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Chapter 3

Gender Identity Disorders in Adult Men

This chapter acquaints the reader with the various types of adult men most likely to seek treatment for gender identity disorders. I have thus devoted little space to the discussion of related types (e.g., homosexual “drag queens”) who clearly have a gender identity disturbance of some type but rarely present for this reason.

There is no “received view” on the causes of gender identity disorders, even on issues as basic as psychogenic versus organogenic etiology. I have therefore attempted, throughout this chapter, to emphasize straightforward descriptions of patients’ behavior rather than theoretical interpretations of it. There is, of course, no such thing as “pure” description, because the simplest observations of all clinicians are influenced by their theories and expectations. I have tried as much as possible, however, to separate data from conjecture, particularly where the latter is based on my own research.

Transvestism

Definition

The term *transvestism* was introduced by Magnus Hirschfeld (1910). He used the term to denote any instance of psychologically motivated cross-dressing, and he applied it without regard to an individual’s sex or sexual preference. The word has retained this approximate meaning in the lay

vocabulary, in which homosexual "drag queens" are sometimes referred to as transvestites.

In psychiatric parlance, the term *transvestism* gradually became restricted to cross-dressing that occurs in heterosexual males and is associated with sexual arousal; the term is used almost exclusively in that sense by clinicians today. That is also the sense in which I will use the term *transvestism* in this chapter. It should be noted that in DSM-III-R (American Psychiatric Association 1987), this anomaly is designated transvestic fetishism (302.30), and men afflicted with it are referred to as *persons with transvestic fetishism*.

Description

Transvestites are not effeminate in childhood, and transvestite boys are rarely considered sissies. They are not markedly prone to play with girls or to play girlish games, and they do not become "mothers' helpers." It is unclear whether they cherish secret fantasies of being female or the inchoate form of such ideas, or whether this is true in some cases but not in others. Transvestite boys, at any rate, do not communicate cross-gender feelings to other persons.

Although some transvestite boys are social isolates, most enjoy normal peer relations. They make friends with other boys, engage in typical boyish pursuits, and follow team sports. Many transvestites actively participate in sports in grade school and high school, and some excel at them.

Transvestites are also unremarkably masculine in their adult hobbies and in their career choices. They are frequently found in traditionally male-dominated occupations, from truck driver to business executive, and almost never in jobs commonly held by homosexual men. Some are highly successful in their careers. In occasional cases, however, extreme preoccupation with cross-dressing interferes with work and lowers the individual's level of achievement.

Transvestite boys begin secret cross-dressing in childhood or puberty, rarely later than mid-adolescence. The first act of cross-dressing is sometimes preceded by a period of fascination with women's garments. Articles of clothing—often, but not always, underwear—are usually borrowed without permission from a mother, sister, or other female in the household. The source of the clothing (e.g., mother versus sister) does not

seem to have any special significance but rather appears a matter of opportunity and circumstance.

Before puberty, cross-dressing produces generalized feelings of pleasurable excitement. With the arrival of puberty, dressing in women's clothes begins to elicit penile erection, and, in some cases, leads directly to the boy's first ejaculation. Adolescent transvestites usually terminate their cross-dressing sessions by masturbating to orgasm, after which they immediately remove their feminine attire. Some transvestites continue this pattern throughout life, although they may learn to prolong the session by postponing ejaculation. Typically, some portion of these sessions, which may go on for hours, is spent in rapt contemplation of their feminine appearance in the mirror.

In adolescent and adult transvestites, episodes of cross-dressing are accompanied by fantasies of being female. The same thought or image is likely to arise at moments of sexual excitement even when the transvestite is not cross-dressed. The idea of being a woman may form the nucleus of sexual fantasies or activities in which garments per se play a small role or none at all. Some transvestites are fond of imagining themselves, as females, engaging in lesbian interactions with other women. There are occasional transvestites, called "pregnancy transvestites" by Hirschfeld (1918), who masturbate with the fantasy of being a pregnant woman or of giving birth. There are also transvestites—who may mislead the inexperienced clinician into a diagnosis of homosexuality—who most often fantasize that they are women engaging in sexual intercourse with men. The male partner represented in these fantasies is usually a vague, anonymous figure rather than a real person and probably has little excitatory function beyond that of completing the transvestite's fantasy of vaginal intercourse in the female role. As I will illustrate at several points in this chapter, these types of fantasies are not limited to automasturbation but also find expression in transvestites' sexual relations with others.

In adulthood and middle age, the relationship between the simple act of cross-dressing and sexual arousal becomes more complicated. In many cases, cross-dressing elicits less and less sexual excitement as the transvestite grows older; eventually it may produce no discernible penile response at all. The desire to cross-dress, at the same time, remains the same or grows even stronger. Such transvestites typically say that the sexual excitement of cross-dressing has been replaced by feelings of comfort or well-being. A different example of dissociation between sexual arousal and the desire to cross-dress comes from those transvestites

who report that they do continue to be sexually aroused by women's attire, but that they regard such arousal as a nuisance that interferes with their activities (Blanchard and Clemmensen 1988; Buhrich 1978). The persistence of cross-dressing after the loss of sexual response to it and the desire to be rid of sexual responses in order to facilitate cross-dressing defy explanation at our present state of knowledge. Perhaps this dissociation between cross-dressing and sexual arousal has some analog in the permanent love bond that may remain between two people after their initial strong sexual attraction has largely disappeared.

As previously mentioned, older transvestites frequently describe the subjective experience of cross-dressing as one of comfort, relaxation, or well-being. Some produce the complementary statement that a lack of opportunities to cross-dress results in a severely dysthymic mood and marked irritability. Whether from positive or negative incentives, many transvestites make a daily habit of wearing women's undergarments beneath their normal male attire.

Transvestism generally competes and interferes with heterosexual attraction to some degree; however, a majority of transvestites marry and father children. It is quite common for transvestites spontaneously to stop cross-dressing when they first fall in love with a woman and begin a relationship. This reduction in interest may last for a few years, but the cross-dressing almost inevitably reappears.

