Transvestism — treatment by aversive therapy

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Introduction

THE PHENOMENON OF TRANSVESTISM deals with the dressing in female clothes by the male or vice versa which produces a clear cut, unquestioned genital excitement, generally leading to masturbation and orgasm. Such individuals are initially excited by a single or a few garments of the opposite sex, very often preferring particular items. In some cases, there is a gradual spread to the wearing of more and more garments of the opposite sex until the subject finally dresses from head to foot and from the skin outwards.

Very often, there is an intense yearning to become a member of the opposite sex so much so that he adopts female mannerisms and enters into the female behavioristic world. In this group, there is not only the fetishistic excitement which is important, but an increasing sense of identification with the opposite sex.

Even in ancient times Herodutus (Krafft-Ebing, 1947) referred to it as the mysterious 'Skythian illness' on the northern shores of the Black Sea, where apparently normal men were clothed in female apparel, undertook women's work, and generally exhibited feminine characteristics and behaviour. In classical Grecian literature, (Fenichel, 1930) Hercules donned female clothes to serve his mistress, Omphale.

According to Kinsey (1953), a transvestite is "an individual who prefers to wear the clothes of the opposite sex and who desires to be accepted in the social organisation as an individual of the opposite sex". However, Lukianowiez (1959) extended Kinsey's definition by stating that the transvestite had "a persistent morbid urge to undergo conversion operation". He is of the opinion that the phenomenon is not homogenous but ranged from complete transvestism to automonosexual transvestism (i.e. a male transvestite seeking the love of a mannish woman.) However, Stoller (1971) differentiated transvestism from transexualism and fetishistic cross-dressing. "These men do not take effeminate roles in real life. For them, their penises are not only a source of the greatest erotic pleasure, but they consider themselves as men." The very presence of a penis beneath female garments is exciting and erotic. In his survey of 390 cases of transvestism, Bruce (1965) noted that the majority were heterosexual men preferring women to men in their sexual fantasies.

The works of Havelock Ellis (1927) on sexual psychology considered transvestism as a modification of bisexuality and that over-identification was an

In male garments.

In female garments.

important factor in its development. Fetishism and transvestism have been observed to be closely allied together, although transvestites typically manifest more effeminacy and masochism. Fenichel (1930) stated that in both cases the characteristic over-valuation and the image of a "phallic woman" was preserved.

Various authors, (Ellis, 1927; Oklon & Sherman, 1944; Krafft-Ebing, 1947) have commented on the transvestite's frequent acute conscious striving to become a woman, which might even lead to the seeming paradox of attempts at self-castration. They frequently become psychically impotent and often resort to crime to satisfy their sexual gratifications, (Peabody et al, 1953).

Aetiology of Transvestism

Environmental, psychodynamic and genetic factors have been suggested as possible causes for transvestism.

(a) Psychological Theories

"Parental rejection" of a child because of its "unwanted" sex has been attributed to the psychogenesis of transvestism by Gutheil (1954) and Baradhal (1953). This results in feelings of inferiority and insecurity and unhealthy premature preoccupation with the problems of sexual identification, leading to a confusion of one's own sexual identity, and finally to transvestism. Furthermore, being rejected by their own parents for their sex, some transvestites develop a hostile, sado-masochistic attitude towards their own genitalia and have either to hide their genitalia under female garments or completely remove their sexual organs. Some do make serious attempts at self mutilation. In these ways, there is an attempt to acquire the acceptance and love of rejecting parents.

Most transvestites allege that they have been dressed in "girl dresses" at an early age and

this may perplex them and cause sexual misidentification.

However, Bender and Paster (1941) suggested that transvestism developed from the child's urges to achieve the favoured status of a "little girl" and his consequent pretence of being one. It has also been suggested that close visual contact with either mother or sister may lead to "a state of primary identification" with the female sex.

Furthermore, the reversal of parental roles, in the form of an aggressive mother and a submissive father, may lend identification with the wrong parent. Stoller (1967) surveyed 32 transvestites and their womenfolk and stated that all the women shared attributes of taking a conscious intense pleasure in seeing males dressed as females. All had a common fear of masculinity and were envious of males. He categorised them into men haters, succourers and the symbiote (i.e. a woman who compels and encourages her sons to dress in female clothes). The father, on the other hand, may also be a cold, distant man and is perceived by the patient as a cold, rigid, powerful man.

