experience, however, it was by no means exclusively painful for the subjects, the majority of whom appeared reluctant to leave at the conclusion of the final interview. As men, several subjects indicated how infrequently they discussed thoughts and feelings about past and current relationships with others. Also, since most of them reported being cautious about who they told of their son's diagnosis, it was clear that many of them had limited opportunities outside of their son's treatment to discuss this aspect of their parenting experience. Thus, in addition to the distress evoked by the topic, there was also, at times, a feeling of relief. Three subjects spontaneously spoke of their wish to participate in any process that might help other families with similar problems, and two spoke of their intense gratitude for their

son's therapist, and their feeling that they would "do anything" for the person who they felt had saved their family from deep psychological trouble.

A range of other feelings evoked by the experience of being interviewed was also, of course, apparent. Such feelings – including, among others, feelings of curiosity, interest, amusement, seductiveness and exhibitionistically-tinged pleasure – were, however, much less thematically consistent, and tended to vary with the individual dynamics of the subject.

Childhood Relationships:

Taken in aggregate, these interviews represent a wide range of traumatic childhood experiences. All six subjects reported histories which contained many strikingly distressing features, some of which are relatively extreme. Traumatic experiences of varying intensity reported in these interviews include family interactions dominated by mental illness in one or both parents, experiences of abuse and neglect, bitter divorce, parental alcoholism, life-threatening medical illness in the subject and/or his family, and social isolation and ostracization. There was not one subject whose childhood was free of significant trauma and, in most cases, the traumas within the family lasted over a period of years. Though all the subjects described childhoods which an outside observer would be likely to characterize as "unhappy," there was less consistency in their *own* characterization of past experiences. Four of the six openly – sometimes angrily – denounced their childhoods as troubled and unhappy. The other two, though they tended toward a somewhat greater idealization of the past, were largely unsuccessful in their attempts to substantiate their idealized claims.

Closer examination of the subjects' descriptions of childhood relationships reveals a number of striking themes which, though varied in their individual details, are nevertheless suggestive of certain trends in the group. First, there is considerable clinical evidence in the interviews that these subjects continue to experience an intense longing for a mother or mother substitute, and that this longing – often complicated by considerable ambivalence – has been repeatedly disappointed. (The fact that all six fathers are classified

as Unresolved with Respect to Traumas, and that five of them also have secondary insecure classifications lends general support to this impression.)

The subjects by no means portrayed their mothers in exclusively negative terms: all but one of the subjects recalled at least some positive aspect of his relationship with his mother, such as devotion to the task of parenting, ready availability for concrete kinds of caretaking, sharing of deeply felt moral values or mutual enjoyment of humor. These positive qualities, however, seemed to stand in varying degrees of contradiction with an equally profound sense that something was fundamentally absent from the maternal relationship such that the child could not completely count on the mother's help in times of distress. In some cases, the disappointment with the mother was felt intensely on a conscious level. One subject bitterly described the way in which he and his brothers learned to avoid his mother. He wondered whether this was her design: to guarantee that she would be free of her sons by making sure that whenever they came to her in need of something, they would end up getting in trouble and regretting having asked. Another subject spoke angrily about his mother's habit of maintaining powerful emotional control over him by "withdrawing her love" whenever he displeased her, and leaving him to come desperately begging for her forgiveness.

In other cases, however, the disappointment had an almost mute quality. Though its intensity was denied on a conscious level, there was a pervasive sense of deprivation in relation to the mother. A belief that the mother's love was in some way fragile or conditional is suggested by the fact that three subjects recalled feeling very fearful of incurring their mother's disapproval. There were also three subjects who could not recall even a single memory of being held by their mother. Each of these subjects defended in his own way against the sadness of this significant limitation in the relationship. One subject reasoned that, as boys, he and his brothers probably didn't want much physical contact. Another concluded that, since he remembers his mother as loving with the family pets, his memory of her in relation to the children must simply be faulty. The third acknowledged that his mother wasn't a very affectionate person, but dismissed the notion that this lack of affection might have affected him or their relationship. This same subject described himself as close to his mother, and reported without apparent rancor that she

took pride in his “even” nature and in the fact that she could leave him in his playpen in front of the T.V. for hours and he wouldn’t complain.

Against this backdrop of seeming maternal unavailability, there are a number of specific indications of pathology in the mothers and serious difficulties in the mother-son relationships. Three subjects, for example, described having had serious and long-standing separation anxiety symptoms in relation to their mothers. Though only one subject openly describes his mother as having severe emotional difficulties in her own life, four other subjects also describe their mothers in such a way as to create the impression – impossible to verify in this study – that these mothers as well may have been struggling with serious psychological problems. In fact, five subjects depicted their mothers as overwhelmed and/or incompetent in some key area.

Also quite consistent in the interviews are indications that at least one parent in the family had significant difficulties with affect regulation. In three cases, the subjects describe incidents in which the father is unpredictably violently explosive. These three subjects describe their mothers as being dominated by their fathers; in two of these cases, the mother is seen as fearful of the father’s temper. One subject recalls that violence was always in the air when his father was drinking; at best, on these occasions, the children would try to avoid hearing the father’s screaming at and berating the mother; at worst, they would themselves be suddenly screamed at and hit. Another subject remembers how he and his brothers learned that doing anything to embarrass their father would result in violent outbursts. This subject reports one characteristic instance which occurred at a restaurant. He remembers that his father told him to stop chewing with his mouth open; a few minutes later, when the subject forgot and did so a second time, his father swung around without warning and hit him hard across the face with the back of his hand. A third subject remembers being regularly beaten for small offenses; though this subject depicts his father as an old-world disciplinarian, he also recalls feeling that these beatings often went further than discipline – that his father was sometimes terrifyingly out of control.

Though instances of physically threatening behavior were confined to reports of the fathers’ outbursts, maternal difficulties with affect regulation were also evident. Three

subjects recall regular intense screaming outbursts and/or angry tirades from their mothers, directed either at them, at siblings or at their fathers. Two other subjects describe a level of maternal over-protection that is highly suggestive of intense maternal anxiety. Though the actual frequency and intensity of affect regulatory difficulties is impossible to gauge, the subjects' intense affectively laden memories of such scenes is important to note.

It appears that all six subjects' affective responses to frightening moments vis a vis parents were greatly accentuated by a sense of having no one to shield them from the parents' anger or anxiety. This theme – namely, of feeling alone and unprotected in relation to the frightening behavior of a parent – is both striking and consistent in these records. These fathers come from families in which there is a poignant sense of having been abandoned by one parent to the craziness of the other. In most cases, one parent is perceived as benign, but somehow helpless against the behavior of the other parent – more like another sibling than an authority to whom the child could appeal for assistance. One subject remembers an occasion in which his mother frantically rushed to help him and his sister repaint their room after they made a mess trying to paint it themselves. He recalls that they were all united in a race against the clock to try to restore it to its former state before the father returned home and became enraged by the mess. Another subject recalls that his father would plead with the children to avoid conflicts with their unstable mother, but would never intervene to defend them when she made distorted and unfair accusations about their behavior. Though there is considerable variability in the perceived source of craziness – some subjects viewed one or the other parent as consistently more frightening, while others appear to have been felt completely alone in the face of alternating or even simultaneously frightening behavior from both parents – what appears to have lent the memories a traumatic quality is the feeling of helplessness that was engendered by the inability of any adult to contain the intense negative affect that flooded the family.

Gender Issues

Overall, these interviews were notable for the degree of gender stereotypy they portrayed in their families of origin and for the extremely concrete nature of their beliefs concerning gender. The fathers were generally presented as fundamentally caring family

men who worked hard (and generally quite successfully) to provide for their wives and children. Five of the six interviews also yielded a picture of an authoritarian and hyper-masculine paternal style. Though varying elements of this style were highlighted in each subject's description, the cumulative list of macho attributes included the father as a benign but strong military man, a strong, silent type, a macho sports enthusiast, a tough, pragmatic realist who is willing to do whatever he needs to get by in the world, and a harsh old-world patriarch who keeps his wife and children in line.

Not surprisingly, on closer inspection, there are various chinks in this armor of stereotypical "good provider" normality. In one case, for instance, the image of the father as a devoted family man was shattered by the revelation of a long-standing affair and a subsequent bitter divorce. In another case, it is hinted that the father's seemingly devoted involvement in his children's sports activities was perceived by neighbors as somehow comical, crazy and maniacal. The emphasis on the father's macho stance is also, at times, undercut by odd, undigested comments which suggest some vulnerability and anxiety in relation to the subject of masculinity. In one case, for instance, the father is reported to have become inexplicably enraged when anyone used the word "faggot." In another, the fact that the father owned beauty salons prompts the family to create a series of compulsively-told jokes which are used to fend off any connotation of effeminacy that the father's business might suggest. In these cases, then, the family seems to be united in an effort to uphold a narrowly-defined and highly vulnerable sense of paternal masculinity. These anxieties about the fathers' capacity to fulfill stereotypical masculine ideals tended to remain unintegrated in the subjects' narratives, however, and were generally split off from the conscious image of the father as a good provider and family man.

In concert with this effort to uphold stereotypical images of paternal authority was a strong tendency – clearly evident in five cases – to denigrate and devalue the mother. In some cases, there appears to have been a silent (or not-so-silent) understanding between the father and the children that the mother was in some way inadequate: not so bright, not very capable in the kitchen, something of an hysteric or a gossip, etc. Though these may well have been real aspects of the mothers' characters, it was striking that they were presented through the stereotypical lens of gender. It was striking, as well, that the

subjects at times conveyed a palpable pleasure in a mocking, superior and derisive tone in relation to their mothers. Though it is difficult to know how to understand this tone, it seems frequently to convey a powerful ambivalence that is couched in stereotypically gender-laden terms.

Of particularly significance for these subjects' adult lives is the fact that the majority of them appear to have carried this tendency to denigrate significant women in their lives over to the next generation. Four subjects made at least one contemptuous reference to their own wives, and five subjects made comments which called their wives' capacity for mothering into question. Though there may be some reality behind some of these criticisms, the fathers' motivations for making such devaluing comments were clearly quite varied and quite complex, containing elements of guilt, anger, competition, envy and ambivalent neediness. Not surprisingly, however, in all six cases, there are either direct reports or clear indications of current or past marital difficulties. Though some fathers report working hard and successfully to overcome these difficulties, it is important to note – and to think further about – the fact that all the subject' marriages were under stress during the period of the onset of their son's gender disorder.

Dynamics

Though the detailed examination of the fathers' unconscious dynamics can be more profitably conducted within the context of the individual case studies, there are several general dynamic themes which it may be helpful to highlight in advance. Particularly striking – and present to some extent in all the interviews – was the subject's sense of being painfully alone and isolated within his family and/or in relation to the social world beyond the family. In the majority of these cases, there appear to have been few if any relationships in which the subject felt genuinely known and understood. Though there is often a consciously held and highly valued fantasy that one or the other parent had a special understanding of the subject, subjects' responses to projective testing present a bleaker image of their internal worlds – one in which people tend to understand each other primarily in vague, self-serving or defensively distorted ways.

Projective testing also suggests a marked tendency in these subjects to experience intense fears around their own and others' aggressive impulses. Evident in all the subjects records was a tendency for aggression to be split-off and potentially dissociated from other aspects of self experience. In four of the six interviews, the outside world was represented as a frequently frightening and dangerous place and there was a strong preoccupation with intense fears around bodily integrity.

Finally, projective testing provides clear evidence, in all cases but one, for the existence of a powerful vulnerability to experiences of shame linked to issues of masculinity. Though such vulnerability is a not-uncommon aspect of many boys' experience, it appeared to be particularly central to these subjects' experience. As discussed in detail below, the potential for shame and humiliation in relation to any questions surrounding masculinity is a theme that appears to have exerted a profound influence in the subjects' perceptions of their fathers, themselves and their sons.

Relationship to son

The first and perhaps most lasting impression created by these interviews, is the startling absence of vivid detail in their descriptions of their relationships with their sons. It is as if these fathers don't really see their sons and can't really describe them. In marked contrast to the portraits of several of the subjects' parents – portraits which, though they may be distorted, are nevertheless quite vivid – these fathers' views of their sons tend to be vague and somewhat formless. This vagueness may relate, in part, to the fact that most of the fathers reported spending very little time with their sons. On the whole, however, the absence of vivid detail seemed *not* to result from a lack of investment – many of these fathers are in other respects quite devoted – nor did it appear to stem from lack of sufficient experience with their sons. Rather, it seems to derive primarily from these fathers' difficulty in perceiving their sons as distinct from themselves. In the majority of these cases, the son is seen primarily as a narcissistically gratifying or frustrating reflection on the father. One father, after much treatment, was aware of this dynamic, and described his former tendency to fly into rages when his son failed to reflect well on him. Several

other fathers, however, appeared to be unaware of the degree to which they perceived their sons in terms of their own needs and conflicts.

In keeping with this frequently narcissistic orientation in viewing their sons, the fathers' fears tended to relate very directly to their own dynamics. In the majority of cases, when asked about their most persistent and striking memory of their son, the subjects spoke of memories of their son's cross gender behavior. Though these memories were generally painful ones, it was striking that, despite the fact that in several cases the cross gender symptoms were no longer prevalent in their son's behavior, the fathers continued to see the son in terms of those behaviors. Three fathers displayed a preoccupation with their son's appearance, and four fathers voiced the fear that their sons would grow up to be homosexual. The particular individual origins of these fears were difficult to tease out within the confines of this study. It is not surprising, given the degree of preoccupation with issues of sexual orientation in our culture, that these fathers' concerns about their sons' gender identity would become conflated with anxieties about the potential for their sons to develop a homosexuality orientation. Thus, given the likelihood that questions of sexual orientation would become highly salient for this group simply by virtue of the child's diagnosis, it is impossible to know to what degree such conflicts and anxieties pre-dated and/or contributed to the development of GID in the child. Furthermore, concerns about the child's later sexual orientation notwithstanding, the individual meaning of anxieties relating to the subject of homosexuality is often unclear. Such anxieties may relate to sexual conflicts, to feelings of shame and inadequacy in relation to one's own sense of masculinity, or to any number of other, privately-held meanings, the elucidation of which was beyond the scope of this research.

In discussing other aspects of their parenting attitudes and experiences, only two fathers put any priority whatsoever on limit-setting, and several of the others openly acknowledged that they have not been very successful or very consistent about limits. Even those fathers who do believe that limit-setting is important discussed difficulties in applying them even-handedly, and acknowledged that they tended, at least in the past, to keep their frustration to themselves until they can do so no longer and explode in anger. Since the capacity for effective limit-setting is intimately linked both to the parent's ability

to modulate his or her own aggression and to the child's developing capacity to regulate expressions of aggression, difficulties in helping their sons to contain and modulate their aggressive feelings correspond to the difficulties in affect regulation that many of these fathers demonstrate. Also consistent with these subjects' histories of traumatic experiences and general anxieties around injury and aggression, is the fact that three fathers spontaneously reported intense fears relating to potential injuries that their children might sustain. In one of these cases, the father discussed the fact that he now recognizes that he had near panic attacks whenever a minor injury would occur. The subjects' frequent inability to recognize their sons' own unique personalities, coupled with their intense fears about aspects of their sons' development, appears to have made the process of parenting both intense and difficult for them – an experience which continually brings past experiences into painful relief in their present lives.

CHAPTER 5

INDIVIDUAL CASE ANALYSES

In the following case descriptions, names, locations, and any other elements which may serve to identify the subjects have been changed to protect their confidentiality.

Case 1 – Jonathan

Jonathan, a white, middle-aged, upper-middle-class man, is the co-owner with his wife of a prominent East-coast company, a business that they operate at a furious pace out of their own apartment. Their only child – a five year old boy – is currently being treated for Gender Identity Disorder.

Jonathan is highly verbal, intelligent and articulate. His style, and his manner of engaging in the interview process, is striking, intense, and full of contradictions. Profoundly though ambivalently identified with his military family, he tends to speak in deeply-ingrained military metaphors, talking loudly and with a commanding air, while simultaneously emphasizing his life-long mistrust of authority. In the interview process, his dramatic and gregarious story-telling style cultivate an air both intimidating and ingratiating. But though several of his stories demonstrate an indisputable comic virtuosity, they also tend to have the quality of set-pieces, presented without regard to the particulars of the interpersonal moment. One senses that he plays to an audience; the listener is interchangeable. His almost childlike eagerness to please is coupled with a readiness to become contemptuous and dismissive, particularly when he feels – as he often does – mistrustful of others' motives. Despite his vigilance, however, he is thoughtful man who demonstrates a considerable, though uneven, capacity for genuine reflection. This fluctuating capacity seems to lead him to emotional truths for which he feels utterly unprepared. At these moments, he is feels overwhelmed by sadness and anxiety.

Brief Family Background

The youngest of four boys born into a military family, Jonathan recalls living in at least eight different towns throughout his childhood. Because his three brothers are considerably older, he spent much of his later childhood home alone and felt himself to be practically an only child. His father was a high-level military man – perhaps a spy, he thinks – and was away frequently, often for long periods of time. But Jonathan insists that he never felt abandoned. Though he recalls his father as kind and fair-minded when at home, he has few memories of direct interactions with him. Jonathan has clearly made a devoted study of his father’s military career, and in lieu of direct memories, he tends to offer anecdotes from his father’s professional life. These he recounts in great and vivid detail, as if he were present and part of all the excitement.

In contrast with this forgiving stance, he describes his mother with bitter sarcasm as someone who “probably started out under capacity” and who then “pretty much snapped” under the pressures of raising four sons and coping with her husband’s military career. “I never knew her sane,” he comments, as he paints a portrait of an insecure and not very intelligent woman who was terrified of being seen as an incompetent military wife. Throughout his childhood, “Mom” was an irrational yet powerful authority figure who used dinner time as a tribunal – an opportunity to report on the “crimes” of the boys. Jonathan recalls that these reports were often fabricated or greatly distorted, but that there was no way to argue with his mother. His father, though he recognized her instability, never openly disputed her authority. Instead, he seemed to wish that the boys could manage her better. Jonathan cannot recall anything positive about time spent with his mother – she was simply someone to be managed or avoided.

His family’s frequent moves made it difficult to establish relationships outside the home, and in school, Jonathan never felt that he fit in. He felt himself to be different from the others: “a smart little kid who was no good in sports.” When, in the family tradition, he attended a famous military academy, Jonathan hated the “stupid, arbitrary authorities.” He chose to leave. Now, in the business world, he intensely dislikes reporting to others and has chosen to work for himself. Though he has been unhappy in his marriage and is in the process of leaving his wife, he remains deeply entangled in the relationship, still sharing

the same apartment. He does not view himself as an alcoholic, but drinks heavily. With little time to himself or to spend with his son, he feels exhausted by the demands of his life.

State of Mind with Regard to Attachment

Jonathan's primary AAI classification – that of Unresolved in Respect to Traumas – reflects his potential to become disorganized in response to issues that arise from the unresolved mourning of the loss of his father three years ago. His secondary classification – Preoccupied/ Entangled; angry/conflicted type – reflects his unsuccessful struggle against an intense preoccupation with past relationships, a struggle which has been intimately related to his subsequent inability to mourn his father's death. His reflective functioning (RF) rating of 4-5 /Inconsistent Type, reflects a slightly below ordinary overall level of reflective functioning the demonstration of which is quite variable.

Of all the fathers in this study, Jonathan is the most unsparing in his condemnation of his upbringing. He seems to find a certain grim satisfaction in providing a scathing indictment of his past and its continuing potential to corrode his current experiences. Of his scant current familial relations, he comments,

...I mean to this day we're all sit around and go, What a disaster that was! And it's even almost uncomfortable to be around each other, cause it's kind of like being around the other victims of a car accident. You'd really rather forget the other victims. [Laughs bitterly]

He cannot forget them, however, and his intense preoccupation with the past, and its accompanying high degree of current anger, is most evident in his descriptions of his mother's critical, pressuring and vindictive behavior. Jonathan cites many vivid examples of her lack of love and acceptance and her narcissistic insistence on getting good "performances" from her boys in public settings. In recalling her dinner-time indictments, he contemptuously describes her as "looking for the wrath of God to come down upon us as we so justly deserved from Dad." But though he is convincing in his effort to portray a childhood lacking in love and support, there is little balance to the account. The split he has maintained – his mother the complete villain, playing the foil to his father's role as hero – allows him to give free rein to the feelings of anger, disappointment, bitterness, and

contempt that would be so destructive to his idealization of his father. And the pleasure he derives from his attacks on her is palpable.

The current intensity of his engagement with these past relationships is such that the boundaries between past and present experience often become blurred. While cognitively he is clear about such boundaries, on an affective level, Jonathan slips quickly and with little regard for present circumstance into past modes of relating. At moments in the interview, in describing, for instance, his stance in relation to a hypothetical authority figure, he speaks as if directly engaged with this conjured opponent: "...don't even *think* your gonna, let you, that I'm gonna let you be in charge of anything that happens to me, because I know there isn't anybody who's gonna take care of me any better than I'm going to... Look, you're like my Mom, I'm not gonna deal with this. Either get smart, or get out." At these moments, one feels that, unable to bring an adult perspective to bear on the events of the past, he is simply reliving them.

Though his cognitive sophistication lends an appearance of consistency and coherence to his thought processes, a closer analysis of his narratives suggests that this surface-level organization disguises powerful (sometimes overwhelming) dissociated affective experiences that remain split-off and unintegrated. This is a man who has been able to work out for himself a compelling "party-line" about his past. The official story – that his absent father was responding to the "higher calling" of protecting his country and therefore could not be expected to protect his sons from their crazy and vindictive mother – is told in a number of masterful set-pieces. These stories are almost rote; as such, they require no current reflection and, therefore, little defense against the intrusion of disorganizing affects.

The defensive structure provided by this official story is quite fragile, however, and Jonathan's responses frequently betray the feelings of anger and disappointment. When talking about his father's absences, for instance, he says, "He made time. He did... I knew he didn't have much time. It was... it wasn't like I knew, I thought he was *stealing* time, I knew he just, wasn't much time available." The image of his father stealing time from him has a vivid childlike quality; as if it has been preserved intact in a separate dimension of experience. He also tells of a time in which he begged his father to send him to private

boarding school: "... you know, like, this is it, Dad. Get me the hell out of here. Because I'm gonna lose my mind." He struggles with how to characterize his father's refusal. Though he hints that his father was always "fairly frugal" and simply didn't want to fund private school, he cannot long tolerate this negative portrayal and instead opts to believe that his father was right. The question of why his father was unable to respond in some fashion to his son's obvious distress is left unarticulated.

Instead, he seems determined to adopt the vantage point of a boy looking up in wonder at his father. He never talks, for instance, about my father, only "Dad." And this designation of "Dad," always spoken in a booming military voice, is a word that seems to both maintain and undercut the idealization. It is as if, on some level, he is aware that his portrayal of "Dad" has a cardboard, almost mocking quality, while on another level he refuses to give up the childlike yearning for his admired hero. This inability to integrate his contradictory feelings has made the adult mourning process impossible for him to accomplish. He is near tears when he describes his adult relationship with his father: "...with Dad, it just got better all the time. You know, I got... by the end, we'd gotten back to that relationship where I was 4 and he was about 43. We were really locked in tight. Could not get enough of that guy." His father's death thus powerfully evoked the disappointed longing that he felt as a child. But Jonathan has been unable to integrate his own negative affective response to the repeated disappointments he suffered at the hands of his absent father, and the mourning process has therefore been stalled.

Dynamics

The AAI serves well to elicit the intense contradictions, so dramatic in this subject, between the past as he habitually represents it and the dissociated affective experiences that he bans from his memory. As a projective measure, The Early Memories Test provides a slightly different lens on Jonathan's unconscious experience. Intrigued and engaged in the process of trying to recall his earliest memories, Jonathan was relatively free of evident anxiety. He viewed his memories as familiar and unthreatening snapshots; he looked them over with the same comfort he felt as he re-told his military stories. But the picture that emerges from these memories – more imagistic, less carefully constructed

– is more complex, less tidy than his “official story,” serving to both support and expand the AAI material. For the sake of brevity, only the most prominent themes will be reported here.

Not surprisingly, the most repetitive theme in his early memories is that of the fear of injury. The world is generally represented in his memories as a frightening, dangerous place. He remembers feeling utterly helpless and panicked as a herd of dogs run up to jump on him. He remembers falling into the toilet and getting stuck. He remembers being barefoot and alone in the middle of a thorn patch – unable to move without getting hurt. His first memory is of being terrified as his grandfather tosses him up into the air and catches him. He tries to put words to his feeling: “Why is he doing this? Would he please stop! But I was probably laughing or screaming and indicating some sort of joy. But really, it wasn’t. You know, it wasn’t...” Very often there is a sense that he feels quite alone even in the company of others and that the adult world, in particular, completely misunderstands or ignores his feelings and needs. In the memory in which he is panicked by the dogs, for instance, he clearly recalls the amusement of all the adults. As a result, it feels to him that he has no way of protecting himself from physical injury.

Basic fears concerning safety are further elaborated in memories which express his tremendous fears and conflicts around assertive and/or aggressive behavior. That he expects aggression to lead to punishment or humiliation is clear in several memories: He recalls being badly injured on the bedpost when he tried to jump on and hit his older brother while the brother was sleeping (an injury which resulted in his being rushed to a medical hospital and being given stitches without any anesthesia). In another memory, he recalls in comic detail a scene in which the entire family watched as his father presided over a failed military exercise. The children are thrilled by the explosion of the piece of military technology being tested, and they cheer until they recognize that “Dad” isn’t too happy. In this case, the impotence and consequent humiliation is represented as within the father, with Jonathan in the more comfortable role of caretaker of the father’s feelings. This is typical of his stance in memories that incorporate aggressive content and/or imagery symbolic of masculine potency or prowess. Though he is clearly compelled by the aggressive content, Jonathan can never allow himself to be the comfortable or

victorious aggressor. Instead, he is either punished by injury, or plagued by guilt. He even recalls worrying about hurting the animal crackers by chewing them.

Only when he is the passive participant in an aggressive act performed by another can he allow himself any pleasure. Strikingly, the memory he reports as the happiest one in his childhood is a memory of being pulled along on the back of his big, powerful, dog – being taken for a ride as the dog rushes to attack a little “prissy” neighbor dog. Though he is ostensibly trying to prevent the fight, he recognizes full well that he is rooting for the dog; he will enjoy this attack. By taking the passive role, he wards off the danger while satisfying the aggressive impulses vicariously.

Jonathan’s experience of being misunderstood, unprotected and disappointed in relationships with others fuels aggressive fantasies like these, which, in turn, provoke even greater fears of injury and retaliation. His images of masculinity are deeply split. While he places a great value, in conscious experience, on highly “macho” images of masculine figures – his father as the military hero, himself as rebel who defies all authorities – his memories undercut his own stereotypical masculine ideals, and suggest instead an unconscious association between masculinity and vulnerability to injury and humiliation. His greatest pleasures, in the passive experience of the masculine power of another, suggest the potential, within Jonathan, for relationships with men to become sexually charged. But since sexual feelings toward men are not consciously acceptable to him, he finds a safer and more sublimated masculine ideal in the embrace of a stereotypically masculine view of the intellect.