In some transvestites, cross-dressing and intercourse with women appear to be equal and relatively independent erotic interests. Such persons achieve erection and ejaculation in coitus without recourse to cross-gender fantasies. Many others, however, are able to maintain potency with their wives only by means of private fantasies during intercourse. Some imagine that they are cross-dressing; others, whose wives will permit this, actually wear some article of feminine attire such as a nightgown. In a similar vein, many transvestites prefer to have intercourse with their wives in the female superior position. The transvestite then fantasizes that his wife—imagined as a man—is penetrating him—a woman. Still other transvestites fantasize during heterosexual intercourse that they and their partners are two women having lesbian relations. Some transvestites' marriages survive despite the husband's secret or admitted preoccupation with cross-dressing; some do not.

Individual transvestites react differently to the fact of having a sexual deviation. In two regards, their individual reactions parallel those of homosexuals: self-acceptance versus self-abhorrence, and socialization

with similarly inclined men versus isolation from them. There are some transvestites (corresponding to socialized homosexuals) who join clubs and organizations for heterosexual cross-dressers, and others (corresponding to "closet-case" homosexuals) who cross-dress secretly and in private their entire lives. Similarly, there are ego-syntonic transvestites (corresponding to ego-syntonic homosexuals) who accept their cross-dressing as a pleasurable pastime and their feminine feelings as a valued part of their personality, and ego-dystonic transvestites (corresponding to ego-dystonic homosexuals) who feel guilt and shame over their deviation and wish to be otherwise.

Ego-dystonic transvestites, throughout their lives, make repeated and usually vain efforts to overcome their anomaly. Vowing to renounce cross-dressing, they periodically destroy all their feminine clothes, only to begin the process of acquiring new ones a few months later. This cycle of wardrobe purge and acquisition is also seen in many young transvestites who later come to accept their deviation.

Transvestism probably has a greater than chance association with certain other erotic anomalies, in particular, masochism and autoerotic asphyxia. Many clinical observers have noted the frequent co-occurrence of masochism and transvestism (Gutheil 1954; Ovesey and Person 1973; Stoller 1970). This association has also been confirmed for nonpatient subjects by investigators who studied members of transvestite and sado-masochistic clubs (Wilson and Gosselin 1980).

Masochistic transvestite fantasy takes different forms. One common fantasy of transvestite men is that they are forced to cross-dress or to put on makeup by a dominant woman. This is often frankly described as a masturbation fantasy by transvestite patients, but the same fantasy frequently occurs in ostensibly nonerotic contexts. Transvestite magazines often publish short works of fiction, in which the protagonist first dresses as a woman because he is forced to do so by circumstances or by a group of hostile female tormentors. He inevitably turns out to make a beautiful and alluring female on the first trial. Once introduced to cross-dressing in this manner, the fictional hero discovers his pleasure in it and makes it part of his future life. Other masochistic transvestite fantasies are bondage or whipping at the hands of a dominant woman, serving as the maid of a severe and demanding mistress, and coercion to perform cunnilingus or anilingus on a controlling and sadistic female. It must be emphasized, however, that strong masochistic tendencies are found in only a minority of patients.

A much rarer erotic anomaly, which I mention primarily because of its very strong association with transvestism, is autoerotic asphyxia. This is the practice of inducing cerebral anoxia, usually by means of self-devised ligatures, while the individual masturbates to orgasm. Death sometimes results from this practice when the individual's escape mechanism fails or he loses consciousness before he can employ it. About one-quarter or one-fifth of autoerotic asphyxia fatalities are found cross-dressed (Hazelwood et al. 1983).

Many of the foregoing general points are illustrated in the following clinical vignette. This patient may be described as a "pure" transvestite, that is, one with no desire to live as a female or to undergo any physical feminization at all.

Vignette

Angelo was the third of five children born to immigrant parents. He initially looked forward to starting school but soon rebelled against the regimented activities. In childhood, Angelo was obese and clumsy. He was therefore unskilled at male sports, although he tried hard to excel at them. He was teased by other children because of his weight problem and became a loner with few close friends of either sex. In prepubescence, he was, by his own description, "somewhat antisocial," and he got into a number of fights. This aggressiveness persisted to some extent into later life, and he was arrested three times in adulthood for getting into fights after drinking. By the time he was 12, Angelo's teachers were sufficiently disturbed by his difficulties in getting along with other children to refer him to the school psychologist, with no particular outcome.

At the age of 11 or 12, Angelo began dressing in his sister's clothes when no one was home. This initially was lingerie but later included dresses and makeup on occasion. Angelo was sexually naive at this point and did not understand the arousal he felt when he put on women's clothes. He continued to cross-dress for the next 2 or 3 years with no masturbation or spontaneous ejaculation.

Angelo's first ejaculation occurred at age 14. He was lying face down on his bed wearing a brassiere and panty hose and examining the lingerie pages of a department store catalog. While studying the photograph of a model with panty hose like those he had on, he began unconsciously to thrust against his mattress, with resulting ejaculation. In later life, he continued to find women in lingerie more attractive than nude women and to be more aroused by lingerie advertisements than

by pornography. The young Angelo realized that there was something unusual about his sexual behavior and wondered for a time if he were homosexual.

In later adolescence and adulthood, Angelo's transvestite and masturbatory activities were accompanied by fantasies of sexual interaction with women. In one favorite fantasy, Angelo would cross-dress with a woman's permission (sometimes at her insistence) and then have sex with her in a quasi-lesbian interaction. In a variant of this, he would *be* a lesbian and, in the aggressive role, make love to another woman. In a different fantasy vein, he would "worship" a woman, putting her, figuratively speaking, on a pedestal, dress her completely from underwear outward, and style her hair. Angelo was also sexually aroused by the sight of himself cross-dressed in the mirror.

Although he would feel like a woman when cross-dressed, he never developed any desire for hormonal or surgical feminization, and his only fantasies of sex change were of some temporary metamorphosis with a prompt return to the male role.

Angelo's cross-dressing was to remain, by and large, a private activity. In later years he did, however, occasionally indulge in the thrill of driving around in his car at night dressed as a woman.

Angelo experienced his first heterosexual intercourse at age 18. Over the next several years, he had a number of heterosexual relationships of short duration until he met his wife. He never fantasized sex with a man, even when cross-dressed, and he never had any homosexual experiences, even though he was propositioned on several occasions when hitchhiking in his youth.

At age 28, he met Antonia, a woman 4 years younger than himself and from the same ethnic background. He married her 3 years later. The couple had a very active sex life, with intercourse occurring up to 20 times per week. Angelo did, however, tend to indulge in private fantasies during coitus, including the fantasy that he and Antonia were two women engaged in a lesbian interaction. Antonia was completely ignorant of Angelo's transvestite behavior.