(b) Genetic Theory

There is no evidence that transvestism is of hereditary origin. The findings of Barr and Hobbs (1954) show that all male transvestites bear the male XY chromosome complex. On the contrary, Laikos (1967) published an interesting case of familial transvestism. In a family of eight, three members, father and two sons, were all transvestites.

Most authorities agree that the first manifestations of this pattern of behaviour occurred in early childhood or early adolescence, and that there is a predominance among the male sex. However, Lukianowiez (1959) found that more than half the reported cases were heterosexual males who were married and had children.

(c) Psychoanalytical Theory

Freud (1910) agreed that a constitutional predisposition could occur in cases of transvestism, but indicated that the actual determinant for the deviation might be an accidental circumstance from early sexual development.

Fenichel (1945) asserted that the transvestite unconsciously identified with the "phallic woman" and that he held a place somewhere between the passive homosexual and the fetishist. "While the homosexual, incapable of loving an object who lacks a penis, identifies with his mother in order that he may seek out father, or narcissistically, a representative of himself, the transvestite perpetuates the belief in mother's penis and at the same time identifies with the 'phallic woman' ".

Peabody et al, (1953) demonstrated the idea of a "phallic woman" in a transvestite's dream where a 21-year-old man "looked under a girl's skirt and saw male genitalia". This patient had extreme difficulty in consciously accepting the absence of a penis in the female. The fear of castration and its denial through the creation of a "phallic woman" is often precipitated by an exhibitionistic behaviour of the important female figure in the transvestite's early childhood, representing most often mother or sister.

Clinical Manifestations

In the milder cases, there is merely a desire to wear female clothes, and these people are often betrayed by the choice of occupation and hobbies of a feminine nature. Some cases compromise by permanently wearing female panties on top of male clothing or by dressing in female attire for short periods of the day in privacy and admiring themselves in front of a mirror.

The more severe cases have an intense yearning for dressing in female clothes almost resembling an obsessive compulsive neurosis. Lukianowiez (1959) stated that an exaggerated desire "to be a woman" may lead to paradelusional claims of "menstruating" from the anus and urethra. Some even desire to bear children and harbour fantasies of conception and child birth, and dress up as if they are pregnant. Undoubtedly such abnormal urges create frustration, poor social adjustment, guilt and depression.

Like all sexual deviations which usually overlap and merge, almost every case of transvestism display certain features of other sexual abnormalities. Homosexual manifestations, fetishistic, narcissistic and exhibitionistic traits and sado-masochistic behaviour may be associated with transvestism. A rare form of "masochistic auto-erotic transvestism" as the "strangulation masochism" was described by Guthiel (1954). The masturbatory practices consist of dressing and making up as a female and performing the act of self strangulation leading to the threshhold of asphyxia. The constriction of the neck is used as sexual stimulant and once orgasm is reached, the constriction is relaxed.

No one actually knows the prevalence of transvestism within the community, as only a mere

handful come to the notice of doctors and psychiatrists.

Treatment of Transvestism

While most authors advocate psychotherapy in one form or another, the process according to Ostow (1953) has to be intensive, prolonged and psychoanalytically-orientated. However, most forms of psychotherapy seem to help the patient adjust to his abnormality rather than remove his symptom. Ostow even suggested that surgical transformation may help in some cases.

The treatment of transvestism by behaviour therapy appears to have been more successful than that of psychotherapy. Barker et al (1961); Glynn and Harper (1961) treated cases by aversive therapy. Patients were given aversive stimuli in the form of apormorphine injections. Although treatment was reported to be successful, the technique was time consuming, expensive, extremely unpleasant to the patient and used a lot of hospital staff.

A suggestion was made by Rachman in 1961 for the greater use of faradic aversion conditioning as opposed to chemical aversion, as it permitted more precise control of conditioning, greater flexibility in manipulation and more accurate and systematic measurements of patients' specific responses. Besides, it was less unpleasant for the patient.

After noting the disadvantages of the apomorphine/emetine method of conditioning, Barker (1963) treated another case by electrical aversion. The patient was made to stand on an electrified grid at frequent intervals while he dressed in female clothes, before a full length mirror. In 1965, he conducted a controlled trial and showed that the electrical aversion deconditioning was more advantageous than chemical aversive stimulation. Subsequently, Marks and Gelder (1967) treated five cases successfully with faradic aversion. Associated symptoms changed as the main symptoms were treated. The authors ascribed most of the changes as due to aversion.

