

Motivational differences among typologies of gender dysphoria

Honour's Thesis

Author: R. McGrane

University of New England

Sydney, Australia

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Abstract

This study compared two groups of transgendered genetic males on a number of variables within two factors which the author labelled Arousal and Identity. According to a negative or positive response to the statement "I have taken female hormones for three months or longer" the transgendered subjects were allocated into a Transvestite or a Transsexual group respectively. The study also compared these two groups with a group of genetic women on scales that measured femininity, satisfaction with life and erotic arousal at the use of particular feminine garments and cosmetics. As predicted transsexuals were found to have a higher mean score than transvestites on the scales measuring the variables in the Identity factor and a lower mean score on the scales measuring variables in the Arousal factor. Of the two groups transsexuals were found to be more similar to genetic women. It is suggested that cross-gender behaviour is a more reliable way than self report to clinically distinguish transvestites from transsexuals. Gender identity was found to be more important than sexual arousal in the aetiology of Gender Identity Disorder and it is suggested assistance in aligning gender identity with gender role should be the focus of therapy.

Motivational Differences Among Typologies of Gender Dysphoria.

Money (1955) adopted the term *gender* as a concept to distinguish femininity (or womanliness) and masculinity (or manliness) from biological sex. Gender is the social and cultural presentation of oneself as a woman or a man, a boy or a girl and is achieved when the desired status is deduced or assumed by others. Western societies prescribe a bi-gendered culture with the gender dichotomies aligned to the appearance of an individual's genitalia. Social life is predicated on the premise that the gender one presents to society is congruent with one's biological sex and that one's identity of self as a man or as a woman follows. It is assumed biology is destiny and what is anatomically observable- the possession of a penis or a vagina at the birth of a child- becomes the dictator of the socially constructed gender role. Where gender role is a learned public expression, gender identity is a private understanding. It is the total perception of the individual about his/her own gender, including a basic identity as man, woman, boy or girl. Although of all behavioural traits gender performance may have the strongest correlation with biological sex, that correlation is still imperfect. Ten to fifteen percent of the population fail to conform by fitting neatly into either masculine or feminine categories (Bullough, 2000). This paper explores the motivations for particular cross-gendered behaviours in a biological male sub-population of these individuals.

The Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM IV TR, APA, 2000) cites prevalence rates for transsexualism as 1: 37,000 for males and 1:107,000 for females. However, these figures are considered extremely conservative with others citing 1: 11,900 and 1: 30,400 (HBIGDA 2001) and 1:4,000 and 1: 11,000 (Midence & Hargreaves, 1997) for males and females respectively. Although the male to female prevalence rates are about 3:1, referral rates to gender clinics is about 6.5:1, as

feminine behaviour in boys is reacted to more strongly than masculine behaviour in girls (Zucker, Bradley, & Sanikhani, 1997).

A variety of terminology has been used to describe the various typologies of cross-genderism, both among the mental health professionals and the “gender community” itself. For example, Docter and Prince (1997) and Buhrich and Beaumont (1978) refer to nuclear and marginal transvestites, their definitions of which closely fit the terms “transvestite” and “transsexual” as used by Freund, Steiner, and Chan (1982). For the purposes of this paper the following glossary provides definitions of specific terms used and refers to males only.

GLOSSARY

Androphile: One whose preferred sexual partner is male (literally “love of men”)

Autogynephilia: A man’s propensity to be sexually aroused by the thought or image of himself as a woman. (Literally- love of oneself as a woman) (Blanchard, 1989).

Fetish: A non-sexual part of the body, an action or an inanimate object, which gives sexual stimulation.

Gender Identity Disorder: a diagnosis for those with a strong and persistent cross-gender identification and a persistent discomfort with their sex or a sense of inappropriateness in the gender role of that sex (HBIGDA, 2001).

Gender Dysphorics: Individuals distressed about their gender roles and identities, with or without a desire for hormone therapy or sex-reassignment-surgery (SRS).

Gynephile: One whose preferred sexual partner is female

Heterosexual Transsexual: (gynephilic transsexuals) transsexuals with erotic attraction to members of the opposite chromosomal sex (i.e women).

Homosexual Transsexual: (androphilic transsexuals) transsexuals with erotic attraction to members of the same chromosomal sex (i.e. men).

Nonhomosexual Transsexual: Heterosexual, bisexual, analloerotic (not aroused by other persons) or asexual transsexuals (Blanchard, 1985).