Angelo first consulted a psychiatrist at the age of 32, complaining of headaches and dizzy spells, which appeared to be related to problems at the family business he ran with his father. He initially denied any marital problems but finally admitted his cross-dressing after several months in treatment. Angelo subsequently decided that, if he could bring up the subject with a psychiatrist, he could bring it up with his wife.

Antonia reacted very negatively to this information, which did not fit with her expectations of her husband at all. She initially feared that Angelo's cross-dressing had something to do with homosexuality but

later came to realize that this was not the case. On the few occasions when Antonia saw Angelo in women's attire, she became highly distressed, and she grudgingly tolerated his cross-dressing only in her absence. She told Angelo that she believed he was afflicted by the "evil eye," and she wanted his cross-dressing to stop, certainly before they began having children.

Angelo had, in fact, throughout his life, repeatedly tried to overcome his transvestism, quite apart from any pressure from Antonia. Overwhelmed by guilt and shame, he had, on numerous occasions, thrown away his entire feminine wardrobe, with the resolution never to cross-dress again. Prolonged abstinence, however, made him very nervous, and he always returned to cross-dressing when the tension became unendurable.

This was the situation in which Angelo asked his psychiatrist for a referral to our clinic. He presented as a very masculine-looking and -acting individual, appearing his stated age. His presenting complaint reflected his ongoing conflict: preferably to cure him of his transvestism, but otherwise to help him and his wife learn to live with it.

Gender Dysphoria and Transsexualism

General Definitions

The term *gender dysphoria* (Fisk 1973) refers to discontent with one's biological sex, the desire to possess the body of the opposite sex, and also to be regarded by others as a member of the opposite sex. *Transsexualism* (Cauldwell 1949) may be defined as extreme gender dysphoria that has persisted without fluctuations for a period of years. In practice, it is sometimes difficult to decide whether a given individual's gender dysphoria is severe or persistent enough to be labeled transsexualism.

The distinction between full-blown transsexualism and lesser degrees of gender dysphoria is roughly paralleled by DSM-III-R's inclusion of separate diagnostic categories for transsexualism (302.50) and gender identity disorder of adolescence or adulthood, nontranssexual type (GIDAANT; 302.85). The DSM-III-R diagnosis of transsexualism, applied to a man, requires 1) a persistent discomfort with his male sex and 2) a desire, which has persisted for 2 years or longer, to replace his primary and secondary sexual characteristics with those of a female. If an individual meets the first of these criteria but not the second, the diagnosis is GIDAANT.

DSM-III-R specifies three types of transsexualism and GIDAANT: heterosexual, homosexual, and asexual. Various other authorities (e.g., Hirschfeld 1918; Randell 1959; Stoller 1980) have included a fourth type of gender dysphoria: bisexual. In the remainder of this section, I will discuss each of these four types in turn.

Heterosexual Gender Dysphoria

Definition. Heterosexual gender dysphorics may be defined as men who, although they are sexually attracted to women, nonetheless strongly desire to become women themselves—to be rid of their male genitals and live permanently in society as females. It should be noted that the DSM type labels, *heterosexual*, *homosexual*, and so on, do not change according to the individual's current surgical status or cross-gender convictions. Thus, a surgically reassigned male-to-female transsexual living as the lesbian lover of a biological female would still be classified as a heterosexual transsexual.

Description. The early histories of heterosexual gender dysphorics resemble those of transvestites: most take part in normal boys' activities without outward signs of effeminacy, and most experience sexual arousal when they first begin cross-dressing. There are also many external similarities in early adulthood: heterosexual gender dysphorics tend to work in male-dominated occupations, and the majority get married at least once. When they are not deliberately feminizing their attire, their anatomy, or their presentation, they are unremarkably masculine in demeanor and appearance.

External differences between transvestites and heterosexual gender dysphorics typically start to appear when these men reach their early 30s. This is the average age at which cross-gender wishes begin to escalate in the latter group. From this point, heterosexual gender dysphoria resembles a progressive disorder that sometimes goes into remission.

The exact course of this escalation varies from person to person, depending on individual circumstances and personalities. In some, for example, the first indication of this process is an increasing desire, on the part of a man who had previously cross-dressed only in private, to be regarded by other people as a woman. In the majority of cases, an increasing frequency of cross-dressing is accompanied by a decreasing tendency to become sexually aroused by this activity.

The desire to go out cross-dressed initially creates great feelings of conflict in heterosexual gender dysphorics. Many have realistic fears about their ability to "pass" as women; others fear having their anomaly discovered by their families, friends, or colleagues at work. A common compromise is going out in women's attire for a solitary walk or drive, usually late at night when there are few people around. As the individual gains confidence, he eventually attempts to pass among strangers, for example, in a shopping mall.

Whether or not he overcomes his fear of going in public cross-dressed, the heterosexual gender dysphoric is increasingly confronted with another, more serious problem: the frustrating conflict between his desire to live as a woman and his reluctance to abandon his wife, children, or career. This is the point at which these patients typically present for treatment. At our clinic, their average age at initial presentation is around 39 (Blanchard 1988). This is about 13 years older than the average male or female homosexual gender dysphoric (Blanchard et al. 1987). At the time he presents, the heterosexual gender dysphoric may have already resolved to pursue sex reassignment, or he may be just asking for help to go one way or the other.

As I have previously indicated, the course of heterosexual gender dysphoria is highly variable, and this is equally true of its outcome. In some cases, an episode of acute gender dysphoria subsides spontaneously or else responds to psychotherapy, and the individual continues his life largely as he was before.

Another group, called *marginal transvestites* by Buhrich and McConaghy (1979), resolve their gender identity conflict with a specific request for partial feminization, usually moderate breast enlargement by means of estrogenic hormones. In many instances, the individual has already decided on this course of action before he presents to the clinician. DSM-III-R does not include a separate diagnostic category for such individuals. In this revision of DSM, they would probably be classified under the heading of gender identity disorder not otherwise specified (302.85).

Marginal transvestites give various reasons for their requests. Some indicate that having a vagina is simply not that important to them; others indicate that they are unwilling to suffer the diminution in sexual responsiveness associated with vaginoplasty. Still others state that, ideally, they would like to live full-time as women and undergo complete sex reassignment, but that they are prevented from doing so by prior commitments to

wives, children, or careers. This last rationale undoubtedly has some truth in it, but it also seems likely that marginal transvestites, as a rule, are less strongly driven by gender dysphoria than full-blown transsexuals. A clinical vignette of a marginal transvestite is presented in Chapter 5.

