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# The Classification and Labeling of Nonhomosexual Gender Dysphorias

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*This report suggests systematic strategies for the descriptive classification of nonhomosexual gender identity disorders, based on clinical observations and research findings. The classification of biological males is considered first. A review of cross-gender taxonomies shows that previous observers have identified and labeled a homosexual type far more consistently than any other category of male gender dysphoric. It is suggested that the apparent difficulty in differentiating reliably among the nonhomosexual types results from the sharing of many overlapping characteristics by the various groups. This is supported by a review of informal, mostly clinical, observations and by the findings of three studies designed to test the hypothesis that the nonhomosexual gender dysphorias, together with transvestism, constitute a family of related disorders in men. It is concluded that the main varieties of nonhomosexual gender dysphoria are more similar to each other than any of them is to the homosexual type. Two recommendations, based on the foregoing review, are offered for the classification of male gender dysphorics in research studies. When the number of subjects is small, they may be classified simply as homosexual or nonhomosexual. When the number is larger, the nonhomosexual cases may be classified as heterosexual, bisexual, or analloerotic (unattracted to male or female partners, but not necessarily devoid of sexual drive or activities).*

**KEY WORDS:** DSM-III-R; gender dysphoria; gender identity; homosexuality; transsexualism; transvestism.

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## INTRODUCTION

A considerable amount of research on gender identity disorders has been devoted to their classification. There is now widespread agreement on certain points. All workers have identified a homosexual type of gender identity disturbance, and all agree that this disorder occurs in homosexuals of both sexes. There is general agreement, moreover, on the clinical description of this syndrome as it appears in males and in females (e.g., Money and Gaskin, 1970-1971; Pauly, 1974; Person and Ovesey, 1974b). Finally, all investigators concur that gender identity disturbance also occurs in males who are not homosexual but only rarely, if at all, in nonhomosexual females (e.g., Blanchard *et al.,* 1987a; Hamburger, 1953; Hoenig and Kenna, 1974; Money and Gaskin, 1970-1971; Pauly, 1974; Person and Ovesey, 1974a; Randall, 1959). There is no consensus, however, on the classification of nonhomosexual gender identity disorders. Authorities disagree on the number of different syndromes, the clinical characteristics of the various types, and the labels used to identify them. The purpose of this paper is to suggest a few systematic strategies for the descriptive classification of nonhomosexual gender identity disorders, based on a review of clinical observations and research findings. Because of the great difference in the amount of relevant information on biological males and females, the two sexes are considered separately.

### Terminology

The term *gender dysphoria* refers to discontent with one's biological sex, the desire to possess the body of the opposite sex, and to be regarded by others as a member of the opposite sex. *Transsexualism* may be defined as extreme gender dysphoria that has persisted without fluctuations for a considerable time—2 years, according to the revised third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III-R; American Psychiatric Association, 1987).

The term *transvestism* was introduced by Hirschfeld (1910). This paper uses this term in the contemporary clinical sense of recurrent and persistent cross-dressing that, at least in puberty or adolescence, is accompanied by genital excitement. The reader interested in consulting original sources should be aware that earlier writers employed this term in a much broader sense, which can be confusing.

The terms *homosexual* and *heterosexual* are applied to gender dysphorics (including pre- and postoperative transsexuals) exactly as they are to other individuals, to refer to erotic attraction to members of the same or the opposite chromosomal sex. Similarly, the label *bisexual* refers to gender dysphorics attracted to both sexes. The term *analloerotic*—from the Greek,

borrowing *an-*, "lacking," and *alloerotic,* "sexual feeling or activity finding its object in another person" (Webster's Third New International Dictionary, 1981)—is used to designate gender dysphorics who report no erotic attraction to other persons, male or female. Two types of analloeroticism are distinguished. *Automonosexuals* are erotically aroused by the thought or image of themselves as the opposite sex but not by other persons. The label *asexual* is reserved for that subset of analloerotics who deny sexual drive or erotic interests of any kind. The term *nonhomosexual* is used to include heterosexual, bisexual, asexual, and automonosexual gender dysphorics.

## BIOLOGICAL MALE GENDER DYSPHORICS

The following review of cross-gender taxonomies is intended for two purposes: (i) to introduce the main types of male gender dysphoric described in the literature, and (ii) to illustrate the point that previous observers have identified and labeled a homosexual type far more consistently than any other category of male gender dysphoric. A fact to be noted at the outset is that different taxonomists have taken slightly different phenomena as their subjects of classification (e.g., transsexualism, gender dysphoria, cross-dressing, cross-gender identity). In reality, cross-dressing, gender dysphoria, and so on, are highly correlated and overlapping phenomena, and there are no serious problems in comparing a typology focused on one with a typology focused on another. In what follows, I simply discuss each typology in the terms in which it was originally couched.