He places great value on, and takes great pride in, his capacity for thinking clearly and incisively (a capacity which he feels he inherited from his father). In Jonathan’s experience, both his protection and his power in the world are mental. In his memories, though he cannot win any confrontation through force, he can often succeed by outwitting his opponent. He embraces the rational, the fair-minded, and the clever as masculine ideals, but consistently denies the irrational and emotional aspects of his experience which contain many of split-off and dissociated elements. Given that the maintenance of so rigid a split is impossible in the real world, he opts for a schizoid solution in which the inner experiences of idealized others – idealized men – are imagined from afar.

Intergenerational Issues

To arrive at a tentative understanding of the ways in which intergenerational issues may contribute to the development of a child's gender confusion in these cases, it may be useful to pose four questions: First, what, if anything, can be inferred about the quality of the current father-son relationship? Second, what can be said about the nature of the father's internal representation of his son? Third, in what ways do current family dynamics echo and repeat past attachment-related dynamics and experiences? And fourth, how might these thematic elements, repeated from the past, relate to the son's specific "choice" of gender-related symptoms?

To begin with the concrete circumstances which effect the quality of the relationship, it is clear that Jonathan feels unable to spend as much time as he feels he should with his son, Vincent. Experiencing himself as caught in a round-the-clock effort to save the failing family business, Jonathan feels resentful of the tremendous time and energy he puts into this effort. Though he is deeply saddened by what he recognizes as Vincent's legitimate disappointment that they do not have more time together, he feels helpless to change the situation. Furthermore, because the family's one-bedroom apartment is adjacent to their business office, and because there are 16 phones ringing constantly in both spaces, he is aware that his work pressures intrude constantly on Vincent's daily life. Though he is around a great deal – not literally absent in the same way from Vincent's life as his father was from his – he is rarely able to be available. Vincent is constantly reminded that his father, though seemingly present, is really at work.

How, then, does Jonathan internally represent his son? The subject of Vincent is frequently an intensely painful one for him. Jonathan asserts vehemently that Vincent is a "smiling and optimistic" child, that there is nothing really wrong with him. Vincent, he contends, is in treatment only as concession to his mother's irrational anxiety. But despite these assertions, Jonathan is unable to fend off profound fears about his son. When asked to relate his most striking and persistent memory of Vincent, he recalls a time when Vincent was injured while Jonathan was away with friends on a fishing trip. Doubting his wife's competence to deal with the situation, he rushed home. This memory is striking in

several respects. It highlights his sense of Vincent as vulnerable to injury, of his wife as incompetent to deal with it, and of himself as absent and consequently unable to offer adequate protection. Also significant is the fact that he makes no mention of Vincent's experience of the event. Despite his intense feelings for Vincent, it is as if there is no direct interaction between the two of them.

Similarly, when asked to recall a memory most characteristic of Vincent, Jonathan first responds that there are many positive memories of his son as smiling and happy. Yet he is unable to produce even a single one. While searching for a memory to offer, he lights upon another moment of intense pain, a moment during a family vacation in which they tried to leave Vincent to play with some other children:

I remember ... seeing him from a distance, from the balcony of our room, how fundamentally unhappy he was with the other children and did not want to stay with them, and he, he was just unhappy. He felt very betrayed, you could see it. You could see that... you could see that he... it wasn't that he wouldn't, that he didn't want to be with other children, or he was trying to be difficult, or he was trying to prove a point with us. He just, you know, was fundamentally unhappy... the creature was more miserable than I've ever seen him.

Though Jonathan's perception of his son's distress may well have been accurate, his choice of this memory as particularly characteristic also reflects an internal representation of his son as fundamentally isolated and alone. His view from afar, up on the balcony, combined with his reference to "the creature" highlights the distant and abstracted quality of his internal representation, as if he is always, in some sense, looking at his son from across a great and unnavigable divide. When he later imagines how Vincent might experience him, he refers to himself, with the same striking impenetrability and essential inhumanity, as "the large thing."

Given the internal representation of his son as unknowable, vulnerable to injury, and fundamentally isolated, it is not surprising that many of the dynamics of Jonathan's current family echo his childhood familial experiences. From the start Jonathan experienced himself as the intermediary between his (crazy) wife and his infant son: "and I remember... frankly, [wife's name] being unable to cope with it. My role was to... keep her from killing him and keep him from driving her insane." Without directly acknowledging the comparisons that can so easily be drawn between his past and present

families, he constantly uses the same images, even the same words to describe them. His description of his wife as unable to pull her share of the weight given that she is already “at capacity” echoes his bitter reference to his own mother as “starting out under capacity.” His frequent comments about how much Vincent *likes* him are eerie repetitions of his reports of *liking* his own father. Even the notion of a father *stealing time* from his son by going off to work is repeated in both generations.

Thus, while he is gratified by Vincent’s admiration and longing for him, he is guilt-ridden by and feels helpless to change what he experiences (though perhaps not entirely consciously) as his own betrayal of Vincent. He also feels guilty about the times that he loses his temper and yells at Vincent. When asked what Vincent does that makes him angry, he is evasive and vague: “he gets me angry when I get angry.” Jonathan experiences his own anger as a regrettable fact; its source is mysterious to him, but he recognizes that it has often felt so overwhelming that he has had to respond by leaving and getting away. He feels terrible about this pattern and has struggled to change it.

His attitude toward Vincent’s experience thus becomes a self-fulfilling narcissistic prophecy: the depression he feels when forced to reflect on his son’s experience triggers not only the depression, but also the rage, that he felt toward his father as a child. But the full acknowledgment of the effects of Jonathan’s behavior on his son’s experience would require the dismantling of his continuing idealization of his own father. Thus the very thought that Vincent is actually suffering is threatening to him: it threatens the whole fragile edifice of paternal idealization that he has striven to maintain.

Repeated familial dynamics such as these provide a powerful illustration of the intergenerational transmission of attachment experiences. But they cannot, in isolation, account for the fact that Vincent’s distress has taken the particular form of a gender identity disorder. Since this disorder is complex and multiply-determined, there is no one-to-one correspondence between the dynamics of either parent and the development of GID in the child. But since the disorder has so often been understood in terms of the mother-son relationship, a critical question in these cases is whether the father is also reinforcing the cross-gender symptoms. If he is, it is important to ask what his son’s symptoms might mean to him.

Jonathan's description of his feelings about Vincent's cross-gender enactments suggest that he continues to feel a striking lack of concern about such behavior:

I didn't have the concerns that brought him here. I guess I would have sat there and watched Snow White with him for the next 10 years, I suppose. Woulda thought, Boy, he's really into Snow White. That's what I woulda thought... I think he just liked wearing alternative clothes. Seeing what else, you know, something different from what he was wearing. Again, I may have been 100% wrong, but it didn't bother me. He was enjoying it. [appreciative laugh, as if in response to an internal mental image]

Vincent's symptoms are almost certainly serving a number of important functions for Jonathan. It seems highly probable, for instance, that when Vincent behaves more aggressively – that is, in a more stereotypically masculine fashion – he risks triggering the dissociated rage that Jonathan holds at bay in relation to his parents. Since Jonathan experiences that rage as frightening and disorganizing, he may actively discourage mild levels of aggressive behavior in Vincent that other parents would experience as normal self-assertion. (Support for this notion can be found in Jonathan's insistence that Vincent is “not at all aggressive.”) Given Jonathan's evident pleasure in the internal image of Vincent cross-dressing, however, it seems very likely that Vincent's symptoms also serve the function, within Jonathan, of directly gratifying unconscious fantasies. One possibility is that Jonathan feels especially *liked* by Vincent when Vincent cross-dresses and behaves in a coy and stereotypically feminine manner toward him, and that he consequently re-experiences, via Vincent's stereotypically feminine behavior, his own admiring stance toward his idealized father. The notion of *liking*, in this context, may refer to a mutually admiring and somewhat sexualized father-son relationship. Another possibility is that Vincent's cross-gender behavior gratifies Jonathan's longing for a more available and nurturant mother – a longing which is concealed behind his conscious focus on his father. In this second scenario (which is by no means mutually exclusive with the first) Vincent's cross-gender behavior fulfills Jonathan's unmet need, often jokingly acknowledged, “for a whole lot of petting and stroking.”

Case 2 – Joe

Joe, a white, middle-aged, middle-class man, is the founder of a family-owned contracting business. He and his wife have two children, a 9-year-old daughter and a 6-year-old son. Their son, Joe, Jr., is currently in treatment for Gender Identity Disorder.

The subject of his past is a painful and confusing one for Joe. It is hard for him to describe past relationships, and he tends to lose his focus, to ramble and to become unclear. Joe was keenly aware of, and quite troubled by, his incoherence. At some points in the interview, he paused to ask whether what he said was making any sense; at other times, he apologized for the paucity of clear memories and wondered whether the “craziness” of his youth has made him “kind of like blank out or something.” Due in part to these efforts to remain thoughtfully engaged with the interviewer despite his difficulty with the process, he was quite likable. His emotional fragility – a quality which quickly becomes apparent despite his strong and manly physical appearance – invites a nurturing and protective response.

Brief Family History:

The seventh of nine children born to Irish Catholic parents, Joe was raised in a small house in a lower-middle-class, European-immigrant neighborhood. When he was four years old, Joe’s parents were told by a senior physician at a nearby hospital that he was dying of muscular dystrophy. Though it eventually became apparent that he had been misdiagnosed, his life was dominated by this death-sentence for several years. In describing that time, Joe reports that his appearance – sunken cheeks, no muscle tone and big pot-belly – was “scary” to others. He recalls being stuck in the doctor’s office for weekly exams while his siblings played outside. But his parents never told him anything about his diagnosis. Joe is unsure how he understood his condition, but is aware that the illness had a profound impact – both as a trauma in and of itself, and as a determinant of his early familial experiences. He reports that his parents, convinced that he was dying, treated him differently, placing no limits on his behavior and allowing him to run around

screaming and cursing “like a maniac.” He also recalls that his siblings, disgusted by his appearance and resentful of his special status, hated him “with a passion.”

His mother, whom he has always admired, was highly accepting of her children’s behavior so long as they adhered to her one moral injunction, often repeated: “Just don’t hurt anybody.” Her radically accepting attitude, however, appears to have entailed a neglect of other aspects of parenting. Joe reports that she rolled cigarettes in corn husks for her young children to try, that she provided little general supervision, allowing her children to wander around freely at young ages, and that she never involved herself with whether they completed school assignments. (Joe rarely did.)

Joe describes his father, who always worked two jobs, as a strong, smart, pragmatic man whose integrity was always somewhat questionable. A tough and macho realist, his father doubted the existence of God – “I haven’t seen him” – and believed in doing what you have to do to get by. Joe recalls that his father was often with him, along with his mother, at the doctor’s office, and that he was protective of Joe in relation to the frequent abuse he suffered at the hands of older siblings. But he also recalls that his father was highly explosive with his older brothers and had no compunction about “smacking them silly.” Intolerant of emotional displays, his father was scornful and derisive toward Joe – especially when, in adolescence, Joe struggled with serious anxiety and depression.

From the start, Joe was terrified of school. Though other early memories are sketchy, he vividly recalls the panic he felt every morning of 1st grade. He remembers that the very act of putting on the tie for his school uniform upset him so much that he would run to the bathroom and throw up. This went on every morning for a year, and he cried every day for two years. Though the nuns were nurturing, he felt lost and confused about school work, and dropped out of school after 9th grade. His adolescence passed by in a haze of drug abuse, anxiety and depression, but even through the worst times, he always “worked like an animal” at various jobs (a habit that has served him well in later years). Now, as an adult, he feels that his years in therapy – both his individual treatment and his ongoing work in conjunction with his son’s treatment – have saved his life and enabled him, not only to be less terrified by his potential for depression, but also to be a better father to his son.

State of Mind with regard to Attachment:

Joe's primary AAI classification – Unresolved in Respect to Traumas – reflects a narrative disorganization linked to the unresolved trauma of his childhood illness and its related familial difficulties. His two alternate classifications – E2 (Preoccupied/Entangled) and D4 (Dismissing of Attachment; Cut off from the source of fear of death of the child) – are categories that are seldom seen together. The fact that Joe simultaneously displays prominent aspects of both styles reflects the degree to which his past experiences have remained fragmented and unintegrated, and suggests (Mary Sue Moore, 1998, personal communication) that an overall classification of CC/Cannot Classify could also be considered. Joe's overall reflective functioning rating of 3–4 (Questionable or Low RF) is of the overanalytic type. This subtype is assigned when, despite frequent attempts at reflection (attempts which may lend the interview the superficial appearance of greater-than-usual depth), the resulting insights are diffuse and unintegrated.

Given these ratings, then, it is not surprising that it is particularly difficult to construct from Joe's interview a coherent narrative of his attachment experiences. His images of his parents – and particularly of his mother – are replete with contradictions. He describes her, for example, as “free-spirited.” But the memory he offers to support this characterization – an incident in which his mother dismissed his frantic attempts to get her to keep the children away from an unfenced 1,000-foot-deep mine shaft – demonstrates something rather more like neglect. Similarly, though he talks about her as “loving,” as having “no problem kissing ya and huggin ya” and as being “very, very affectionate,” he cannot recall even a single time that she held him, nor can he recall more than a few specific interactions with her. One interaction that he does recall is a memory of his mother being “loving but tough” by putting him on the school bus in the morning despite his intense separation anxiety. Interestingly, this memory appears again, in more detail and with a different affective tone, in his Early Memories:

I remember my mother saying, Joseph, you're a big boy, you don't have to cry, this, that and the other thing... I remember like, you know, cry-...
[subject shifts to tell a different memory, to comment on how few positive memories he has, and then abruptly returns to this one] ... I remember, you know, I remember myself just going to school and it was horrendous. I

mean it was like... I remember that feeling of trauma, like, you know, just horrible, horrible ...ah... you know, pain, pain, you're not kidding. It was, like, horrendous, it was just you know... and, and the worst part about it was that I had to hold it in. Like I wasn't allowed to cry. You know not that they wouldn't... if I cried it would have been, hey Joe get over it anyway. But it was like, they almost like played a guilt trip on me of like ...ah... look, they were like, you're a big... Joe you know like – *before* I started crying – I know you're a big boy. You're not gonna cry about this. When I wanted to... I wanted to just scream and hold my mother and be held, you know and not go anywhere and just be with her. You know what I mean? It's like ...ah... it was like heavy, as a kid.

Thus, beneath the memory of his mother as loving but tough, there is a more fully elaborated image of her unwillingness to tolerate the intensity of his need. In *this* recounting of the memory, there is the additional implication that she put his desperate wish to please her to (to be a “big boy”) to the service of silencing him and avoiding his distress.

Despite the confusions and contradictions, however, a general story of attachment-related experiences does finally emerge out of Joe's anguished narrative. It is a story of multiple environmental stresses – low income, lots of kids, a father forced to work two jobs – which combined to create a baseline level of disorder and limited parental attention for each individual child. The problem of this lack of attention was further complicated by the mother's own behavior – specifically by her inability to provide needed limits, and by her difficulty coping with intense and distressing affects. (One wonders, given her repeated plea, “just don't hurt anybody,” whether she too was coping with a traumatic past.) Joe's father, though seemingly more organized than the mother, was at work much of the time and was pressured in his own right. Within this context of severely limited family resources, Joe's illness was quite overwhelming. His belief that his parents were frightened by his appearance, though quite plausible, also highlights how terrifying it must have been for him to reflect on his parents' affective experience. Their fear, all the more potent because it was never verbalized, combined with his own severe anxiety about his sickly body, was so traumatizing to him that it appears to have completely overwhelmed his defenses and left him in a near-constant state of panic, exemplified by his massive separation anxiety. His parents, though they lovingly saw to his medical needs, were

unequipped to respond to his psychological distress and maintained a clear emotional distance from his suffering.

Given the extremity of this traumatic history, it is striking that Joe has been resilient enough to regain his health, to seek out and make good use of treatment, to found a successful business, and to marry and raise a family. Equally if not more impressive, however, is an *affective* quality that he possesses – not easily perceived from interview transcripts but palpable when sitting in a room with him – of fundamental decency, relatedness and connectedness. One might speculate that his mother, despite her obvious deficiencies as a parent, may have possessed this quality as well, and that his description of her loving and affectionate nature – a description which he has difficulty supporting – may relate to a genuine but nonverbal experience of connection with her. Though he clearly feels disappointed by her inability to help him with his past distress, there are other areas in which he feels she gave him something very important. He particularly identifies with her values of tolerance, acceptance, honesty, and care not to hurt others, and he sees his own integrity – which he deeply prizes and which he feels has served him well in professional and personal relationships – as his essential inheritance from her. Thus, the structure that she felt unable to provide for her children via her general parenting practices, she may have conveyed in the loving and accepting way that she treated her children in nonstressful times. Joe, in desperate need of any sort of containment that could lend some sanity to his experience, held on to this aspect of her experience.

Dynamics:

Joe's Early Memories reveal a striking split in his self-experience around body issues. Against a backdrop of self-loathing, reflected in his identity as a "freak" a "weirdo" and a "maniac," there is a surprisingly contradictory theme of pleasurable engagement in physical activity. Joe's first memory – of speeding around on a tricycle in front of his house with his parents watching, impressed by how good he is – as well as his happiest memory – of riding a new Sting Ray bicycle with a "cool seat on it" and "big handle bars" – reflect feelings of mastery and masculine success. His second earliest memory, of himself at the age of 2 or 3 putting on a dancing show for his parents with two siblings, has a similarly pleasurable tone.

Joe prizes these memories, and bemoans the fact that he has so few like them. In sharp contrast with his predominant view of himself as a source of pain and fear for his parents and a hated freak among his siblings, these memories represent him as joyful and physically competent – a source of pride for his parents and an accepted playmate of his siblings. They suggest that, in Joe’s mind, a critical part of what was lost with the onset of his illness may have been a sense of successful masculinity. They also highlight his continuing painful longing to be accepted and admired.

Joe offered these “good” memories readily, but then was often at a loss when asked for other specific memories (of his mother and father, of happy and unhappy times, etc.). Though he complained about how few memories he has, he seemed actually to mean that he has very few *good* – or even relatively neutral – memories, and that he cannot tolerate the contemplation of the rest. When asked for memories of being angry and of being scared, for example, he was vague and evasive. When asked about his most unhappy memory, he apologetically replied that he felt unable to talk about it, and was so overcome that he was unable to think of another, less threatening memory. Then, when asked for a memory of feeling ashamed or guilty, he again became visibly distressed, remarking that he just couldn’t talk about these things; he then gratefully accepted the investigator’s offer to shift to another task.

Though it is impossible to know what it was that was so disorganizing to him, it is clear that Joe feels extremely fearful of, and consequently denies, his own aggressive impulses. He knows, of course, that he had them: “I think that I was always angry [laughs]. But I, like I think that was just my M.O. I wasn’t... it’s not like ...ah... it’s not something that was... you know, I think I was *mostly* angry.” But he cannot remember any specific incidents, nor does he connect the feeling to any thoughts or ideas. Given his report that his parents placed few, if any, limits on his expressions of anger, it is not surprising that he finds the topic so threatening. To be angry may be equated, in his mind, with being a “maniac,” dangerous and out-of-control.

Intergenerational Issues:

Turning, now, to the question of intergenerational transmission, we will first review Joe’s description of his role in his son’s life and the types of concrete involvement

that they have with each other. Unlike the memories of many fathers in this study – and in contrast to his own vague memories of past relationships – Joe’s memories of caretaking during his son’s infancy are convincingly detailed. In addition to changing half the diapers and doing half the night feedings, he remembers his attempts to console his son during the first colicky months:

You know, I would j-, I had this, this walk that I would walk around, just go like this [demonstrating his bounce]. I would walk. I’m telling you, for like a year after that, I’d be at social settings and I was always, like, you know, I was like, you know I was bouncing up and down [laughter] and like people would like, they wouldn’t look at me like that, but I would catch myself and ...ah... so I was good at that, at consoling him and you know sometimes I’d even take him out into the car and drive him around when he had real bad cramps, something like that. And I would always know he would go right to sleep.

Though we have no objective information about his parenting, Joe’s subjective experience of his role during his son’s infancy was that he was very involved and quite competent. His descriptions of subsequent interactions with his son, though less free of conflict, are similarly detailed. He describes, for example, the struggles they can get into when working on crafts projects together: how his son gets furious when he advises him, and how they then try to work it out. When he talks about things he enjoys doing with Joe, Jr. – playing with action figures, building models, reading to him every night, playing baseball, catching frogs and turtles in a swamp upstate – he conveys a high level of investment in the relationship.

Joe’s internal representations of his son seem to fall into at least two broad categories. In one group of memories (his most “striking” memories of Joe Jr.) Joe recalls his own intense happiness as he watches his son pleurably physically engaged: first learning to walk on the beach; later, running barefoot on the grass; still later, “fearlessly” holding onto a flapping fish they have just caught while Joe photographs him. These images seem to express Joe’s ideal of fatherhood. They are analogous to his own few happy childhood memories in that, in both cases, the child’s exuberant physical success is recognized and enjoyed by the parent. In the second group of memories (those offered as “most characteristic” of his son), Joe recalls times in which his son has been “obstinate.” These include images of his son screaming when Joe tries to raise the training wheels on

his bicycle and becoming enraged when Joe instructs him as to the right way to throw a baseball or hold a can of spray paint.

In examining the ways in which these representations may combine with current family dynamics to echo and repeat past attachment-related experiences, it may be useful to begin with Joe's own ideas, spontaneously volunteered in the interview process. Through his experiences with his son's treatment, Joe has now come to believe that his tremendous need for the vicarious experience of his son's success (we might add "masculine" success), combined with his past difficulty in accepting that Joe Jr., is "his own little person," has been a large part of Joe's Jr.'s problem. Though it is hard to know how integrated these insights are in his daily experiences with his son, they are certainly quite meaningful to him and organizing for him as a parent.

There are also a number of other echoes of the past in his current father-son relationship, the influence of which Joe seems somewhat less aware. First, he acknowledges that he used to have intense panic responses when his children sustained minor injuries. He cannot, however, connect this panic with any specific fear (hence his alternate AAI classification as Dismissing; Cut off from the source of fear of death of the child). This panic response – which can be understood as a response to the sudden triggering of dissociated experiences in relation to past traumas – has the potential to be extremely frightening and traumatizing for his children. Second, he comments that separations from his children do not make him feel "guilty." This association of current separations with the question of guilt echoes his own past separation experiences – of being made to feel "guilty" for being so upset, and of blaming his mother for putting him on the bus anyway – in ways that may well have been felt by his own children when they were younger. One could easily imagine, for example, that Joe would have found it quite difficult to tolerate his son's distress during routine brief separations and may well have been overly anxious in such moments. Conversely, he might also be tempted to become rigidly distant and controlling during such moments so as to protect himself from re-experiencing elements of his own past distress. Though the form of the communication cannot be known, it seems unlikely that Joe could have consistently and effectively shielded his children from his own intensity of feeling around separations.

Finally, issues of aggression appear to continue to be difficult for Joe and his son. On the one hand, he speaks of the tendency to “walk on eggshells” with his tempestuous son (an impulse which may result in difficulties providing the structure and containment that his son needs during times that he feels out-of-control). On the other hand, however, he recognizes that he has, at least in the past, had the tendency to become enraged when caught in a control battle with Joe, Jr. He now recognizes that his temper can be quite “scary” to his son, but he has difficulty describing what sets him off and why.

How, then, might these particular themes relate to the development of gender-related symptoms, rather than other symptoms, in Joe, Jr.? In Joe’s case, there are many indications that he has, to some considerable degree, experienced his past traumas as leaving him unable to “take and be a man.” From his years of physical fragility, to his childhood separation anxiety, to his later distress at being scorned for his psychological problems, Joe has had repeated experiences of feeling weak and inadequate. He recalls feeling very anxious in response to the news that he and his wife were going to have a son:

I loved having a daughter. I, I loved it. It was like the most, you know, beautiful... it was great. When Joe was born, it shocked me. Like I was in shock for a while. There’s no doubt about it. It was like very... I didn’t understand it. I didn’t even... Like I still to this day don’t understand the feelings. Like I was almost like taken back that I had a son. And ...ah... you know I was, I was ...ah... I remember when he was born I held him and I, and I, you know I held him and I was kissing him you know and I dug him but it was like.... it was like... it was different. It was different than having my daughter. It was like ...ah... it was a, it was a pressure to it, almost.

Unlike Jonathan, Joe always felt highly conflicted about his son’s cross-gender behavior. He remembers responding to Joe Jr.’s symptoms with “panic and anger,” and by going into “emergency” mode, forcing a sudden sports education on him. He now believes that this response only served to make his son more scared of being a boy. But, to his great regret, at the time he could not see this, and simply felt panicked and overwhelmed. It is thus very likely that Joe felt deficient as a boy, and, for some time, as a man, and that any deficiency in his son’s masculinity would therefore be experienced as highly threatening. Whether Joe may *also* unconsciously associate masculinity with macho, abusive, scornful and out-of-control aggressive behavior such as he experienced via his father, and whether

he may therefore discourage behavior in his son that reminds him of these qualities, remains an open question.

Though he deeply values what he has learned about the importance of working first to accept and connect to his son as he *is*, before trying to help him to change, Joe continues to worry that his son may make some future choices – relating, especially to sexual orientation – that Joe would have a great deal of difficulty accepting. His number one wish for his son in the future is to “be happy, playing by the social rules that make society good.” This wish, which embodies his deeply felt values of honesty and integrity, is also strongly associated, in Joe’s mind, with a heterosexual outcome.

Case 3 – Greg

Greg, a white, middle-class man in his late 30's, is employed in his wife's family business. They have two children, a 6-year-old son and a 3 year-old daughter. Their son, Richie, is currently in treatment for Gender Identity Disorder.

Of the subjects in this study, Greg was the most visibly anxious and avoidant in the interview process, and the most difficult to reassure. Though superficially friendly and familiar – and eager to share childhood stories that portrayed his family as normal and wholesome – he seemed wary about what we were studying and what we might conclude about him. The profound humiliation he has felt in response to Richie's cross-gender symptoms, and which he is prone to re-experience in any encounter that is connected with them, leads him to experience the process of reflection as dangerous.

Brief Family History:

Greg, the only child born to his mother, was the third child born to his father, whose previous wife was killed in a car accident. After the first wife's death, the two sons from that marriage went to live with their deceased mother's family, while their father moved east, married Greg's mother and started a new family. When Greg was 2, his mother encouraged his father to bring the older sons east, so that they could all live together as one family. During this time, she reportedly also devised a career change for Greg's father, transforming him from an unemployed plumber into a highly successful hairdresser and owner of a number of area hair salons.