Paraphilia: Preference for unusual sexual practices generally involving nonhuman objects.

Transgender: Covers a broad range of fluid, related behaviours and identities that cross the accepted sex/gender relationship and can encompass occasional cross-dressing to post-operative transsexualism

Transsexual: men who have long standing and non-fluctuating desire to possess a female body and live permanently in society as women. (Fruend et al, 1982).

Transvestite(Crossdresser): heterosexual men who occasionally or frequently wear women's apparel either for sexual excitement or for relaxation from the demands of their masculine role (Talamani, 1981). Their Gender Identity remains congruent with ascribed status of biological male.

SRS: Sex Reassignment Surgery in which a neo-vagina or neo-phallus is created from the existing penis or vagina.

Unger (1979) described gender identity as those characteristics an individual develops and internalises in response to the stimulus functions of biological sex. No support exists, however, for the postulate that individuals are psychosexually neutral at birth or that healthy psychosexual development is dependant on the appearance of the genitals. Numerous studies (e.g. Bullough, 2000; Kimura, 1987; Korner, 1969;) support the proposition that gender identity is innate. The classic "John/Joan" case described in the sexology literature alludes to

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this innateness. A boy who at seven months of age had his penis accidentally ablated during circumcision and had surgery to fashion a vagina, was raised as a girl and put on a female hormone regime at twelve. The parents continuously reinforced the child's feminine identity, but

by age fourteen, without any knowledge of his original status the child refused to live as a girl and now (with further surgery) lives as a married man (Diamond & Sigmundson, 1997).

It is very likely that many sex differences have been shaped by natural selection which also operates at a cognitive level (Geary, 2000), and there is the formation of some kind of gender system within the brain that is fundamental to gender identity and gender role development (Docter, 1988). If humans possess domain specific cognitive mechanisms (e.g., face recognition, language acquisition or gender identity) the implication is that individuals are constrained to process information in certain ways within specific domains (Borkland & Pelligrini, 2000). The further implication is that those individuals born with a feminine identity will attend to and learn feminine behaviours. Gender identity development may be due to a biological predisposition to learn and perform a particular gender behaviour. Pre-verbal infants possess tacit knowledge of gender, which informs behaviour, however parents are already encouraging sex-appropriate behaviour and responding more negatively to cross-sex behaviour by the end of the first year (Fagot & Leinbach, 1986). Later boys and girls socialise one another into traditional gender-role by punishing those who deviate from role-appropriate activities with negative response and other disruptive constraints (Hibbard & Buhrmester, 1998). Gender role is predicated on genetic, prenatal hormonal and postnatal social determinants (Money, 1994). That is, sex-appropriate behaviour is shaped by the distribution of reward and punishment and may well result in an incongruence between gender performance and a gender identity which is incongruent with biological sex. Identification of genital configuration at birth causing a lifetime scripting creates feelings of

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incongruity and confusion for people with gender identity conditions or disorders. According to the Harry Benjamin International Gender Dysphoria Association's (HBIIGDA) Standards of Care (2001), an individual's apparent gender conformity can occur primarily to please the family and

may not persist or reflect a permanent internal identity. A child, adolescent or adult with a penis may appear to be a boy/man but perceive themselves to be a girl/woman, or at least feminine.

Gender Dysphoria, as defined in the DSM-IV-TR (APA, 2000), entails a persistent discomfort with gender role or identity. That is, it is a discomfort with performing the societally expected behaviours of one's sex. Transsexualism is an extreme form of gender dysphoria and denotes individuals who perceive themselves as masculine or feminine despite their contrary anatomical sex. Along with the forgoing hypothesis that gender identity is innate there is evidence that gender/sex incongruity may be bound up in biology. The volume of the central subdivision of the stria terminalis (BSTc), a brain area shown to play a pivotal role in the sexual behaviour of rats, is larger in men than in women. Zhou, Hoffman, Gooren, and Swaab (1995) found the mean volume of the BSTc in male-to-female transsexuals (males with a feminine identity) was not significantly different from that of biological women, and therefore smaller than in male controls. Despite this evidence that gender identity may be innate the American Psychological Association (APA) pathologises gender dysphoric behaviours with the inclusion of Transvestic Fetishism and Gender Identity Disorder (GID) as diagnostic categories in the Diagnostic and Statistical Manual of Mental Disorders-IV-TR (APA, 2000). There is little question that the inclusion of gender non-conformity among psychosexual disorders such as pedophilia, frotteurism, sadism and masochism worsens the burden of stigma that sex/gender incongruent individuals face in society. Homosexuality was removed from the DSM-III (APA, 1975), and homosexual