### Review of Cross-Gender Taxonomies

The first systematic classification of gender identity disorders was published by Hirschfeld (1918). Relevant sections from this work may be found in an anonymous translation prepared by his students (Hirschfeld, 1948). Hirschfeld distinguished five types of (habitual or persistent) cross-dresser. He estimated that 35% of cross-dressers are homosexual, 15% are bisexual, and 35% are heterosexual. Hirschfeld thought that the remaining 15% included a small proportion of asexual cases, but consisted mostly of automonosexuals.

Hirschfeld borrowed the term "automonosexualism" from Rohleder (1901). Rohleder, however, used the term to denote a kind of pathological narcissism in which the individual is excited by his own body as it is; whereas Hirschfeld's automonosexual cross-dressers are erotically aroused by the thought or image of themselves as women. "They feel attracted not by the

women outside them, but by the woman inside them" (Hirschfeld, 1948, p. 167). Hirschfeld is somewhat inconsistent in his use of this concept, sometimes speaking of it as a syndrome and sometimes as a trait. He also seems to have held contradictory views on the interaction between automonosexualism and erotic attraction to other persons, varying his own epigram to the effect that certain cross-dressers love the woman inside them *in addition to* the women outside them (Hirschfeld, 1925, pp. 199-200).

The closest equivalent to Hirschfeld's notion of automonosexualism is the concept of transvestism (in the contemporary clinical sense of the word). The concept of automonosexualism, however, which emphasizes the individual's motivational state rather than one concrete expression of it (cross-dressing), is richer in meaning and in heuristic value.

Hamburger (1953) used all five of Hirschfeld's diagnostic categories. Hamburger, who was also interested in the relative proportions of the various types, based his estimates on letters from individuals seeking sex reassignment surgery. Only 45% of the male correspondents gave any information about their erotic preferences; 65% of these reported "homosexual desires, attachments, and relations" (p. 368). Of the remainder, 22% were classified by Hamburger as heterosexual, and 13% as bisexual, automonosexual, or asexual.

A number of later authors – including some, reviewed by Lukianowicz (1959), who reported their findings in German – used subsets of Hirschfeld's five categories rather than all of them. Randall (1959), for example, classified his male transsexual patients as homosexual (25%), heterosexual (55%), or bisexual (20%).

Wålinder (1967) also divided transsexual patients into three groups, but his categories were homosexual, heterosexual, and asexual. In Wålinder's study, 53% of the male-to-female transsexuals had had predominantly or exclusively homosexual experience from puberty to the time of consulting him, 20% reported chiefly or only heterosexual experience, and 27% denied any sexual activity. Bentler (1976) divided postoperative male-to-female transsexuals into the same three groups, according to their responses to key items in an anonymously completed questionnaire. He classified 36% of his cases as homosexual, 31% as heterosexual, and 33% as asexual. The labeling of Bentler's third group as "asexual," however, is somewhat problematic. This group reported higher postsurgical frequencies of masturbation and orgasm than did the other two groups, which does not suggest a markedly low sexual drive; and 18% of them reported that cross-dressing was sexually arousing prior to surgery. Bentler himself remarked that these cases constituted a "residual group" (p. 570). It is possible that his asexual category would be better characterized as a mixed group of analloerotics.

The categories of homosexual, heterosexual, and asexual transsexualism were those selected for the DSM-III (American Psychiatric Association,

1980), in which gender identity disorders were included for the first time. Special mention of these three types is also made in the DSM-III-R, but without the assignment of separate diagnostic code numbers.

Money and Gaskin (1970-1971) distinguished only two types of transsexualism in males: homosexual and transvestitic. These authors viewed homosexual transsexualism as related to effeminate homosexuality, and transvestitic transsexualism as related to simple transvestism. Money and Gaskin did not postulate the existence of any type of transsexualism completely distinct from both transvestism and homosexuality. Buhrich and McConaghy (1978) also described two transsexual types: "fetishistic" transsexuals, who reported a history of erotic arousal in association with cross-dressing, and "nuclear" transsexuals, who denied such a history. Phallometric testing showed that their nuclear group was homosexual in orientation. Nuclear transsexuals made up 83% of their sample and fetishistic transsexuals accounted for 17%. In a similar vein, Freund *et al.* (1982) distinguished two different types of cross-gender identity, which they defined as "a virtually sustained or intermittently occurring wishful fantasy about being a person of the opposite sex" (p. 49). They labeled the two types of cross-gender identity as homosexual and heterosexual. About 75% of their fully transsexual cases were homosexual and 25% were heterosexual. These authors found that cases of the heterosexual type usually reported some history of "cross-gender fetishism" (Freund *et al.,* 1982), that is, fetishistic activity that is accompanied by fantasies of being female and carried out with objects symbolic of femininity. Their homosexual subjects did not usually report such histories. It is clear that all the authors mentioned in the foregoing paragraph were pointing toward the same two types, although they differ somewhat in terminology and details of description.