There are, finally, those heterosexual gender dysphorics who disengage themselves, wherever necessary, from their previous lives and undertake to live full-time as women. A large proportion who go that far eventually proceed to sex-reassignment surgery. As a group, however, heterosexual gender dysphorics are somewhat more likely to vacillate in their resolve to live as women than homosexual gender dysphorics (Kockott and Fahrner 1987).

Many heterosexual transsexuals hope that, after reassignment surgery, they will find themselves attracted to men and settle down with a male partner. Surgical sex reassignment has little impact on their sexual preference for women, however, and postoperative patients are equally or even more likely to become involved in "lesbian" relationships with biological females.

The various similarities between transvestism and heterosexual transsexualism suggest that these conditions may be basically one and the same disorder. This notion is reinforced by the fact that many cases of heterosexual transsexualism seem to have developed out of transvestism. This apparent progression was described in memorable, if somewhat lurid, terms by Lukianowicz (1959): "a hitherto typical case of transvestism becomes acutely disturbed, . . . turns, as it were, malignant, and degenerates into a full-blown picture of transsexualism with its gloomy prognosis" (p. 52).

The relationship between these two conditions obviously requires some explanation. One view proposes, in essence, that heterosexual transsexualism arises as a complication of transvestism (Lukianowicz 1959; Meyer 1974; Person and Ovesey 1974). There is no objective evidence for this view, which is based entirely on clinical impressions; one might just as well turn this interpretation on its head and propose that transvestism is an arrested form of heterosexual transsexualism. A third plausible hypothesis is that transvestism and heterosexual transsexualism are related syndromes that share one or more etiological elements; that transvestism in its purest form does not follow a progressive course, whereas heterosexual transsexualism does; and that heterosexual men who become acutely gender dysphoric in adulthood were probably somewhat different from pure transvestites from the beginning. Because we do

not actually know the etiological factors in either condition, it is quite difficult to sort out these various interpretations at present.

Vignette

As a small boy during the Great War, Jean-Paul watched the family housemaid dressing and dreamed of the day when he would also be able to wear corsets and ribbon-trimmed underwear. On the outside, however, his gender role behavior was unremarkable; he had friends of both sexes and participated in the usual boys' games and activities.

He began to masturbate at the age of 10 or 11, lying face down on his cot and rubbing his hips against the mattress. While masturbating, he would imagine that he was helping the housemaid clean the house, or that he was sitting in a girls' class at school, or that he was wearing girls' clothes. His first ejaculation occurred while he was engaging in this activity.

Around the age of 12, Jean-Paul first began experimenting with his sister's clothes in private. This practice grew until Jean-Paul, when alone in the house, would cross-dress completely, go to the front door, and hold it slightly ajar so that passersby could see him—a girl. Cross-dressing initially was accompanied by sexual arousal, particularly when Jean-Paul looked into a mirror and saw himself reflected back as a female.

Jean-Paul's first fantasies of sexual interaction with females began around age 14. His favorite fantasy was that of being kissed and cuddled by a big masculine girl in her underwear. This remained, with minor alterations, his favorite sexual fantasy throughout life. He never fantasized about males, and he never, then or later, had a sexual experience with one.

In adolescence and early adulthood, Jean-Paul remained popular with both sexes. He was involved with a group of young men and women his own age who went hiking together on weekends and held socials and dances during the week. He never missed an opportunity to attend one of their costume balls dressed as a female and to dance together with the other girls in their long evening gowns, but he did not otherwise act publicly in an effeminate manner. He often, in fact, attended sporting events with male friends.

Jean-Paul's private life was another matter. At the age of 17, he went out in public for the first time as a woman, wearing a scarf over his head to hide his short hair. He was thrilled when a gentleman tipped his hat to him. His cross-dressing competed with guilt over his behavior,

and he would alternately burn his feminine wardrobe and begin the process of collecting a new one.

He experienced his first heterosexual intercourse at age 23, with a married woman who was aggressive in picking him up. Their affair lasted for a few months. In the following year, he had two further heterosexual experiences, which were more or less abortive. Jean-Paul felt that he got no emotional satisfaction from intercourse in the male role, and he had no further sexual interaction with another person for the next 17 years.

At the age of 39, Jean-Paul met Naomi, a previously unmarried real estate lawyer who was 9 years his junior. He would have liked her to have been at least as tall as himself, but she did have a broad-shouldered, stocky build that appealed to him. After they had begun seeing one another on a routine basis, Jean-Paul revealed himself to Naomi in full feminine apparel. Naomi showed no reaction and did not even comment on Jean-Paul's attire; later that evening, she communicated her acceptance with a simple affectionate kiss. Jean-Paul was overwhelmed with joy to have at last found a "husband" who yet was not a male.

They were married 2 years later. Naomi preferred normal intercourse, which Jean-Paul still found unpleasant. She was able to arouse him with nipple stimulation, however, and in later years, also stimulated him anally with her finger. The couple had one child, a boy, born a year after their marriage.

After their son began third grade, Naomi returned to work full-time, and Jean-Paul quit his job to concentrate on the couple's joint financial investments. At the same time, Jean-Paul began gradually moving into the role of homemaker. At the end of 10 years, their son was away at college, and Jean-Paul was cross-dressing full-time at home unless the couple had company.

At the age of 61, Jean-Paul underwent a (successful) surgery for a malignant melanoma. When he woke up from this surgery, he expressed a desire to have his penis and testicles amputated; at this point, the surgeon requested a psychiatric consultation. The psychiatrist referred him to our clinic.

Jean-Paul presented in male attire with various feminine touches. His gray hair was carefully combed around his head and covered with a hair net. He wore a woman's scarf at his neck and a rather feminine appearing shirt, clear nail polish, several rings, and a bracelet on his arm. He was also wearing a woman's wristwatch. His presenting complaint: "I want to have sex-reassignment surgery before it is too late and to live my remaining years as a woman."

After his assessment, Jean-Paul was advised that the clinic did not consider him appropriate for surgery at that time. Over the following 4

months, he was twice admitted to the hospital for treatment of depression. Shortly after his second discharge, he separated from his wife. Jean-Paul then visited various gender clinics and surgeons in an attempt to arrange a sex-reassignment surgery on his own. When this proved unsuccessful, he obtained a job in the female role and established a new identity as "Pauline." At the same time, Pauline (now *she*) began taking feminizing hormones. Her divorce was finalized in the following year.