Though the family prospered financially, the marriage was an unhappy one. Greg remembers huddling in bed with his older brothers, trying to block out the noise from the screaming arguments downstairs. After a period of particularly intense bouts – the final one following the revelation that Greg's father was having an affair with his wife's best friend – Greg's parents divorced when he was about 10 years old. His father moved out and took his two eldest sons with him, leaving Greg behind to live alone with his highly embittered mother. Greg reports that his father, who "had more money than God," rarely

made child care payments, and his mother had to work long hours to make ends meet. When Greg was 12, she sold the family's extravagant home, and they moved in with her mother, where she and Greg remained for the rest of his childhood.

Greg experienced the divorce not only as an abandonment, but also as a public humiliation. By his report, divorce was practically unheard of in the Catholic school they attended; his parents' divorce was both shocking and shameful.

State of Mind with regard to Attachment:

Greg's primary AAI classification – Unresolved in Respect to Traumas – reflects a disorganization stemming from the unresolved trauma of his parents' divorce and the subsequent dissolution of the family. He was assigned two alternate classifications: D1 (Dismissing of Attachment) and E3 (Preoccupied/ Entangled – Fearfully preoccupied by traumatic events). As is true with a number of fathers in this study, the fact that Greg simultaneously meets at least some criteria for both of these disparate categories suggests that his past experiences have remained deeply split and unintegrated (though, for this subject, the avoidant elements appear more consistently than does the preoccupation, and thus the assignment of a CC classification appears unwarranted). His overall reflective functioning rating of 2-3 (Questionable or Low RF) is of the naive-simplistic type, reflecting a highly limited understanding of his own and others' intentions.

The fact that the traumatic experience of the events surrounding his parents' divorce remains painfully unresolved for Greg was evident throughout the interview. Not only did the topic of the divorce serve as the reference point for all other childhood events, but it also frequently intruded on seemingly unrelated narratives. For example, when telling about the recent death of his uncle (which was not in itself a major loss for him), he shifted abruptly to the topic of the divorce:

her brother [Greg's uncle], who was a deaf mute, lived there with, with her mother, my mother's mother, since day one, so I grew up with him. 51 years old, the picture of health and, whala, you know not to be ...um... but, it, it affected my mother totally, the divorce, I mean, She got, you know, neurotic. It has to be her way or no way....

When references to the trauma such as this are abruptly inserted into other narratives, it suggests that the subject's thoughts continue to be organized around the traumatic event, and that associations leading back to the trauma are so powerful as to undermine the subject's coherence. In Greg's case it is striking that, in addition to exerting a *disorganizing* influence on his current thought, the divorce has come to serve an *organizing* function as well – that it has come to represent all the distress of his past. When asked, for example, about what he did when he was upset as a child, Greg becomes quite disorganized and, without ever hearing the slip, he substitutes the word “divorce” for “upset”:

[looking somewhat stunned] Cry. I m-, yeah, I, I mean, said, you know, you, you, the only time I got divorced in my father's day was when... my parents argued. So y-, so I, so y-, so you cry, I mean. I didn't throw things, I didn't *act* different. I didn't ...um... no, you know. Um... but, no, I mean, what do you mean when you were upset? Do you mean, as far as the divorce?

In this and other moments, the divorce seems to function to contain for a wide range of negative affective experiences which are potentially destabilizing for him. It is possible that Greg's “divorce” memories are screen memories which represent more intensely frightening experiences, such as witnessing traumatic levels of violence between his parents. But even if his parents were never overtly physically violent, the fundamental insecurity of Greg's early attachment relationships with them – and the brittle, avoidant style that they engendered in him – easily accounts for his vulnerability to experience the divorce as overwhelming and traumatic. Such an avoidant style, which would make it very difficult for him to recognize his own distress and to seek out help from others, coupled with the fact that his parents appear to have been ill-equipped to respond sensitively to indirect indications of emotional distress, would likely have prompted Greg to deny all feelings about the divorce, refusing to deal with them unless completely (and frighteningly) overcome by them.

The sharp split that Greg maintains between pre- and post-divorce childhood, characteristic of this avoidant style, is supported by his intense idealization of the pre-divorce years. When asked to describe his early relationships with his parents, he says:

...growing up it was, it was you know we were the... we were the... the... Rice Krispies and Special K family. We just ...um... you know always did things as a family, go up to Niagara Falls three times a year, we did this, we did that... let's go see your brother do this... that's what we did. And my parents were very good... tremendous.

Greg's devotion to all-American images is so dogged and persistent that it almost has the quality of an obsession. He refers frequently, for instance, to the television comedy, "Happy Days," and holds up the lead character – a clean-cut, high school boy of the 50's – as his ideal of boyhood. In similar fashion, he consistently defines family members by their roles rather than by individual characteristics ("your Dad worked, made money, your mom car-pooled, that's how it was"), thus avoiding the process of reflecting on his actual experiences with them. These banal images defend against the shame and humiliation that he has come to associate with the divorce. But, perhaps more importantly, they also serve to deny troubling aspects of his early relationships.

Not surprisingly, Greg is unable to provide convincing support for his glowing generalizations about pre-divorce childhood. When asked about being held, he responds that his was not "the huggy-huggy family," adding quickly, however, that it "never bothered us at all" and that, being boys, he and his brothers didn't want that kind of stuff. With this explanation, Greg reverses his mother's rejecting behavior (it wasn't that *she* didn't want *us*, but that *we* didn't want *her*) and incorporates an avoidant ideal into his conception of masculinity (boys don't need hugs). Similarly, when describing his mother's controlling and furious responses to the boys' antics, he adopts a humorously dismissive stance – "that wench went nuts" – and thus expresses his underlying hostility toward her.

Greg's portrayal of his father is similarly permeated with extreme but unrecognized contradictions: He is both the "greatest guy you'd ever want to meet" and the cheating, dead-beat who deserted his wife and son. Unable to resolve these contradictions, Greg oscillates between the two realities. The "greatest guy" image is closely related, in his mind, to stereotypical masculine ideals, and any hint of a challenge to this macho image makes Greg extremely anxious. This defensiveness is apparent in his initial description of his father: You'd think, Greg anxiously jokes, that someone who works in beauty salons

might be gay, but Greg's father was "*the complete opposite.*" Greg goes to considerable lengths to support this assertion with accounts of athletic prowess and financial success.

It is not clear whether Greg's anxiety on this subject is linked to fears and conflicts around the general issue of homosexuality, to a potential for narcissistic injury in relation to his masculinity, or both. It *is* clear, however, that, Greg experienced his father as sharing his vulnerability to experiences of shame. Greg clearly recalls, for instance, that one lesson the boys all learned in relation to their father was "don't ever, *ever* embarrass him." When embarrassed, Greg's father would strike out physically, without warning or apology. One might speculate that in order to avoid the father's rage, the family had to work hard to uphold the father's confidence in his own masculinity – a confidence which seemed to be undermined by the fact that he had allowed his wife to install him in what he experienced as a feminized career.

In the midst of these family dynamics, there appears to have been little opportunity for Greg to form secure attachments. His mother appears to have been both domineering and at least somewhat rejecting. Being left to live alone with her – particularly after having been thoroughly schooled in the belief that dismissing women, shunning dependence on them, and idealizing "the guys" is the only acceptable attitude for a boy – must have been an intensely anxiety-provoking experience for Greg. His parents' prolonged and bitter court battles, coupled with the father's withdrawal of financial and personal support, must also have been devastating for Greg – crippling both to his already-limited feeling of security in relationships and to his sense of self-worth. Now, as an adult, Greg's intensely fearful and avoidant stance in relation to any demand that he reflect on past relationships may well be adaptive, since he is clearly not yet equipped to protect himself from being re-traumatized by the re-activation of these difficult memories.

Dynamics:

Like his AAI narratives, Greg's early memories suggest that his embrace of "normality" is a defense against more destructive feelings. His first memory – of going to the movies with his brothers and watching a scene in which the killer pulls out a man's intestines and starts swinging them around the air – contains a "normal" and seemingly

benign image of going to the movies which then turns malevolent. Despite the fact that this image is counterbalanced by other, less primitive memories, its position as Greg's earliest memory indicates its centrality, and serves to highlight the potential for Greg's superficial images of others to become transformed, in times of stress, into malevolent and not fully human internal objects. Such themes of anxieties about bodily integrity and out-of-control aggression – both his own and that of others – pervade Greg's early memories.

Though Greg's father is depicted in his memories much as he was on the AAI – with the spotlight on his sexual attractiveness to women, his big-spending style, and successes in sports – his frightening level of aggression is repeatedly emphasized. In one memory, Greg watches as his father gives Greg's 13-year-old brother a sharp elbow in the ribs during a father-son basketball game. Though this and other similar memories are offered in the spirit of admiration, they suggest that, in Greg's mind, any attempt to compete with his father in this macho world was both doomed and potentially dangerous. (An indication of the extent of his anxiety, though not its source, is provided by another memory in which he reports that he wet his bed regularly until the age of 11.)

The portrait of his mother is equally, if not more, disturbing. His earliest memory of her – a mocking image of her “slapping together... the worst sandwiches ever” – seems to serve as an indictment, cloaked in humor, of her general lack of capacity for nurturance. But of greater concern is a second memory, in which his mother took the boys tobogganing. He tells of how he and his friends accidentally steered their sled over a ridge:

We went ... soaring off the ground for about 30 yards and I mean, when we hit the ground, we actually were all crying. I mean, we were in such pain. It was horrendous. And... I mean, it was scary. We were like, this is nuts... So she said, oh, you guys, you guys are chicken. She did it. Let's call 911. [Jubilantly] That was it. [Q?] That's it. She went boom. Here comes 911. Call my dad, What happened? I don't know dad, here, talk to a doctor. Yeah, your wife broke, whatever, fractur-, wife broke her back. What do you mean, tobogganing, he goes, what was she doing? [Laughing] But the best part, we were embarrassed cause she was moaning and groaning. Like we felt stupid, like awhh. You know? I'm like, this is... [rapidly under breath] coulda been dead. [Normal tone] But I'll tell ya, she hit it then... this was the hospital, the whole bit for, like, 3 days.

Though he attempts to present this story in a comic fashion, it is in fact quite a disturbing incident. Not only does his mother respond to his pain and fear by mocking him, but her own impulsivity and poor judgment results in her being seriously injured. As he describes her injury, Greg's narrative becomes confused. There is a loss of distance from the past material, and he begins to speak in clipped, shorthand dialogue. Though he labels the feeling in the memory as embarrassment, it is clear that he was terrified. His sudden shift to a whisper – “coulda been dead” – is strongly suggestive of dissociative process in which he is caught up in the reactivated memory of the trauma.

It appears likely that Greg was frequently so frightened by his experience of his parents' emotional instability that he systematically avoided reflecting on their thoughts and feelings. This avoidance of reflection, in turn, made it difficult for him to gain any perspective on his early relationships; as a result, the memories of them persist as fragmented and unintegrated elements of his experience.

Intergenerational Issues:

In thinking about Greg's current relationship to his son, it is clear that he is a caring and devoted father who has made certain career choices – most recently rejecting a promotion to a job that would require extensive travel – based largely on his wish to be home and available to his family. It is equally clear, however, that his conception of spending time with his son has focused on his own, rather than Richie's interests. Since the onset of Richie's GID, Greg has tried hard to help his son, but is handicapped in this process by a limited capacity to conceptualize the nature and meaning of Richie's distress. Though he is very disturbed by Richie's cross-gender behavior and desperately wants to eliminate it, Greg is resistant to any conception of Richie's symptoms as arising from anxiety or distress. Instead, as he thinks back to the first appearance of cross-gender behaviors, Greg insists that Richie was shamelessly seeking attention from others, indifferent to the suffering his behavior was causing for his parents: “I mean, I once told him, I said, yeah, he goes yeah, he was the star and guess what, meanwhile his dad and mother sitting there with our hearts to their toes, like.” For Greg, Richie's stereotypically feminine behavior represents a bid for special attention and, instead of feeling worried that

Richie will eventually suffer from being ostracized or rejected by his peers, Greg appears to envy what he perceives as Richie's "star" status. His resentment of Richie's pleasure in being "cute" so intense that it has led Greg to wonder whether Richie needs to get beaten up by some other boys, just to teach him that he can't act that way.

Greg's experience of Richie's cross-gender behavior as a betrayal is compatible with his highly narcissistic internal representation of their relationship. His memories of Richie, all of which focus on the abatement (or perhaps merely Richie's concealment) of cross-gender interests, are equally governed by his own narcissism:

[most striking memory] I took him to the park yesterday, gave him the bat and I'm pitching to him and I'm just like, I'm looking at him. [Almost whispering; reverential] He's looking just like me. And I'm pitching the ball to him and I'm like – this is me.

[most characteristic memory] Probably the fact that he's like, we walk down the street together, a lot of people look at us together. A lot of people stare at Richie and I. A lot do. I've noticed that. [Q?] You can tell that they're father and son, obviously. That, that's probably it ...um... he wanted me to buy these new, cool basketball sneakers, which I'm gonna do -- high-top Converse, which I was thrilled to death by -- he, you know, shorts are down to here, socks are rolled down, high-tops on, the shirts... I mean, you're typical... and he's typical.

Greg's memories of his son demonstrate his need to see in Richie an idealized image of himself as a boy. His reliance on surface detail is striking, as is the near-total absence of speculation about inner experience – both his own and his son's.

Given the inevitable tension between Greg's need for his son to be a "typical" boy and his experience of Richie's cross-gender behavior as preventing the fulfillment of this need, how might we construe the intergenerational themes in this case? Greg's wish for a picture-perfect family is intimately linked to his anxieties about his own masculinity. Since early experiences have led him to place an inordinate value on an extremely narrow and concrete definition of masculine identity – a definition which emphasizes the extreme denial of dependency – it would be impossible for any boy to fulfill this masculine ideal. And since any departure from this ideal generates not only intense shame, but also rage, it could hardly be possible for Greg to raise a son without feeling buffeted by intense and unmanageable affects. Given his deep wish to avoid the frightening scenes that he

witnessed between his parents as a child, Greg tends to suppress negative feelings. But even assuming he doesn't fly into rages as his father did, Greg's violent unconscious fantasies – his fantasy of Richie being beaten up by other boys, for example, and his morbid preoccupation with violent crimes against helpless children – are likely to be communicated to his children via anxieties and over-protectiveness.

Given the deep splits in Greg's view of masculinity, he is likely to simultaneously punish and reinforce what he perceives as forbidden efforts, on his son's part, to get pleasurable attention from women (including, quite possibly, Richie's mother). Since Greg's avoidant style inhibits his pursuit of the loving maternal attention that he still longs for, he may be highly motivated to obtain some vicarious satisfaction from his son's behavior. At the same time, he also resents the attention Richie has gotten from others and feels intensely humiliated and emasculated by his son's public cross-gender displays; the anger that is the inevitable result of this humiliation has, at times, led him to become sadistic and coercive, and to "ram sports down his throat".

Thus, though it is beyond the scope of this study to examine directly the etiology of GID in Greg's son, it is clear that in this case, like the preceding ones, cross-gender behaviors, once mobilized in the child, could not possibly be greeted by this father with anything but the most intensely conflicted – and, consequently, the most frightening and confusing – kinds of responses.

Case 4 – Nick

Nick is a white, married middle-class businessman in his late 30's. He and his wife have three sons: a 6-year-old and 3-year-old twins. Their eldest son, John, is currently in treatment for Gender Identity Disorder.

In the interview process, Nick was amiable, unassuming, eager to please, and generous with his time (willing to drive a considerable distance and take off half a day of work to participate). Acknowledging that his life is often hectic and out-of-control, he appears resigned to living with a high level of chaos both at work, where he feels chronically pressured, and at home, where he has to deal with the constant screaming and fighting of his three sons. In the interview, however, he seemed to appreciate the opportunity to sit quietly and talk. He enjoys laughing about his own and others' foibles, and his ironic sense of humor was, at times, gentle and affectionate, and at other times, subtly mocking and distancing. When anxious, as he often was in talking about difficult aspects of his childhood relationships, his laugh took on a reflexive and nervous quality.

Brief Family History

The third of five children born to his middle-class parents, Nick was raised, along with his 2 older sisters and 2 younger brothers, in a comfortable house in a suburban neighborhood. His mother, though trained as a nurse, stayed home full-time until Nick was in high school. Shy with outsiders, she was, in Nick's view, selflessly devoted to her children and constantly occupied with caring for her family. Nick's father, who worked for the county, is a large and physically powerful man who, according to Nick, is rather "like the mayor" – highly sociable and able to talk to anyone. An avid sports enthusiast, the father actively supported his five children's athletic interests and pursuits.

Though both parents appear to have spent ample time with their children – the mother playing ball alongside the kids in the backyard and the father attending every sporting event and building fortresses in the snow – Nick's pleasure in family activities was tainted by his constant dread of his father's explosive temper. It was difficult to

predict what might set the father off and, being a shy and cautious child by nature, Nick tried hard to avoid trouble. When Nick was in junior high-school, his father's long-standing drinking problem escalated. Nick reports that the drinking would start every night at 5:30, and his father would often be in a drunken rage by dinnertime. The mother was the primary victim of the verbal abuse; the kids tried to keep away. Nick tells about one time when he became the target: His mother passed the zucchini at the dinner table, and when he said "no thank you" his father exploded into a violent rage, actually chasing him up the stairs and into his room. Nick's mother followed and tried to intervene, but only after roughly pushing her to the ground did the father come to his senses and back off. After a couple of years of these scenes, Nick's father eventually went into AA, and has remained sober ever since.

Though terrified by these explosions, Nick reports that of the 5 children, he was the most forgiving and supportive of his father, through the bad years and afterward. Though Nick himself feels closest to his mother – and believes that, in his "easy-going" temperament, he is more similar to her than to his father – his support of his father has led his family to perceive the two of them as being very close.

Attachment-related State of Mind

Nick's primary AAI classification, Unresolved in Respect to Traumas, indicates the potential for his thought processes to become disorganized around memories of his father's abusive behavior. His secondary classification, however, is secure (F4 – Secure/Free/ Autonomous; Strong valuing of relationships with some accompanying preoccupation with attachment figures, separations or past traumas). His overall reflective functioning rating of 2-3 (Questionable or Low RF) is of the miscellaneous type, reflecting variable, limited understanding of his own and others' internal experience.

There are several indications that Nick's childhood fear of his father has retained its powerful intensity in the present. First, Nick's nervous laugh becomes markedly more frequent and intense as he talks about his father, even when he is not discussing moments of abuse. The laugh, which serves to release the anxiety that he feels, also provides a safe avenue for subversion of the father's authority and expression of anger toward him. In

illustrating his choice of the adjective, “crazy,” Nick describes a secret joke that was maintained for years:

Crazy. [nervous laughter] He had a nickname. His name was David, we call him Crazy Dave. So every father’s day he got a Christian Dior, got lots of things with that “CD” on it. [laughing] CD for Crazy Dave. Everywhere he went he was CD. Where’s CD? [more laughter]... He never picked up on that for a long time. I don’t know, it was... I think it was actually his 60th birthday, or fif-... it was 60th birthday when we actually explained to him what CD meant... My mother understood it, but I don’t think he ever really picked up that that’s what we were doing [nervous laughter].

A second indication of lack of resolution can be seen in Nick’s speech, which loses its usual coherence when he describes his father. This loss of coherence was apparent in his first reference to his father: “Um... I’ve always been very close to my father. Um... he was ...ah... he’s a big man. He was ...ah... he wasn’t much... my mother did everything.” This confused statement is followed by a narrative in which he alternates back and forth between relatively clear descriptions of his mother and anxiously truncated statements about his father. It is as if the topic of his father is pressing, yet too anxiety-provoking to be tolerated for very long.

A third indication of lack of resolution derives from the fact that Nick’s fear of his father is coupled with anxiety about his own temper. Though he views himself as a steadfastly quiet, gentle, easy-going person, Nick also knows that, when really pressured he, too, can “lose it.” He experiences his temper, however, not as a part of him that can be understood but, rather, as a powerful and impersonal force which sweeps over him and then departs. He uses the same phrase – “scream and yell” – to describe both his current temper with his sons as his father’s past explosions. It is a stock description which has a vague, undifferentiated and rote-repetitive quality that forestalls reflection. Though he reports that it is rare that he loses his temper, the moments when he does so are likely to be moments of re-activation of intense and frightening dissociated rage.

In cases such as this one, in which the unresolved trauma is linked to abusive behavior in a parent over an extended period of time, the family dynamics to which this abuse gives rise are powerful and complex. The specific indications of disorganized thought processes may be relatively circumscribed, evident only when the subject is

discussing the abuse. But the impact of the parent's abusive behavior on the subject's adult character, identifications, self-image, relationship patterns, and unconscious fantasies may nevertheless be quite pervasive. In Nick's case, many aspects of his adult personality appear to be clearly related to his childhood fear. Primary among these influences – though undoubtedly of complex and multi-determined origin – is Nick's intense identification with his mother. Though he offers few detailed descriptions of interactions between himself and his mother, he describes a feeling of closeness which he links to the idea that they share a quiet, shy, tolerant and yet playful temperament. His description of his mother – in her life-long role of the “little kid” in her own family of origin, as a backyard playmate with Nick and his siblings, and his co-conspirator, hiding transgressions from the explosive father – is at times more suggestive of a relationship with a protective sibling than a competent adult. But Nick, who never questions or criticizes his mother's inability to stand up to his father, seems to have adopted his mother's containing and placating stance. His status within the family as the supportive child, the one who did not get mad, but instead forgave the father, serves the double function of fulfilling his identification with his mother and fending off his fears of being taken over by the father's explosive personality.

Nick appears to feel gratified by his role as the easy-going and undemanding one within the family. He recalls with pride how his mother used to boast of being able to leave him content in his playpen for hours in front of the TV, and he scrupulously avoids any reference to feelings of deprivation or longing for more attention. Though he acknowledges that his mother is not a very “affectionate” person, recalling that she would “back off” when “people come to kiss you and stuff,” he never describes his personal reaction to this tendency. He seems, instead, to have made an uneasy peace with the idea that the way to his parents' hearts is to be forgiving, accepting and undemanding.

Dynamics

Nick's Early Memories echo many of the above themes, lending further support to the image of Nick as essentially passive – an on-looker who is peripheral to the central action of life – and highlighting his tendency to keenly observe external details, such as

clothing and mannerisms, while avoiding reflection on internal experiences. Thus, he pictures himself standing awkwardly in a seersucker suit during kindergarten graduation; his mother sitting silently on the couch in the middle of the night, wearing red lipstick, smoking and watching the late show; his father, bare-chested, beer belly hanging over his shorts, working maniacally all through the night to put up the above-ground pool. These images, though vividly detailed, convey a sense of privacy, opacity and aloneness, and one senses that this solitude has a comforting and familiar quality for him. Nick also depicts more dynamic scenes, in which individual idiosyncrasies combine to create comic interactions. He recalls, for instance, his father's determination to take perfectly-lit home movies of the children coming down the stairs on Christmas morning; he remembers vividly the children's impatient jostling of each other as they are told to keep in their places on the stairs while he readies the camera. But this image and others like it create a comedy of manners, in which internal experiences of the players are largely irrelevant.

These denied aspects of Nick's affective experience, though much more anxiety-provoking for him, do make their way into his memories. Unlike the above memories, in which Nick so clearly describes the scene, his expressions of more intense feelings tend to be more indirect, evident in images onto which the aggressive impulses and the longing for nurturance are displaced and/or projected. One memory, offered as his next-earliest highlights both processes:

I remember.. And I had a chance to – it was a little poodle – and I had a chance to hold the poodle. I see the dog sitting in my lap looking at me [laughs]. It's kind of weird. (feeling?) Oh, it was great... I just... I really enjoyed going to kindergarten to be able to see the dog. We had rabbits, and actually, that's a thing I remember, ...ah... there was a German Shepherd that was in the family across the street from where the school was, and he got into school one night and killed the rabbit. And I can remember that, coming in and asking where the rabbit was. And the dog had got in at night. I remember... and she told us the truth, I remember her telling us that he came around here and killed him. (feeling?) ...Ah... I don't remember really how I reacted but I'm sure I was upset. ...Ah... I don't really remember. I remember her telling us that.

The image of holding the puppy – an image to which he repeatedly returns – is an image of powerfully satisfying warmth and intimacy. Given his paucity of more differentiated memories of intimacy, Nick's preoccupation with holding cute and cuddly animals

suggests not only a longing for primary experiences of nurturance, but also a defensive flight from more mature and sexually-loaded interactions. This avoidance can be accounted for, at least in part, by reference to the image of the killer German shepherd in the above memory – an image of a violent masculine force which eludes the control of others and destroys the helpless little animal. It is characteristic of Nick's imagery that a quiet woman then comes in to report the violence, which she can neither prevent nor contain. Though his memories contain other representations of masculine potency which are not violent, Nick holds himself at a distance from even these more benign images, choosing the safer role of the admiring and/or mocking observer. He remains determined to distance himself, not only from the attacks of the German Shepherd, but also from any conscious experience of identification with its destructive impulses.

Intergenerational Issues

Nick remembers John's first years as stressful and chaotic, and he has come to sorely regret the fact that his job required that his family relocate overseas for three years. He especially regrets that circumstances surrounding the family's moves back and forth led Nick to be separated from his wife and son for several months on two separate occasions. Nick reports that the second of these separations, which coincided with the birth of John's twin brothers, was followed by an extended period of stress and exhaustion caused by the twins' round-the-clock colic. Both he and his wife were irritable and depleted, and John, according to Nick, got little time and attention from either of them.

Though home circumstances are somewhat more settled now, Nick describes the family's life as involving a continually high level of chaos and conflict. Not surprisingly, Nick frequently plays a peacemaking role between his wife, whom he describes as anxious and volatile, and John, whom he sees as tortured and tempestuous. His relationship with John, according to Nick, has always been "very, very close." John likes Nick to lie in bed with him at night, and turns to him (rather than his mother) when he is upset. Nick reports that he tries to shield the children from his wife's intense temper, but also acknowledges he may, in the past, have underestimated the effects on John of his own occasional tendency to "yell and scream."

In response to John's cross-gender symptoms, Nick was initially unconcerned. He recalls that in pretend play John always wanted the female role: "Dad, play with me. You be the prince, and I'll be the princess." After a period of these play sessions, Nick remembers that he began to be uncomfortable. As he describes his dawning sense, during these games, that "maybe this is wrong. We shouldn't be doing this," Nick's wording suggests a sense of guilty collusion. Despite remaining doubtful and "scared," he eventually agreed to his wife's plan to have John evaluated.

Nick's intense response to his son's cross-gender fantasies has exerted a powerful influence on the quality of his internal representations of John. When asked to describe his memory of John that is most characteristic of him, Nick offers the following description:

...Ah... [laugh] He wears his blanket on his head. It's like hair. ...Ah... and that, that's John. And one of my T-shirts. And I think it is mine; he thinks he's got a dress on. But that's classic John, around the house. [What do you notice about him?] The discomfort he has with himself. Um... he's, he's, [smiling] he's a beautiful boy... he's well-liked and everything else ...ah... he's a bright little kid, he's just, he's not happy with himself. You can see the torture, just when he sits in his chair. You know, with the guard down, watching TV, kind of going off in his own little world, in fact like I used to [anxious laugh], but ...ah... but it really it's ...ah... it bothers me. In the sense that I know he's not happy. And I don't know if he'll ever be happy... Just talking to him you can hear it in his voice, how much it really bothers him. [What can you hear?] That he wants to be a girl, so bad. ...Ah... and that no matter what you do... it's in his mind. I want to be a girl. No matter what you do or tell me, it doesn't matter. I want to be a girl.

