Transvestism: A Review of Current Literature

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Transvestism has been defined as a conduct disorder in which a person derives sexual gratification by dressing in the clothes of the opposite sex (Suinn, 1970 p. 314). However, upon examination of the literature in this area, it is evident that no such clear cut definition is applicable for transvestism. As Lukianowicz (1962) points out:

> "Although the literature on transvestism has doubled within the past 25 years, our knowledge and understanding of this complex phenomenon is still far from satisfactory. There are hardly two identical cases of transvestism. Each case presents a different psychopathology, phenomenology and outcome, and its' own medical, social and ethical problems."

Transvestism has been found (Benjamin, 1966) to exist throughout history and has not been confined to any race, social group or strata of society. It is a cross-cultural phenomena, accepted in some cultures and disapproved of in others.

The literature about transvestism almost exclusively concerns the deviation in the male. Transvestism has been called an almost 100% male disorder (Wahl, 1967). There are very few cases of female transvestism, in which a woman dresses in male clothes. Female transvestism may not even exist, according to some theories (Stoller, 1968 p. 205). Where it does exist, it is usually in conjunction with homosexuality or transsexualism. One reason for the low occurance of transvestism in females may be the latitude of dress society permits them to wear. Since this phenomena is so rare in the female, this paper will concern only male transvestism.

There are many misconceptions about transvestism. One of these is the idea that transvestites are homosexuals. According to Stoller(1966), the transvestite is not homosexually promiscuous. The transvestite is generally either autosexual, bisexual, or exclusively heterosexual. Many homosexuals dress in female clothes

in order to attract other homosexuals, but they cannot be considered true transvestites, because they derive no sexual satisfaction from the act of cross dressing.

Another misconception regarding transvestism is the belief that transvestites are dissatisfied with their sex and seek to have a sex conversion operation. This is not the case of a true transvestite, but rather a characteristic of a transsexual. "A transvestite can be differentiated from a transsexual in that the transvestite has no question that he is a male and wishes to remain a male," (Stoller, 1968 p. 179).

There is no other clear cut division between transvestism and transsexualism. The two phenomena exist on a continuum with transvestism on one end and transsexualismon the other. Patients can fall anywhere on the continuum, exhibiting the characteristics of both phenomena to varying degrees.

According to Benjamin (1967), there are three types of transvestites:

1. The true transvestite, occuring most frequently, not wanting to be cured .
2. The emotionally disturbed transvestite. Patients in this category hover between transvestism and transsexualism. They seek some physical changes (removal of body hair, breast development) Many patients in this category are bisexual.
3. The true transsexual who seeks a complete change of sex.

Robert J. Stoller (1968 p. 177) would further divide the first category of transvestism into two categories:

1. The "phallic woman" who embraces the whole role of being a woman.
2. The fetishistic transvestite who cross dresses infrequently in order to derive sexual pleasure.

Etiology

By studying the familial background as well as the childhood history of the transvestite we may obtain valuable clues as to the origins of transvestism.

In a questionaire sent to 262 admitted transvestites, the following information was reported (Benjamin, 1966 p. 82):

Family Background	Percent
Parents divorced or separated before patient reached age 18	18
Father good masculine image	75
Father dominant	52
Mother dominant	42

If these results are truly representative of transvestites as a whole (which the author doubts), it would seem to indicate that transvestites' familial backgrounds play no significant part in the etiology of his condition.

In investigating the childhood of the transvestite, the same researches (Benjamin, 1966 p. 82) have found no clues to the etiology of the disorder.

Childhood	Percent
Treated as a girl because parents wanted a girl	4
Made to wear dresses as punishment	3
Kept in curls longer than other boys	6
Treated just as any other boy	84

Once again, there is no reason to believe that these results are representative of transvestites as a whole. In addition it is quite possible that many transvestites' memories are not clear in regards to their early childhood, due to forgetting or repression.

Contrasting evidence was found by Lukranowicz (1966) in a detailed case history of two transvestites. In these studies, Lukranowicz found the following traumatizing factors:

1) Parental rejection (parents wanted a girl)
2) Castration fear

3) Absence of a father figure

4) Close visual contact with females

5) Maternal overprotectiveness (identification with mother)

6) Being dressed in girl's clothes for punishment

In addition, evidence of the following disorders was found:

1) Latent homosexuality

2) Fetishism

3) Exhibitionism

4) Masochism

The above traumatizing factors and associated disorders were also found by Stoller (1968, p. 183).