Case Report of Transvestism treated by Aversion Therapy

The patient, a 24-year-old Chinese male factory worker, was referred by his company doctor for transvestite behaviour since the age of 11 years. Of late, he had become depressed, uneasy, thinking that he was going "mad". His concentration deteriorated and he suffered constant headaches, giddiness and insomnia. He wanted to become "a normal man" again and wished to get married and enjoy a normal family life. Furthermore, he was afraid that sooner or later his family would discover his perversion.

Family History

His mother, 45 years old, a Chinese schoolteacher, is a dominating woman. Contact and communication between them was minimal. His father, a headmaster of a Chinese school, died at 49, ten years ago. He described him as "a real man, smart and with guts". He thought he identified more with his father than with his mother.

There are 7 siblings, (4 girls and 3 boys) of which he is the fourth child. Generally, the family is loosely knit and very little communication exists between family members.

Sexual History

At the age of 8, his 10-year-old sister seduced him and pulled his penis to her vulva. She took the active role of the male, play-acting sexual intercourse. This act frightened and upset him, causing severe pain to his penis, and resulted in the fear of further seduction by his sister.

When he was 11 years old, his 15-year-old brother introduced him to pornographic pictures belonging to his parents, which resulted in his first sexual stimulation. A few days later, he craved to be like the nude women in the pictures and to wear female underwear and garments. As a result, he stole his sister's brassieres, wore them, stripped himself, masturbated and imagined having sexual intercourse with a male. He was sexually aroused, excited, frightened but obtained a relief from sexual tension. He indulged in this perversion four to five times a week till he was 15 years old, when he felt lethargic and suffered from poor concentration. He began collecting nude female pictures and harboured intense wishful ambivalent fantasies of transvestism and normal heterosexual urges.

Initially, the masculine fantasies were more pronounced but at the age of 19 years, he experienced overpowering urges to be transformed into a female and take the feminine role. Subsequently he started bathing daily with the brassieres on (stuffed with cloth) imagining himself as a female nude. He would thrust his penis into the bathroom floor outlet and masturbate. Between 16 to 19 years old, he made four unsuccessful attempts at raping his younger sister and three very young girls, while they were asleep. On each occasion, he experienced ejaculation before penetration. He felt so frustrated that he even unsuccessfully attempted bestiality on his sister's bitch.

By 21 years old, he started buying brassieres (7 pairs) and blouses and slept clothed in them. He conjured fantasies of being married to a man and having sexual relations, and pretended to be pregnant by stuffing old clothes under his blouse. He even ingested his own seminal fluid with the fantasy of becoming pregnant. He would tie his pillow and blanket into the image of a man, fitted it with a "wooden or plasticine penis" and performed the sexual act through a hole cut in the front portion of his underwear, followed by masturbation.

During the floods of January 1971 the patient, then 24 years old, volunteered to collect old clothing for flood victims. He was immensely thrilled at acquiring female clothing and started wearing them and admiring himself before the mirror and masturbating. As the craving for feminine transformation increased, he felt like castrating himself and desperately searched for literature on the surgery of sexual transformation. By this stage, he was sleeping fully dressed in female garments. However, this resulted in his becoming very confused, depressed, complaining of lethargy, poor concentration, dizziness, headaches and insomnia. He was referred for treatment at this stage.

Techniques of Therapy

The following strategy was adopted :—

(1) Initial assessment.
(2) Aversive therapy by electrical aversion.
(3) Aversive therapy by the use of the patient photographed in female clothes.
(4) Supportive psychotherapy.

(1) Initial Assessment

This patient presented with intensely morbid transvestite urges and behaviour and developed secondary symptoms of anxiety, guilt and depression. His motivation was good and he was determined to go through all lengths to "become normal again".

He was asked to bring along all the female garments that he wore and to grade them according to the degree of sexual arousal. He was persuaded to handle them one at a time and associate freely and fantasise aloud. The articles of clothing that excited him by order of sexual arousal were :—

— padded brassieres (strongest arousal)
— semi-transparent blouse
— petticoats
— pink negligee
— panties
— white mini-skirt
— lady's vest (least arousal)

He experienced two conflicting emotions when he saw a female or wore or handled female clothes :

(a) *Transvestite thought*: a wish to possess a body like hers, and to be transformed into a female and have sexual relations with a male.
(b) *Masculine thought*: a weaker thought that he would like her to be his wife. Almost invariably the transvestite thought gained dominance. The technique of aversion therapy was clearly explained to him.