Person and Ovesey (1974a; 1974b) distinguished three types of transsexual: homosexual, transvestitic, and asexual. The first two types closely resemble the homosexual and transvestitic groups identified by Money and Gaskin (1970-1971). The third type, whom Person and Ovesey called "primary" transsexuals, were described as asexual individuals whose histories show little or no evidence of sexual activity with men or women and no evidence of erotic response to cross-dressing.

Some explanation of the labels *primary* and *secondary* transsexualism is in order. These terms were introduced by Person and Ovesey (1974a; 1974b) in the context of their etiological theory of transsexualism. Homosexual and transvestitic transsexualism were collectively labeled secondary transsexualism, according to the theory that these types represent "effeminate homosexuals and transvestites who develop transsexualism as a regressive phenomenon under conditions of stress" (1974b, p. 192). Primary transsexualism, on the other hand, was thought to develop without the mediation of transvestism or homosexuality and to be psychodynamically distinct from both.

The terms primary and secondary are now widely employed, but without much consistency. Authorities differ sharply in their candidates for the label of primary transsexualism. Person and Ovesey (1974a), for example, asserted that Stoller's (1968) primary transsexuals are secondary transsexuals. Stoller (1980) maintained in turn that Person and Ovesey's (1974a) primary transsexuals are secondary transsexuals. Levine and Lothstein (1981), to give a second example, described a syndrome of "primary gender dysphoria" in biological females; whereas Person and Ovesey (1974a) agreed with Stoller (1980), for reasons pertaining to their respective theories, that primary transsexualism does not occur in females. Further discussion of these psychodynamic controversies and the resulting terminological contradictions is beyond the scope and the needs of this report.

As previously stated, one purpose of the foregoing review was to illustrate the point that previous observers have identified and labeled a homosexual type more consistently than any other category of male gender dysphoric. The apparent difficulty in differentiating reliably among the nonhomosexual types might result from the sharing of many overlapping characteristics by the various groups. This possibility is investigated in the next section.

## Informal Evidence of Similarity Among Nonhomosexual Types

The following section comprises a series of pairwise comparisons of asexual, bisexual, and heterosexual gender dysphoria, and transvestism. Its purpose is to show that these syndromes do in fact share a number of possibly significant features. Most of this evidence consists of clinical observations.

### *Asexual and Transvestitic Gender Dysphoria*

Person and Ovesey (1974a) reported that asexual transsexuals—like transvestitic transsexuals and unlike homosexual transsexuals—are *not* effeminate in childhood. Another of Person and Ovesey's (1974a) observations also reveals at least superficial similarity in the developmental course of asexual and transvestitic transsexualism. They found that asexual transsexuals often make "one last effort" in postadolescence to be men. This effort usually involves stereotypically masculine activities such as volunteering for military service or going out for football. Money and Gaskin (1970-1971) made the same observation about transvestitic transsexuals.

Asexual transsexualism shares another observable characteristic with transvestitic gender dysphoria. Person and Ovesey (1974b) found that "interpersonal sexuality is almost always attenuated" (p. 186) in transvestites; this trait, of course, is one of the defining characteristics of the asexual group.

### *Asexual and Heterosexual Gender Dysphoria*

Bentler's (1976) study is the only one known to this writer in which subjects diagnosed by the investigator were asked how they classified themselves. Over half the transsexuals classed as asexual considered themselves to have been heterosexual before surgery; none considered themselves to have been homosexual. This finding is in line with the view that asexual and heterosexual gender dysphoria are not highly distinct conditions.

### *Bisexual and Transvestitic Gender Dysphoria*

The comments of previous clinical observers suggest that markedly bisexual adult gender dysphorics are basically heterosexual; that their "homosexual" interests are qualitatively different from, and discontinuous with, those of preferential homosexuals; and that this homosexual behavior is in fact much more closely related to fetishistic cross-dressing (Benjamin, 1967; Freund, 1985; Person and Ovesey, 1974b, 1978). Benjamin (1967), for example, found gender-dysphoric transvestites to be "bisexual but generally on a low psycho-sexual level. They are heterosexual in their male role, but can temporarily respond homosexually when they are [cross-] dressed" (p. 109).

Person and Ovesey (1978), who, like Benjamin, regarded the basic sexual orientation of transvestites as heterosexual, also remarked that some of their transvestitic patients engaged in occasional homosexual practices, but only when dressed as women. They pointed out that such interactions, although anatomically homosexual, are regarded by the transvestite as heterosexual acts in which he is the "woman." Person and Ovesey concluded that "although the sexual practices may occasionally be anatomically homosexual, neither the conscious or unconscious meaning appears to be homosexual" (p. 318).