Learning Theory

Assuming that the roots of transvestism are to be found in childhood, social learning psychologists have attempted to give a picture of the causes of the disorder. They generally view the deviation as being a learned (and reinforced) response to some vaguely-understood stimulus.

Bentler (1968) has shown that "while transvestic behavior may occur initially as a curiosity-related, possibly accidental behavior occuring as a consequence of situational contingencies, it is maintained by fantasy of the deviant behavior becoming a cue for sexual response (masturbation). Orgasm serves to reinforce immediately preceeding behavior and if this behavior was socially 'deviant', it will be maintained."

According to Wahl (1967), "some boys have a desire to see how they look as a girl and . . . the response of others as he performs in this manner may thus be a rewarding experience to the youngster. Cross dressing is the most obvious appearing and easily accessable device for the expression of cross-gender instincts. . . an interest in cross dressing may appear to be not wholly recreational or play acting. It may become a definite, obsessive need."

In summary, learning theorists feel that transvestic behavior results from a childhood situation in which curiosity (girl's clothes)

becomes a cue for a response (masturbation) which is reinforced either by orgasm, or the favorable response of a parent (who may have wanted a daughter). Since the behavior is reinforced, it becomes an obsessive need.

Freudian Theory

From the Freudian viewpoint, transvestism is caused by six factors present in the child's sexual development. Stoller (1968) points out that these attributes are present in every case in varying degrees. The six psychopathologic factors are:

1) latent (or manifest) homosexuality with an unresolved castration complex
2) the sadomasochistic component
3) the narcissistic component
4) the scoptophilic component
5) the exhibitionistic component
6) the fetishistic component

However, the above components of the transvestites personality do little to explain the causative factors of the deviation. In order to simplify things, Freudians resort to the term "latent homosexuality" in order to classify all transvestites, who therefore fall in an "intermediate position between the homosexual and the limited perversions." (Rubins, 1969)

In Freudian theory, transvestism commonly originates early in the child's development, during the phallic stage, as a defense against castration anxiety." Fetishism (transvestism, in this case) remains a token of triumph over the threat of castration and a safeguard against it. It also saves the fetishist from being a homosexual by endowing women with a symbolic penis, the transvestite creates and identifies with the "phallic woman", a concept pervasive in Freudian thought concerning transvestism.

Lewis (1963) points out that identifying with the phallic woman, a successful, non-homosexual defense is erected against castration.

"Transvestism, originally arising in a situation of need to do away with his penis so that he could become in toto the woman's phallus in symbiotic fusion with her, now served as a concealment under which he could perserve some degree of phallic function."

Stoller (1967) goes on to emphasise the importance of the phallic woman in rescuing the child from his castration anxiety: "... he senses that his prime insignia of maleness, his penis, is in danger. Then, knowing the biological and social inferiority of woman, and also knowing that within himself there is a propensity toward being reduced to that inferior state, he denies that such creatures exist, and invents the 'phallic woman'".

Wahl (1967 p. 101) puts Freudian theory into simple terms: "The need for a young boy to deny the differences in the genitals of the two sexes and thus allay the fear of losing his penis is handled in a devious fashion. By his dressing as a woman but still being a boy and possessing his organ, there is denied the differences between the sexes.... By centering his attention to his mothers clothes rather than on her body, he is again denying the anatomical differences present. "

The threatining factors in the child's castration anxiety are also explored by Wahl, particularly the threat posed by parents who wanted an opposite sexed child. Another contributing factor may be prolonged dressing of a boy in girls clothes. Also, the child may have an idea that in order to be loved, he must be feminine by relinquishing the outward signs of his masculinity.

It should be noted that the Freudian explanation of the etiology of transvestism is very intricate, but is not of great help in the treatment of transvestism, as will be pointed out later.

Biological Theory

Some researchers have sought to find a physiological cause

for transvestism, Work in this area is by no means exhaustive, and therefore the results are inconclusive. In some cases, Klinefelters Syndrome (an XXY chromosome set) has been found, but this occurance is rare and more often than not, involves transsexualism rather than transvestism.