Pauline functioned successfully in the female role, and the clinic, despite her age, was prepared to recommend her for surgery at the age of 64. She tolerated this procedure well and, 4 days later, also underwent an augmentation mammoplasty. Pauline, after recovery, passed extremely well as an expensively dressed, quietly elegant lady; well prepared, one might say, for Act II.

The year after her surgery, Pauline joined a trapshooting club. The club already had one other female member, Gertrude, a 49-year-old woman with two daughters who lived with her husband and their younger daughter. Before very long, Pauline and Gertrude had become involved in a "lesbian" relationship. Pauline told Gertrude that she was a transsexual after their first sexual encounter.

The relationship was sexually satisfactory to both partners. Pauline, despite her age and castrated status, was able to achieve orgasms of a mild intensity. Pauline initially was reluctant to engage in any active behavior to bring Gertrude to orgasm, because she felt that this was a "masculine role"; as her relationship with Gertrude developed, however, she began to accept and enjoy this aspect of physical intimacy. Pauline felt that she was truly in love with another person for the first time in her life.

The couple soon began discussing the possibility of Gertrude leaving her husband and moving in permanently with Pauline. Certain conflicts arose, however, which resulted in this move being repeatedly postponed. Gertrude was torn between her feelings for Pauline and her feelings for her family; she deeply loved her daughters, the younger of whom was still living with her and her husband; she was committed to caring for her aged father, who lived nearby; and she was genuinely fond of her husband, a kindhearted and tolerant individual. Gertrude raised another, more practical, issue: She was accustomed to being financially supported by her husband, and she wanted Pauline, before she moved in with her, to make some formal provision for her future financial security. Pauline, for her part, was extremely reluctant to assume responsibility for another person, whether from simple financial cautiousness or from a more psychologically rooted aversion to anything resembling the "masculine role." The closer Gertrude

seemed to leaving her husband, the more apparent was Pauline's unwillingness to provide for her. They continued, therefore, with the same arrangement in which they had begun, with Gertrude spending considerable periods of time with Pauline, but always returning in the end to her husband.

After some years, Pauline finally overcame her reluctance to support Gertrude; by this point, however, she was questioning whether it was really in Gertrude's interests for Gertrude to leave her marriage for a lover with so little time remaining. Presumably the same thought occurred to Gertrude. By the time Pauline reached 72, at any rate, it was apparent to her that Gertrude was never going to leave her husband; their relationship, nonetheless, continued on. At the age of 74, Pauline decided to enter a retirement home. There, surrounded by mostly female staff and mostly female residents, she settled down comfortably in her favorite milieu, the world of women.

Asexual and Analloerotic Gender Dysphoria

Definitions. The term *analloerotic* (Blanchard 1989a, 1989b) is derived from the Greek roots *an-*, "lacking," and *alloerotic*, "sexual feeling or activity finding its object in another person" (Webster's Third New International Dictionary 1981). Analloerotic gender dysphorics are men who feel no sexual attraction to other persons, male or female, but are not necessarily devoid of other sexual behavior. Asexual gender dysphorics constitute that subset of analloerotic gender dysphorics who further deny sexual drive or erotic interests of any kind. It should be clear that any unqualified reference to analloerotic gender dysphorics would, by definition, include asexual patients, but not vice versa.

Description. In our clinic, around 7–8% of adult male gender dysphorics might be described as analloerotic. Only about 25% of these (or 2% of our total male clinical population) maintain that they have been totally asexual throughout their entire lives (Blanchard 1985b, 1989b). In a substantial proportion of our "asexual" patients, moreover, the patient's claims of minimal sexual behavior were flatly contradicted by his wife, or else aspects of his self-reported sexual history were contradictory or highly improbable (Blanchard 1989b). For the foregoing reasons, I will focus the following discussion on the larger group of analloerotics rather than the smaller group of asexuals.

Analloerotic gender dysphorics are not a particularly well-defined or homogeneous group. For many, probably the majority, it appears true that

“they feel attracted not by the women outside them, but by the woman inside them” (Hirschfeld 1948, p. 167). This may or may not, however, be true for the asexual subgroup, who may truly be as little aroused by the thought of themselves as women as they are by other stimuli, or who may repress such arousal because it conflicts with their notion of themselves as normal women in all but body, or who may deny such arousal to the clinician for fear of jeopardizing their approval for sex reassignment.

The evidence of formal, systematic studies suggests that analloerotic gender dysphorics resemble both heterosexual and bisexual gender dysphorics in regard to various features traditionally considered important for classification or diagnosis. Blanchard (1985b) found that similar majorities of analloerotic, bisexual, and heterosexual transsexuals acknowledged some history of erotic arousal in association with cross-dressing, whereas only a small minority of homosexual subjects did so. A second study (Blanchard 1988) found no differences in the average age at which analloerotic, bisexual, and heterosexual transsexuals first presented for clinical assessment. All three groups were significantly (9–15 years) older at initial presentation than the homosexual transsexuals. Blanchard (1988) also found no differences in the average degree of childhood femininity reported by analloerotic, bisexual, and heterosexual transsexuals. All three groups reported significantly less feminine identification than did the homosexual group. Finally, Blanchard (1989b) found that analloerotic, bisexual, and heterosexual transsexuals were all more likely than homosexual transsexuals to have been sexually aroused by the fantasy of having a woman’s body. On the basis of these findings and on the basis of clinical observations reviewed elsewhere (Blanchard 1989a), I have previously argued that analloerotic, bisexual, and heterosexual gender dysphoria are likely to prove variant forms of the same underlying disorder (Blanchard 1985b, 1988, 1989a, 1989b).

It is possible to misdiagnose certain (preoperative) homosexual transsexuals as analloerotic or even asexual. These are individuals who have never had sex with a woman, for the simple reason that they are not attracted to them, and have also never had sex with a man, for a variety of quite different reasons: Some are embarrassed by their male genitals or their lack of breasts, others insist on a heterosexual male partner but are fearful of attempting a sexual encounter while masquerading as women, and still others regard the receptive copulatory techniques available to them (active fellatio or passive anal intercourse) as “queer” activities unsuitable for a real female. These individuals, however, are

attracted to men and men’s bodies, and they usually cherish sexual or romantic hopes for the future after vaginoplasty.