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clients are treated for distress at social intolerance and discrimination without labelling their sexual orientation an illness. Role expectations concerning sex and gender direct individuals into enculturated ways of self expression which can result in unhappiness, depression and even suicide among individuals who do not identify within the strict binary gender-roles. The DSM IV TR (APA, 2000) warns that adolescents with GID are particularly at risk for suicide due to social isolation and ostracism. The primary obstacle to their happiness is not incongruent sex/gender but

a society that is intolerant of cross-gender behaviour. Labelling individuals with atypical gender identity as “sick” shifts the blame from society onto the victim. Benjamin (1953) suggests it might be wiser and more sensible to treat Society educationally so that logic, understanding and compassion might prevail.

While the “naturalness” of a binary system of sex and gender appears to fit within the experiential knowledge of the majority of contemporary Western cultures, the acceptance of this system is neither a historical nor a cross-cultural given. Examples of transsexualism can be found among males and females of diverse cultural and racial groups. Many American Indian tribes accepted that individuals may assume the role of the opposite sex, and transgenderism was often associated with Shamanism and insight into the human condition and spiritual world (Bullough & Bullough, 1993). Feinberg (1996) cites the *basaja* of Indonesia, the *hijra* of India, the *mudang* of Korea and the *shih-niang* of China as examples of transgendered identities and practices in traditional Asian societies. In these cultures, those who deviate from the two sex--two gender system are accepted and, in some cases, elevated in status. In contemporary Western culture they tend to be stigmatised and highly marginalised although cross-dressing by males very often represents a social expression of an inner sense of identity (Wilson, 1997) and the clinical literature cites many cases of

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transvestism which present no sexual motivation and by no means represent fetishism (Wise & Meyer, 1980).

The term autogynephilia, coined by Blanchard (1989a), denotes a male paraphilic tendency to be sexually aroused by the thought or image of himself as a woman. Its inclusion in DSM IV TR (APA, 2000,) diagnostic criteria for both Transvestic Fetishism and Gender Identity Disorder (p. 574 & p. 578) misses the sense of (an innate) identity and in stressing a paraphilic sexual

motivation of these categories may be easily interpreted as an attempt by DSM-IV-TR (APA, 2000) to legitimise intolerance of gender diversity in the community, the workplace and the law. Transsexual individuals themselves have traditionally described their transition from man to woman as a “going home”, a trajectory that is worth its risks, complications and intense pain (somatic and psychic) because it will allow them to arrive at where they should have always been (Prosser, 1995). For them being able to live one’s true gender identity is paramount, and their subjective sense of happiness and success is directly consonant with the degree they have dismantled their male identity (Bushong, 2001). In order to clarify issues in the motivation of transvestic and transsexual behaviours, the views of some earlier commentators and researchers need to be briefly surveyed.

After the first systematic classification of gender identity disorders by Hirschfeld (1918) early researchers were largely influenced by Freudian theories. Fetishism was regarded as a possible explanation of cross-gendered behaviour and Stekel (1930, cited by Bullough, Bullough, & Smith, 2001) introduced the term “paraphilia” to describe what was seen as a perversion. Money and Gaskin (1970) distinguished between transsexualism as related to effeminate homosexuality or as related to simple transvestism. The study of transsexualism

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as a recognisable medical condition can be dated from Harry Benjamin’s (1966) *The Transsexual Phenomenon* which described it as an incurable endocrinological condition.

Within the field of empirical research Freund et al. (1982) found two types of transsexualism, heterosexual and homosexual, reporting cross-gender fetishism in the former but not the latter. Blanchard (1985) found there were no statistically significant differences in reporting of sexual arousal at cross-gender behaviour between heterosexual, bisexual or asexual transsexuals but all three groups contained a significantly higher proportion of fetishistic cases than did a homosexual group. He proposed that nonhomosexual gender dysphorias, together with transvestism, constitute

a family of related disorders. Nonhomosexual transsexuals were found to be more likely to report sexual stimulation by cross-gender fantasy than a homosexual transsexual group (Blanchard, 1989a). According to Blanchard (1989a, pp.322-323). “All gender dysphoric males who are not sexually oriented toward men are instead sexually oriented toward the thought or image of themselves as women” That is, for Blanchard, the discriminable types of nonhomosexual gender dysphoria are merely variant manifestations of the same underlying disorder, and thus there are two fundamentally different types of male gender dysphorics, homosexual and autogynephilic. According to Blanchard (1989b) the latter, incorporating transvestites and gynephilic transsexuals, are sexually motivated or paraphilic.