This description is poignant and deeply caring, but also troubling. It is troubling that, despite his obvious love and concern for John, Nick's tone in describing his son's preoccupation with cross-dressing and his "beautiful" appearance is completely accepting. This acceptance raises a difficult question. Does Nick's attitude simply represent his capacity for loving tolerance of what he perceives as his son's homosexual development? Some would argue that it does. But other elements suggest that the picture may be more complex. One can also ask, for example, why Nick takes John's cross-gender symptoms and fantasies so literally, why he seems *so* ready to understand John's distress exclusively in terms of his wish to be a girl, rather than wondering what other feelings might motivate it. It is also important to note the indications of Nick's identification with John: first, in

his laughing association that he, too, tended to go “off into his own little world,” and second, in his sudden and unmarked shift into first-person dialogue as he describes what he views as John’s desperate wish to be a girl. This identification raises important, but unanswered, questions about Nick’s potential to confuse his own unconscious fantasies with those of his son.

At other points in the interview, Nick reveals his preoccupying fear that John’s wish to be a girl will lead him to commit suicide. But, again, he accounts for his fear solely in terms of the idea that John might not be able to bear living as a boy. Though it is impossible to know, from this data, to what extent Nick’s grave concerns about John are projections of his own depressive impulses and his own profound conflicts regarding masculinity, Nick’s history certainly suggests that such a hypothesis is worth considering.

Though space does not permit detailed consideration of all elements of Nick’s representations of John, one other theme that is particularly striking emerges via his most “striking” memory: of holding John after his birth and looking down at him with intense love. He recalls that the intensity of this love was “weird” and quite unnerving for him in that it led him to question his love for his wife, which seemed pale by contrast. One can easily imagine that the powerful experience of holding his first child, like his many earlier memories of holding animals, would be felt as profoundly reparative. But this reparative fantasy and its accompanying intense feelings are quickly followed by anxious comparisons, in Nick’s mind, between his love for his wife and his love for his infant son. The fact that he feels compelled to make this comparison implies a lack of differentiation of different types of love, and suggests a potential, within Nick, for sexual and nurturant elements of relationships to become blurred and confused.

In reviewing the broad intergenerational themes in Nick’s case, there are several aspects of Nick’s current family life that strongly echo past relationships. First, Nick views himself, like his own mother, as married to an unpredictable and explosive partner whom the children fear, and from whom he can offer only limited protection. He depicts himself and John as huddled together in a “very, very close” relationship which excludes the tyrannical parent. It is likely, furthermore, that this theme, which is powerfully evocative of his childhood relationships, is intimately related to Nick’s feelings about

gender. Given that Nick strongly identifies both with his mother and with his son – while simultaneously splitting off what he experiences as a “crazy” and dangerous identification with his father – it is possible that he may be experiencing John’s stereotypical “feminine” preoccupations as deeply satisfying, while discouraging behavior in John that he perceives as more masculine and therefore more threatening.

In a second (and related) echo of the past, Nick expresses great pleasure in certain of John’s role-reversed behaviors – particularly “sweet” and highly compliant behaviors like spontaneously clearing the table at parties and pulling out chairs for all the women – and he also values indications from John that he is the preferred parent. This experience of being appreciated and cared for (of being “mothered,” one might say) is deeply gratifying for Nick. It is as if, having sacrificed the full expression of his own needs in the process of providing role-reversed caretaking for his parents, Nick unconsciously feels entitled to exact the same level of responsiveness and caretaking from his son. He seems to look past indications that his son may feel pressured and/or angered by this expectation. This subtle blindness is evident in his description of the nightly scenes in which he lies in bed next to John:

He usually turns to, you know, he gives you his back. And then he always comes over and says I love you Daddy, and then goes back. I can just, I mean every night... And sometimes he’s mad and he won’t do that but, ah, but just to me he’s got the blanket partly on his head and party wrapped around his finger and he’s trying to hold, looks at you and tells you he loves you. That’s all.

In this image, as in others, he chooses to emphasize John’s expressions of infantile and loving impulses rather than his more avoidant and angry ones. This, too, appears to echo Nick’s childhood experiences of denying his own anger.

Nick’s fundamental humility leads him to acknowledge readily that he has certainly made mistakes with John. He regrets that so much of John’s early life was chaotic and disorganized, and he is sorry that he yells. He feels demoralized, at times, by John’s negativity and hopes that someday John will recognize that, “the reason we yell, the times we yell, and the things we do, the things we do is cause we love them, not because we’re trying to be mean.” In this wish, he seems to be voicing his hope that his children will forgive him just as he has (somewhat shallowly) forgiven his parents.

Case 5 – Jeremy

Jeremy, a white, upper-middle-class man in his late 40's, is a successful lawyer. He and his wife have two children, a 10-year-old daughter and a 13-year-old son. Their son was treated for Gender Identity Disorder for three years beginning at age 5.

In the interview process, Jeremy's style was engaging and somewhat controlling. An intelligent and articulate man with an appealingly wry sense of humor, he approached the subject of his childhood in a measured and cautious way, reminding the interviewer that, as a man, he is not accustomed to talking about these things. Listening to his responses, it is easy to sense the lawyer in him: he is adept at forming a coherent argument, supported by clear and concise evidence, and presented with charm and humor. And it is only later that one recognizes that serious questions linger – that the evidence is not as clear and conclusive as it seemed. Jeremy's intention does not appear to be to manipulate; rather, he seems to be instinctively using the best defensive strategies he has to contain and organize material that is highly loaded, conflictual and unnerving to him.

Brief family background:

Jeremy grew up in an affluent suburban community, the second of two sons. His parents were both raised in large, Italian-immigrant families, and Jeremy recalls his childhood home as very "old-world," with a stern and patriarchal father who was highly protective, and a hard-working mother who devoted herself to meeting the needs of her husband and sons. His father wanted the best for his children, generously satisfying their material wants and sending them to private schools. His strict traditional discipline, however, verged on physical abuse. Whenever Jeremy and his brother stepped out of line – once or twice a month, on average – they received severe whippings with a belt that left them sore for days. Jeremy's mother, whom he depicts as loving and ready to provide hugs and concrete remedies such as Band-Aids and snacks, was *herself* obedient to his father, and never questioned his harsh disciplinary methods.

Now, from an adult perspective, Jeremy reports that his relationships with his parents changed dramatically over the years. His father, recognizing his independence and no longer taking the role of the disciplinarian, “mellowed out” and became available for a different kind of relationship. Tragically, however, he suffered a sudden and fatal heart attack shortly after Jeremy’s son was born, leaving Jeremy utterly “devastated.” Jeremy feels that his mother took a dramatic “turn for the worse” following the father’s death, becoming cantankerous, increasingly controlling and “crazy.”

Attachment-Related State of Mind:

Jeremy’s primary AAI classification, E2 (Preoccupied/Entangled – Angry Type), reflects his continued struggle to free himself from entanglement with past relationships. His secondary classifications – E3 (Preoccupied/Entangled – Fearfully preoccupied by traumatic events) and U/d (Unresolved with Respect to Traumas) – reflect his experiences of physical abuse, and his subsequent partially unresolved mourning of the loss of his father. His overall reflective functioning rating of 4-5 is of the inconsistent type, reflecting an essentially ordinary capacity for reflection which he nevertheless employs in a somewhat limited and variable fashion.

Jeremy’s father was a tremendously powerful, often frightening, figure in Jeremy’s childhood, and his continued domineering presence in Jeremy’s internal world is still evident now. In his descriptions of his father, whom he admires in many ways, there is a sense that Jeremy’s experience of the good and the bad in their relationship is difficult for him to integrate. And because he is unable to integrate his contradictory experiences within the relationship at any one point in time, Jeremy tends to locate the “bad” in childhood and the “good” in his later relationship. Thus, the childhood relationship, dominated by his father’s cruel and arbitrary discipline, is seen as quite distinct from the adult relationship, in which father and son could respect each other as men. In his profound identification with his father, he feels that he has inherited both good and bad, and he is aware of being frequently engaged in an internal dialogue with his father about what is the right way to proceed. His father’s ideals – being a strong and protective family man, speaking little of feelings, maintaining strict and absolute authority over his wife and

kids – are also still alive within Jeremy, and, though he questions certain aspects of that authoritarian style on an intellectual level, he is aware that his emotional responses continue to be governed by them. This identification extends, to some degree, to his experiences of his father’s violence. His continued struggle to dissociate himself from his father’s abusive behavior is clear in the following memory:

I have a recollection of – I don’t know if I mentioned this – a teacher, I think I was in about 7th or 8th grade, called home and said I was acting out in class. Did I mention this? Well, unbeknownst to me, the teacher called home. So... I come home, and I open the door, BANG! Not hello. BANG! Down. What’d I do? Your teacher called. Oh. It was like shocking. Shocking. I really think the proper approach woulda been, let’s talk about this first. I think that’s what I would do. I don’t think I would smack Greg before he had the door closed. BANG. That, I remember.

Though, true to his father’s “old-world” style, Jeremy offers only scant details concerning his *feelings* about the beatings, his fear of his father’s temper is nevertheless apparent. An indication of the intensity of this fear is provided in another memory – a recollection of being upset as a child. He remembers standing alone outside after his father hit him (he can’t remember why) and looking up at the sky and saying “I can’t stand this man anymore. I want to get away from here.” Such a comment, with its brevity and lack of surrounding detail, could easily be heard as a child’s predictably angry response to being chastised. But, for Jeremy, this characteristically brief account of internal experience speaks to a degree of distress that the rest of the interview only hints at.

Despite (or, perhaps, partly *because* of) the intensity of his suffering at the hands of his father, Jeremy’s experience of his father’s death was completely overwhelming for him. His current despair is apparent as he discusses the loss, which he describes as if it occurred yesterday, and not more than a decade ago. He recalls the loss as utterly “devastating” – the worst thing that has ever happened to him – and reports that, following the loss, he began drinking heavily (a practice which has persisted) and resumed smoking cigarettes after having struggled successfully against the habit years before. Now, 12 years later, he still feels that he will never recover. The unconscious ambivalence that is an inevitable part of Jeremy’s intense identification with his father is not only a primary *cause* of his inability to resolve the mourning process, but also is, in turn,

perpetuated by the unresolved mourning. As a result, he continues to feel unable to achieve an identity as a man and a father, that feels separate from his father.

Jeremy's experience of his mother – who is equally preoccupying for him in a very different way – is presented in a similarly split fashion: good in the past, a nightmare for him now. His initial description of her appears avoidant. Asked to list 5 adjectives describing his childhood relationship with her, for instance, Jeremy offers quick and banal responses: “Good, um, wholesome, protective, healthy and ...ah... I can't think of a fifth right now... oh, loving.” The adjectives, and the memories offered to illustrate them – she is always around, provides milk and cookies, defends him from accusations of others, takes him to the doctor, etc. – are concretized stereotypes of the good mother-son relationship. They have a cut-from-standard-cloth feel.

But this rather avoidant presentation of his past relationship with his mother – a dismissiveness that appears to stem, in part, from his identification with his father's dismissive attitude toward her – is juxtaposed with powerful indications of preoccupying current anger toward her. When first referring to her, he bitterly comments that she is “still alive and loses her marbles daily.” He explains that she is the main reason that he and his wife have continued to see a therapist, commenting ruefully that, without this support, he would be “homicidal.” Because he experiences his mother as having become a different person following his father's death, Jeremy feels no need to offer any further explanation for the blatant contrast between his idealized image her from childhood and his current depiction of her as crazy, out-of-control and destructive. Despite his knowledge that others saw these problems in his mother's personality long before her husband's death, Jeremy continues to believe that it was the loss of his father's containing influence on her craziness – his ability to say, “That's enough!” when she was being difficult – that led her to become the “nightmare” that she now is.

Though it is quite plausible that his mother has, in fact, deteriorated greatly in recent years, the intensity of Jeremy's current anger toward her, coupled with his vague and unconvincing portrayal of his past relationship with her, are strongly suggestive of the lack of perspective and emotional entanglement typically found in angry, preoccupied individuals. Thus, struggling to gain perspective on the father of his past, and angrily

preoccupied with the mother of his current life, Jeremy seems determined to defend himself from further intrusive and overwhelming experiences in relationships with others. This self-protective strategy, which initially appears as avoidance, can be more accurately understood as reflecting his underlying fearful preoccupation.

Dynamics:

One theme that is striking in Jeremy's early memories is the prevalence of and preference for stereotypical gender-role images, both of himself and of others. These conventional images – which are, in several instances, strikingly juxtaposed with more unsettling memories – appear to serve a defensive function, helping him to distance himself from underlying dependency conflicts. For example, Jeremy's first memory – a memory of riding his bike with his friends – has a conventional, “just-us-boys-without-a-care-in-the-world” tone. But this image is immediately followed by a second memory of being overcome by separation anxiety, and running home from school. He recalls that his mid-day return home was “not too cool,” in his mother's eyes, and reports that it prompted a long “dissertation” from her. A second pair of memories relating to his mother were similarly juxtaposed: The first is a memory dating from his adolescence of his friends voicing their envy that he had such a sexy and good-looking mom. Immediately following this memory, however, he recalls his mother's breast cancer, and his terrible fear, during her hospitalization, that she would never come back (a fear which was undoubtedly intensified by the fact that he was sent to live with a relative and kept completely in the dark about her condition). In yet another pair of memories, this time in relation to his father, he begins by reporting that, when Jeremy was 5 or 6, his father had a “breakdown” followed by a month-long psychiatric hospitalization. But he quickly passes over this memory, and chooses to elaborate in detail the unpleasant experience of being taken by his father to get a crew cut. In all these instances, stereotypical gender-related images – himself and the boys, his “sexy” mother, his authoritarian father – are far more palatable for Jeremy than the frightening themes of separation anxiety, fear of loss, illness, and anxiety about “craziness” that follow.

Themes of castration anxiety and sado-masochistic interactions are prominent throughout the record, and there are many memories in which a dominant person is seen as controlling, coercing, humiliating or otherwise injuring the other. Though his preferred role in relation to his father is one in which he is allowed to partake in his father's masculine prowess (as in a memory of his father coaching his successful basketball team), there is a sense that this desired scenario all too often devolves into a situation in which he feels inadequate and unable to satisfy his father's harsh standards. Similarly, though he initially presented himself as a tough kid with a temper who got into fights with others, he later revealed that he was "fat" as a kid. His recollections of cruel mockery in relation to his weight are some of the most painful memories he has.

But though sado-masochistically-tinged interactions can be humiliating for him, they are experienced as preferable to feelings of neediness and longing for maternal contact. Such needs, when they cannot be denied, become more acceptable to Jeremy through the maintenance of a subtly degraded view of women. The attitude toward women that is most frequently evident in Jeremy's early memories is a dismissive one, according to which women are valued, not as individuals but, rather, as gratifiers for the men in their lives. Though Jeremy describes his *own* experience as one of gratification – his mother was great when they were sick or needed comfort and "would wait on ya hand and foot" – there are indications that there were also times when his needs were less consistently met. (His prolonged separation anxiety calls into question the accuracy of his generalizations about feeling secure.) But rather than speaking about ways in which, for example, that he wished his mother had been more emotionally available, he tends to make deprecating remarks about her cooking, implying that this was an embarrassing inadequacy. Similarly, when describing his mother's bout with breast cancer, he comments simply that she "was very good about that. Never complained about it, you know, having to wear special bras or anything." Thus, the mother, whose primary job it is to be the comforter, is doing this job well when she makes few demands for herself.

Intergenerational Issues:

Jeremy was highly distressed by the cross-gender symptoms that his son, Matthew, first began to manifest in pre-school, and he is still angry that the teachers failed to recognize these behaviors as a problem. Matthew's separation anxiety, which appeared at the same time, was both heart-breaking and enraging to him. Though he felt terrible as he watched Matthew in tears every morning at school, Jeremy's feeling of helplessness would lead him to ask, "What's the matter with you, anyway?" Like several other fathers in this study, Jeremy recalls worrying primarily about the possibility that his son might grow up to be homosexual – a lifestyle which would be very difficult for him to accept. But after having had Matthew evaluated, he was "devastated" to hear that Matthew had other "severe" psychological problems. He felt determined to work as hard as he could to help him, despite the fact that he knew it would mean "reliving" the worst parts of his own past.

Though he believes that treatment has saved his family from serious trouble, Jeremy recognizes that many elements of his relationship with his father seem to be repeating themselves with his son. He is aware of his tendency to be "aloof," for example, and he rues the fact that he and his son often lapse into uncomfortable silences that are akin to those he used to experience with his own father. He is also aware that he, like his father, can have a very explosive temper. And though he has come to believe that it is important for him to try to control this temper, he often feels that it is simply a fact of his nature, difficult to anticipate or modulate. But despite the difficulty of swimming against the current of his natural impulses, he has devoted much time and energy to the process of sorting out why he acts the way he does with his children. And despite his continued respect for his father's beliefs, he has taken as a primary parenting goal the effort to avoid inflicting the same abuse on his children that his father inflicted on him.

Years of treatment and devotion to helping Matthew notwithstanding, Jeremy continues to have difficulty accepting him: "If I was sculpting my model son," he says, "this would not be it. This would not be it. This is not what I had in mind. But I'm happy, you know, with what I have. Given his limitations, I've learned to work with it." Jeremy makes clear that, by "limitations," he means both his current disappointment in Matthew's

aversion to team sports and also his fear that Matthew may in the future become gay. This fear pervades his thoughts about Matthew. Two of his three memories of Matthew (the ‘most striking’ and ‘most characteristic’) depict his own panicked response to Matthew’s cross-gender symptoms. The second, and more personal of the two memories, is of an incident that occurred when Matthew was 6 or 7, and Jeremy was coaching his Little League team:

I remember a particular day where I had tickets to a Yankee game that afternoon. I used to take him to Yankee games a lot, my father used to. I thought this would be one way to get him into it. And I would take, you know, I would be there at the baseball games, but there was a day where... he just didn’t want to play. It just drove me nuts. You gotta play. I don’t want to play. Well, I completely lost my temper. Brought him away from the game, brought him home, wouldn’t talk to him, and didn’t go to the Yankee game. Just *completely* lost it. I was on the verge of tears. This, I think, he was still getting treatment then. And I said to my wife, you know, this isn’t working. He’s never gonna get any better, the kid’s a fag. This is terrible. He’s never gonna want to play sports. A horrible memory. *Horrible.*

This poignant memory evokes with an almost terrible clarity the overwhelming rage that Jeremy experienced when he felt humiliated by his son’s defiant (and, likely, terrified) refusal to play ball like the other boys. The fragility of Jeremy’s confidence in his own masculinity is evident, as is his inability to prevent himself, in such moments of overwhelm, from being “taken over” by re-activated memories of his own experiences of his father’s sadism and cruelty. His sense of profound disappointment in his son appears as an indication of his own projected self-loathing and feelings of inadequacy. The result of Jeremy’s sadistic behavior, contrary to his conscious intention, could only, of course, be to frighten and humiliate his son and render the masculine world more terrifying to him than ever.

But though his conscious impulse appears to have been to coerce Matthew into displaying more conventional masculine behavior, his unconscious impulses may have been more complex. Significantly, the only positive memory of Matthew that he can recall relates to Matthew’s physical appeal:

Um... he was a very adorable-looking kid. To the point where he almost modeled. I remember that. We had him down here to see... a guy taking

pictures of him. That was striking ...um... striking. Nothing else is really coming to mind. It, it... most of it is negative, you know, what we had to go through.

This image is curious as a positive memory, since it demonstrates Jeremy's pleasure in seeing his son in what many people would see as a passive and stereotypically feminine role. It is also striking that, unlike the previous "negative" memories, this "positive" memory is almost completely unelaborated. In fact, Jeremy is quick to distance himself from it. In similar fashion, he protests at great length that he is at a complete loss to understand his daughter's "girl" concerns, particularly those focusing on her appearance. (He emphasizes his bewilderment despite the fact that her main anxieties concern her weight problem – a problem which he also struggled with as a child.) There are also other suggestions of his preoccupation with gender. For instance, among his favorite memories, he includes seeing the movie, "Some Like it Hot" (a comedy which revolves around the cross-dressing antics of its two stars). Though he doesn't elaborate on his reasons for loving this movie, one might speculate that its appeal lies in the fact that its manly stars and its farcical plot allow for the safe enjoyment of cross-dressing fantasies.

Of more direct significance, however, is his conflict-laden anxiety around expressions of physical affection between himself and Matthew:

He never did that with me. But I wouldn't expect him to. I never did that. I don't see... sons doing that with their fathers. If I do, I think there's something wrong. I do see it on occasion. Seems peculiar to me. I don't think that's... I mean I don't *think* that's the way you're supposed to be... reacting to each other.

Thus, though Jeremy makes obvious and, at times, almost ruthless, efforts to distance himself from Matthew's cross-gender symptoms, there appear to be several factors that lead Jeremy unconsciously to reinforce them. And, though the origins of his preoccupation with gender and homosexuality remain unclear, his tremendous – and continuing – involvement in his son's gender identity is quite evident.

From a psychoanalytic perspective, one might speculate that the explosive and abusive disciplinary style of Jeremy's father was both terrifying to him and also potentially charged with sado-masochistic sexual excitement. From this point of view, one would expect that Jeremy would be prone to repeat such sexually-charged sado-masochistic

interactions with his own son. These interactions would, by this way of thinking, represent compromises according to which Jeremy – taking the dominant, sadistic role – could both deny and gratify these forbidden impulses. But there is another question, however, that this explanation does not address, and that is the question of whether Jeremy's tendency to become embroiled in such intensely-charged sado-masochistic interactions may also serve as a defense against dependency conflicts. Jeremy's early relationship with his mother is so clouded that it is difficult to know how to understand his separation anxiety and his continued enmeshment with her. But his palpable longing for maternal affection and connectedness – a longing which Jeremy's affectionate daughter now appears to gratify – may possibly, in the years before her birth, have been directed toward Matthew. The frustration of these dependency needs could all too easily have engendered rage. In addition, the cross-gender symptoms that he consciously despised may also have been unconsciously associated with the maternal warmth and attention that he continued to crave. But though the relative significance of these motivations cannot be determined with any confidence, there is considerable evidence to suggest that some combination of intense sado-masochistic fantasy and longing for maternal gratification well may have prompted him to subtly reinforce Matthew's symptoms.

Case 6 – Willy

Willy, a white, middle-class man in his early 40's, is a mid-level business executive. He and his wife have two sons, ages 10 and 8. Their elder son, Jeffrey, was diagnosed with Gender Identity Disorder when he was 4 years old, and was in treatment for 3 years.

Willy's style in the interview process was both fascinating and overwhelming. Less observably anxious than other subjects, he was more self-absorbed. While other subjects displayed a wide variety of emotional responses in relation to the interviewer – including, among others, eagerness to please, shame, anxiety, suspicion and seductiveness – Willy seemed totally preoccupied with the process of recording the details of his own story. Eager, energetic, intelligent and tending toward sarcastic humor, he was deeply engaged with the details of his past, which he rendered in a sometimes appreciative, but, more often, bitterly resentful manner. Thus, despite his somewhat exhibitionistic willingness to talk about his thoughts, feelings and memories, there was something annihilating about the experience of interviewing this subject. It was all too easy to experience his narrative as an onslaught rather than a communication, and to feel oddly obliterated in the collaborative process of the interview. Why he evokes this reaction – so different from the other subjects – is important to attempt to understand.

Brief Family Background:

The oldest of four children born to middle-class parents, Willy was raised in an Irish and Italian Catholic suburban neighborhood, where his family remained until, when he was 13, they moved to a more affluent suburb. His father was a mid-level professional working for a local company, and his mother stayed at home with the kids. Willy reports that, due to the fact that he and his younger brother were little more than a year apart in age, the two were essentially raised as twins – a practice that he feels engendered a life-long rivalry between the two of them. By contrast, he considers his sisters, who were 8 and 13 years younger than he, to have been in a separate generation. They are remarkably absent from his memories, and Willy tends to refer to his family as “the four of us.”

Willy describes his father as a decent, rock-solid, highly protective, and tirelessly devoted dad who was always willing to play with the kids even after a long day's work. Though his father was not an emotionally expressive man, Willy felt him to be loving nonetheless. Of particular importance to Willy was the unspoken understanding that he felt he had with his father that he, Willy, was the father's favorite. Willy's relationship with his mother is more confusing to him. He speaks of always feeling a "great need" for her, and being highly vulnerable to any experience of her displeasure. She, too, is depicted as extremely attentive and devoted – so devoted, in fact, that Willy notes that,

It wasn't like I ever got a sense that there was something that she wanted for an independent life that we... you know, we *were* her independent life and what she wanted and, and, and, and, she just loved us to death.

But, according to Willy, this devotion came at a cost: she could also be controlling and manipulative. She often used Willy's intense fear of being rejected by her to prevent him from expressing feelings that she didn't want to hear.

Willy's childhood was punctuated with serious medical traumas. The first, coinciding with the birth of his brother, was a temporary paralysis due to spinal meningitis that necessitated Willy's hospitalization. Though Willy doesn't remember the illness, from which he eventually recovered without complications, he has come to associate it with the arrival of his brother and his mother's consequent unavailability to him at his own time of need. The second trauma – less dangerous but far more memorable – was the sudden and inexplicable loss of all his hair at the age of 12. (This loss coincided with the birth of his youngest sister.) The painful social consequences of this sudden baldness appear to have been compounded by his parents' reaction. (Bizarrely, his father had lost all *his* hair overnight at the age of 20, and was thus devastated to see the same thing happen to his son.) The parents' distress led them to try to shield Willy from social interactions, discouraging him from attending social events where he might be embarrassed and allowing him to persist in his habit of staying alone in his room. In their protectiveness, however, they inadvertently perpetuated his dependence on them, and fostered within him an expectation of special status and life-long protection.

Attachment-related state of mind:

Willy's primary AAI classification, E2 (Preoccupied/Entangled – Angry Type), reflects his continued intense absorption in childhood relationships. His secondary classifications – E3 (Preoccupied/Entangled – Fearfully preoccupied by traumatic events) and U/d (Unresolved with Respect to Traumas) – reflect the preoccupying nature of his experiences around his sudden hair loss. His overall reflective functioning rating of 6 (the highest in the sample) is of the inconsistent type, reflecting slightly above-average capacity for reflection, the demonstration of which is variable, and domain-specific.