Vignette

During his preschool years, Allen was a friendly, outgoing, and talkative child. By the age of 8 or 9, however, he had become a shy, nervous boy who withdrew from both male and female peers and usually had only one good friend. Allen never became involved in any boys’ sports, on the one hand, or with girls’ games and toys, on the other. He engaged, instead, in a variety of peculiar behaviors and bizarre mannerisms designed to get attention. His classmates, at least in his perception, were prone to pick on him. Despite these social difficulties, he performed at an average level in most of his subjects and well above average in science.

Allen reached puberty, and first began to masturbate, at the age of 13 or 14. He was interested in dating girls in high school, and he was, on occasion, aroused by a female to the point of erection. He only ever dated two girls, however, and he had no sexual contact with either beyond holding hands.

He first cross-dressed, in his mother’s undergarments, at the age of 16. He had, however, been thinking about things along this line for some time before this first experience. He had “always” wanted to have female breasts, and brassieres enabled him to act out that fantasy to some extent because he could stuff the empty cups to simulate breasts. Allen’s cross-dressing initially was accompanied by sexual arousal and masturbation, although not on every occasion. He believed that the sexual arousal resulted not from the feel of the clothing but rather from the attendant fantasy of being a woman. He did not, at least in later years, regard sexual excitement as the purpose of his activities.

His first conscious desires to be a woman occurred around the same time that he first cross-dressed. Also around the same time, the precarious psychosocial adjustment he had previously achieved began to crumble. He did, nonetheless, graduate from high school at age 18 with satisfactory grades.

Allen never moved out of his parents’ home. His work record over the next 10 years was negligible, and he was, for all practical purposes, completely supported by his parents. For a time, he maintained one friendship from high school; when this individual moved away, Allen had no friends at all. He felt that he was better off without friends, that he did not enjoy the company of others at all.

He never experienced sexual intercourse with a man or a woman.

and he felt no interest in doing so. His sexual drive, in his own estimation, was very low; he did, however, masturbate once or twice a week. This was usually accompanied by the fantasy of being a female, complete with breasts and vagina, but without any other individual in the fantasy picture. This fantasy occasionally included the thought of a male lover; in reality, however, he had even less interest in men, whom he considered crude and vulgar, than in women. Even his cross-dressing activities were very limited, because he was seldom alone in the house, and because he possessed few articles of feminine attire. He never went out in public cross-dressed, and he never cross-dressed in the presence of another person.

Allen was a frustrated individual, envious of biological females, with a host of psychosomatic complaints. He believed that his feelings of femininity kept him from thinking clearly and from concentrating on any activities he might engage in. As one might expect, he was chronically depressed. Around the age of 28, his moodiness started getting noticeably worse. He finally initiated the chain of events leading to his assessment at our clinic by talking to his parents' minister.

Allen presented as a very thin male wearing men's clothing with no makeup or jewelry. His hair, however, had been permed, and his legs were shaved. His mannerisms and gestures were unremarkably masculine. He was, by turns, sad, angry, and anxious in the assessment interviews. His presenting complaint: "I want to feel at ease. I want to feel free. I want to be a woman."

Bisexual Gender Dysphoria

Definition. Bisexual gender dysphorics have sexual histories that show evidence of substantial erotic interest in both male and female partners. This interest in both sexes need not be simultaneous. Typically, in fact, the individual states that he was initially attracted to women, but that he has gradually come to feel more strongly attracted to men.

Description. As I have already stated, bisexual gender dysphorics have been specifically noted by several clinical authorities although not by DSM-III-R. In our clinic, males who might be labeled *bisexual*—at least at the level of naive description—outnumber analloerotics three to one (Blanchard 1985b, 1989b).

In my opinion, bisexual gender dysphorics' erotic interest in males is qualitatively different from that experienced by homosexual gender dysphorics. In their fantasies of sexual interaction with men, bisexual

gender dysphorics are primarily aroused by what is, for them, the symbolic meaning of such acts, namely, the thought that they themselves are women. This type of "bisexual" orientation need not reflect an equal erotic attraction to the male and female physiques and would perhaps be better characterized as *pseudobisexuality*.

It should be noted that homosexual gender dysphorics also have erotic fantasies and that their fantasies also include cross-gender content. The occurrence of such fantasy should not, however, obscure the essential difference between pseudobisexual and true homosexual attraction: Homosexual gender dysphorics are directly aroused by the objective features of the male physique, especially the sight and feel of the male genitalia, and this arousal is not dependent on the mediation of cross-gender fantasy.

Bisexual gender dysphorics differ greatly in the extent to which their erotic interest in males supplants their sexual attraction to females. They also differ in the extent to which they merely fantasize intercourse with men or act this out in reality. Finally, those who do act out their fantasies, which preferentially involve heterosexual men, find different ways in which to accomplish this. Three different strategies are illustrated in the accompanying vignette.

Some bisexual gender dysphorics are well aware of the difference between their interest in men and true homosexual attraction. Consider, for example, the remark of a married cross-dresser concerning one of his homosexual encounters: "It was all from the point of vanity of being a woman. I have absolutely no taste for homosexuality itself" (Henry 1948, p. 495).

Vignette

Franz began thinking about being a girl at the age of 11 or 12 and, around the same time, began secretly cross-dressing in his older sister's clothes and masturbating in feminine attire. His masturbation fantasies included both the simple fantasy of being a woman and the fantasy of himself, as a woman, having intercourse with a man.

Franz first tried cross-dressing in public at the age of 16. He found it extremely exciting to pass as a female. After some practice, he was able to pass as a very attractive woman. At the same time, his confusion over his gender identity was growing more distressing.

He first attempted heterosexual intercourse, with two different girls, at age 17. These encounters, a few months apart, were both unsuccessful because of erectile difficulties. Franz later attributed these

episodes of impotence to conflict over his gender identity. On his third attempt the following year, he did complete the act successfully, but he still did not find the experience emotionally satisfying.

At the age of 19, Franz had his first sexual experience with a male. This encounter, like all Franz's subsequent encounters with men, occurred when Franz was cross-dressed. His partner, a homosexual friend his own age, penetrated Franz anally; this took place on three or four separate occasions. Franz did not like the penetration itself, but he enjoyed the feeling of being made love to by a man.