More recently Docter and Fleming (1992) proposed that existing scales used to differentiate among groups of gender dysphoric men contained too few items to reliably assess the variables of concern ranging from fantasy through overt behaviour. They stressed the importance of cross-gender identity and cross-gender sexual arousal in the assessment of transvestites and transsexuals and developed the Cross Gender Questionnaire, comprising 55 items which yielded four factors. The Identity factor (14 items) measures cross-gender self

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percepts and identification. Feminisation (13 items) measures motivation to feminise the body and live entirely in cross-gender mode. Sexual Arousal (16 items) measures association, past or present, between cross-gender behaviour and erotic arousal (autogynephilia). Social/Sexual Role (12 items) indicates sexual orientation and measures commitment to taking a cross-gender role in real life situations.

Docter and Fleming (1992), using cross-gender behaviour (percentage of time living in the cross-gender role) rather than sexual orientation as the defining criteria for group allocation, compared transvestites (occasional cross-dressers), borderline transsexuals (those not living full time as women) and transsexuals (those living full time as women). The researchers found that each group

differed significantly from each other group on all subscales of the Cross Gender Questionnaire. The transsexual group exhibited the lowest mean score and the transvestite group the highest mean score on the Sexual Arousal subscale. For the other three subscales the reverse situation obtained. Marginal transsexuals revealed a mean score between the other groups on all subscales. These results, which do not support Blanchard's (1985,1989a) findings, are consistent with frequent clinical reports that the more extreme cross-gender role taking, as in transsexualism, was inversely related to cross-gender sexual arousal (Docter & Fleming, 1992).

To further explore this discrepancy this study used a modified version of the Cross Gender Questionnaire, along with other psychometric instruments (described below) with a group of transgendered biological males and a group of "normal" biological women as participants. "Adults with Gender Identity Disorder.....manifest an intense desire to adopt the social role of the other sex or to acquire the physical appearances of the other sex through hormonal or surgical manipulation" (p. 577)..... and "in a small number of cases of Transvestic Fetishism

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gender dysphoria may emerge accompanied by the desire to seek hormonal or surgical reassignment" (p. 575) (DSM 1V TR 2000).

With this view in mind together with a desire to use transgendered behaviour as a defining criteria, rather than use subject's self description as transvestite or transsexual, this study differentiated transgendered subjects into two groups on the basis of whether a regime of hormone therapy has begun (transsexuals) or not (transvestites). Androcentric approaches to the study of the phenomenon of transsexuality may have precluded acceptance of the possibility of an innate gender identity incongruent with anatomic sex and emphasised sexual desire as causative in gynephilic males with Gender Identity Disorder. Researchers have never thought of transsexuals as female, whereas transsexuals themselves start from the position that they are innately female and are adjusting everything to fit that. Referring to the population as a whole Halberstam (1994)

proposed that we all wear our drag, and we derive a different degree of pleasure (sexual or otherwise) from our costumes. To the author's knowledge transgendered individuals have not been previously compared to biological women, and the modification of the Cross Gender Questionnaire subscale of Cross-gender Sexual Arousal allowed this comparison with regard to the eroticization of wearing feminine clothing and cosmetics.

Buhrich and McConaghy (1977) found transvestites reported heterosexual interest and fetishistic arousal while transsexuals reported a feminine gender identity and a desire for sex reassignment surgery. This study incorporated gender identity along with sexual arousal, used the degree of transgendered behaviour rather than self report or sexuality in differentiating typologies of gender dysphoria, and recognized Docter and Fleming's (1992) findings to formulate the following specific hypotheses.

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1. Transvestites show significantly more erotic arousal at cross-gender behaviour or ideation than transsexuals who do not differ significantly from biological women.
2. Transsexuals exhibit a stronger feminine identity and show greater commitment to living in the feminine role than transvestites.
3. Transsexuals, as self-identified women, exhibit socially recognisable femininity similar to that of biological women and more pronounced than that of transvestites.
4. Transvestites and biological women exhibit greater life satisfaction than transsexuals who are on an often incomplete journey of attaining a new identity in society.