### *Heterosexual and Transvestitic Gender Dysphoria*

The association between transvestism and heterosexual transsexualism is generally recognized. The DSM-III-R, for example, points out that some proportion of transvestites (awkwardly called "persons with Transvestic Fetishism" in this version of the DSM) eventually want to dress and live permanently as women; and the DSM-III-R recommends that, in such cases, the diagnosis should be changed to (heterosexual) transsexualism. Not all heterosexual gender dysphorics acknowledge a history of fetishistic cross-dressing, however. In Bentler's (1976) study, fully half of the postoperative

heterosexual transsexuals denied that cross-dressing was sexually arousing prior to surgery.

It is difficult to assess the validity of findings such as Bentler's. Recent evidence suggests that the incidence of fetishistic arousal is likely to be underestimated by gender dysphorics' self-reports. Blanchard *et al.* (1985a) found a substantial correlation between heterosexual patients' motivation to create a good impression and the tendency to deny fetishistic reactions. Blanchard *et al.* (1986) found phallometric evidence that fantasies of dressing in women's apparel were erotically arousing to a group of heterosexual gender dysphorics who verbally denied having been sexually stimulated by women's garments for at least the past year, most of whom had further denied that they had ever been aroused by cross-dressing. It is therefore probable that the true proportion of heterosexual transsexuals with a history of fetishistic cross-dressing is higher than that indicated by Bentler's study.

### *Asexual and Bisexual Gender Dysphoria*

Even asexual and bisexual traits do not appear mutually exclusive in male gender dysphoria. Levine and Lothstein (1981) described one type of gender dysphoria ("gender ambiguity") occurring in men attracted to both sexes, but only weakly to either. Benjamin (1967), as quoted above, associated this constellation with transvestism.

### *Assessment of the Informal Evidence*

The data reviewed in the foregoing section are admittedly soft and fragmentary. They do, however, tend to support the conclusion that the various forms of nonhomosexual gender dysphoria share a number of overlapping characteristics and are not clearly distinct types. This conclusion is bolstered by the results of the following studies, which systematically contrasted the main varieties of male gender dysphoria.

## **Theoretically Predicted Similarities Among Nonhomosexual Types**

Blanchard (1985; 1988; in press) conducted three studies to test the hypothesis that the nonhomosexual gender dysphorias, together with transvestism, constitute a family of related disorders. This hypothesis, in the terminology used in the present paper, may be stated as follows.

Gender identity disturbance in males is always accompanied by one of two erotic anomalies. All gender dysphoric males who are not sexually orient-

ed toward men are instead sexually oriented toward the thought or image of themselves as women. The latter erotic (or amatory) propensity is, of course, the phenomenon labeled by Hirschfeld as automonosexualism. Because of the inconsistent history of this term, however, and its nondescriptive derivation, the writer would prefer to replace it with the term *autogynephilia* ("love of oneself as a woman"). It should be noted that the concept of autogynephilia does not imply that autogynephilic males are always sexually aroused by the thought of themselves as women, or by dressing in women's clothes, or by contemplating themselves cross-dressed in the mirror—any more than a man in love always obtains an erection at the sight of his sweetheart, or pair-bonded geese copulate continuously.

Autogynephilia, according to this hypothesis, may be manifested in a variety of ways, and fetishistic cross-dressing is only one of them. Those individuals labeled transvestites by contemporary clinicians would, on this view, be understood as autogynephiles whose only—or most prominent—symptom is sexual arousal in association with cross-dressing, and who have not (or not yet) become gender dysphoric.

The hypothesis asserts that the various discriminable syndromes of nonhomosexual gender dysphoria are the results of autogynephilia interacting with additional constitutional or experiential factors. Heterosexual gender dysphorics represent those cases in which the autogynephilic disorder interferes the least with normal erotic attraction to other persons. However, some heterosexual gender dysphorics are able to maintain potency with their wives only by means of cross-gender fantasy during intercourse (Freund, 1974; Levine and Lothstein, 1981). In many cases, the individual prefers to have intercourse with his wife in the female superior position. He then fantasizes that his wife—imagined as a man—is penetrating him—a woman (Benjamin, 1966; Lukianowicz, 1959). Others fantasize during heterosexual intercourse that they and their wives are two women having lesbian relations (Newman and Stoller, 1974).

Bisexual gender dysphorics represent those cases in which the autogynephilic disorder gives rise to some secondary erotic interest in males that coexists with the individual's basic attraction to females. Autogynephilia, as indicated above, may find expression in the fantasy of having intercourse, as a woman, with a man. In bisexual gender dysphoria these fantasies are especially strong; they are therefore more likely to be actualized—or rather, approximated, with anal or oral intercourse substituting for vaginal—particularly with the bisexual gender dysphoric in partial or complete cross-dress (Benjamin, 1967; Person and Ovesey, 1974b). The effective erotic stimulus in these interactions, however, is not the male physique of the partner, as it is in true homosexual attraction, but rather the thought of being a female, which is symbolized in the fantasy of being penetrated by a man. For these persons, the male sexual partner serves the same function as women's

apparel or makeup, namely, to aid and intensify the fantasy of being a woman.