Willy's entanglement in the past is typical of subjects classified as E2. Though he feels compelled to examine and re-examine his childhood experience, his efforts to make sense of it seem often to be fruitless, guided primarily by the intensity of his current anger and his sense of being wronged by the world. He has many ideas about where his parents succeeded and where they failed, and his theories often appear quite logical and even reflective (hence his above-average RF rating). For example, he describes quite clearly his mother's need to have "the perfect family" – a need which he sees as connected with her loyalty to church teachings and her efforts to deny all possibility of conflict within the family. He is also quite clear in outlining how her world view led her, at times, to reject anyone who challenged her, and how she would not hesitate to "withdraw her love" when Willy expressed some feeling that ran counter to her beliefs. In a moment of painful clarity, he describes the consequences of her withdrawal, not only on his behavior at the time, but also on subsequent relationships:

I think that... my mother's giving and withdrawal of love made me feel less secure in any relationship I was in. That I would always feel that... I was a moment away from being completely rejected. And that made me feel less lovable and less, you know, less, I guess, less of an ability to take a risk and, and allow myself to be emotionally, you know, um, dependent upon somebody.

Though this statement is rare, for Willy, in its simplicity, it is not the only moment in which he displays real insight into the influence of his past on his current life. Willy also has a plausible theory about the origins of his father's behavior as a parent:

I think when I lost my hair, my dad saw me as very vulnerable, and took care to protect me and not want to, you know, expose me to situations that

might cause harm... [subject tells about his father's willingness, when the subject's car was being repaired after he had a car accident, to drive him to a college dance and wait in the parking lot to drive him home]... if I needed something, my dad.... would always be there to provide it. But he always knew what was best. If you went against my dad's advice... it would fail. Now, again, whether it would fail because he said it would fail and that made it fail or whether he was just all-knowing, I mean, that we'll never know. I suspect it was probably more the former than the latter. But he was very ...um... you know, he, he sometimes didn't give me the kind of emotional space to make decision and, and he would kind of protect me from... and that's something that's really continued with me and my kids. I, I, I, I'm absolutely guilty of that. Um... in that sense I, I, I definitely take after my dad.

Though there is a certain grandiosity in the tone of Willy's narratives, they can nevertheless be quite reflective. In this one, Willy speaks of his belief that his father's tendency to be controlling derived from his need to protect Willy, whom he perceived as vulnerable. Willy goes on to suggest that his father's over-protectiveness derived from his experience of his *own* parents' profound anxiety following the traumatic death of their first son in a household accident. Willy proposes that the tendency to experience the world as a dangerous place has become an intergenerational theme, adding that now he finds himself behaving in a similarly over-protective fashion with his sons.

Thus, studied in isolation, many of Willy's accounts of the dynamics of past relationships appear thoughtful and believable. What is particularly significant in this case, however, is that Willy's capacity to reflect, however well-developed, seems to be fundamentally biased by a quality of childlike egocentrism. Individual moments of insight notwithstanding, Willy's overall attitude is a highly entitled one – he continues to feel entitled to the special and undivided attention of anyone he values. This is true in every significant relationship. Though he applauds his mother's lack of interest in “an independent life,” he bitterly faults her for the times that she put someone else's needs ahead of his. He has (without any humor) dubbed this tendency “the lemon meringue pie phenomenon” – named after his mother's habit of making her parents' favorite lemon meringue pie whenever they visited, despite the fact that he hated it.

But though he often felt betrayed by the “lemon meringue pie phenomenon,” his most consuming resentment has always been linked to his zealous competition with his

brother. Willy cherishes what he experiences as his victory over his brother in the competition for their father's love, and derides his mother for her determined stance of "nonfavoritism." Strikingly, his accusation is not that she secretly preferred his brother, but simply that she allowed him to have equal status. He complains that "... I was getting hurt because he was there. I was getting rejected because he was... ciphoning off love that should have been mine." His long-standing jealousy has the quality of hatred, and Willy cannot resist cataloging in passionate detail the brother's current crimes (including taking more than his allotted number of minutes at their father's death-bed). Though this hatred is clearly linked to his perception that his brother has always been more successful – better in school, a more talented athlete, more accomplished in his work, etc. – its intensity raises the question of whether it may be fueled by displaced anger at his parents, toward whom it felt too risky to express such negative feelings.

The sad irony, in Willy's case, is that while he devotes tremendous energy to the task of indicting family members on petty counts, thus draining any listener of sympathy, he is largely silent on the subject of the very real injuries that he has experienced – injuries that would evoke an empathic response in almost anyone. Unable to extricate himself from the hatred that he has developed for his brother, he is equally unable to contemplate the ways in which his parents may have unconsciously fed that hatred (perhaps Willy accurately sensed that his mother *did* prefer his brother to him, or perhaps both parents shared their son's conviction that there was not enough love to go around). Caught between oscillating evaluations of his mother's availability – his sense of her as, on the one hand, having "boundless and infinite love" and, on the other, punitively withholding love – he cannot attain sufficient distance to wonder about the origins of her own enmeshment with her parents. Thus, his capacity for reflection, though developed on a cognitive level, is of little use in helping help him to extricate himself from his past.

Dynamics:

Like his AAI narratives, Willy's early memories contain ample evidence of dependency conflicts (most often in the form of intense need for or gratification by parents) and narcissistic wishes (especially his desire to be specially chosen above others).

But these memories are also powerfully suggestive of significant anxieties around bodily integrity and conflicts around masculinity.

Among Willy's many memories focusing on concerns about being injured or defective, his earliest is of visiting his cousins. He recalls sitting and holding a toy gun, and feeling disturbed by the fact that his little cousin (a mentally retarded girl) had some sort of injury on her foot. Though her older brothers were playing nearby, he remembers feeling a "disconnect" with them, just holding his gun and feeling "bothered" by the damaged foot. This lonely image highlights his sense of isolation among male peers, as well as his concerns about physical defects and his fearful preoccupation with injury.

Willy reports several incidents in which the world outside the home is portrayed as a dangerous place. Interestingly, his "favorite" is a story of how one Fourth of July, in defiance of his father's warning, he went to a neighbor's house to set off firecrackers. He remembers that when a firecracker *did* blow up in his hand, he ran home and his father became predictably agitated and upset, asking, "How could you be so stupid?" Afterwards, Willy recalls, he and his father sat together and watched the Mets/Phillies game on T.V. The fact that this memory is offered as his favorite suggests that, for Willy, there is a powerful link between love and the experience of parental anxiety about injury. One wonders whether Willy unconsciously sought to confirm his father's fears as a way of eliciting his father's gratifying distress and special attention.

The intensity of Willy's desire to be specially chosen by his father is reflected in many memories which highlight their shared love of sports. His "most striking" memory of his father – a memory to which he refers several times – is of his father calling him (and not his brother) in from the backyard to watch Ted Williams at bat. He prizes this memory as evidence of his father's preference for him. The memory also suggests the possibility that Willy's extreme focus on sports heroes (a focus which has led him, in adult life, to follow certain beloved athletes from city to city) originated in a fantasy of special closeness with his father. An surprisingly large proportion of his memories relate to his passive enjoyment of the feats of adored sports heroes, and Willy's devotion to these figures is such that significant events in their lives are every bit as important to him as events in the lives of close family members. His intense absorption suggests a narcissistic

need to identify with larger-than-life heroes in order to compensate for his own self-image as damaged and defective. It is not clear from this data, however, whether these obsessive preoccupations were also sexualized for him.

Willy also has other memories that are ambiguous in relation to potential sexual anxieties. He vividly recalls, for instance, Father's Day of 1964, when his father took the two boys swimming. His mother wasn't there, and he recalls feeling "very uncomfortable" in the locker room with all the naked men running around. Later, father and sons listened to the Mets/Phillies game on the car radio, arriving home just in time to see the last two innings of a perfect game. Like other memories which he initially presents as positive ones, this memory is imbued with an underlying anxiety, the particular source of which is unclear. The special tie to his father that the memory implies is juxtaposed with some profound sense of discomfort – represented by the anxiety in the locker room – but it is impossible to know from the data whether the "very uncomfortable" feeling" arose from a sexual conflict in relation to the other men in the locker room, from a feeling of shame and inadequacy, or from some other source entirely. The nuances of Willy's relationship to his father and the connections between this relationship and his obsessive devotion to sports figures are key clinical questions that remain unanswered (and which may well be unanswerable outside the context of his highly ambivalent relationship with his mother).

In contrast to his relatively elaborated memories of his father, Willy's memories of his mother are vague and sketchy. His earliest memory, of walking beside her on the street, is primarily a memory of the need he felt for her; she is very indistinct. Other memories, as well – of being tucked in at night, and of her lying in bed all day with him when he was sick, and of being separated from her at a friend's house – are surrounded, he says, with "kind of a haze," in which he can more *feel* than *see* the details. There is a fuzzy and regressed tone to these memories, a sense of infantile satisfaction coupled with a striking lack of differentiation. It is as if his need, felt so strongly, somehow overshadowed the realistic details of their interactions, leaving him unsure how to describe his mother in any terms other than as a supplier or withholder of gratifications.

He has a very clear memory, however, which he dates from about age 7, of becoming so intensely infatuated with a little girl that he walked alone into another

neighborhood to find where she lived, stood in her driveway watching the house, and was then surprised and embarrassed when she came out and asked what he was doing there. This memory, which is echoed, not only by Willy's fanatical devotion to sports figures, but also by his extreme obsessive pursuit of a former lover, is suggestive of a long-standing capacity to become deeply obsessed in relationships. Though the relative balance between dependency needs and sexual impulses in this behavior is unclear, the result is the same: His obsessive interest is inevitably met with rejection. It is important to ask whether split-off rage plays a role in his continued pursuit. This rage, which can be understood as originating in Willy's early experience in attachment relationships – relationships which appear to have been both over-indulgent and also neglectful of his real needs – seems to derive from the frustration of Willy's intense need to be taken care of and narcissistically gratified. His angry desperation, when his emotional demands go unmet, may be sufficiently overwhelming as to lead him to lose control as he pursues of the object of his desire in a frightening way.

Intergenerational Issues:

The history of Willy's relationship with his sons is a troubled one. Around the births, first of Jeffrey, (who was later diagnosed with GID) and then of Sam, Willy reports having been intensely preoccupied with an on-again, off-again affair with another woman. As already mentioned, Willy continued to pursue this woman obsessively, despite her increasingly determined efforts to break off the affair. Significantly, Willy's attachment was not only to the woman, but also to her young daughter. His relationship with this girl was so satisfying that it led him to wish for a daughter of his own:

The easy part of that relationship [with the mother] was getting the good relationship with the girl. We had a wonderful relationship and, you know, the affection that she... showed for me and bestowed upon me when we would get together, was very rewarding, and I just had a sense of the love that... a little girl would have for her daddy.

Willy recalls that, given his wife's post-partum depression and his own preoccupying affair, there was simply "no gas in the tank" for Jeffrey. Though he now feels close to Jeffrey, he reports having had little contact with him for the first years. He does

remember, however, being very upset by Jeffrey's cross-gender interests and preoccupations, and worrying that he would turn out to be gay. He bitterly describes what he felt as his wife's total dismissal of his concerns and her refusal, for many months, to discourage Jeffrey's cross-gender interests. (According to Willy, the experience being undermined and dismissed by his wife – an experience which powerfully echoes his experience of his own mother's refusal to acknowledge his feelings – has been a constant one.) When she finally did decide to have him evaluated, Willy reports, it was in response, not to his own concerns, but to questions raised by others.

In studying Willy's representation of his son, however, it quickly becomes clear that his unconscious response to Jeffrey's cross-gender fantasies has been more complex and ambivalent than he recognizes. Like many of the fathers, Willy's 'most striking' memories of Jeffrey include the vivid memory of watching him engaged in cross-gender fantasy play. He remembers "peering in" to Jeffrey's room while Jeffrey was pretending to be a girl and feeling that "this was very, that this is really bad, that he's, you know, doing this woman thing, and this is really bad." His use of voyeuristic imagery (peering in) and childlike language are striking in this context, hinting that this memory may evoke some earlier experience of forbidden and punishable fantasy interests. Also notable is the fact that, after describing Jeffrey's "bad" and worrisome behavior, Willy reported a third memory, from when Jeffrey was 2 or 3: a memory of dancing around with Jeffrey in his arms, while listening to their favorite song, "Kissing a Fool." This memory of dancing together to their favorite song, has a disturbingly romantic tone – a tone which is particularly inappropriate given that Jeffrey was, at that point, no longer an infant.

Though he never consciously identified with Jeffrey's cross-gender behavior, Willy's identification was, in almost every other respect, quite extreme. He sees Jeffrey's "gentle" and "sensitive" temperament as like his own, and Jeffrey's social struggles, as well, are highly reminiscent of his own childhood difficulties making and keeping friends. Most of all, however, he identifies with Jeffrey's position as the older sibling of a younger and (Willy feels) less sensitive brother:

I, I can just relate to how he feels, that [his mother's] favorite is Sam. He says, [imitating his son's complaints with great relish] 'I want to kill that Sam. I want to kill him. Why does Mommy always favor him? She gives

him, she lets that spoiled brat get away with anything he wants.' And, and he's right. And he gets, Sam gets away with a lot more stuff and gets sometimes rewarded by his, you know his nature. Where Jeffrey's more of a good kid. And he does the right thing and then he sees Sam being a bad kid and getting what he wants.

Willy, who can only experience, in his son's complaints, a complete repetition of his traumatic childhood rivalry, is unable to resist – in fact, appears not even to attempt to resist – attempting to satisfy via Jeffrey his own long-standing wish to be specially chosen above his brother. In addition, however, to repeatedly telling Jeffrey that he prefers him to his brother, Willy also makes clear that this preference is predicated on his experience of their similarity:

It's like I'm watching myself again. I tell him that all the time. I say, Jeffrey, when I look at you, I see myself as a little boy. And I say, I don't see that with Sam, I see that with you. I think he likes the identification, and the emotions behind it. I think he likes it on some level.

Furthermore, despite his efforts to distance himself from Jeffrey's symptoms, he clearly links his identification with at least certain aspects of Jeffrey's experience of gender:

He's not very boyish. He doesn't like sports, he doesn't like rough and tumble things. He's a, he's a gentle kid. He's not a... you know. I mean, I, he seems to have boy friends and, you know, likes boyish. There's times when he, when he slips back into it. He doesn't really like things that... well I can relate completely to his personality. When I was a kid, I loved sports. And, yet he'll go... I'll take him to a game and we'll have fun together and we'll get autographs, but he'll never watch a game on TV with me."

Given the peculiar contradictions within this statement, it seems possible that Willy made a slip: that he intended to say that he *can't* relate to this side of Jeffrey. But regardless of how the statement came about, it is difficult to hear it without concluding that, despite his fear that the cross-gender behavior is "very bad," Willy has unconsciously identified himself with what he sees as the "not very boyish" side of his son.

Thus, Willy appears to have been doubly motivated to reinforce his son's symptoms: The cross-gender behaviors must have been satisfying, first, because they may have been experienced as promising to offer the adoration that he experienced with his

lover's daughter, and, second, because they allow him the vicarious experience of a forbidden aspect of his self-experience.

How his identification may affected Jeffrey is hard to know. The intense and not-so-subtly coercive manner in which Willy makes his identification known to Jeffrey is both seductive and also annihilating. Given Willy's dynamics, Jeffrey is inevitably caught in a terrible bind: when he fails (or refuses to attempt) to fulfill his father's narcissistic need, he ceases to exist, but when he *does* meet his father's needs, his father sees him simply as a reincarnation of himself, never acknowledging his own separate identity. Given this bind, the development of cross-gender symptoms could certainly have been a compelling compromise – providing him with an image of himself which both satisfies his father, while also rejecting any identification with him.

There are also, of course, other intergenerational themes that may have contributed: Willy's own insight that there is intergenerational trauma in the family surrounding the fear of loss of son should not be disregarded. Parental difficulties, evident in both generations, in tolerating the aggression of their children also seem to have contributed to a degree of destructive competition between siblings that seems to have taken an extreme and polarized form, in which one sibling is more successful in his masculinity, while the other is consoled with being protected and given special and favored status within a controlling and over-protective paternal relationship.

The echoes of the past in this case are many and may help to explain the overwhelming and annihilating aspects of the experience of interviewing this subject. It is almost as if this is a man who has defensively learned, in the context of early relationships, to obliterate the experience and the minds of others and to replace them with his own (often quite elaborate) constructions. Thus, the experience of talking with him is not merely an experience of being ignored or disregarded, but rather one of being erased and replaced with something alien and shockingly unrelated to oneself. A similarly annihilating experience may potentially be felt by family members and may well be particularly potent in the subjective experience of this subject's son, who is the object of some of his father's most intense and determined projections. The intense visceral response that this subject continues to evoke – coupled with the terribly misplaced nature of his reparative impulses

– does not bode well for his capacity to prevent the intergenerational transmission of the traumatic experiences that his family has endured.

CHAPTER 6

DISCUSSION

This discussion will review the cumulative evidence from these six cases with the goal of forming hypotheses concerning the contribution of paternal dynamics to the etiology of GID in boys, and the maintenance of the rigid cross-gender symptoms associated with the disorder. The probable influence of these paternal dynamics – conceived as attachment-related issues as well as unconscious conflicts regarding gender, sexuality and aggression – will be examined, in terms of their *direct* consequences within the father-son relationship, and also in terms of the *indirect* influence that these dynamics might be expected to exert on the child's attachment to the mother. It will be argued that paternal influences in the development and maintenance of GID symptoms are potentially highly significant. It is important to bear in mind, however, that GID is a complex and multiply-determined disorder with multiple pathways, which develops in the context of a complex interaction between temperamental, developmental, and experiential variables. Thus, the influence of paternal dynamics, while important to understand, is insufficient to account for the development of GID in any child.

Though the primary focus of this discussion is on factors relating specifically to the development of GID, this data also gives rise to important questions concerning the intergenerational transmission of attachment difficulties. These questions – which focus on the problem of how to understand the nature of the protective role of reflective functioning in the intergenerational transmission of trauma – will be explored in the context of important areas for future research.

Attachment-Related Issues as they Illuminate the Paternal Contribution to GID

The primary question for this preliminary research – based on clinical and research findings (Coates, 1985; Coates & Wolfe, 1995; Wolfe, 1991) concerning the almost invariably significant contribution of paternal as well as maternal dynamics in the etiology of childhood GID – is the question of what internal factors, if any, in fathers of boys with

GID, may account for the frequent observations of this group of fathers as emotionally withdrawn and/or potentially frighteningly explosive. From an attachment perspective, the father's success or failure in integrating painful experiences from his own childhood is understood as determining the extent to which he is able to contain and modulate his own and his son's negative affective experience (Cassidy, 1994; Fonagy et al., 1995). Thus, the father's capacity, both to remain emotionally available to family members during times of stress, and also to contain and modulate his own intensely charged negative affective experience, is likely to be largely determined by his own state of mind with regard to attachment.

The results of this study, in which all the fathers received a primary classification of either 'U/d' (Unresolved with Respect to Traumas) or 'E' (Preoccupied/Entangled), suggest that these fathers' highly fraught attachment histories would make it extremely difficult for them – particularly in times of familial stress – to respond to their sons' difficulties in a containing and modulating manner.

Unresolved Trauma:

The fact that all six subjects in this study evidenced clinically significant levels of unresolved trauma – substantial enough in four of them to warrant a primary classification of U/d – marks this group of fathers as differing dramatically from other samples. In van IJzendoorn's (1996) meta-analysis of AAI classifications in mothers, fathers, adolescents and clinical groups, only 17% of the 241 nonreferred fathers in the analysis were assigned classifications of either U/d or CC (Cannot Classify). Among clinical samples (men and women), 40% of the 165 adults included in the analysis were classified as U/d or CC. But this 40%, though more than double the expected rate in nonclinical mothers and fathers, is still far less than the two thirds of fathers in this study whose AAI's warranted a primary classification of U/d. Though this small sample does not permit any statistical generalization concerning the disproportionate amount of unresolved trauma among fathers of boys with GID, it does provide clear support for long-standing clinical observations concerning the centrality of trauma in these families. Furthermore, it strongly suggests that the traumatic histories of fathers, and not just mothers, are likely to be

contributing to these family's often-cited difficulties with attachment issues and affect regulation.

The high proportion of U/d classifications among these fathers becomes even more clinically significant when viewed in the context of the AAI classifications of a parallel study (Hahn-Burke, 1998) of mothers of sons with GID. In this study of five mothers (four of whom are married to subjects in the current sample), all five mothers also received primary or secondary U/d classifications. Thus, in all of the couples' in the combined samples, both husband and wife are struggling with trauma that is unresolved with respect to experiences of loss or abuse. To our knowledge, there is no other published sample in which this is the case. In fact, of the 100 families studied in Fonagy's London sample, not one had classifications of unresolved in both the mother and the father of a family (Fonagy, personal communication to Coates, 1997).

Preoccupied/Entangled Attachment Style:

Also important to note in this sample is the fact that five of the six subjects were classified as Preoccupied/Entangled (two subjects with primary E classifications, and three with secondary E classifications). Results of van IJzendoorn's (1996) meta-analytic analysis, suggest that only 11% of nonreferred fathers and 25% of adults in clinical samples would normally be expected to be assigned an E classification. Though only two of the six interviews in this study warranted a primary E classification (a percentage roughly equivalent to that expected for clinical populations), all but one of the interviews evidenced clinically significant levels of preoccupation. This finding, too, parallels Hahn-Burke's (1998) finding that all the mothers in her sample had primary or secondary E classifications. (As with this sample, every mother in Hahn-Burke's study for whom E was a secondary classification had a primary classification of U/d.)

This finding lends support to the clinical impression that families of children with GID are contending with prominent difficulties with affect regulation. Subjects classified as Preoccupied show behavioral patterns that fluctuate between over- and under-involvement with their child, displaying a tendency toward heightened expression of intense emotion and frequently failing to provide children with adequate limits and

structures (Cassidy, 1994). Such behaviors in preoccupied parents inevitably interfere with the development of capacities for emotion regulation in their children – capacities which have been repeatedly observed to be unevenly developed in children with GID (Coates, 1997; Zucker, 1995).

Furthermore, in this sample, two of the five fathers classified as U/d had secondary classifications of both D and E, suggesting that the trauma in these fathers attachment histories has interfered with their ability to form a single, coherent attachment strategy. Such interviews, described by Main and Goldwyn (1998) as presenting special scoring difficulties, suggest an unpredictably fluctuating internal state of mind with regard to attachment. This fluctuating internal experience, especially when found in combination with unresolved trauma, renders it extremely difficult for a parent to function as a stable and predictable attachment figure for any child, especially a child with a sensitive and highly reactive temperament such as is typically found in children with GID.

Conceptual Hypotheses:

Given the overrepresentation, in this sample, of unresolved and preoccupied attachment styles in these fathers' histories – an overall finding which supports the conceptualization of GID as one of a number of attachment-related disorders – it is important to attempt to understand how their traumatic histories and underlying enmeshment may be contributing to the development of psychological difficulties in the child.

As is evident from the variety of paternal styles and parenting behaviors among the fathers in the preceding case histories, there are likely to be many possible avenues of paternal influence. To review, Coates' (Coates, 1992; Coates & Wolfe, 1995) etiological theory posits that the cross-gender symptoms of GID become solidified, during a developmental phase in which concepts of gender constancy and gender stability are not yet established. These symptoms tend to occur in boys with highly sensitive and reactive temperaments, and are understood in a majority of cases as emergency defensive responses to the derailment of the maternal attachment relationship. Though researchers have long noted several characteristics of these children's fathers – including not only their

tendency to subtly reinforce the child's cross-gender behaviors, but also their tendency to be passive, relatively uninvolved, and potentially explosive – most theoretical conceptualizations concerning the etiology of GID require nothing more, by way of paternal contribution, than emotional distance during a period of maternal depression.

What is amply clear from this data is that the fathers, though they may appear uninvolved with their sons when their involvement is gauged in terms of time spent together, may nevertheless be highly emotionally involved in their sons' cross-gender behaviors. Given their own frequently intense conflicts concerning gender (the specific significance of which will be discussed at greater length below), their responses to their sons' symptoms are unlikely to be neutral and detached. Furthermore, the consistent presence of preoccupied attachment styles among these fathers is a strong predictor that they will form insecure attachments with their children (though, as has some investigators have pointed out [Fonagy, Steele & Steele, 1991; van IJzendoorn, 1995], the particular form of that insecurity takes – avoidant or resistant – cannot be accurately predicted by the preoccupied classification on the AAI).

If we now imagine the multiple complex interactions that are likely to occur between a father's difficult, enmeshed and traumatic attachment history and his current experience within a family that is besieged with multiple stresses – including, quite frequently, marital tensions, maternal depression, and a temperamentally intense and vulnerable child – it would be remarkable if such a father were able to play a protectively containing role in relation to his own, his wife's, or his children's negative affective experience. Far more likely would be the erosion of such a father's defenses such that he would be more than ever prone to becoming affectively dysregulated. In addition, whenever his current experience within the family triggers elements of past traumatic experience – as it almost inevitably would – he would be highly vulnerable to the reactivation of dissociated memories of the past trauma. According to Main and Hesse (1990), such dissociated states are likely to lead the parent to behave in a frightened and/or frightening manner that further disrupts the child's efforts to form a coherent attachment strategy.

Fascinating data from recently-published research at Leiden University (Schuengel, Marinus, van IJzendoorn, & Bakermans-Kranenburg, 1997), highlights the importance of underlying security or insecurity of attachment in governing whether or not parents' traumatic experiences will be transmitted to the next generation. The Leiden researchers found, as expected, that insecurely attached mothers with unresolved trauma displayed more frightening behaviors with their infants than did insecurely attached mothers without a history of trauma. Contrary to their expectations, however, they also found that, among securely attached mothers, the presence of unresolved trauma actually led to *fewer* displays of frightened and frightening behavior than were found among securely attached mothers with no such trauma. They concluded that security of attachment must be functioning to enable these mothers to call upon some strategy to protect their children from their own frightened and frightening behavior. The fathers in this sample, given the predominance of underlying preoccupied attachments, are doubly challenged. Unable to rely on underlying secure attachments, they would be expected to have greater difficulty in protecting their sons from their own frightened and frightening behavior.

In light of the unusually high incidence of combined enmeshment and unresolved trauma in these fathers, and taking into account the potential for such a destructive interaction between past trauma and current familial stress, it is of vital clinical importance, not only to find ways of increasing paternal involvement with the child, but also to explore fully the nature of traumatic attachment experiences the father may have encountered and the ways in which the father's current experience may be triggering frightening dissociated memories.