Housden (1965) reports that in 36 cases of male transvestism, only in one case was there evidence of female secondary sex characteristics. He went on to conclude that "there seems to be no evidence to support a biological etiology for transvestism, and in the absence of any such evidence, we must seek for a psychogenic foundation for the behavior of transvestites."

Research by Gutheil(1954) and Edelstein (1960) have also failed to reveal any evidence for a biological etiology for transvestism.

Treatment of Transvestism

Psychoanalysis

The literature on successful treatment of transvestites by psychoanalysis is virtually non-existent. In one case, however, (McKenzie & Schultz, 1961), transvestism in a psychoneurotic individual (obsessive- compulsive), 154 hours of psychotherapy produced "excellent results". It should be mentioned that in this case, the patients' transvestism was merely a manifestation of his neurotic condition. When the neurosis was removed by psychotherapy, the transvestic behavior also ceased.

The main difficulty in treating transvestites by psychoanalysis is that the true transvestite as a rule does not want any treatment (Benjamin, 1966 p.86). When the transvestite does come to treatment, he does not wish to give up his behavior, but merely alleviate his guilt (Stoller, 1968).

When transvestites are brought to psychoanalysis, usually by an irate wife or the authorities (transvestism in public is illegal in most states) he displays a hostile attitude toward

treatment, thus preventing any successful outcome.

Apparently, transvestite behavior has been reinforced so strongly that the thought of giving it up is abhorred. Since the patient does not want psychoanalysis, it will be of little use in curing him.

Behavior Therapy

Aversion Therapy

A more recent approach to the treatment of transvestism has been behavior therapy. Research in this field has been successfully initiated in Great Britian, and encouraging results have been reported (Bentler, 1968).

Briefly, behavior therapy is a product of the social learning theorists, who believe that deviant behavior as well as proper behavior is learned and strengthened by reinforcement. Transvestism is a deviant act which is "often followed and strengthened by orgasm. Deviant acts usuall involve a sequence of discrete behaviors To extinguish the deviant behavior it is important to prevent the orgasm... In addition, pairing pain with the orgasm inhibited the deviant act" (Abel et al., 1970). Thus, by substituting a noxious stimulus for the reinforcer, the preceeding deviant act could be extinguished.

Initially, behavior therapists utilized the drug apomorphine as a noxious stimulus. The drug, when administered, produced violent nausea in the patient. The transvestite was given the drug, and immediately preceeding the onset of the nausea, was forced to watch slides of himself performing the transvestic behavior. Using this method, successful outcomes were reported by Strzyzewsky and Zierhoffer (1967) and Stoller (1968).

In time, electric aversion therapy replaced apomorphine because it was found to be safer, less unpleasent for the patient, and allowed easier timing of the conditioned and conditioned responses (Marks and Gelder, 1967, Barker, 1965).

In one proceedure (Marks and Gelder, 1967), electric shocks were given to the arm while patients carried out their deviant behavior. It was found that erections during treatment decreased and even fantasies of deviant behavior were extinguished. It should be noted that all pateints were highly motivated and cooperative-features necessary for patients undergoing behavior therapy. Despite this attitude, during treatment all patients became angry tense and depressed. The results of behavior therapy have been very encouraging. Marks (1970) reports that two years after therapy, 84% of transvestites were cured.

Here again, it must be emphasised that in order to have a successful outcome in behavior therapy, the transvestite must desire a cure. However, as previously indicated this is simply not the case.

However, conflicting reports on the results of behavior therapy have been voiced by some: "It is too early to be optomistic of the results of aversion treatment. If it turns out that its users can effect long remissions in many cases without a high price in substitute symptom formation or overlying crippling inhibitions, then this painful therapy will be valuable. Until then it cannot be reported that it is the best treatment for transvestism," (Stoller, 1968).

Recently, a new type of aversion therapy has been applied by Serber (1970). It is called shame aversion therapy, and has been used in treatment of a variety of sexually deviant behaviors.

The treatment consists of having the patient (who is embarresed or self conscious about the act he performs) perform the act in front of a number of observers who then show disapproval of the patient's behavior. The patient is asked to observe himself and be aware of being observed. In a one year follow-up of three transvestites treated by this method, there were no reports of the reoccurance of cross-dressing.

However, Serber points out that there are two prerequisites for successful shame aversion therapy:

1) The patient must be ashamed of the act and desire not to be observed in its execution.
2) The patient must be aware of what he is doing,

Serber also indicated that "booster" treatments may be needed at later dates, and that the therapy would most likely succeed if appropriate alternative behaviors could be established.