Analloerotic gender dysphorics represent those cases in which the autogynephilic disorder nullifies or overshadows any erotic attraction to women; those cases, in Hirschfeld's metaphor, in which "the woman within" completely supplants her fleshly rivals. The difference between the asexual and the automonosexual varieties may lie in the concreteness of the individual's preferred expression of femininity. An individual for whom sexual arousal was closely associated with dressing in women's garments would – if there were no other erotic interests – be diagnosed as automonosexual. Not all persons of this general type are stimulated by external objects, however. A colleague of the writer's, for example, had a patient who was sexually aroused by contemplating his shaved legs in the mirror (K. Freund, personal communication, 1979). Hirschfeld (1918; 1948) described a case of "pregnancy transvestism"; this individual experienced his first sexual arousal in response to the thought of having a child and continued masturbating thereafter with the fantasy of being a pregnant woman. It is possible to imagine a continuum of "fetish objects" of ever-decreasing tangibility, culminating perhaps in the simple thought of being a woman or some talismanic idea associated with that. On this view, asexual gender dysphorics are simply those analloerotics whose erotically valued symbol of femininity is a "fetish idea" rather than a tangible fetish object. The autogynephilic fantasy of intercourse with a male is a prime example of such an idea; and, in fact, Person and Ovesey's asexual transsexuals were described as masturbating "with a vague heterosexual fantasy in which the patient saw himself as a woman. The fantasies were impersonal, and the partner was usually a stylized man rather than a real person" (1974a, pp. 15-16).

Blanchard (1985) reasoned that if autogynephilia is at the heart of nonhomosexual gender dysphoria, then heterosexual, analloerotic, and bisexual groups should include high, and roughly equal, proportions of cases reporting symptoms of autogynephilia. A homosexual group, in contrast, would be expected to include a low proportion of cases reporting such symptoms. The most salient symptom of autogynephilia is, of course, erotic arousal in association with cross-dressing.

To test this prediction, Blanchard (1985) divided a large sample of transsexual males into heterosexual, homosexual, bisexual, and analloerotic groups. As expected, a majority of cases in the analloerotic, bisexual, and heterosexual groups acknowledged some history of erotic arousal in association with cross-dressing. In contrast, a minority of subjects in the homosexual group reported such a history. There were no statistically significant differences among the three nonhomosexual groups, and all three contained a significantly higher proportion of fetishistic cases than the homosexual group.

In a second, similar study, Blanchard (1988) compared the developmental histories of the three nonhomosexual types with each other and with the developmental history of the homosexual type. The bases of its predictions were the clinical observations that transvestites are not noticeably feminine in boyhood (Coates and Zucker, 1988; Person and Ovesey, 1978) and transvestites who become gender dysphoric seek professional help at a much later age than do homosexual gender dysphorics (Meyer, 1974). Blanchard (1988) reasoned that if transvestism is simply one manifestation of autogynephilia, and if autogynephilia is central to nonhomosexual gender dysphoria, then all three nonhomosexual types should present for clinical assessment at a later age, and report lesser degrees of childhood femininity, than do homosexual gender dysphorics. As in Blanchard (1985), the subjects were adult transsexuals, and all data pertaining to childhood were therefore retrospective.

The study produced both predicted findings: (i) There were no differences in the average age at which the analloerotic, bisexual, and heterosexual transsexuals first presented for assessment. All three groups were significantly (9 to 15 years) older at initial presentation than the homosexual transsexuals. (ii) There were no differences in the average degree of childhood femininity reported by the analloerotic, bisexual, and heterosexual transsexuals. All three groups reported significantly less feminine identification than did the homosexual group. It should be noted that this finding tends to confirm Person and Ovesey's (1974a) observation that asexual transsexuals are not effeminate in childhood.

The third study, which used the same basic experimental design, was the most direct test of Blanchard's hypothesis. In this study, Blanchard (in press) first developed a questionnaire measure, the Core Autogynephilia Scale, to assess a subject's propensity to be sexually aroused by the simple, unelaborated, and contextless fantasy of being a woman. As predicted, the heterosexual, bisexual, and analloerotic groups were all more likely than the homosexual group to report sexual stimulation by cross-gender fantasy.

### *Conclusion From Clinical Observations and Systematic Evidence*

The hypothesis that the nonhomosexual gender dysphorias constitute a family of autogynephilic disorders might or might not prove the correct explanation of the findings that this hypothesis predicted. One statement would, in either event, still be justified: Both clinical and systematic evidence converge on the conclusion that the main varieties of nonhomosexual gender dysphoria appear to be more similar to each other than any is to the homosexual type.