The Protective Role of the Capacity for Reflective Functioning

The work of Fonagy and his colleagues on the protective role of the capacity for reflective functioning in insecurely attached parents raises important questions concerning the possibilities for interrupting the intergenerational transmission of trauma among these families. Fonagy, Steele, and Steele report (1991) that reflective functioning scores in their London sample are more highly correlated with overall security than are any of the

subscales of the AAI (including coherence, which is the strongest predictor of overall attachment classification). Along similar lines, they report (Fonagy et al., 1995) that parents who report high levels of past deprivation and current stress, but who also have high reflective functioning capacities, are far more likely to have securely attached infants than are adults from similar backgrounds, with low reflective functioning. (Thus, in their group of highly stressed, deprived mothers, 10 out of 10 mothers with high RF ratings had children who were securely attached with them, whereas only 1 out of 17 children of mothers with low ratings did so.) These findings suggest that high reflective functioning serves in a remarkably protective capacity. The AAI classifications of their subjects were not reported, so it is not known whether these mothers – those in the highly stressed, deprived group who are also highly reflective – have achieved a secure attachment status (and thus are analogous to the “earned secures,” described by other attachment researchers [Pearson, Cohn, Cowan & Cowan, 1994] as people who, despite having had difficult histories are classified as secure in adulthood).

Results from this study, suggest that, on average, these fathers’ relatively poorly developed capacities for reflective functioning may be offering only limited protection from the intergenerational transfer of trauma.

Reflective Functioning Capacities in the Current Sample:

The overall RF ratings of the AAI’s of these six fathers correlate, as would be expected, with scores assigned, in Fonagy’s sample, to enmeshed fathers. The mean RF rating for fathers in this study of 3.8 is very close to the mean RF rating of 4.0 obtained by Fonagy (Fonagy, Steele, & Steele, 1991) among fathers classified as Preoccupied on the AAI, and is considerably lower than the mean RF rating of 5.0, in Fonagy’s sample, obtained for fathers classified as Secure.

The relatively low mean RF in this sample, which places this group of fathers just above the bottom third of the scale, would suggest that their sons are not, as a group, likely to benefit from the protective influence of high parental reflective functioning. Parents who are classified as Preoccupied on the AAI and who have poorly developed reflective capacities are hypothesized (Fonagy et al., 1995) to respond with high emotional

intensity to the affective distress of their children, while failing to provide needed containment and structure which conveys the potential for mastery of the distress. Unlike the dismissive father, the preoccupied father may be quite attuned to his son's distress, but may feel unable to take meaningful action to help the child master it. Thus, Jonathan, for example, is highly affectively attuned to his son's intense distress when left in the vacation child care group, but is unable to convey a sense that this distress can, potentially, be mastered. Rather, he sees no middle ground between the two extremes of abandoning his son to the distress or completely removing him from the anxiety-provoking setting.

Of equal importance, in light of the traumatic attachment histories of this group of fathers, is their difficulty, in the absence of well-developed reflective capacities, to form and maintain accurate internal representations of their children. Fonagy, Steele, and Steele (1991) suggest that parents scoring in the middle range of the RF scale tend to have mental representations of their children which, while they *do* attempt to take their children's internal experience into account, do so in a way that is highly susceptible to distortions and projections. This difficulty in sorting out one's own past experience from the current experience of one's child, which was evident in every case in this sample, is to some extent the universal difficulty of parenting. But extreme distortions that are apparent in this sample – such as Greg's belief that his son's cross-gender enactments indicate that this little boy is willing to humiliate his parents so as to become a “star” among his teachers and peers – suggest that some of these fathers may, at times, be so distorted in their reflection concerning their sons' experience that they radically misconstrue the meaning of their sons' symptomatic behavior. These more extreme distortions, in turn, make it impossible for them to maintain empathy for their sons' experience.

Domain-Specificity of Reflective Functioning:

The low mean RF ratings in this sample, which are consistent with the fathers' insecure attachment pattern, suggests that this is a group that would have some difficulty in breaking the cycle of intergenerational transmission. But a closer analysis of this data suggests a somewhat more complex and contradictory clinical picture – one in which there

are puzzling gaps between the fathers' RF ratings and the clinical assessment of their probable capacity to shield their sons from their own frightened and frightening behavior.

The most striking example of this gap is seen in the case of Willy, the father who has made a point of establishing his elder son as his official "favorite" child. This father, while he displayed the highest capacity for reflective functioning in this sample with a RF rating of 6, simultaneously displayed the greatest amount of narcissistically-driven distortion in his perceptions of his children's experience. As has already been argued, this subject's extreme narcissistic identification with his elder son, coupled with his almost total lack of empathy for the experience of either his wife or his children, is intimately related to his past traumatic attachment experiences. Though it is true that this subject's AAI transcript contains evidence of a relatively well-developed theory of mind, there is a dramatic inconsistency between his capacity to reason about the influence that his *parents'* internal life exerted on *their* behavior and his capacity to take responsibility for the influence of his *own* internal experience on his *own* behavior in relation to important others. In other words, reflection about the detrimental effects on his own development of childhood experiences with his parents – such as his father's over-protectiveness or his mother's efforts to control him by withholding love – do not translate, for Willy, into insights concerning the current experiences of his wife and children. He takes no responsibility for the impact his own over-protective and controlling parenting behavior has on *them*. Significantly, however, he displays a similar inability to reflect on the impact of his own past behavior on his parents and siblings, suggesting that his capacity to reflect is highly variable, not only from one relationship to another, but also from one interpersonal moment to another. This variability across *all* the different relationships he describes appears to derive, at least in part, from the overwhelming intensity of his own felt needs – an intensity which is often so great as to eradicate his perceptions of the what the other person is feeling and how the other person is effected by his behavior.

Thus, though in some moments he displays a considerable capacity for reflection, there is an enormous and seemingly unnavigable gulf between this subject's intellectual understanding of himself within his primary relationships and his capacity to translate that understanding into an actual interpersonal context. This gulf may, quite possibly, derive

from this subject's dissociative style, a style which renders it quite possible for him to demonstrate an understanding in one area which is completely lost to him in another.

Though the precise origins of such discrepancies in Willy's reflective capacities are complex and difficult to understand, the resulting inconsistency between his capacity to take a reflective stance in relation to others and his refusal to do so in relation to his own behavior is obviously of great clinical import. Rather than engendering greater empathy for his children and supporting the recognition that his son's experience is separate and distinct from his own, Willy's use of reflection does just the opposite: It serves to maintain and justify the ambivalent enmeshment from which he sees no escape. Even when acknowledging that his son has suffered and needed treatment, he makes no effort to think about his own role in that suffering, but rather blames his wife: it is *she* who delayed seeking treatment, and *she* who has the gay brothers (and thus, presumably, carries some genetic predisposition for homosexuality).

Fonagy and Target (1997) have recently written about the possibility that the capacity for reflective functioning may not generalize from one domain to another, that it may, in fact, be a contextualized process that becomes more or less present in different types of situations and different types of relationships. It could be that this subject's capacity for reflection has always been extremely uneven – that, while he has been forced to know certain aspects of his parents' internal experience in great detail, his own experience was so intruded upon and, ultimately, so eradicated by his parents, that his capacity for self-reflection was highly limited and distorted. His determined maintenance of his current self-serving form of reflection may represent his fragile and largely unsuccessful attempt to carve out some understanding of himself and his past that is independent of his parents' controlling perceptions of him. It may be that, because he continues to feel so beleaguered in this struggle, he cannot afford to acknowledge any experience in himself or in others, that threatens his hard-won world view.

It may also be that this subject, who has been in psychotherapy himself, has developed an understanding of certain aspects of his experience with his parents, while never using that treatment to examine his relationships with his children. Such explanations, which at this point remain purely speculative, are nevertheless of great

importance in thinking about the efficacy of different forms of treatment. Given the tremendous significance of reflective capacities in the prevention of intergenerational transmission of trauma, it may prove vital to assess those capacities in the specific domain of parenting so that intervention can be directed toward deficiencies in that specific arena.

This data also underlines the critical importance of recognizing the complexity inherent in the notion of domain-specificity in the development of reflective functioning capacities. While evidence of the domain-specific nature of reflection can certainly be found by comparing differing levels of reflection displayed by the subject as he discusses different relationships, such a comparison may ultimately prove insufficient. It appears more likely that variable levels of reflective capacities will be found in many different contexts, both between *and* across different relationships. The specific contexts which govern the variable expression of the capacity for reflection in each individual may prove to be highly personal and idiosyncratic. Thus, for example, in one case, a father may lose the capacity for reflection in moments in which he feels shamed and humiliated, while another father may be more susceptible to “losing it” when issues of body integrity are stimulated.

In striking contrast to the case of Willy, the case of Joe provides an illustration of very different constellation of domain-specific reflective capacities in a father who demonstrates poorly-developed overall RF (rated 3-4) on the AAI. In Joe’s case, unlike Willy’s, we find an example of a father who has consciously dedicated himself to working in conjunction with his son’s treatment to understand the impact of his own parenting behaviors on his son and to change within himself the attitudes and behaviors that may have caused his family to suffer. Joe, the subject whose parents were led to believe that he was dying, continues to experience significant internal struggles in relation to his past, and the lack of resolution of his traumatic experiences renders many of his efforts to reflect on the past confused and incoherent. Like Willy, Joe reports incidents with his own children which are clearly linked to his past traumatic attachment experiences. But unlike Willy, Joe feels compelled to sort out his own role in his son’s current difficulties. The following passage from the Fatherhood Interview with Joe, in which he discusses the change in the

quality of his disputes with his son, suggests far greater reflective capacities than were evident in his AAI interview:

So, I've, you know, like the thing I've learned with him is, I don't... like I used to take and grit my teeth, pick him up and get ready to kill him. Like I would be so pissed off that I would.... and, and, you know, that was bad stuff. Cause that was bad to him for the rest of the day. Like I would really scare him, I think, even though he had the mentality of still challenging me. He's gonna do it to the end, no matter how violent I get, but, as I got violent – and I never, never, ever hurt my kids, ever – but I was like, scary-looking. I know I had to be scary-looking because adults, if I acted like that to them, they would run from me, I know it. So, this is a little, tiny kid... [Subject goes on to describe his sons favorable response to his more modulated approach to current conflicts.]

This description, though characteristically somewhat unclear at times, demonstrates a heartfelt commitment to engaging in the painful process of developing a genuine understanding of how frightening his past behavior has been to his son and then using that understanding to modify his behavior. It is a commitment that is echoed again and again in Joe's interviews. While he freely acknowledges that his improved understanding of his son's experience cannot protect him from still "losing it" occasionally, he demonstrates a powerful determination to try to figure out what he can do to repair the damage following such conflicts, and to work very hard in the future to contain responses which may be frightening to his son. Even if these efforts are not always successful, his capacity to engage in the process has far-reaching consequences. It dramatically alters, for instance, his representations of his son. Of all the fathers in the study, Joe's memories and descriptions of his life with his son were the most detailed, presented the greatest variety of interactions, and were least focused on his son's cross-gender behaviors. Thus, it appears, given his many references to what he has learned in his son's treatment, that this treatment experience has enabled him to form a solid base of reflective awareness concerning his relationship with his son.

This dramatic evidence of unevenly developed reflective capacities – capacities that may be highly domain-specific – raises the obvious question of why some fathers in this study share a commitment to taking responsibility for their own contribution to their children's distress, while others seem to experience themselves as helpless victims of the

past, unable to offer significant help to their children. It is hard to know what has given Joe the determination to take responsibility for his own destructive potential while Willy seems unable to do so.

According to Fonagy's (1991) theory of the inter-relation between poorly developed reflective capacities and borderline personality disorder, the borderline adult avoided reflecting on his parents' mental states because their internal experience contained murderous and annihilating thoughts about the child. One intriguing possibility is that, in some roughly analogous but reversed fashion some parents – parents who may, in some domains, be relatively reflective – find it too threatening to contemplate the minds of their children. Do these fathers unconsciously sense, one might ask, that their sons' internal worlds contains aspects of the very traumatic experiences that have been split-off and dissociated within the parent (affective experiences that they have communicated to the child through the quality of the frightened and frightening behavior that they have displayed)?

Such a dynamic may be at work in the case of Jonathan (the son of the absent military father). Jonathan, who continues to strive to maintain his intense idealization of his absent father, and whose rageful disappointment in relation to his father appears to be quite dissociated, cannot tolerate the awareness that he, like his father, is, in certain key respects, abandoning his own son. Jonathan's distant references to his son as "the miserable creature" suggest a powerful defensive need not to know about his son's experience, since this knowledge would result in the destruction of his own fragile defensive structure. Thus, like several of the other subjects, Jonathan can make little use of his capacity for reflective functioning in the domain of parenting, where it is most urgently needed. Furthermore, Jonathan, though his relationship difficulties and heavy drinking are suggestive of major suffering and pathology, has always been able to maintain a relatively high level of adaptive professional functioning. Unlike Joe, he has never become severely symptomatic. His natural tendency has therefore been to hold tight to his fragile defensive strategies.

In all these cases, in which there is continuing evidence of unresolved traumatic attachment experiences, the overall assessment of reflective functioning may be of limited

value unless it is accompanied by a detailed clinical assessment of reflection within different relationships – particularly in relation to the child – and in different circumstances. A complete assessment of reflective functioning would also need to address the critical issue of the parent’s motivation and capacity to make reparation to the child. Such a capacity – which is clearly critical in the process of preventing the intergenerational transfer of trauma – seems likely to be intimately related to issues of reflective functioning. A parent like Joe who is motivated to reflect on his own experience and who then uses his own insights to make change his behavior and make reparation for pain and suffering that he has inadvertently caused, is all the more likely to succeed, *despite his relatively limited overall capacity for reflection*, in helping his children to weather the storms of his own moments of frightened and frightening behavior. In the absence of this commitment to acknowledging and repairing one’s own mistakes, however, even relatively high levels of reflective functioning may fail to provide adequate protection from the intergenerational transfer of trauma.

The Role of Aggression in Intergenerational Transmission

Thus far, this discussion has focused on the debilitating effects of traumatic and enmeshed attachment histories. The specific emphasis has been on the various ways in which these fathers’ attachment-related experiences have influenced the overall quality of the fathers’ representations of their sons. When thinking about the effects of difficulties that these fathers experience in modulating aggressive feelings, however, we are in a somewhat different territory. It is a territory in which feelings of anger and, sometimes, of rage, lead to extreme *moment-by-moment* variations in the quality of parental reflection.

Though it was anticipated that the primary sources of data relating to the fathers’ experience of aggression would be their early memories and their direct reports on the Fatherhood Interview of conflicts with their sons, the high prevalence of preoccupied attachment classifications among these subjects is sufficient, in and of itself, to suggest that this group is very likely to experience major difficulties in affect regulation. The subsequent analysis of these fathers’ early memories – and the coding of these memories

according to systems representing both traditional psychoanalytic and object relational conceptual models – has provided further confirmation, from different conceptual vantage points, that all six fathers have significant conflicts regarding the expression of aggressive impulses. This analysis also suggests that the majority of fathers in this group have a strong tendency to distance themselves from their own aggressive impulses, projecting them onto others who they then fear or whose aggressive behavior is vicariously satisfying to them. According to the Mayman scoring system, in which active and passive expressions of assertion and aggression are rated, the great majority of the memories these fathers reported were memories in which: 1) they were in the passive role in relation to the active assertion or physical prowess of another; 2) punishment or injury was seen as the result of active phallic assertion and/or physical aggression; or, 3) they became the victim of physical assault and/or symbolic castration. In these subjects, passive or negative memories of assertive and aggressive feelings outnumbered the reports of memories featuring positive experiences of taking an active assertive or aggressive role by a ratio of almost four-to-one.

In general, while several of these subjects espouse stereotypically masculine values, projective testing suggests that all the fathers display prominent concerns about the potential, when expressing aggressive impulses, for injury or humiliation. The specific form of this anxiety is quite variable. Jonathan, whose transcript is filled with memories highlighting his sense of vulnerability to injury in the world, recalls as his happiest memory a time when he was being pulled along by a big powerful dog as it ran to attack the neighbors' little dog. Greg, on the other hand, recalls several moments of what he experiences as the "masculine" success of his father, but also recalls many memories in which his own self-assertion and/or aggressive impulses result in injury. Nick's memories, unlike the others, are filled with images of cute puppies and little furry animals with whom he clearly identifies, but he also recalls vividly the time the German Shepherd got into the school at night and killed the bunnies. In all these cases, aggression is experienced as extremely dangerous and unmodulated, and aggressive impulses are held at bay.

The degree to which these fathers experience difficulties setting consistent limits with their sons – thus avoiding the resulting experience of anger and conflict with them –

is both striking and significant. Consider, for example, in the case of Jonathan, this subject's emphasis on what he perceives as his son's lack of aggression:

“He is ...um... not been brought up in an aggressive or combative atmosphere. He's not an aggressive or combative child ...Ah... he probably will ...ah... take a rational approach ...ah... which means he's not gonna get anywhere. And he's probably gonna suffer a lot, because he's extremely sensitive..”

Though Jonathan is undoubtedly quite accurate in sensing the timidity of his son, there is a puzzling naiveté in this black-and-white statement, which equates rationality with a lack of aggression. Rather than acknowledging that everyone, regardless of temperament, has to cope with aggressive feelings, he seems determined to deny the existence of aggression in his son (and, as a between-the-lines reading of his bitter predictions might suggest) in himself. Given this overall representation of himself and his son as sensitive and rational guys who are not aggressive, Jonathan is emotionally unprepared for the experience of intense and out-of-control aggressive feelings which arise in his son's screaming tantrums. His denial of aggressive feelings is such that he has never learned – or helped his son to learn – that their modulated expression is a part of life.

Without exception, these fathers describe themselves as having a tendency to suppress feelings of anger, of holding such feelings in until they “lose it” or suddenly “explode” and “yell and scream.” Despite the fact that this group of men is generally quite articulate, they were not, on the whole, terribly forthcoming about the details of intensely angry moments with their sons. There may be several reasons for their vagueness. One obvious reason is that they feel ashamed of their behavior at these times, and do not wish to elaborate on it. Given the fact that these fathers were quite forthcoming on many other potentially shameful and embarrassing points, however, this explanation does not seem fully satisfactory. A second, less obvious, but potentially more accurate explanation may be that this behavior occurs in a dissociated state which is not fully remembered after the fact.

This explanation is supported by the fact that many of the fathers seemed surprised and a little perplexed by questions about the experience of being angry with their sons. Some of them had difficulty describing what it is that evokes their anger. For instance,

when asked what his son does that gets him angry, Greg looked startled and responded quite seriously, “Angry. His... whistling could be a little better.” This puzzling nonsequitor (though it undoubtedly has some unconscious truth, in terms of his need for his son to perform well) suggests that the experience of anger is largely unrepresented in his conscious self-experience. In a slightly more sophisticated, but equally opaque manner, Jonathan responds,

He makes me angry when I get angry... As long as I don't, I, when I get upset is when I get upset. It seems to feed on itself. And I don't like my anger. And so I get angry [laugh]. If I can avoid getting angry, then I won't get angry.

Thus, although his is clearly aware of his own difficulty in regulating anger, Jonathan experiences his anger as an impersonal and alien force which is fundamentally unrelated to the details of his actual interpersonal experiences. Nick, too, presents anger as if it is an experience which is somehow impersonal and difficult to locate. Attempting to describe what it is like to fight with his son, he says, “It... we'll blow... he'll blow up and run to his room and tell me he hates me and scream and yell.” In all these cases, the subjects are at a loss to find words to locate and describe the experience of anger, as if they are not convinced that this experience really originates within them. (They may well have experienced a similar confusion as to the source of the anger that they encountered, in childhood, when their parents became enraged.) Their descriptions suggest that the memories of such heated moments in which they ‘lose it’ may be dissociated and split-off from their conscious self-experience in such a way as to be relatively impervious to efforts of others’ to encourage reflection.

Though the specific triggers for these episodes of dissociated rage are impossible, without detailed clinical exploration, to discover, we can hypothesize that these fathers are experiencing, via their sons, re-activated memories of dissociated traumatic experiences with their own parents. Children always re-activate parents’ childhood memories, and they are particularly powerful elicitors of unresolved traumatic memories. Though the details of these interactions are not available, we might speculate that, when Jonathan’s son (who is known to have severe tantrums) suddenly ceases to act in the “rational” and “sensitive” way that his father expects him to behave, and instead becomes angry and

defiant, yelling and pounding his fists, this behavior could easily trigger in Jonathan dissociated memories of his own fear and anger in response to his mother's "irrational" fury. When such memories are triggered, a parent can quickly become overwhelmed by the intense negative affect that accompanies the memory. The experience of this parental rage – rage which is inevitably accompanied by a loss of perspective and the temporary dissolution of the broader relational context – can be extremely frightening for any child. In the cases of these boys, who are known to have extremely sensitive and reactive temperaments, the parent's temper can be so de-stabilizing that it is experienced as a severe trauma.

The parents, too, are often frightened by such moments – Jeremy, for example, is still quite upset when he recalls his explosion at his son's Little League game – and in an effort to avoid such scenes, they frequently hesitate to set limits or issue parental injunctions which may provoke anger in their children. This failure to set limits, of course, guarantees that the child's escalating provocative behavior will eventually lead to another explosion; in this way, paternal explosiveness can become part of the fabric of family life. With little access to or understanding of the intensity of their own dissociated traumatic memories, these fathers have no way of understanding how frightening their behavior is to the child, who appears to have grown accustomed to their explosions and who may even seem, willfully, to provoke them.

These provocations, frequently perceived by fathers in this study as indications of their son's "obstinance" or refusal to "back down," are complex. At times, the child may be attempting to exert some form of control and therefore mastery over the frightening experience of his father's explosiveness. At other times, it seems possible that the angry scenes have become sexualized. This is particularly true in the case of Jeremy, in which intensely sadistic father-son scenes in both generations are linked with anxieties about closeness and physical contact that the subject associates with homosexuality. Jeremy reports that he has refrained from encouraging close physical contact due to his concerns that such contact is inappropriate between a parent and child of the same sex. It would thus appear plausible that he feels too anxious about the subject of homosexuality to tolerate much physical closeness with his son (though there may well be other reasons, less

consciously accessible, for the maintenance of physical distance). Jeremy also confesses that he doesn't feel that he and his son know how to talk to each other. Given their difficulty making contact, and Jeremy's preoccupying fears about the potential for his son to grow up to be gay, it may be that these explosive encounters represent their most intimate and intensely charged contact with each other. His son may have provoked these explosions in order to experience his father's presence. And the fact that their most intense exchanges then took on this sado-masochistic quality must have led them to be experienced as both frightening and exciting.

The specific quality of the interaction between father and son in moments of dissociated rage is likely to be governed by many variables, including the specific content of the father's reactivated memories as well as the quality of the child's experience of his father's anger. One important variable, for these boys diagnosed with Gender Identity Disorder, is the particular way in which the father's the dissociated memories and their accompanying fear and anger intersect with the child's cross-gender enactments.

Paternal Gender Conflicts

The final question for this study concerned the conscious and unconscious attitudes toward gender that may be prompting these fathers to behave in ways that inadvertently reinforce their sons' cross-gender behavior. Several broadly-defined characteristics of this group's attitudes toward and experience of gender have already been identified. They are: 1) the high degree of extremely concrete gender stereotypy which characterizes the subjects' descriptions of their families of origin; 2) the frequent presence of an apparently authoritarian and hyper-masculine style among the subjects' fathers; 3) a strong tendency, in subjects' current narratives as well as in their reports of the behavior in their families of origin, to denigrate females; and, 4) an intense vulnerability, apparent in the transcripts of several subjects, to experiences of shame and humiliation in relation to their own sense of masculinity.

In attempting, now, to define more precisely the significance of and the inter-relations among these general characteristics, it may be useful to distinguish between two

groups within this small sample. These two groups, which are defined primarily by the fathers' contrasting attitudes toward their sons' cross-gender symptoms, appear to differ from each other in other significant respects as well. For the purposes of this discussion, these groups will be referred to as the "active reinforcers" and the "volatile discouragers." (Whether or not such groups could be identified in the larger population of fathers whose sons are diagnosed with GID is, of course, an entirely open question; the question here is whether making such distinctions is useful in the process of identifying important constellations of gender-related experiences among these fathers.)

The following table provides a brief, schematic description of the membership and characteristics of these two groups:

Active Reinforcers	Volatile Discouragers
Jonathan	Greg
Nick	Jeremy
-----Willy	Joe-----
<ul style="list-style-type: none"> • Initially perceived son's symptoms as "not a problem" • Identified, in subtle ways, with son's cross-gender symptoms • Traumatic experiences involve fear and anger toward "crazy" parent • Identified with non-crazy parent • Allied with son against wife, who is portrayed as "crazy" 	<ul style="list-style-type: none"> • Son's symptoms immediately felt as a major problem • Emphatically dis-identified with son's symptoms • Traumatic experiences involve intense shame around sense of own masculinity • Macho values/authoritarian fathers • Angry at son, who is experienced as a source of humiliation

As is shown above, the cases of Jonathan and Nick provide the clearest examples of the "active reinforcers;" Greg and Jeremy are most typical of the "volatile discouragers." Joe, though he is closer to the group of "volatile discouragers," shares certain characteristics with the "active reinforcers; Willy, while ultimately fitting most closely with the "active

reinforcers,” differs from the other fathers in at least one significant respect (discussed below).

The “active reinforcers” are those subjects who recall feeling initially unconcerned about their son’s cross-gender behavior. Both Jonathan and Nick report having participated in their son’s cross-gender enactments. Nick recalls playing “the prince” to his son’s “princess” in fantasy play, and Jonathan recalls watching “Snow White” over and over again with his son. Both fathers were very hesitant about having their sons evaluated and both reported that they consented with strong misgivings as to their wives’ wish to do so. (In this respect, Willy, who recalls being very anxious and worried about his son’s cross-gender behavior, and describes making unsuccessful attempts to convincing his wife that these behaviors were problematic, appears to differ from the other two fathers in the group.) Though all three fathers freely acknowledge that they “lose it” at times, their outbursts appear to be related to their sons’ aggressive or provocative behavior rather than to cross-gender enactments.

All three of these fathers are highly consciously identified with their sons, seeing many aspects of their own temperament in their son. Though they do not make explicit connections between their son’s cross-gender fantasies and behaviors and similar fantasies of their own, neither do they make any efforts to differentiate themselves from these interests. Rather, these fathers’ interviews all provide striking indications, already elaborated in the individual case studies, that they are unconsciously identified with their sons’ symptoms and, at times, selectively affectively attuned to them. Continuing evidence of this selective attunement can be found in the fact that these fathers’ memories of their sons continue to be dramatically dominated by images relating to the child’s cross-gender enactments.

Interestingly, these “active reinforcers” share certain striking elements of past experience as well. For Jonathan, Nick and, to a lesser extent, Willy, childhood was dominated by the volatility of a “crazy” parent, from whom they felt they did not receive adequate protection, and from whom they attempted to distance themselves. Note that it is not merely the presence of a volatile parent that defines this group. (That element appears in all six subjects’ histories.) Rather, it is the attempt to distance themselves from

that parent, identifying instead with the other parent whom they perceived as a kindred spirit in this victimization, that characterizes this group. For Jonathan, the “crazy” parent was his mother. In response to the fear and anger he felt toward her, he turned to an intense identification with his father. Nick, whose “crazy” parent was his father, aligned himself internally with his victimized mother and his efforts to mollify his father echoed her own efforts to appease and contain her husband. (Interestingly, the early memories of Jonathan and Nick had by far the highest numbers, in this sample, of responses scored as “passive.”) In both these cases, the subject’s fearful and angry efforts to distance himself, internally, from the “crazy” parent are played out once more in their current families, in which they align themselves, psychologically, with their sons against the perceived destructiveness and craziness of their wives. For these fathers, the child’s symptoms may gratify their own desperate need to escape from the out-of-control aggression of the volatile parent. In Willy’s case – in which the mother’s “craziness” was experienced through emotionally manipulative behavior rather than volatile explosiveness – there was also a desperate determination to identify with the parent perceived as more sane and more stable.