(2) Aversive Therapy by Electrical Shock

He was told to handle the female garments from those of least arousal to strongest arousal, and persuaded to think subjectively aloud. When the transvestite thought occurred, he was given an electrical stimulus through an electrode connected to the forearm from a transformer. When the masculine thought occured, no shock was applied.

Immediately following, he was shown a set of "seductive, nude, female coloured pictures" and the same electrical aversive conditioning was conducted. He attended five daily 30-minute outpatient sessions and approximately 60-80 shocks were administered during each session. The shocks were given until he was no more able even to imagine the transvestite thought on forced thinking.

At one stage, he became hostile and resentful of the aversive therapy and commented that "even a man can get used to and be numb to torture". Despite electrical aversion, his transvestite thought became stronger and one realised that his masochistic tendencies were counteracting the aversive stimulus. However while at home, these urges subsided and he attributed this to his being able to "bear his soul and speak intimately" to someone who understood him. He was becoming rather depressed by electrical aversive therapy.

(3) Aversive Therapy by Photographs of the Patient

By the sixth session, it was decided to abandon electrical aversion and utilise "shame

and guilt" as an aversive stimulus. After much persuasion, he agreed to be photographed, with a polariod camera, in female clothes as well as in male clothes. In the subsequent five sessions, these photographs were used as an aversive stimuli.

He would be made to handle the female garments, fantasise over the nude pictures and associate freely and aloud. When the transvestite thought occurred, he was immediately shown his photograph in female clothes. When the masculine thought occurred, the "female" photographs were removed and replaced by the "male" photograph.

His reactions were immediate and disgusting, — "not nice, unnatural, disgusted, ashamed. It's not me there, somebody else. Throw it away, push it away. I feel very uneasy, disgusted and want to destroy them".

To the male photographs — "It's nice, gentlemanly. I like to look like a man".

In the course of therapy, the transvestite thought receded and the masculine thought became more obvious and desirable. This was reinforced by encouragement and praise (social reinforcement).

He kept thinking of the photographs whenever the transvestite thought occurred at home. Ultimately the handling of female garments caused him to think of the photographs in disgust (even without the production of the photograph). He could no more bear even the thought of wearing female clothes. He was advised to think of the photographs whenever the transvestite thought occurred at any time.

As he became symptom-free, the sessions were spaced out fortnightly and then monthly. He felt happier, less confused, his concentration returned and psychosomatic symptoms receded. He started making plans of acquiring a girl friend by attending adult education classes in the evenings, and the sight of pretty girls stirred up masculine thoughts within him.

(4) Supportive Psychotherapy

Throughout the process of aversive conditioning, a warm inter-personal relationship was formed between the patient and the therapist. He was allowed to ventilate his guilt feelings of his perversion and supportive therapy was carried out concomitantly. No attempt was made to interpret or give a reason for his sexual deviation, although he obtained a strong gratification from his matured and realistic relationship.

Discussion

There is much overlap between behaviour therapy and psychotherapy, especially in the region of patient-therapist interpersonal relationship. Gelder (1965) emphasised that psychotherapy and behaviour therapy were not mutually exclusive.

No doubt the patient formed a warm interpersonal relationship with the therapist, and at one stage of electrical aversion, commented that he could speak to someone of his problem which he could never confide in anyone else. It was my impression that punishment by electrical aversion produced only a temporary remission of his symptoms, and was not suitable for him in view of his masochism. The therapist acted as a strong positive social reinforcer, and at each stage of improvement the more open therapist-patient relationship provided further stimulus for improvement. Besides the remission of guilty symptoms, psychosomatic symptoms and the reduction of sexual identity confusion stirred him to keeping well.

Gelder (1964) and others stressed that those who wish to use the learning theory to treat patients must not ignore these relationship between the patient and the therapist. The two ideas are not incompatible. So far in the field of literature reviewed, no case of transvestism has been treated by aversive reconditioning utilising the photographs of the patient as an aversive stimuli. This case was successfully treated by a modification of the classical techniques of faradic electrical aversion.

Summary and Conclusion

(1) The definition of aetiological theories of transvestism were discussed.

(2) The clinical manifestations of transvestism ranged from mild to severe and were often associated with other forms of sexual deviation.

(3) Although psychotherapy has been advocated for its treatment, encouraging results were in the field of behaviour therapy. Earlier works conclude that electrical aversion was superior to chemically induced aversion.

(4) A case of transvestism was successfully treated utilising the patient's transvestite photographs as an aversive stimulus, after electrical aversive therapy failed. This modification of the aversive stimulus has not been previously reported in the literature reviewed.

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