## Practical Suggestions for the Classification of Gender Dysphorias in Men

One of the main purposes of classifying gender identity disorders is for clinical research. This includes research on the response of different diagnostic groups to sex reassignment surgery (Bentler, 1976; Blanchard *et al.*, 1985b, 1987b, 1989; Laub and Fisk, 1974) as well as research on between-groups differences in developmental or other variables (Blanchard, 1985; 1988; in press). This section considers possible classification schemes in terms of their practicability in real research situations, their comparability with previous typologies, and their theoretical and empirical justification. Because the demands of research applications vary, two alternative schemes are suggested.

Most investigators, from Hirschfeld on, have classified gender identity disturbance in males according to the accompanying erotic behavior. Three dimensions of erotic behavior have usually served as the basis of such classification: sexual attraction toward women, sexual attraction toward men, and sexual arousal in association with cross-dressing. Simply rating each subject as positive or negative on each of these three dimensions would result in an eightfold ($2 \times 2 \times 2$) classification scheme. Such a scheme would be comprehensive as well as systematic; it could be used to classify all the specific types mentioned so far in this paper and a few besides. This approach, however, cannot be recommended. Eight diagnostic categories are too many for research studies on gender dysphoria, where the total number of subjects is rarely large to begin with. After classification into eight categories, the sample of the various groups would be too small for reliable between-groups comparisons.

A more workable approach is to classify subjects on the basis of two dimensions, sexual attraction toward men and sexual attraction toward women, leaving aside the third dimension of sexual arousal with cross-dressing. This approach results in only four diagnostic categories: heterosexual, homosexual, bisexual, and analloerotic.

The first advantage of the foregoing scheme is that it avoids certain problems that arise when one uses fetishistic cross-dressing as a criterion of classification. The first such problem is practical: Clinical assessment of fetishistic arousal is probably less reliable than the assessment of heterosexual or homosexual interests. As previously mentioned, research evidence suggests that the incidence of fetishistic arousal is likely to be underreported by male gender dysphorics (Blanchard *et al.*, 1985a, 1986). Fetishistic activity is generally carried out in private; therefore the investigator usually has no means of verifying the subject's self-report. The study by Blanchard *et al.* (1985a) suggested that gender dysphorics' sexual interest in females is also likely to be somewhat underestimated from their self-reports, but in this case

the investigator often has the objective evidence of marriage or common-law relationships to take into consideration. The second problem with fetishistic arousal as a criterion of classification is theoretical. As previously argued in this paper, the underlying erotic phenomenon of interest may be present in many cases who are never aroused by women's garments per se. There are therefore both practical and theoretical reasons for avoiding the use of fetishistic arousal as a criterion of classification.

The second advantage of the fourfold scheme is that, without departing radically from the DSM scheme, it permits the systematic classification of many cases that the DSM would presently consign to its "wastebasket" category. These are the bisexuals and the automonosexuals. It should be noted that Blanchard (1985) confirmed the view of Hirschfeld (1918) that both groups are considerably more numerous than asexuals. In the fourfold scheme, the bisexuals would have their own category, and the automonosexuals would be classified, along with the asexuals, as analloerotic.

There may well be research studies in which four diagnostic groups would still be too many. In this case, the investigator could classify subjects into just two groups: homosexual and nonhomosexual. The latter group would include the heterosexuals, the bisexuals, and the analloerotics. This approach can be justified on two grounds. The first is the purely empirical observation that the main varieties of nonhomosexual gender dysphoria appear to be more similar to each other than any of them is to the homosexual type. This circumstance, aside from any theoretical implications, suggests that the differential diagnosis of homosexual *vs.* nonhomosexual gender dysphoria is apt to be more reliable than further classification within the nonhomosexual group. The second justification for classifying cases dichotomously as homosexual or nonhomosexual is the existence of a theoretical rationale for doing so (Blanchard, 1985; 1988; in press). This is the hypothesis that the discriminable types of nonhomosexual gender dysphoria are merely variant manifestations of the same underlying disorder—autogynephilia.

The dichotomous classification of male gender dysphorics may sometimes be necessary in follow-up studies of sex reassignment surgery. The number of subjects in such studies is usually rather small, and the division of male-to-female transsexuals into more than two diagnostic groups is likely to be impractical.

## BIOLOGICAL FEMALE GENDER DYSPHORICS

This section discusses one probable reason why nonhomosexual gender dysphoria is less common in women than in men, summarizes the few references to nonhomosexual females in the literature, and suggests research ques-

tions for constructing a taxonomy of gender dysphoria in females. Before nonhomosexual female gender dysphorics are discussed, however, it is necessary to consider what cases should be included among them.

One occasionally encounters female gender dysphorics who have had no sexual experience with women at all. Clinical interview usually establishes that this is because they are embarrassed by their breasts or the lack of a penis. They are not self-absorbed cross-dressers, and they do not lack sexual or romantic interest in females.