Method

Participants

Subjects were 100 transgendered biological males and 50 biological women. The transgendered males were in the age ranges of 21 to 30 (11%), 31 to 45 (34%), and over 45 (55%). They self identified as homosexual (18%), heterosexual (47%), bisexual (28%) and analloerotic (8%).

Biological women were in the age ranges of 18 to 20 (4%), 21 to 30 (10%), 31 to 45 (48%) and over 45 (38%). The male volunteer non-random sample was acquired by distributing the questionnaire package at the Brisbane cross-dressers club, Seahorse, and the Australian Transgender Support Association of Queensland. Also a notice about the study was posted on a news group list on the internet, TransAcademic, and members were invited to email the author for the questionnaire package. Similarly, the biological women sample was non random and recruited by word of mouth with a snowball procedure (where friends of friends participated). The 150 subjects were difficult to obtain as many transgendered individuals objected to some of the survey questions on the grounds they thought these questions were directed at transvestites only, and some denied ever having identified as a man. There was no feedback as to why biological women declined to

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participate, but some may have found the questions too personal or confronting. The sample may be non-representative of the general populations of either group as it may be biased in favour of individuals who believe this research is beneficial and probably includes a disproportionate number of better educated individuals due to the nature of the TransAcademic list. It is also noted that respondents were not recruited from a clinical setting.

Subjects were assigned to groups firstly on the basis of biological sex and then the males, on the basis of a positive or negative response to item 24 of Questionnaire 3 (I have taken female hormones regularly for three months or longer), were assigned to a transsexual or transvestite group respectively.

Materials.

This study was conducted as a questionnaire survey. All materials used were previously published questionnaire scales one of which was modified for the purposes of the present research. The

survey inventory comprised measures of femininity, life satisfaction, and cross-gender fantasy and behaviour. Each of these will be described in turn.

1. An Australian Sex-Role Scale (Antill, Cunningham, Russell, & Thompson, 1981)

This scale comprises 10 masculine positive, 10 masculine negative, 10 feminine positive, 10 feminine negative and 10 Social Desirability items. The total score for the masculine items was subtracted from the total score for the feminine items to give a Feminine score which could be positive or negative. The Social Desirability items were 10 neutral items which assess socially desirable responding and also serve to distract the subject from the purpose of the scale. This scale was presented to biological women and transgendered males.

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2. The Satisfaction With Life Scale (Deiner, Emmons, Larson, & Griffith, 1985).

The Satisfaction With Life Scale (SWLS) is a five item measure of global satisfaction with life. It taps only the cognitive-judgmental component of life satisfaction evaluation and does not tap related constructs such as positive affect or loneliness. The scale displays high internal consistency and high temporal reliability. Participants respond to five items on a seven point scale from 1 (strongly disagree) to 7 (strongly agree). The five SWLS items are summed to create a total life satisfaction score with a possible range between five and thirty five (Deiner et al, 1985) This scale was presented to biological women and transgendered males.

3. Modified version of The Cross-Gender Questionnaire (Docter, & Fleming, 1992)

The original Cross-Gender Questionnaire is a 55 item scale used to assess cross-genderism in adult males and has four subscales: Cross-Gender Identity, Cross-Gender Feminization, Cross-gender Social/Sexual Role, and Cross-Gender Sexual Arousal. The modification entailed transforming the Cross-Gender Sexual Arousal subscale by taking a pool of 12 items that could be relevant to both biological women and transgendered males and placing those items in a separate scale labelled Arousal. The items inappropriate for biological women (e.g. those containing the phrases “when I was a man” or “as a man”) remained in the main body of the transgender questionnaire and formed the subscale Fetish. The Arousal scale was presented to transgendered males as Questionnaire 3(b)

and to biological women as Questionnaire 3. The items in this scale lend themselves to measuring the degree of eroticism or arousal and participants respond to the items of this questionnaire on a seven point Likert rating from 1 (Never True) to 7 (Always True). Summing the scores for each item gives a total Arousal score. The main body of the Cross-Gender Questionnaire (Modified) was presented to transgendered males as Questionnaire 3 and scored by adding the items

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answered “True” and the reverse scored items answered “False” to give a score for each subscale as per the following.