He met his future wife, Nicole, when he was 24; she was the same age as himself. Franz felt comfortable enough with Nicole to tell her about his cross-dressing; Nicole accepted this as a kind of added sexual stimulant for Franz and did not foresee its implications for their relationship. Nicole accompanied Franz on public excursions in cross-dress and on occasion allowed him to cross-dress during intercourse.

They married after knowing each other about 1 year. Although Franz loved Nicole and felt more comfortable with her sexually than with any woman he had previously encountered, their sexual relationship was still unsatisfactory. Their infrequent intercourse was always initiated by Nicole, and Franz's participation required him to fantasize that he was a woman being penetrated by a man. Nicole, who by now felt that her husband's cross-gender preoccupations were shutting her out of his life, perceived that she was even excluded during intercourse. Franz frankly admitted to his wife that he was less gratified by intercourse than by cross-dressing followed by automasturbation.

Shortly after his marriage, Franz had two further sexual encounters with men. On two separate occasions, Franz, dressed as a woman, went to bars and picked up strange men whom he believed were heterosexual. After leaving the bar, Franz, still passing successfully as a female, performed fellatio on them. The gratifying thing for Franz about these experiences was his feeling of being a woman and, as a woman, having the power to control men through sex.

Franz's quickening interest in men did not signify a total loss of heterosexual attractions, however. At the same time he was indifferent to coitus with Nicole, he exhibited strong sexual impulses of some sort toward strange females, openly following attractive women in shopping malls and other public places, even with Nicole along.

The AIDS epidemic, which by now was prompting safer sex in other quarters, also stimulated Franz to find less hazardous means of pursuing his encounters with men. Franz, dressed as a woman, began telephoning men whose numbers he obtained from classified ads. Posing as a female, and altering his voice accordingly, he engaged these men in erotic conversation until they reached orgasm. This activity,

which sometimes went on for hours, also brought sexual excitement and gratification to Franz. Nicole was fully aware of these calls and of Franz's other encounters with men, but she remained of the opinion that her husband was heterosexual; it seemed clear to her that Franz was sexually aroused by women rather than men except when passing himself off as a woman.

At the age of 26, Franz's gender dysphoria, together with the marital problems to which it was contributing, motivated him to obtain a referral to our clinic. His presenting complaint varied from one interview to the next, seeming to reflect his inner confusion. At times, he stressed the deterioration of his marriage or his chronically conflicted gender identity; at other times, he seemed more interested in help in trying to live as the opposite sex.

Homosexual Gender Dysphoria

Definition. Homosexual gender dysphorics are those who, from the time of earliest sexual awareness in childhood or puberty, feel attracted only to men. The individual's masturbatory fantasies and romantic daydreams are of males; if he also has sexual encounters or love relationships in real life, these are exclusively or almost exclusively with men.

Description. The natural history of homosexual gender dysphoria is strikingly different from any of the syndromes examined so far. This difference, which has led many theorists to conclude that homosexual gender dysphoria must have a separate etiology, is already apparent in the individual's earliest gender role behavior.

The childhood behavior of homosexual gender dysphorics, unlike that of heterosexual, alloerotic, or bisexual gender dysphorics, closely resembles the DSM-III-R diagnosis of gender identity disorder of childhood, described in Chapter 1. As boys, they are unusually deficient in, or afraid of, physical competitiveness: They avoid rough-and-tumble play, are frightened of fistfights, and strongly dislike team sports. They prefer to play with girls, to play girls' games, and to play with girls' toys, in particular, Barbie-type dolls.

They also prefer the company of adult women to that of adult men, and they like to take part in women's conversations. They often become mothers' helpers, and they take an unusual interest in domestic pursuits such as cooking, sewing, and decorating. They are keenly interested in women's clothes, hairstyles, and makeup. Many entertain themselves by

drawing pictures of glamorous women; those whose mothers will allow it like to pick out their mothers' dresses, brush their hair, and make up their faces.

Some of these boys also dress themselves up as women, although this might not occur as regularly in the childhood of homosexual gender dysphorics as in that of transvestites. Cross-dressing, when it does occur, is often accompanied by playacting various romantic roles such as princess or ballerina. Cross-dressing in homosexual gender dysphorics is not sexually arousing, either in childhood or later.

It is not clear whether, or at what age, these children explicitly formulate the wish to be female. Adult homosexual gender dysphorics frequently date such wishes to earliest conscious awareness, but such retrospective reports cannot be assumed to be valid.

Even when they are not engaging in any obvious cross-gender behavior, these boys are observably effeminate. This may manifest itself in feminine speech patterns, gestures, or gait. As these children reach middle or late childhood, their schoolmates begin to notice the subtle as well as the obvious signs of effeminacy and respond by labeling them "sissies." When they reach puberty, the taunts of "sissy" turn to "queer," "fruit," and "faggot," and these children begin to be ostracized by their peers.

Although it is true that the great majority of adult homosexual gender dysphorics were feminine boys, it is not conversely true that the majority of feminine boys will end up as homosexual gender dysphorics. The majority of feminine boys do, in fact, end up in adulthood as homosexuals, but they are fully content with their male sex and have few, if any, gross cross-gender behaviors (Green 1987; Zuger 1984). It appears that, in this majority of cases, the boy's femininity spontaneously "burns out" around puberty (Harry 1983; Whitam 1977; Zuger 1978). Puberty, then, may be a kind of developmental crossroads, separating gender dysphoric from ordinary homosexuals. It is unknown, however, whether environmental factors at puberty determine which course the individual will follow, or whether the degree of a boy's femininity determines whether he will defeminize at puberty, or whether boys who defeminize and boys who do not are qualitatively different from the beginning.

Homosexual gender dysphorics are not as variable in adulthood as nonhomosexual (heterosexual, bisexual, or analloerotic) patients, but they do differ in degree of cross-gender identity and intensity of gender dysphoria. Some individuals with milder cases might feel feminine without ever acting this out; others engage in episodic cross-gender behavior,

particularly cross-dressing. The latter include those men known in slang as "drag queens," a group cited by DSM-III-R as examples of homosexual GIDAANT. Many, perhaps most, of those with milder cases never seriously entertain the thought of seeking sex-reassignment surgery; some do so in a halfhearted way and soon give up the idea. The most strongly gender dysphoric individuals—the homosexual transsexuals—eventually attempt to establish themselves in society as females, if this is at all practical, and begin to explore the available routes to surgical sex reassignment. It should be noted that, in contrast to the heterosexual type, homosexual gender dysphoria does not tend to be progressive. The homosexual individual's transsexual wishes are probably as strong as they are going to be by age 20 or 25; in some cases they may even decline in postadolescence.