Given the above two prerequisites, it can be seen that this therapy may be quite ineffective in the majority of transvestites because of the exhibitionistic tendency inherent in the disorder.

Hypnosis

Hypnotism has been used as a tool in the treatment of transvestism. Mainly, it is used to discover the etiology of the disorder by regressing the patient to his earliest transvestic experiences. In addition, "Posthypnotic suggestions proved useful in helping patients overcome depression and temptation after they had declared their intention to do without cross dressing. In all cases, cross dressing was given up without direct suggestion as soon as the men recognized their ability to face the world in their original sex role" (Beigel, 1965).

In a subsequent article, Beigel, 1967) went on to evaluate and enumerate the functions of hypnosis in treating transvestism. Hypnotism served to:

1) convince the patient that transvestism is not inborn
2) motivate the patient's return to the original sex role
3) enable him to remember experiences that caused the disfunction.
4) reduce the overestimation of feminine activities
5) reduce the discomfort of weaning themselves (from the deviation).
6) find substitutes best suited to his personality
7) make goals and behaviors of the original sex role more desirable

Although hypnosis has achieved some successful results, it can be most useful when combined with a program of psychoanalysis However, in psychotherapy with or without hypnosis, relapses occur. Overt homosexual behavior or alcoholism have in some instances taken the place of the former cross dressing (Benjamin, 1966).

Treating Childhood Transvestism

Transvestism treated during childhood has proved successful in many cases (Dupont, 1968). Childhood transvestism is not as deeply etched in the personality as is adult transvestism, because it has not been reinforced for such a long period of time.

In one case of childhood transvestism (Greenson, 1966) a form of play therapy was successfully used . The therapist presented himself to the boy as a male figure who liked the child, and also liked being a male, thus becoming a strong figure for the boy to identify with.

In a behavior modifcation technique, (Bentler, 1968) relevant masculine sex-typed behavior as well as appropriate sex behavior was reinforced and therefore increased. The author feels that this type of therapy merits further investigation.

Miscellaneous Treatment Proceedures

Various other methods have been used in the treatment of transvestism. Benjamin (1966) has had some success in treating patients with the female sex hormone estrogen. This increases the female secondary sex characteristics in the patient, which is pleasing to the type 2 transvestite. In addition, it reduces the transvestite's libido, thereby reducing the patient's strong desire to cross dress.

Another way of reducing the libido is through castration, which reduces the occurance of orgasms through the loss of testosterone. However, sixty to seventy year old transvestites report

loss of orgasms but no desire to decrease cross dressing. In addition castration has many legal ramifications and is irreversible once done.

LSD-25 has also been used in treatment (Thorne, 1967) but the results were disappointing. Stoller (1968) reports that electroshock therapy made two transvestites "feel better".

However, despite the type of treatment, it should be noted that much depends on the conditions in which patients live. Part of the treatment should be to remove the transvestite from his temptations, transvestite friends, and transvestic literature.

Prognosis

As mentioned earlier, the prognosis of transvestism is largely dependant on the patients desire to be cured. Of all the methods considered, aversion therapy seems to offer the most promising long-term results. In most cases, psychoanalysis has not been effective, but may prove promising when combined with hypnosis.

Summary

At the present time psychology is still searching for new methods of treating transvestism. The most promising field may be the treatment of childhood transvestism, where the behavior is more easily extinguished.

Perhaps the answer to the problem lies in the education of society rather than the treatment of the transvestite. These persons, by their behavior, harm no one but themselves, but yet the practice is illegal in most states. Many of the transvestites who are brought to treatment are reluctant to cooperate, even under threat of a jail sentence.

Moreover, society plays the main role in making the transvestite's life miserable. If a tolerant attitude toward transvestism can be achieved, it will ease the guilt feelings of the transvestite which are responsible for the great frequency of suicides in this group.

As mentioned earlier, transvestism in the female is virtually non-existent. Perhaps this is due to the great range in clothing society permits females to wear: If a female wears a suit and necktie in public, scarcely an eyebrow will be raised; If a man appears in public wearing a dress, he will probably wind up in jail. It appears that the double standard applies equally as well to transvestites.

Nice revised paper interesting points

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