Cross-Gender Identity Items: 1, 3, 6, 9, 12, 16, 17, 20, 23, 26, 30, 34. Reverse scored: 38, 41.

Cross-Gender Feminization Items: 2, 4, 5, 8, 11, 13, 14, 21, 24, 28, 32, 36.

Cross-Gender Sex/Social Role Items: 7, 10, 15, 18, 22, 25, 43. Reverse scored: 29, 36.

Cross-Gender Fetishism Items: 19, 27, 31, 35, 39, 42.

All scales used within the survey along with a demographic questionnaire as presented to biological women and transgendered males are included in the Appendix.

Procedure

Responses were either returned on hard copy in the provided reply paid envelopes or emailed to the author’s address. The questionnaires from email responses were printed, the respondent was notified of the receipt of the questionnaires and told, that to ensure anonymity, the email would be immediately deleted. No subjects were financially or otherwise remunerated and the data were collected over a six month period ending in September 2001.

Results

Due to the anticipated difficulty in gaining numbers of participants a cut-off number of 50 per group was predetermined and any further returned questionnaires were disregarded. As previously noted subjects were divided into three groups, initially according to biological sex and the males further divided according to whether or not they were taking female hormones. The Transvestite

group self-identified as heterosexual (72%), bisexual (20%) and analloerotic (8%). The transsexual group self-identified as homosexual (36%), heterosexual (22%),

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bisexual (34%) and analloerotic (8%). That is, 100% of the transvestite group and 74% of the transsexual group were nonhomosexual. Because of the importance to this study of the validity of using a behavioural criterion for distinguishing transvestites from transsexuals a direct Discriminant Function Analysis was run for male subjects using the five variables Arousal, Feminise, Role, Identity and Fetish as predictors of membership of one of the two groups. Significant differences were identified for all variables. Only 15% of the variance is not explained by group differences (Wilks' Lambda = .149) and there is a highly significant difference between the two groups' means for the five variables simultaneously (Chi-square = 181.766, $p < .0001$; see Table 1.). From the total male subject population 97% of the original grouped cases are correctly classified (see Table 2)

Table 1.

Wilks' Lambda

Test of Function(s)	Wilks' Lambda	Chi-square	df	Sig.
1	.149	181.766	5	.000

Table 2.

Classification Results^a

		GROUP	Predicted Group Membership		Total
			1.00	2	
Original	Count	1.00	48	2	50
		2	1	49	50
	%	1.00	96.0	4.0	100.0
		2	2.0	98.0	100.0

a. 97.0% of original grouped cases correctly classified.

Where the main purpose of this study was to compare transsexuals and transvestites with regard to sexual arousal as a result of feminine behaviour or the ideation of being a woman

(autogynephilia) other areas were also of concern. It was also predicted that transsexuals would show a stronger sense of feminine identity. The responses from the 100 transgendered males to the five variables Arousal, Feminise, Role, Identity and Fetish were factor analysed using SPSS Principal Components analysis using the criterion of eigenvalue >1.0 and extraction with Varimax rotation with Kaiser Normalisation. This analysis yielded two factors which together accounted for 74.99% of the total variance. Factor loadings of the individual variables on the two rotated factors are shown in Table 3. Not surprisingly the variables Arousal and Fetish, the items of which come from the same original subscale (Cross-Gender Sexual Arousal), load strongly on the same factor (.894 and .922), while Role and Feminise load strongly on the other factor (.869 and .809). Identity is a complex variable but loads more strongly onto the second factor. As shown in Table 4. the variables Role, Feminise and Identity are moderately positively correlated and all three are moderately negatively correlated with Arousal and Fetish. Because Feminise and Role are measures of external behaviours displaying an internal identity and Arousal and Fetish are synonymous (from the same original scale) the factors were labelled Identity and Arousal.

Table 3.

Rotated Component Matrix^a

	Component	
	1	2
FETISH	.922	
AROUSAL	.894	-.234
ROLE		.869
FEMINISE	-.381	.809
IDENTITY	-.435	.540

Extraction Method: Principal Component Analysis.
 Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 3 iterations.

Table 4.