Thus one dynamic sequence – a scenario which may potentially lead to a paternal style that is directly reinforcing of cross-gender behavior – appears to be that of the father who, under pressures exerted by unresolved traumatic attachment experiences in relation to a “crazy” parent, marries a woman with whom he hopes to find a way to repair past disappointments, but who he eventually comes to experience as similarly “crazy.” This father then becomes intensely identified and aligned with what he perceives as his son’s similar efforts to flee from the “crazy” and aggressive parental behavior into a beautiful and harmonious private world. Furthermore, these fathers also appear to perceive their sons’ rigid and stereotypical “girl” behavior as sweet and loving and free of aggression. To the degree that these fathers maintain such a view – a view that is predicated on the highly concrete and stereotypical notion that to act like a girl is to be sweet and not aggressive – they would be prone, not only to reinforce the actual cross-gender symptoms, but also, more subtly, to speak and behave in ways that would confirm the child’s immature and concrete notions about masculinity and femininity.

The maintenance of such extremely concrete notions in men who are otherwise quite cognitively sophisticated may be explained, in part, by their experience of past traumas in relation to parental aggression; such concrete thinking frequently occurs in relation to traumatic experiences. But the continuing power of this stereotypical view of femininity may also derive from a deep longing, experienced by these men, for the idealized mother that they never had. Particularly in the cases of Jonathan and Willy, whose profoundly ambivalent attachments to their mothers left them struggling with a powerful and persistent longing for maternal love and acceptance, such seemingly “sweet” and nonaggressive behavior in their sons may have been experienced as gratifying that need for maternal nurturance – a need which both these fathers experienced their wives, like their mothers, as failing to satisfy. These fathers, when confronted with behavior in their sons which they unconsciously experience as fulfilling profound and unmet needs, will be very likely to subtly (or not-so-subtly) reinforce that behavior.

Turning, now, to the description of the “volatile discouragers,” we see a dramatically different picture. All three of these fathers recall with painful clarity the consistent experience of feeling highly distressed by their son’s cross-gender enactments. The internal experience of horror and embarrassment, vividly described by both Greg and Jeremy, differs somewhat from the “panic” that Joe remembers feeling, but all three fathers recall having a strikingly similar response: they all three describe going into an “emergency” mode in which they made desperate attempts to involve their sons in sports activities.

There is considerable variation, among these three fathers, in the degree to which they have emphatically dis-identified themselves from their sons’ symptoms. Jeremy’s attitude toward his son, while very loving in many respects, is the most highly rejecting, of the fathers in this group, of his son’s cross-gender behavior and also the most pervasively critical of his son’s gender nonconforming attitudes. Greg, who is also highly rejecting of his son’s cross-gender behavior and gender nonconforming interests, may differ from Jeremy only in that he reports that his son has begun to show greater conformity with his own ideals of masculine role behavior (though whether this conformity is the result of acquiescence or genuine pleasure is unclear). Joe, on the other hand, is far less critical and

also more deeply identified with many aspects of his son's personality and behavior than are Jeremy and Nick. His actively discouraging behaviors appear to have resulted, not from a sense that his son was failing to mirror his own masculine stance, but from an intense fear that his son would be *similar* to him in failing to measure up to stereotypical masculine ideals. Thus, while these fathers differ in their estimation of their own success in living up to stereotypically masculine ideals, they all embrace those ideals.

Interestingly, while the fathers in the "active reinforcers" group all perceived their sons as experiencing intense suffering, the "volatile discouragers" appear, at least initially, to have been somewhat less empathic with their son's distress and more focused on what they experienced as a public humiliation (though both Joe and Jeremy, highly influenced by their experiences in their son's treatment, came to understand that their sons were suffering a great deal). All three fathers have felt intense concerns about their son's potential to grow up to be gay, and all three voiced concerns about their ability to accept such an outcome.

Like the "active reinforcers," the fathers in this group also share important aspects of childhood familial experiences. All three describe fathers who appear, themselves, to have been highly macho and authoritarian, and all three report incidents which suggest that their fathers were capable of sudden and explosive physical violence. (Joe, because of his illness, was never the recipient of his father's blows, but was often witness to his brothers' experience of being hit.) Perhaps even more significant, however, is the fact that all these subjects also recall that their fathers could become quite scornful of any behavior which they deemed as insufficiently masculine. These subjects all appear to have felt highly vulnerable to the experience of shame and humiliation in relation to their own masculinity. All felt, in various ways, that they didn't measure up.

In their present lives, these subjects appear less inclined than the "active reinforcers" to complain about their wives and far less likely to characterize their wives as responsible for their son's behavior. Rather, they appear to fear that it is somehow their own deficiencies that are being exposed by the son's behavior. Thus, their primary affective experience in response to their sons' symptoms was initially an angry one – angry because they feel that it is their own deficiencies, and no one else's, that are revealed by

their son's cross-gender behaviors. Thus this second pattern – a sequence which may lead to potentially rageful and frightening paternal responses to the child's cross-gender symptoms – appears to stem from the fathers' identification with the aggressor (rather than the victim of aggression) in a childhood fraught with explosive paternal behavior.

It is important to note that both of these patterns represent naturally evolving strategies for dealing with traumatic attachment-related experiences. In every case in this study, the father's current representations of and behavioral responses to his wife and son can be clearly – often quite specifically – linked to his efforts to cope with threatening and potentially disorganizing affective experiences associated with traumatic attachment-related experiences. Thus, the above-outlined groups, which do not differ in regard to attachment classifications and RF scores, are also similar in that they both represent – although via different pathways – the subjects' responses to childhood experiences of parental difficulties with affect regulation.

Also important to emphasize is the fact that the fathers in both groups respond with considerable intensity to their sons' symptoms. While some fathers may actively reinforce their son's behavior and others may intensely, even violently, discourage it, fathers on both sides of this dichotomy tend to maintain an intense and, ultimately, reinforcing focus on the cross-gender behaviors.

Indirect Influences of Paternal Dynamics

The final topic to be taken up in this discussion is the topic of how these fathers' dynamics may also be serving indirectly – via their influence on the marital relationship and the mother-son relationship – to contribute to the development of attachment-related difficulties in their sons. Though limitations, both in space and in available data, dictate that this discussion will be a very brief one, it is nevertheless important to note the strong possibility that these indirect influences are also powerful contributors to the familial dynamics associated with Childhood GID.

To review, four of the six fathers made contemptuous references to their wives, and the same four fathers also questioned, in some fashion, certain aspects of their wives'

capacities as a parent. (Three of these four fathers were the “active reinforcers;” the fourth, Jeremy, tended to be dismissive when discussing his wife rather than overtly critical.) Five of the six fathers in this study indicated that, at least during the phase of onset of their son’s GID, they were experiencing serious marital difficulties. These indications of stress and conflict within the marital relationship must inevitably have led to the magnification of the son’s difficulties. Particularly given the fact that data from the parallel study of mothers of boys with GID (Hahn-Burke, 1998) has demonstrated that all five mothers in the sample have the same combination of preoccupied attachment styles and unresolved trauma that these fathers manifest, the presence of severe stresses in the parent’s marriage would inevitably upset the fragile psychological balance each parent has sought to achieve. The fathers – particularly those who are re-enacting, in their marriage, prominent elements of traumatically-experienced childhood attachment relationships – could not possibly provide a re-stabilizing influence for a mother who is herself experiencing serious depressive symptoms. These same fathers, given the inevitably negative transference they would experience in relation to their depressed wives, would be extremely hard-pressed to find ways of supporting the beleaguered mother-son attachment relationship. Coates has commented (1998, personal communication) that the tendency of some fathers to denigrate their wives may also paradoxically serve to prompt their sons to become even more identified with the mother as a way both of protecting her from the father’s devaluing attitudes and also of shunning any identification with what is experienced as the father’s destructive aggression.

There is also another indirect influence, which, in addition to having been often-mentioned in the literature (Zucker, 1995; Wolfe, 1991), is apparent in four of the six fathers in this sample. The possibility that the destructive influence of alcohol and/or substance abuse among fathers of children with GID may be a more powerful indirect contributor to the development of attachment difficulties than was previously thought is suggested by important recent research on the relationship between paternal alcohol use and the mother-infant relationship (Das Eiden & Leonard, 1996). These researchers found that paternal alcohol abuse may interact with maternal depression to predict both maternal insensitivity and infant-mother insecurity. This important finding, one which is highly

relevant to this sample, suggests that the complex interactions among parental variables on both the mother-infant and father-infant relationships are only just beginning to be discovered.

Limitations of the Study and Suggestions for Future Research

There are serious limitations inherent to any exploratory, hypothesis-generating study. The limitations that are particularly relevant to this study include the fact that the sample was not only very small, but also relatively self-selected out of a group of parents who sought evaluation and treatment from a nationally-known specialist and whose children have all been treated for some period of time. (Of note, however, is the fact that, while some of these parents, given their experiences in treatment, might be expected to demonstrate fewer manifestations of continued attachment-related conflicts than parents in the general population, these parents continued, sometimes even after many years of treatment, to evidence powerful indications of unresolved traumatic experiences.)

A second obvious limitation of this study lies in the absence of control data from normal and clinical populations. Though collecting such data would be statistically meaningless in the context of such a small sample size, it will be important, for future research, to conduct larger, controlled studies to determine 1) whether the unusually high levels of unresolved trauma in combination with preoccupied attachment styles that were found in both the fathers in this sample and the mothers in Hahn-Burke's (1998) sample exist in the larger population of parents of children with GID, and, 2) to determine to what extent the high degree of preoccupation with gender-related issues is unique to this population and to what extent it reflects a broader cultural preoccupation with gender issues.

A third limitation derives from the fact that the coders of the data were not blind to the hypotheses of the research. Because this was a hypothesis-generating study, aimed at illuminating any potentially clinically relevant themes, it was decided that it was not critical for scorers to be blind to the research questions. Now that several more specific hypotheses have been generated, however, the next step will, of course, be to put these

hypotheses to a more systematic test. As a beginning effort, it is planned that the AAI data on both the mothers and fathers will next be re-coded using scorers who are blind both to the nature of the population and to our research interests.

A fourth limitation of this initial exploratory effort consists in the impossibility, within the scope of this research, of conducting a more detailed analysis of the complex multi-directional interactions among maternal and paternal attachment patterns and relationships with the child. A beginning effort to perform such an analysis on the mothers-father pairs from this study and Hahn-Burke's (1998) parallel study of mothers is planned as the next step in the study of the currently-available data.

Two final limitations and directions for future research concern issues related to the measures of attachment employed in this study. The first concerns issues relating to slight modifications in scoring that have been introduced in the newly-revised Main and Goldwyn (1998) scoring system. This new scoring manual includes some significant refinements in the conceptualization and scoring of the Unresolved with Respect to Traumas category. Minor shifts in scoring criteria for Unresolved Trauma may possibly result in the loosening of the formerly extremely strict criteria detailing the kinds of experiences which are scorable under the 'loss' and 'abuse' categories. This change, while it reflects an increasing awareness that it is not traumatic events, but the *internal experience* of such events that governs whether the event is traumatic, may also lead to the assignment of a higher proportion of U/d classifications than is reflected in current data from meta-analytic studies. Thus, the overwhelming degree of U/d classifications among these fathers may reflect, at least in some small part, shifts in the scoring criteria.

The second scoring issue relates to the *Reflective Functioning Scoring Manual* (Fonagy, Steele, Steele, Target & Schachter, 1998). Given the significant questions raised by the close clinical analysis of these fathers concerning the nature of domain-specificity in reflective functioning, it will be very important for future researchers to find ways of addressing the need to develop ways of assessing reflective functioning within a variety of specific domains and, specifically, in relation to the child. It will also be important to attempt to specifically assess the subject's capacity to reflect on the impact of his or her own behavior on others. While the construct of reflective functioning has been extremely

useful in the effort to understand the complex effects of paternal dynamics on paternal representations and paternal functioning in this sample, continued efforts to refine the ways in which this important capacity is measured need to be made.

Summary and Concluding Remarks

Results of this exploratory, hypothesis-generating study suggest multiple pathways according to which paternal dynamics may contribute to the etiology of Gender Identity Disorder in boys. The dramatic over-representation of the Unresolved Trauma classification among this group of fathers, coupled with the high levels of preoccupation that were also found in this sample, is highly predictive of these fathers' likelihood to form insecure attachment relationships with their sons and their related inability to assume maternal functioning during a period of the mother's emotional unavailability.

Furthermore, given that all these fathers are struggling with unresolved traumatic attachment-related experiences, and given that children inevitably re-activate memories of such experiences, it can be hypothesized that this group of fathers, when stressed, is highly likely to manifest the kinds of frightened and frightening behaviors that may easily lead a sensitive and highly reactive child to feel extremely anxious and unsafe in establishing a masculine identification. Such behaviors may even serve to prompt the child to actively dis-identify with his father.

The generally low level of reflective functioning demonstrated in this sample – a level which could be predicted from their attachment ratings – suggests that it will be difficult for these fathers to form accurate and detailed inner representations of their children. Poorly developed reflective capacities are also suggestive – as is the preoccupied classification on the AAI – of difficulties in affect regulation and tendencies to respond with escalating intensity to the child's expressions of negative affect. Significantly, however, there was clear clinical evidence that these fathers' reflective functioning scores may not be capturing certain key capacities which interact to determine the quality of their internal representations of their children. It was proposed that the specific capacity to take responsibility for one's own role in relationships, both past and current, is critical to

the constructive use of reflective capacities, and also that the absence of well-developed reflective capacities in the specific domain of the relationship with the child may render the more general capacity for reflective functioning relatively useless in the process of protecting future generations from the destructive effects of one's own traumatic history. Further, it was noted that the father must not only be aware of his impact on the child, but also must be motivated to take the necessary steps to change his behavior and, thus, to make begin to repair, for his son and also, by extension, for himself, some of the damage that was done in his own childhood.

Finally, the traumatic attachment-related experiences evidenced in these fathers were found to be intimately related to past and present experiences of gender. The identification of two distinct overtly held attitudes toward the child's cross-gender symptoms led to the formation of hypotheses concerning two distinct dynamic pathways for paternal reinforcement of cross-gender symptomatology. Both pathways, however, were seen to be clearly related to the fathers' efforts to cope with attachment-related traumatic experiences from their own childhood. Though the two pathways involved different overt attitudes toward the child's cross-gender behavior, both were understood to involve intense parental responses to the symptoms – responses which are, in an of themselves, highly reinforcing.

Appendix A

Reflective Functioning Manual

Outline of scoring procedures (from version 4.1)

General Rules: (see p. 14)

1. Only explicitly reflective statements qualify for high ratings (referring to mental states is not enough -- there must be some demonstration of thinking *about* feelings or thoughts).
2. Learned, rote or cliched statements do not qualify for high ratings.
3. Reference to personality or a relationship, in the absence of specific reference to mental states, does not qualify for high rating. Dynamic explanations and descriptions of personality, however accurate and perceptive they may seem, are not scorable as instances of reflective functioning unless accompanied by specific references to mental states.
4. Giving benefit of the doubt must be carefully avoided. (Need to beware of halo effect here. There is a tendency to give credit for RF when a subject is likable and thoughtful, and this tendency to fill in the blanks in subjects' narratives must be avoided.)
5. Diagnoses should not be accepted as a short-hand for mental states.

Qualities which suggest moderate to high RF: (see p. 8-13)

1. **Awareness of the nature of mental states** (examples on p. 9)
(i.e., passages which demonstrate awareness of their (1) opacity, (2) susceptibility to disguise, and (3) potentially defensive nature; or which (4) demonstrate awareness of the limitations of insight into mental states, or which (5) make explicit reference to commonly expected reactions in specific situations.)
2. **Efforts to tease out mental states underlying behavior** (examples 1-7, p. 10-11)
(Includes accurate attribution of mental states to others, recognition of diverse perspectives, taking into account how our own mental states affect behavior [ours and others'] and perceptions [our own and other's of us], etc.)
3. **Recognizing developmental aspects of mental states** (examples 1-5 p. 11-13)
(Focus here is on how mental states change and evolve, and includes statements reflecting awareness of dyadic and family interactions. Note: awareness of intergenerational influences must contain explicit references to mental states and their influence on interpersonal behavior to count as +RF. Descriptions of interactions without understanding of the role of mental states is not scorable.)
4. **Showing awareness of mental states in relation to interviewer** (ex's 1-3, p. 13-14)
(Credit given for explicit efforts to clarify and help interviewer keep track of material, explicit and accurate references to the likely impact on interviewer of material a subject has provided, statements demonstrating awareness that interviewer may not share subject's mental state in relation to one topic or another)

Demand vs. Permit Questions: (see p. 25-26)**Demand Questions -- must be rated**

(Note: there is no penalty for non-reflective response if speaker has already responded to demand question in answer to previous question):

1. Why did your parents behave as they did during your childhood?
2. Do you think your childhood experiences have an influence on who you are today?
3. (As a probe for influences of childhood experience) Any setbacks?
4. Did you ever feel rejected as a child?
5. (As a probe for losses) How did you feel at the time and how have your feelings changed over time? (Score separately for each loss.)
6. Have there been changes in your relationship with your parents since childhood?
7. Any demand-type question that an interviewer adds in a particular interview (i.e., "And why do you think they did that?")

Permit Questions -- all other questions: Note: Non-reflective responses to permit questions carry less weight than non-reflective responses to demand questions. Highly rated responses, however, should contribute to overall rating.

Guidelines for identifying and demarcating passages:

1. For responses to demand questions, give a single rating for the whole response. Rating should reflect the highest reflective level demonstrated in the response (though statements which are over-analytical or which show signs of negative reflection should be taken into account to reduce overall rating of passage).
2. For responses to permit questions (all other questions), score only if passage would receive a rating of "3" or higher (see below for criteria).
3. Instances of negative RF in response to permit questions can be taken into account when giving an aggregate score, but are not scored separately.

Guidelines for rating identified passages: (see p. 26-30)

Note: All responses to demand questions must be scored, as well as relevant responses to permit questions.

-1 Negative RF (p. 26; examples p. 17-19)

Response must:

- 1) be given in response to a demand question.
- 2) be distinctly anti-reflective (i.e., hostile or actively evasive, usually because question is perceived as an assault or attack)

or

bizarre (impossible to understand without making the assumption of irrationality on the part of the subject)

or

inappropriate in the context of the interview (i.e., complete non-sequiturs over-familiarity, gross assumptions about the interviewer).

1 Absent but not repudiated RF (p. 26-27; examples 19-22)

Response must:

- 1) be given in response to a demand question.
- 2) be passively rather than actively evasive.
- 3) be accompanied by little or no hostility.
- 4) contain no evidence of:
 - a) awareness of the nature of mental states;
 - b) explicit effort to tease out mental states underlying behavior;
 - c) recognition of the developmental aspects of mental states;
 - d) interaction indicative of the awareness of the interviewer's mental state
- 5) leave the interviewer no better off in terms of knowledge of the mental states of the subject, caregiver or other having read the passage than he/she was before reading it

Response may include:

- 1) concrete explanations of behavior in terms avoiding reference to mental states (i.e., explanations may be sociological, excessively general, or framed in terms of external, physical circumstances, etc.).

or

- 2) self-serving distortion (recollections which are highly egocentric, self-aggrandizing and/or contain extraordinarily arrogant claims to insight).

Note: The self-serving quality must be such that it leads the subject to make attributions that are clearly inaccurate and not simply biased or incomplete. Inaccurate efforts to tease out mental states underlying behavior are not sufficient to get a '1' rating unless they are *also* grossly self-serving.

3 Questionable or low RF (p. 27; examples p. 22-25)

Response must:

- 1) contain some suggestion of mentalising efforts on the part of the subject which is nevertheless,
- 2) devoid of any element that makes reflective functioning explicit (i.e., it never reflects mixed emotions, conflict or uncertainty about beliefs and feelings of others).

Response may frequently:

- 1) make use of mental state language without making clear or explicit that the subject genuinely understands the implications of their statement.
- 2) appear somewhat cliched, banal, superficial or 'canned.'
- 3) be excessively deep and detailed yet unconvincing and/or irrelevant to the task.

5 Definite or ordinary RF (p. 28; note: examples for ratings 5-9 are all lumped together under examples of moderate to high RF, p. 8-13)

Response must:

- 1) contain some feature which makes reflection explicit (i.e., explicit reference to the nature or properties of mental states, how mental states relate to behavior, or mental states in relation to the interviewer).

2) not be a cliché (though it does not need to reflect sophistication).

Response may:

1) show evidence of one of the six features (listed below) for assigning a rating of '7' in the context of a very simple observation of mental states which would otherwise rate only a '3.'

7 Marked RF (p. 28-29)

Response must:

1) contain some feature which makes reflection explicit (i.e., explicit reference to the nature or properties of mental states, how mental states relate to behavior, or mental states in relation to the interviewer).

and

2) meet at least one of the following. The passage:

- ♦ is sophisticated (meeting at least 2 categories of qualities which suggest moderate to high RF).
- ♦ is unusual or surprising, casting an original perspective (which is none-the-less readily understandable).
- ♦ is complex or elaborate, described in unusual detail with indication that multiple mental states attributed to a person are considered in relation to one another.
- ♦ places mental states within a causal sequence. Subject considers how the mental states arose, how they influenced behavior and what impact they have on subsequent perceptions, beliefs and desires.
- ♦ provides evidence of an interactional perspective (outlining interactions of mental states between two people or within one person's mind).
- ♦ contains an acknowledgment of a particularly painful situation, with appropriate thoughts and feelings.

9 Full or exceptional RF (p. 29-30)

Response must:

1) show the above features of '7 - marked RF' to an usually high degree (i.e., this response would be in the top 10% or less)

or

be given for a particularly charged and emotionally difficult subject in which maintaining even ordinary levels of reflective functioning could be considered exceptional.

2) have a strikingly personal character; it should enable the rater to feel confident that it is experienced as personally significant and meaningful.

Response may frequently:

1) demonstrate full awareness of important aspects of all protagonists within an interaction, such that the protagonists are placed in relation to one another in terms of their feelings and beliefs and these are sufficiently complex and elaborate to convince the rater of their accuracy.

Rules for aggregating RF ratings into overall ratings**General Points:**

- 1) Make a general judgment of the interview as a whole, rather than averaging scores on individual passages.
- 2) Provide a one-to two-paragraph explanation of the rating highlighting central themes or speech examples they used in making the judgment.
- 3) When confident that a particular transcript falls between two classes, assign the even number between those classes as an overall rating.

Chart of Overall Rating Criteria

Overall Rating

Common Types

-1 Negative RF

- ◆ subject systematically resists taking a reflective stance throughout interview.
- ◆ no passages rated '5' or above
- ◆ where some '1' or '3' passages exist, consider higher rating.

1 Lacking in RF

- ◆ reflective functioning is totally or almost totally absent.
- ◆ mental states may be mentioned, but there is no coherent picture of the subject's or caregiver's beliefs and feelings underlying behavior.
- ◆ mentalisation is absent in the narrative and awareness of the nature of mental states, if present, not explicit.

3 Questionable or Low RF

- ◆ Some evidence of consideration of mental states throughout the interview, but most references are not made explicit.
- ◆ Will contain some elements of a reflective stance.
- ◆ may contain more than 1 example of a rating of '5' or higher.
- ◆ must contain at least 3 examples of a '3' rating.

A) Rejection of RF

- ◆ there are some general indices of neg. RF (i.e., lack of participation, hostility, evasiveness, marked incongruences).
- ◆ subject responds with hostile refusal to at least 3 demand questions.
- ◆ if subject gives only one or two hostile refusals, but meets general criteria above, rate '0'.

B) Unintegrated, Bizarre or Inappropriate RF

- ◆ mental state attributions are confused and hard to understand.
- ◆ at least 3 examples of inexplicable, bizarre or inappropriate attributions (may occur in response to demand or permit questions)
- ◆ must be shocking rather than simply odd.

A) Disavowal

- ◆ barren accounts, lacking in mentalising detail.
- ◆ at least 3 examples of assertion of ignorance concerning mental states *or* comparable examples of evasion (physicalistic, behavioral or sociological accounts and global and generalized statements concerning psychological states) in response to demand questions.
- ◆ no instance of reflective function rated above '3.'

B) Distorted/self-serving

- ◆ interview does contain reflection, but reflection is flawed.
- ◆ reflective passages are egocentric, self-aggrandizing, and self-serving to the point where the accuracy of the representation of the mental state of the other may be reasonably called into question.
- ◆ at least 3 examples of such purposeful distortions in response to demand questions
- ◆ no instance of reflective function rated above '3.'

A) Naive/simplistic

- ◆ interview shows a partial understanding of intentions of others, but this understanding is likely to be banal, cliched, and excessively general and superficial.
- ◆ normalization of experiences extends beyond what is culturally accepted.
- ◆ interview does not inter into complexities of mental states (conflicts, ambivalence, etc.
- ◆ naive/simplistic passages are the majority of low ratings.
- ◆ fewer than 3 ratings of '7' or above.

Overall Rating**Common Types****3 Questionable or low RF, cont'd.****B) Over-analytical/hyperactive**

- ♦ The interview may have somewhat greater depth than might be expected in the interview context.
- ♦ The interview is diffuse, however, and the insights are unintegrated.
- ♦ There are at least 3 instances in which the subject is over-analytical.
- ♦ If 1 or more of these includes statements that are bizarre, distorting/self-serving, consider '1' or '2' rating.

C) Miscellaneous low RF

- ♦ transcript is neither particularly naive nor overly analytic.
- ♦ this rating may be a compromise between ratings for transcripts which show marked disavowal mingled with definite evidence of reflective functioning (or other such incongruities).

5 Ordinary RF

- ♦ There are a number of instances of reflective functioning (and these may be prompted, rather than spontaneous).
- ♦ Speaker has a model of the mind (own and attachment figures) which may be simple but is relatively coherent, personal, and well-integrated.
- ♦ Must have at least 1 or 2 clear '5' passages. Most interviews with this rating will have responses in the '3' to '7' range.
- ♦ If any '-1' or '1' ratings, these are balanced by passages immediately following or elsewhere which indicate reflection.

A) Ordinary Understanding

- ♦ Subject shows an ordinary capacity to make sense of their experience in terms of thoughts and feelings.
- ♦ Subject has a consistent model for thoughts and feelings of self and other which requires little or no inference from the rater.
- ♦ This model is limited, and does not include understanding of conflict or ambivalence.
- ♦ There are at least 3 passages rated '5.'
- ♦ No breakthroughs of rejection, bizarre explanations, pervasive disavowal, etc.