One also encounters female gender dysphorics who have experienced heterosexual intercourse or have been involved in heterosexual relationships. Blanchard *et al.* (1987a), for example, found that 12.7% of their female gender dysphorics had been legally married to a husband and that 9.9% had given birth to children. In most such cases, marriage or pregnancy is the result of social pressure or the individual's attempt to cure herself of her gender disorder; in rare cases, childbirth is the result of rape (Lothstein, 1985). These women describe consensual intercourse with men as unfulfilling if not downright aversive—such individuals sometimes report that they had to fortify themselves for the experience with alcohol. Sexual fantasies are reported to be of females, and sexual fulfillment is found only with women.

Cases of the foregoing types are not the analog of asexual or bisexual gender dysphoria in biological males. These females are clearly homosexual gender dysphorics, whose departure from the more typical pattern is the result of social factors or uncontrollable circumstances. Such cases are to be discriminated from the women described later, who indicated an unequivocal preference for male sexual partners.

Nonhomosexual gender dysphoria, as previously indicated, is far less common in women than in men. One major factor probably accounts for most, if not all, of this difference. Fetishistic cross-dressing is reported by the majority of nonhomosexual male gender dysphorics (Blanchard, 1985; Blanchard *et al.,* 1987a). (The writer has previously argued that the erotic disorder underlying this symptom—autogynephilia—may actually be present in all nonhomosexual male cases.) Fetishistic cross-dressing, in contrast, is virtually unknown in females (Blanchard *et al.,* 1987a; Person and Ovesey, 1978; Stoller, 1980). This suggests that there are few nonhomosexual female cases simply because the major precursor or component of nonhomosexual gender dysphoria does not occur in females. A similar observation was previously made by Buhrich and McConaghy (1978). This explanation for the relative scarcity of nonhomosexual female gender dysphorics does not, however, help one to understand those cases that have occurred.

The voluminous literature on gender dysphoria includes only a handful of references to nonhomosexual females. Some cursory remarks of Hirschfeld's are possibly the earliest. Hirschfeld (1906, p. 88; 1925, p. 199) alluded to the existence of heterosexual women with strong masculine traits, who

say that they feel as if they were homosexual men, and who feel strongly attracted to effeminate men.

Randall (1959) described the case of a heterosexual married woman who wished to change her anatomical sex. Randall's remarks suggest that she was also erotically aroused by dressing in men's clothes. The patient was introduced to cross-dressing by a male transvestite (not her husband), with whom she was having a sexual affair. Although at first "revolted by the deviate practices into which she was initiated, she became conditioned to experience orgasm in such acts" (p. 1450). She subsequently attempted without success to secure her husband's cooperation in similar behavior. The present writer is skeptical that this patient's disorder developed through a simple process of contiguous association. Randall's brief comments, however, do not permit one to draw any kind of independent conclusion.

Lothstein (1983, pp. 304-305) reported a case history collected by one of his colleagues. The patient was a 17-year-old female who viewed herself as a homosexual male. She expressed the wish to become a male ballet dancer and then to have "homosexual" relationships with other men. The patient recalled that her first wishes for surgical sex reassignment occurred after she encountered some homosexual erotic literature describing sex between males. The patient was averse to her female genitals and expressed the notion that she would, as a homosexual male, prefer to be penetrated anally.

Blanchard *et al.* (1987a) found one heterosexual case in a consecutive series of 72 female gender dysphorics who presented for assessment at the gender identity clinic of a university teaching hospital. This was a single, university-educated woman in her early 30s who complained that she subjectively felt herself to be male and requested surgical sex reassignment. She was erotically attracted to homosexual males, particularly (in her words) "gentler, nonmacho gay men," in relation to whom she felt herself more masculine. She expressed romantic fantasies of being a man in a homosexual relationship with another male whom she could protect and care for, and there were less obviously erotic fantasies of protecting a homosexual male friend from being assaulted or ridiculed in public. Unlike the many heterosexual male gender dysphorics who relate fantasies of being, or becoming, a lesbian, she denied ever having been aroused erotically by cross-dressing. This case rather resembles those mentioned by Hirschfeld.

Coleman and Bockting (1988) have reported the case of a heterosexual female-to-male transsexual who succeeded in obtaining sex reassignment surgery. This same individual (hereafter, "HF") wrote me with comments on Blanchard *et al.* (1987a), introducing himself as "a female-to-male who identifies as a gay man." The following information was selected from the ensuing correspondence.

HF was not a tomboy. He did, however, enjoy pretending that he was a boy in childhood games with siblings, and he also entertained this fantasy

when alone. He was not averse to wearing dresses, and he had no expectations or hopes that he would turn into a male when he grew older. Menarche and breast development were greeted with pleasure and excitement. "But at the same time, during puberty, my first sexual fantasies were of a man hugging and caressing a boy, and thinking of men kissing each other." He knew that this interest was "wrong."