Correlation Matrix

		AROUSAL	FEMINISE	ROLE	IDENTITY	FETISH
Correlation	AROUSAL	1.000	-.513	-.186	-.385	.766
	FEMINISE	-.513	1.000	.536	.530	-.341
	ROLE	-.186	.536	1.000	.216	-.077
	IDENTITY	-.385	.530	.216	1.000	-.315
	FETISH	.766	-.341	-.077	-.315	1.000

The three groups(1 transsexuals, 2 transvestites and 3 biological women) were compared on three dependent measures: Arousal, Satisfaction with Life (SWL) and Femininity (MASFEM). Each dependent measure was examined in a one-way analysis of variance (ANOVA), followed by a Tukey's HSD multiple range test at the $p < .05$ level. Means and standard deviations are shown in Table 5. The results of the three ANOVAs were all highly significant and are shown in Table 6. The assumption of homogeneity of variance is violated at the $\alpha = .05$ level for Arousal (Levene's $F=3.770$, $p= .025$), Femininity (Levene's $F=1.119$, $p=.329$) and SWL (Levene's $F=3.264$, $p=.041$). The analysis was re-run selecting the "Games-Howell" option for Equal Variances not Assumed. The results of Games-Howell are presented in Table 7 and discussed immediately below.

AROUSAL: The mean score for transvestites ($m=43.86$) was significantly higher than the mean scores of transsexuals ($m=25.58$, $p<.001$) and biological women ($m=33.68$, $p=.001$) on this measure of sexual arousal at the idea or behaviour of femininity. However on this same measure biological women's mean score was significantly higher than transsexuals' mean score ($p=.01$)

SWL: The mean score on this variable for the biological women ($m=23.94$) was significantly higher than the mean score for transvestites ($m=19.46$, $p=.009$). There was no difference

between biological women and transsexuals ($m=21.30$, $p>.05$), nor was there a difference between the transgendered groups ($p>.05$).

MASFEM: In the unexpected result on this variable measuring femininity there was no significant difference ($p>.05$) between the transgendered groups, but both transsexuals' ($m=24.00$) and transvestites' ($m=23.78$) mean scores were significantly higher than the mean score of biological women ($m=10.24$, $p=.002$).

Table 5.

		Descriptives							
		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
AROUSAL	1.00	50	25.58	12.80	1.81	21.94	29.22	7	*
	2	50	43.86	15.99	2.26	39.32	48.40	*	*
	3	50	33.68	12.77	1.81	30.05	37.31	*	*
	Total	150	34.37	15.74	1.29	31.83	36.91	7	*
SWL	1.00	50	21.30	7.76	1.10	19.10	23.50	5	35
	2	50	19.46	9.49	1.34	16.76	22.16	5	59
	3	50	23.94	4.93	.70	22.54	25.34	12	34
	Total	150	21.57	7.80	.64	20.31	22.83	5	59
MASFEM	1.00	50	24.00	21.09	2.98	18.01	29.99	-34	61
	2	50	23.78	20.78	2.94	17.87	29.69	-25	54
	3	50	10.24	17.65	2.50	5.22	15.26	-42	53
	Total	150	19.34	20.80	1.70	15.98	22.70	-42	61

Table 6.

		ANOVA				
		Sum of Squares	df	Mean Square	F	Sig.
AROUSAL	Between Groups	8390.013	2	4195.007	21.603	.000
	Within Groups	28545.080	147	194.184		
	Total	36935.093	149			
SWL	Between Groups	507.093	2	253.547	4.355	.015
	Within Groups	8557.740	147	58.216		
	Total	9064.833	149			
MASFEM	Between Groups	6211.960	2	3105.980	7.840	.001
	Within Groups	58235.700	147	396.161		
	Total	64447.660	149			

Table 7.

Multiple Comparisons

Games-Howell

Dependent Variable	(I) GROUP	(J) GROUP	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
AROUSAL	1.00	2	-18.28*	2.79	.	-25.18	-11.38
		3	-8.10*	2.79	.006	-14.19	-2.01
	2	1.00	18.28*	2.79	.	11.38	25.18
		3	10.18*	2.79	.002	3.29	17.07
	3	1.00	8.10*	2.79	.006	2.01	14.19
		2	-10.18*	2.79	.002	-17.07	-3.29
SWL	1.00	2	1.84	1.53	.540	-2.29	5.97
		3	-2.64	1.53	.111	-5.74	.46
	2	1.00	-1.84	1.53	.540	-5.97	2.29
		3	-4.48*	1.53	.011	-8.10	-.86
	3	1.00	2.64	1.53	.111	-.46	5.74
		2	4.48*	1.53	.011	.86	8.10
MASFEM	1.00	2	.22	3.98	.998	-9.75	10.19
		3	13.76*	3.98	.002	4.50	23.02
	2	1.00	-.22	3.98	.998	-10.19	9.75
		3	13.54*	3.98	.002	4.36	22.72
	3	1.00	-13.76*	3.98	.002	-23.02	-4.50
		2	-13.54*	3.98	.002	-22.72	-4.36

*. The mean difference is significant at the .05 level.