One of the most striking features of full-blown homosexual transsexualism is the effect of gender dysphoria on the individual's sexual behavior. The majority of preoperative homosexual transsexuals do have intercourse with male partners from time to time, but these encounters are regulated by various constraints. They generally avoid letting their partners see them naked, and they often wear panties or some other type of undergarment to hide the penis and scrotum. The transsexual strictly functions as the insertee in anal or oral intercourse; the partner is not even allowed to touch the transsexual's genitals. Indeed, a sexual partner who showed any interest in the transsexual's penis would be regarded as undesirable, for reasons explained below.

Homosexual gender dysphorics maintain that their sexual interest in other men is actually *heterosexual*, because "inside" they really are women. They also prefer partners who are heterosexual—or who claim to be so—and who concur with the transsexual's self-evaluation that he is "really" a woman. Transsexuals, therefore, reject lovers who show an interest in their male genitals, not only because they hate their genitals to be touched in the first place, but also because they conclude (probably correctly) that these men are homosexual.

Some homosexual transsexuals simply prefer to avoid the emotional conflict and practical difficulties involved in sexual intercourse altogether. As one preoperative patient stated, with unintentional humor, "I guess I'm just an old-fashioned girl—I don't believe in sex before surgery." As I have previously stated, the reluctance of such individuals to engage in intercourse preoperatively should not be interpreted as "asexuality."

After vaginoplasty, of course, homosexual transsexuals are better equipped both to copulate as they wish and to attract heterosexual men. It is therefore not surprising that they are then more likely to become involved in love relationships (Blanchard 1985a; Blanchard et al. 1983).

Vignette

Marcel was the fourth child in a sibline of 3 boys and 2 girls born to working-class parents in small-town Quebec. Marcel's father, an abusive alcoholic, died when Marcel was 7, leaving Marcel's mother to raise the three youngest children on her own.

Marcel was a rather quiet child who had difficulty making friends with other children. He never played with boys' toys, and he was never involved in sports or any other boyish pursuits. The only friends he had were girls, and he joined in all their typical games. He interested himself in cooking, cleaning, and other domestic activities, and he liked to participate in feminine discussions. He also liked to dress up as a girl; however, he abandoned this activity, which never was accompanied by sexual arousal, before he reached puberty. By mid-childhood, Marcel was already consciously wishing he had been born a female.

Marcel's physical appearance was also rather feminine, and, throughout his childhood, he was regularly mistaken by strangers for a girl. Despite these factors, Marcel got along well enough in school until he reached junior high.

He experienced his first ejaculation at the age of 12. He became aware of sexual attraction to males around the same time. He never, then or later, felt sexually attracted to women.

In the seventh grade, Marcel's schoolmates became aware of his feminine characteristics and started calling him "tapette" and "fifi" (faggot, fairy). Hurt, humiliated, and frightened by this taunting, Marcel began to skip school.

Both the peer ostracism and Marcel's avoidant behavior became worse when he reached high school. Marcel began staying home for days at a time even when he did not have to be at school. He occupied himself at home with cooking, cleaning, ironing, and laundry, and he used these chores as excuses to decline what social invitations he did receive. Marcel's overworked, single-parent mother opposed this behavior only weakly. Marcel felt worthless and inferior and regarded this Cinderella-like existence as his deserved fate. At the age of 14, Marcel attempted suicide for the first time.

Because of these emotional and social difficulties, Marcel failed ninth grade. After some pressure from his family, he agreed to repeat

this grade the following year. When he arrived at school the next fall to register, however, he was greeted with the familiar stares and catcalls. He simply turned around and headed straight back home.

Marcel was too young to quit school, and he still wanted, in any event, to continue his education. He therefore enlisted the help of the school principal in persuading the local board of education to permit him to continue his studies at home by means of correspondence courses. Withdrawing from high school solved the worst of his immediate problems, but he was still far from happy.

At the age of 16, Marcel had his first homosexual experience. His partner performed oral sex on him; Marcel did not enjoy it.

When he was 17, Marcel, depressed, lonely, and insomniac, made a second attempt at suicide. Acting on impulse, he took an overdose of phenobarbital and then telephoned a relative to confess what he had done. This resulted in a few days' hospitalization. After this episode, Marcel, in consultation with a psychiatrist, decided to request an assessment at our clinic.

He presented as an androgynous-looking individual, neatly dressed in men's and unisex attire, with no makeup or jewelry. It was easy to see how he could have been mistaken for a girl. Medical examination, however, revealed no chromosomal or hormonal abnormalities. He initially stated his presenting complaint as the desire to obtain counseling and to learn more about himself; within an hour, however, he restated his goals as sex-reassignment surgery, marriage (to a man), and ultimately adoption of children. Because of his youth, the clinic recommended that Marcel undergo supportive psychotherapy rather than take any immediate steps to establish a female identity.

Marcel did not attempt to begin living as a female immediately. He continued his correspondence courses and also found a job. Over the next 2 years, he had a few more homosexual experiences; the longest relationship lasted 6 months. He also experimented once with heterosexual intercourse; he did not find this aversive but he did not really enjoy it either.

By the age of 20, Marcel felt ready to establish his public identity as a woman. He informed his family of his intentions, began cross-dressing full-time, changed his name from Marcel to Madeleine on all identifying documents, moved to the city, and found a new job as a woman. Madeleine (now *she*) passed easily as an attractive young woman with a flattering hairstyle and discreet makeup. Most of Madeleine's family supported her decision, and those who supported it felt that she was happier and socially more successful as a woman.

A year or so later, Madeleine met Albert, a 35-year-old carpenter. Albert was heterosexual or, at least, made no statements to the contrary.

After some preliminary period of dating, they began having sexual relations. Madeleine wore her panties to bed and Albert reached orgasm by means of suprapubic friction; on occasion, Madeleine fellated him instead. Their feelings for one another became serious and they began making plans to be married.

Madeleine underwent sex-reassignment surgery with the clinic's approval at age 23. She and Albert were married shortly thereafter. The vaginoplasty was cosmetically and functionally successful; Albert achieved good penetration and Madeleine was still able to experience orgasm. Madeleine continued working full-time after her marriage.

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Chapter 4

*Gender Identity
Disorders in
Adult Women*

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