B) Inconsistent Understanding

- ♦ Certain passages warrant a '6' or '7' rating, but this level of understanding cannot be maintained in relation to one or more problem areas (i.e., a conflictual relationship to one parent).
- ♦ Even problematic parts of interview do not fall below a '1' or '2' rating.

Overall Ratings for high RF (no sub-types)

7 Marked RF

- ♦ Numerous instances of full reflective functioning suggesting a stable psychological model of the mind (own and caregivers') and reactions to mental states.
- ♦ Usually, passages where subject has arrived at an original reintegration of states of mind (own and/or others).
- ♦ Much detail about thoughts and feelings
- ♦ Implications of mental states explicitly spelled out.
- ♦ Usually able to maintain a developmental (interactional) perspective.
- ♦ In interview as a whole, subject is applying reflective stance fairly consistently to at least one context, or less consistently to a number of contexts.
- ♦ At least 3 instances, anywhere in interview, which rate '7' or higher.
- ♦ No passages rated '1' or lower.
- ♦ No more than 3 passages where rating is less than '5' in response to demand questions.

9 Exceptional RF

- ♦ Transcript shows exceptional sophistication, is commonly surprising, quite complex or elaborate and consistently manifests reasoning in a causal way using mental states.
- ♦ Shows consistent reflective stance across all contexts.
- ♦ Has 3 or more instances, anywhere in interview, with a '9' rating (i.e., the response integrates several aspects of reflective functioning into a unified, fresh perspective).
- ♦ Few passages rated '3' and most would be rated '5' or '7.'
- ♦ If above criteria are not met but rater "feels" the transcript to be exceptional, a rating of '8' should be considered. (For an '8', should be no more than a couple of passages rated '3' and more than one '9.'

Appendix B

Fatherhood Interview

I'd like to talk more specifically today about your experiences of being a father and your experience of bringing your son here for (treatment/evaluation).

1. Given that you brought (child's name) to be evaluated here, you were clearly worried about aspects of his behavior.
 - * When did you first become concerned?
 - * What aspects worried you the most? (*Probe for specific cross-gender symptoms*)
 - * How did you feel when you watched him do that?
 - * What did you do?
2. Are you worried about bullies? What are your thoughts about it?
3. Were you a shy kid? Do you have any memories about being bullied?
 - * How did you deal with it?
 - * Do you ever remember bullying someone else?
4. Before (child's name) was born, did you have any preference for a boy or girl?
5. When (child's name) was an infant, how would you describe your role in the family as a father?
6. Thinking about (child's name) now, what things does he do that make you angry?
7. What are your fights like?
8. In what ways did you hope you would be like your father?
9. Now that (child's name) is older, in what ways *are* you like and different from your father?
10. What kinds of things do you and (child's name) most like to do together? Are there certain experiences that, as his father, you feel you are uniquely able to provide for him?

REFERENCES

- Abelin, E.L. (1971). The role of the father in the separation-individuation process. In J.B. McDevitt & C.F. Settlage (Eds.), *Separation-Individuation: Essays in Honor of Margaret S. Mahler* (pp. 229-252). New York: International Universities Press.
- Abelin, E.L. (1980). Triangulation, the role of the father and the origins of core gender identity during the rapprochement subphase. In R.F. Lax, S. Bach, J.A. Burland (Eds.), *Rapprochement: The Critical Subphase of Separation-Individuation* (pp. 151-169). New York: Jason Aronson.
- Ainsworth, M.D., Blehar, M., Waters, E. & Wall, S. (1978). *Patterns of Attachment: A Psychological Study of the Strange Situation*. Hillsdale, N.J.: Erlbaum.
- Ainsworth, M.D. & Eichberg, C. (1991). Effects on infant-mother attachment of mother's unresolved loss of an attachment figure, or other traumatic experiences. In C. Parkes, J. Stevenson-Hinde & P. Morris (Eds.), *Attachment Across the Lifespan*. London: Tavistock/Routledge, pp. 160-183.
- Arnou, D. (1991). Affect in early memories of borderline patients. *Journal of Personality Assessment*, 56, 75-83.
- Atkins, R.N. (1981). Finding one's father: The mother's contribution to early father representation. *Journal of the American Academy of Psychoanalysis*, 9, 539-560.
- Bailey, J.M. & Zucker, K.J. (1995). Childhood sex-typed behavior and sexual orientation: A conceptual analysis and quantitative review. *Developmental Psychology*, 31, 43-55.
- Bates, J.E., Bentler, P.M., & Thompson, S.K. (1979). Gender-deviant boys compared with normal and clinical control boys: An analysis of clinical ratings. *Journal of Abnormal Child Psychology*, 7, 243-259.
- Belsky, J. & Cassidy, J. (0000). Attachment: theory and evidence. In M. Rutter & D. Hay (Eds.), *Development Through Life* (pp. 373-402). London: Blackwell.
- Belsky, J. & Rovine, M. (1987). Temperament and attachment security in the strange situation: an empirical rapprochement. *Child Development*, 58, 787-795.

- Belsky, J. (1981). Early human experience: a family perspective. *Developmental Psychology*, 17(1), 3-23.
- Benoit, D., Parker, K., & Zeanah, C.Z. (1995). *Mothers' representations of their infants assessed prenatally: Stability and association with infants' attachment classifications*. Unpublished manuscript.
- Biller, H. (1974). Paternal deprivation, cognitive functioning, and the feminized classroom. In A. Davids (Ed.), *Child Personality and Psychopathology*. New York: Wiley.
- Bion, W.R. (1962). Learning from experience. In: *Seven Servants*. New York: Aronson, 1977.
- Bloch, D. (1978). Four children who insisted they belonged to the opposite sex. In *So the Witch Won't Eat Me: Fantasy and the Child's Fear of Infanticide*. (pp. 50-70). Boston: Houghton Mifflin.
- Bowlby, J. (1969). *Attachment and Loss, Vol. 1*. New York: Basic Books.
- Bowlby, J. (1973). *Attachment and Loss, Vol. 2: Separation*. London: Hogarth Press.
- Bowlby, J. (1980). *Attachment and Loss, Vol. 3*. New York: Basic Books.
- Bradley, S. J. (1985). Gender disorders in childhood: A formulation. In B. W. Steiner (Ed.), *Gender Dysphoria: Development, research, management* (pp. 175-188). New York: Plenum Press.
- Bridges, L.J., Connell, J.P., Belsky, J. (1988). Similarities and differences in infant-mother and infant-father interaction in the strange situation: a component process analysis. *Developmental Psychology*, 24(1), 92-100.
- Cassidy, J. (1994). Emotion regulation: Influences of attachment relationships. In: Ed. N. Fox. *Biological and Behavioral Foundations of Emotion Regulation*. Monographs of the Society for Research in Child Development, 59, 228-249.
- Chicchetti, D., Toth, S. & Lynch, M. (1995). Bowlby's dream comes full circle: The application of attachment theory to risk and psychopathology. In T.H. Ollendick & R.J. Prinz (Eds.) *Advances in Clinical Child Psychology*, (Vol.17, pp. 1-75), New York: Plenum Press.

- Coates, S.W. (1985). Extreme boyhood femininity: Overview and new research findings. In Z. Defries, R. Friedman, R. Corn (Eds.), *Sexuality: New Perspectives* (pp. 101-124). Westport: Greenwood.
- Coates, S.W. (1990). Ontogenesis of boyhood gender identity disorder. *Journal of The American Academy of Psychoanalysis*, 18(3), 414-438.
- Coates, S.W. (1992). The etiology of boyhood gender identity disorder: an integrative model. In J.W. Barron, M.N. Eagle, D.L. Wolitzky (Eds.), *Interface of Psychoanalysis and Psychology* (pp. 245-265). Washington, D.C.: American Psychological Association.
- Coates, S.W. (1997). Having a mind of one's own and holding the other in mind: Commentary on paper by Peter Fonagy and Mary Target. *Psychoanalytic Dialogues*, 8, 1011-1044.
- Coates, S.W., Hahn-Burke, S., Wolfe, S. (1994). Do boys with a gender identity disorder have a shy, inhibited temperament? Paper presented at the Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York.
- Coates, S.W. & Moore, M.S. (1997). The complexity of early trauma; representation and transformation. *Psychoanalytic Inquiry*, 17, 286-311.
- Coates, S.W. & Person, E.S. (1985). Extreme boyhood femininity: Isolated behavior or personality disorder? *Journal of the American Academy of Child Psychiatry*, 24, 702-709.
- Coates, S.W. & Tuber, S.B. (1988). The representation of object relations in the Rorschach's of extremely feminine boys. In H. Lerner & P. Lerner (Eds.) *Primitive Mental States on the Rorschach* (pp. 647-664). New York: International Universities Press.
- Coates, S.W. & Wolfe, S. (1995). Gender identity disorder in boys: the interface of constitution and early experience. *Psychoanalytic Inquiry*, 15, 6-38.
- Cohn, D.A., Cowan, P.A., Cowan, C.P., Pearson, J. (1992). Mothers' and fathers' working models of childhood attachment relationships, parenting styles, and child behavior. *Development and Psychopathology*, 4, 417-431.

- Cox, M.A., Owen, T.O., Henderson, V.K., Margand, N. (1992). Prediction of infant-father and infant-mother attachment. *Developmental Psychology*, 28(3), 474-483.
- Das Eiden, R. & Leonard, K.E. (1996). Paternal alcohol abuse and the mother-infant relationship. *Development and Psychopathology*, 8, 307-323.
- Easterbrooks, M.A. & Goldberg, W.A. (1984). Toddler development in the family: impact of father involvement and parenting characteristics. *Child Development*, 55, 740-752.
- Fonagy, P. (1991). Thinking about thinking: Some clinical and theoretical considerations in the treatment of a borderline patient. *International Journal of Psycho-Analysis*, 72, 639-656.
- Fonagy, P., Steele, H., Steele, M. (1991). Maternal representations of attachment during pregnancy predict the organization of infant-mother attachment at one year of age. *Child Development*, 62, 891-905.
- Fonagy, P., Steele, M., Steele, H., Leigh, T., Kennedy, R., Mattoon, G., and Target, M. (1995). Attachment, the reflective self, and borderline states. In S. Goldberg, R. Muir, and J. Kerr (eds.) *Attachment Theory: Social Developmental and Clinical Perspectives*. Hillsdale, NJ: The Analytic Press.
- Fonagy, P., Steele, M., Steele, H., Moran, G., Higgitt, A.C. (1991). The capacity for understanding mental states: the reflective self in parent and child and its significance for security of attachment. *Infant Mental Health Journal*, 12(3), 201-218.
- Fonagy, P., Steele, M., Steele, H., Target, M. and Schachter, A. (1998). *Reflective Self-Functioning Manual for Application to Adult Attachment Interviews*. Unpublished manuscript.
- Fonagy, P. & Target, M. (1995). Understanding the violent patient: The use of the body and the role of the father. *International Journal of Psycho-analysis*, 76, 487-501.
- Fonagy, P. & Target, M. (1997). Attachment and reflective function: Their role in self-organization. *Development and Psychopathology*, 9, 679-700.
- Fowler, C., Hilsenroth, M., Handler, L. (1995). Early memories: an exploration of theoretically derived queries and their clinical utility. *Bulletin of the Menninger Clinic*, 59(1), 79-98.

- George, C., Kaplan, N., & Main, M. (1985). *The Berkeley Adult Attachment Interview*. Unpublished protocol, Department of Psychology, University of California, Berkeley.
- George, C. & Solomon, J. (1996). Representational models of relationships: Links between caregiving and attachment. *Infant Mental Health Journal*, 17, 198-217.
- Goldberg, S. (1997). Attachment and childhood behavior problems in normal, at-risk, and clinical samples. In L. Atkinson and K.J. Zucker (Eds.) *Attachment and Psychopathology* (pp. 171-195). New York: Guilford Press.
- Green, R. (1974). *Sexual Identity Conflicts in Children and Adults*. Baltimore: Penguin Books.
- Green, R. (1985). Gender identity in childhood and later sexual orientation: follow-up of 78 males. *American Journal of Psychiatry*, 142, 339-341.
- Green, R. (1987). *The "Sissy Boy Syndrome" and the Development of Homosexuality*. New Haven and London: Yale University Press.
- Greenspan, S.I. (1982). "The second other": the role of the father in early personality formation and the dyadic-phallic phase of development. In S.H. Cath, A.R. Gurwitt, Ross, J.M. (Eds.), *Father and Child: Developmental and Clinical Perspectives* (pp. 123-138). Boston: Little Brown and Company.
- Haft, W. & Slade, A. (1989). Affect attunement and maternal attachment: A pilot study. *Infant Mental Health Journal*, 10, 157-172.
- Hahn-Burke, S. (1998). *Childhood Gender Identity Disorder and the Role of Maternal Attachment*. Unpublished doctoral dissertation, Yeshiva University.
- Herzog, J.M. (1980). Sleep disturbance and father hunger in 18- to 20-month old boys: The Erlkonig syndrome. *Psychoanalytic Study of the Child*, 35, 219.
- Herzog, J.M. (1982). On father hunger: the father's role in the modulation of aggressive drive and fantasy. In S.H. Cath, A.R. Gurwitt, Ross, J.M. (Eds.), *Father and Child: Developmental and Clinical Perspectives* (pp. 163-174). Boston: Little Brown and Company.

- Hesse, E. (1996). Discourse, memory, and the Adult Attachment Interview: A note with emphasis on the emerging Cannot Classify category. *Infant Mental Health Journal*, 17, 4-11.
- Hollingshead, A. (1973). *Four Factor Index of Social Status*. Unpublished manuscript.
- Jacobson, E. (1950). Development of a wish for a child in boys. In R.S. Eissler et al. (Eds.), *The Psychoanalytic Study of the Child*, Vol. 5. New York: International Universities Press, 1950.
- Kagan, J. (1989). *Unstable Ideas: Temperament, Cognition and Self*. Cambridge, MA: Harvard University Press.
- Krohn, A. & Mayman, M. (1974). Object representations in dreams and projective tests. *Bulletin of the Menninger Clinic*, 38, 445-466.
- Kromelow, S., Harding, C., Touris, M. (1990). The role of the father in the development of stranger sociability during the second year. *American Journal of Orthopsychiatry*, 60(4), 521-530.
- Lamb, M.E. (1978). Qualitative aspects of mother- and father-infant attachments. *Infant Behavior and Development*, 1, 265-276.
- Lamb, M.E. (1997). *The Role of the Father in Child Development*. New York: John Wiley & Sons, Inc.
- Lamb, M.E. & Oppenheim, D. (1989). Fatherhood and father-child relationships: five years of research. In S.H. Cath, A. Gurwitt, L. Gunsberg (Eds.), *Fathers and Their Families* (pp. 11-26). Hillsdale: The Analytic Press.
- Loewald, H. (1951). Ego and reality. *International Journal of Psychoanalysis*. 19, 54.
- Lowry, C.B. & Zucker, K.J. (1991, June). *Is there an association between separation anxiety disorder and gender identity disorder in boys?* Poster presented at the meeting of the Society for Research in Child and Adolescent Psychopathology, Zandvoort, The Netherlands.
- Mahler, M., Pine, F., Bergman, A. (1975). *The Psychological Birth of the Human Infant*. New York: Basic Books.
- Main, M. (1991). Metacognitive knowledge, metacognitive monitoring, and singular (coherent) vs. multiple (incoherent) model of attachment: Findings and directions for

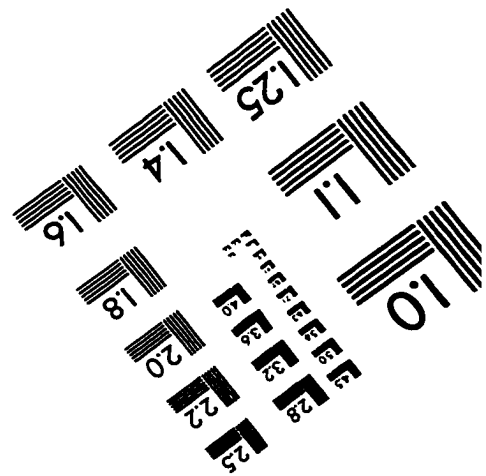
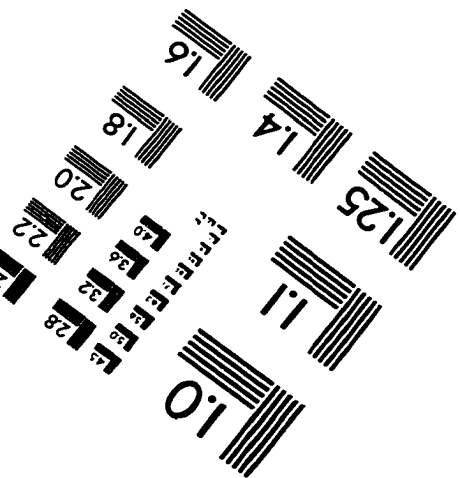
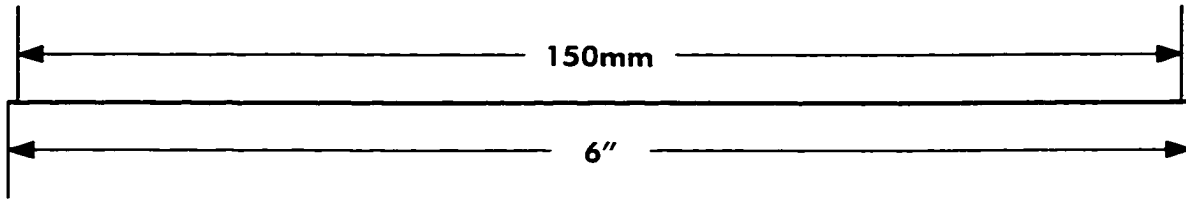
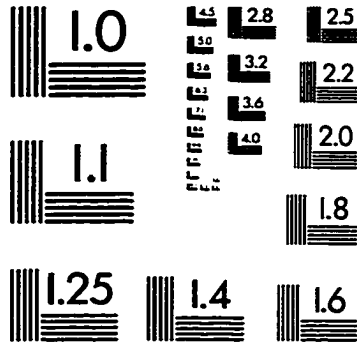
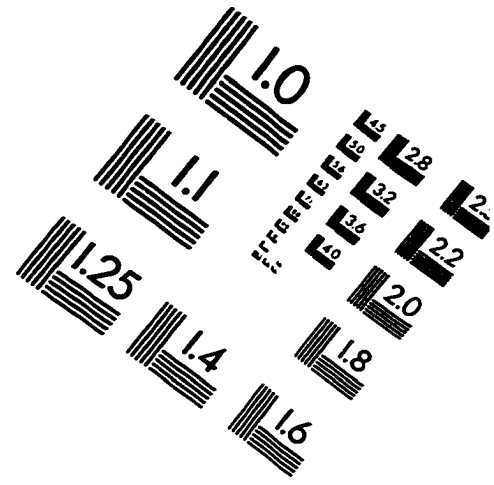
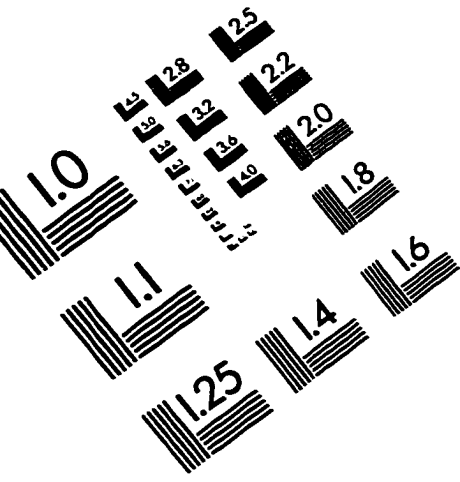
- future research. In: P. Harris, J. Stevenson-Hinde & C. Parkes (Eds.). *Attachment Across the Lifecycle*. (pp. 127-159). New York: Routledge.
- Main, M. & Goldwyn, R. (1998). *Adult Attachment Scoring and Classification Systems*. Version 6.2. Unpublished manuscript. University of California, Berkeley.
- Main, M. & Hesse, E. (1990). Parents' unresolved traumatic experience are related to infant disorganized attachment status: Is frightened and/or frightening parental behavior the linking mechanism? In M.T. Greenberg, D. Cicchetti, & E.M. Comings (Eds.) *Attachment in Preschool Years: Theory, Research, and Intervention* (pp. 161-184). Chicago: University of Chicago Press.
- Main, M. & Hesse, E. (1992). Disorganized/disoriented infant behavior in the Strange Situation, lapses in the monitoring of reasoning and discourse during the parent's Adult Attachment Interview, and dissociative states. In M. Ammaniti & D. Sterns (Eds.) *Attachment and Psychoanalysis* (pp. 86-140). Rome: Gius, Laterza & Figli.
- Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood and adulthood: a move to the level of representation. In I. Bretherton & E. Waters (Eds.), *Growing Points of Attachment Theory and Research. Monographs of the Society for Research in Child Development*, 50(1-2, Serial No. 209).
- Main, M. & Weston, D.R. (1981). The quality of the toddler's relationship to mother and to father: Related to conflict behavior and the readiness to establish new relationships. *Child Development*, 52, 932-940.
- Marantz, S. & Coates, S. (1991). Mothers of boys with gender identity disorder: a comparison of matched controls. *Journal of the American Academy of Child and Adolescent Psychiatry*, 30(2), 310-315.
- Mayman, M. (1968). Early memories and character structure. *Journal of Projective Techniques and Personality Assessment*, 32, 303-316.
- Meyer, J. & Dupkin, C. (1985). Gender disturbance in children. *Bulletin of the Menninger Clinic*, 49:236-269.
- Minde, K. & Hesse, E. (1995). The role of the Adult Attachment Interview in parent-infant psychotherapy: A case presentation. *Infant Mental Health Journal*,

- Ogden, T.H. (1989) *The Primitive Edge of Experience*. Northvale and London: Jason Aronson.
- Pearson, J.L., Cohn, D.A., Cowan, P.A., Cowan, C.P. (1994). Earned and continuous-security in adult attachment: relation to depressive symptomatology and parenting style. *Development and Psychopathology*, 6, 359-373.
- Radin, N. (1982). Primary care-giving and role-sharing fathers. In M.E. Lamb (Ed.), *Nontraditional Families*, (pp. 173-204). Hillsdale: Erlbaum.
- Rainbow, S. (1986). *Male childhood gender identity disorder and separation anxiety disorder: An initial comparison*. Unpublished doctoral dissertation, Yeshiva University.
- Rapaport, D., Gill, M., & Schafer, R. (1945). *Diagnostic Psychological Testing*. Chicago: Yearbook Publishers.
- Richman, N. & Sokolove, R. (1992). The experience of aloneness, object representation, and evocative memory in borderline patients. *American Journal of Psychiatry*, 148(7), 864-869.
- Ross, J.M. & Herzog, J.M. (1985). The sins of the father: notes on fathers, aggression, and pathogenesis. In E. J. Anthony & G.H. Pollock (Eds.), *Parental Influences in Health and Disease* (pp. 477-510). Boston/Toronto: Little, Brown and Company.
- Russell, G. & Radojevic, M. (1992). The changing role of fathers? current understandings and future directions for research and practice. *Infant Mental Health Journal*, 13(4), 296-311.
- Schaffer, H.R. & Emerson, P.E. (1964). The development of social attachments in infancy. *Monographs of the Society for Research in Child Development*, 29(3), Serial No. 94.
- Schuengel, C., Marinus, H., van IJzendoorn, M.J., Bakermans-Kranenburg, M.B. (1997). Frightened, frightening, and dissociated behavior, unresolved loss and infant disorganization. Paper presented at symposium conducted at the biennial meeting of the Society for Research in Child Development, Washington D.C.
- Slade, A. (March, 1993). Affect regulation and defense: Clinical and theoretical considerations. Paper presented at the symposium on Affect Regulation and

- Attachment at the Biennial Meetings of the Society for Research in Child Development, New Orleans, LA.
- Slade, A. (1996). A view from attachment theory and research. *Journal of Clinical Psychoanalysis*, 5, 112-122.
- Slade, A. (in press). The development and organization of attachment: Implications for psychoanalysis. *Journal of the American Psychoanalytic Association*.
- Slade, A., Belsky, J., Aber, J., & Phelps, J. (1998). Maternal representations of their relationship with their toddlers: Links to adult attachment and observed mothering. Manuscript submitted for publication.
- Slade, A. & Cohen, L. (1996). The process of parenting and the remembrance of things past. *Infant Mental Health Journal*, 17, 217-238.
- Steele, H., Steele, M., and Fonagy, P. (1996). Associations among attachment classifications of mothers, fathers, and their infants. *Child Development*, 67, 541-555.
- Stoller, R.J. (1968). *Sex and Gender: Vol. 1. The Development of Masculinity and Femininity*. New York: Jason Aronson.
- Stoller, R.J. (1985). *Presentations of Gender*. New Haven and London: Yale University Press.
- Tobias, K. (1995). *The relation between maternal attachment and mother-infant attunement at 4 months*. Unpublished doctoral dissertation. The City University of New York.
- Tuber, S. & Coates, S.W. (1985). Interpersonal phenomena in the Rorschach's of extremely feminine boys. *Psychoanalytic Psychology*, 2, 251-265.
- van IJzendoorn, M.H. (1992). Intergenerational transmission of parenting: a review of studies in nonclinical populations. *Developmental Review*, 12, 76-99.
- van IJzendoorn, M.H. (1995). Adult attachment representations, parental responsiveness, and infant attachment: a meta-analysis on the predictive validity of the adult attachment interview. *Psychological Bulletin*, 117(3), 387-403.

- van IJzendoorn, M.H. (1996). Attachment representations in mothers, fathers, adolescents, and clinical groups: A meta-analytic search for normative data. *Journal of Consulting and Clinical Psychology, 64*, 8-21.
- Volling, B.L. & Belsky, J. (1992). Infant, father and marital antecedents of infant-father attachment security in dual-earner and single-earner families. *International Journal of Behavioral Development, 15*(1), 83-100.
- Winnicott, D.W. (1971). *Playing and Reality*. London and New York: Routledge.
- Wolfe, S. (1991). Psychopathology and psychodynamics of parents of boys with a gender identity disorder of childhood. Unpublished dissertation, The City University of New York.
- Zeanah, C., Benoit, D., Hirschberg, L., Barton, M., & Regan, C. (1995). Mothers' representations of their infants are concordant with infant attachment classifications. *Developmental Issues in Psychiatry and Psychology, 1*, 1-14.
- Zucker, K.J. & Bradley, S.J. (1995). *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents*. New York and London: The Guilford Press.
- Zucker, K.J., Bradley, S.J., Corter, C.M., Doering, R.W., & Finnegan, J.K. (1980). Cross-gender behavior in very young boys: A normative study. In: J. Sampson (Ed.), *Childhood and Sexuality*, (pp. 599-622). Montreal: Editions Etudes Vivantes.
- Zucker, K.J. & Green, R. (1992). Psychosexual disorders in children and adolescents. *Journal of Child Psychology and Psychiatry, 33*(1), 107-151.

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