HF had two long-term relationships with male partners. Both relationships included vaginal intercourse, during which he would fantasize that he was a male being penetrated anally. The first relationship began at age 17, with a young man 2 years older. This relationship lasted for 10 years, at which point the partner left HF for another woman. At about the same time, HF's vacillation over gender roles ended with full-time adoption of the male role. He began testosterone medication at the age of 28 and underwent a mastectomy at the age of 29. The following year he met his second long-term partner, with whom he lived "as gay male lovers." This relationship ended 5 years later, a few months after HF underwent a "genitoplasty" (of an incompletely specified nature) at age 34. Very shortly thereafter, HF was diagnosed with pneumocystis pneumonia and AIDS. Despite this tragic development, HF never regretted "changing his sex."

In contrast to the heterosexual cases of Hirschfeld (1906, 1925) and Blanchard *et al.* (1987a), HF denied an erotic preference for feminine men:

> What made gay men more sexually attractive than straight men? Simply the fact that they were aroused by other men. All kinds of gay men appeal(ed) to me romantically and sexually—old, young, leather and muscle types, lithe femmy queens, clean-cut men in business suits. If they loved men, I loved them!

It therefore seems that a preference for effeminate male partners is not a necessary component of gender dysphoria in heterosexual females.

The foregoing few case reports do not permit many generalizations. It appears, however, that these women are not the obvious counterparts of any type of nonhomosexual male gender dysphoric.

The balance of this section considers how one might approach the typological study of nonhomosexual gender dysphoria in biological females. The central question in such research—if and when sufficient cases are reported to make a systematic study—is whether nonhomosexual female gender dysphorics fall into one or more distinct classes, or whether they are a heterogeneous group with diverse psychopathologies. Answering this question requires the following sorts of information.

Do all heterosexual females who seek sex reassignment state that their goal after sex reassignment is "homosexual" relations with men? Or do some hope that, after masculinizing surgery, they will become attracted to women? [Many heterosexual male gender dysphorics, with no sexual experience with males, expect that after surgery they will find themselves attracted to

men and settle down with a male partner. In reality, this happens rarely, if ever (Blanchard *et al.*, 1985b; 1987b).]

Do female gender dysphorics who are specifically attracted to effeminate homosexuals constitute a distinct subgroup? Is the preference for effeminate men, in these cases, the "primary" disturbance? Are there any female gender dysphorics who strongly prefer masculine male homosexual lovers? What proportion of nonhomosexual female gender dysphorics report a history of sexual arousal in association with dressing as men? Is fetishistic cross-dressing correlated with any other distinctive characteristics? How many of these cases give histories of classical tomboy behavior (and can these histories be corroborated by reasonably impartial sources)?

The writer knows of one team of investigators who are already conducting systematic research on heterosexual female-to-male transsexuals (Coleman *et al.*, 1988). It is therefore realistic to expect that there will be a significant increase in the information available on these rare but theoretically interesting cases.

## HOMOSEXUAL GENDER DYSPHORICS

The purpose of this report was to suggest a few systematic strategies for the descriptive classification of nonhomosexual gender dysphorias. It has not, so far, considered the possibility of more than one distinct type of homosexual gender dysphoria. This issue is briefly considered in this final section.

There are individual differences among homosexual gender dysphorics, as there are among patients who share any psychiatric diagnosis. Most observers agree, however, that there is less variability in the adult presentation of homosexual gender dysphorics than there is in the adult presentation of the nonhomosexual group. In response, perhaps, to this same perception, various authorities (e.g., Freund, 1985; Money and Gaskin, 1970-1971; Person and Ovesey, 1974b) have treated distinctions within the homosexual group, either explicitly or implicitly, as differences in degree rather than differences in kind. I share the view—pending further evidence to the contrary—that homosexual gender dysphorics are sufficiently similar to be treated as one diagnostic group.

There are clinical authorities who espouse a different view. Stoller (1982) distinguished between two types of male gender dysphoric erotically attracted to members of their own chromosomal sex: effeminate homosexuals who develop a desire for sex reassignment, and *true* transsexuals (usually called "primary" transsexuals in Stoller's papers after 1980). His distinction between these groups is related to his theory that the two conditions have different

etiologies. In fact, he postulated a psychogenic etiology for both true transsexualism and effeminate homosexuality, but the putative pathogenic family constellations and resultant psychodynamics are different. Levine and Lothstein (1981) made a parallel distinction between two different types of homosexual female gender dysphoric, although with a much simpler theoretical rationale.

The issue of single or multiple diagnostic categories for homosexual gender dysphorics is closely bound up with theoretical controversies among various psychoanalytic authors. The interested reader is referred to Stoller (1968; 1975; 1980) for a full exposition of his psychoanalytic theory, and to Eber (1982), Meyer (1982), and Person and Ovesey (1983), for psychoanalytic critiques of it. For present purposes, it is sufficient to note that the variability within the homosexual group is much less than the variability within the nonhomosexual group, and that the individual differences within either group are small in comparison to the great differences between the two groups.

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