For the variables Feminise, Role, Identity and Fetish only the two transgendered groups were compared. Group statistics and the results of an independent-samples t-test are displayed in Tables 8 and 9. The Levene’s statistic was significant in all cases making the relevant statistic “Equal variances not assumed”. Group 1 (transsexuals) mean scores (m=9.96; 5.62; 11.20) were significantly higher than group 2 (transvestites) mean scores (m=1.34; 2.62; 7.82) for the variables Feminise, Role and Identity (p<.001) with the reverse being the case for the variable Fetish (p=.001). Recall that transvestites mean score for the variable Arousal was significantly higher than that of transsexuals, so these results can be summarised as transsexuals scoring significantly higher on the Factor “Identity” and significantly lower on the Factor “Arousal” than the transvestite group. The transsexual group comprised 36% homosexual and 74% nonhomosexual subjects and a t-test (Table 10) on the variable Arousal showed no significant difference between these sub-groups (t= .339, p = .736 ns).

Table 8.

Group Statistics

GROUP		N	Mean	Std. Deviation	Std. Error Mean
FEMINISE	1.00	50	9.96	2.17	.31
	2	50	1.34	1.61	.23
ROLE	1.00	50	5.62	3.23	.46
	2	50	2.62	2.53	.36
IDENTITY	1.00	50	11.20	1.98	.28
	2	50	7.82	3.42	.48
FETISH	1.00	50	1.52	1.59	.23
	2	50	2.76	2.02	.29

Table 9.

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
FEMINISE	Equal variances assumed	4.690	.033	22.577	98	.000	8.62	.38	7.86	9.38
	Equal variances not assumed			22.577	90.515	.000	8.62	.38	7.86	9.38
ROLE	Equal variances assumed	6.188	.015	5.174	98	.000	3.00	.58	1.85	4.15
	Equal variances not assumed			5.174	92.747	.000	3.00	.58	1.85	4.15
IDENTITY	Equal variances assumed	13.261	.000	6.047	98	.000	3.38	.56	2.27	4.49
	Equal variances not assumed			6.047	78.507	.000	3.38	.56	2.27	4.49
FETISH	Equal variances assumed	6.752	.011	-3.412	98	.001	-1.24	.36	-1.96	-.52
	Equal variances not assumed			-3.412	93.050	.001	-1.24	.36	-1.96	-.52

Table 10.

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
VAR00002	Equal variances assumed	.565	.456	.339	48	.736	1.3889	4.0964	-6.8475	9.6252
	Equal variances not assumed			.369	28.638	.715	1.3889	3.7605	-6.3064	9.0842

DISCUSSION

Initially it is important to reiterate the results of the Discriminant Functional Analysis. As mentioned above the criteria used for distinguishing two groups within the participant population of transgendered individuals in this study was the response to the statement “I have used female hormones for three months or longer”. The discriminant analysis, using the five variables Arousal, Feminise, Role, Identity and Fetish shows 97% of the original grouped cases were classified correctly into the two groups which were named Transsexual (positive response) and Transvestite (negative response). It is also important that in this study 100% of those in the Transvestite group described themselves as heterosexual or bisexual (nonhomosexual). Numerous studies (e.g. Feinbloom, 1977; Prince & Bentler, 1972; Schott, 1995) have found transvestites to identify predominately as heterosexual, and Docter and Prince (1997) found in a survey of 1032 cross-dressers only 1% reported to be homosexual. A post hoc cross reference with the demographic questionnaire indicated that all but three of the individuals allocated to the Transvestite group had self-identified as transvestites. Taken together the above findings support the validity of using the behaviour of female hormone usage as a criterion for distinguishing transvestites from transsexuals from within a population of transgendered biological males.

Hypothesis 1 predicted transvestites would show more erotic arousal at cross-gender behaviour than transsexuals who would be similar to biological women. The results show that the transvestic group did report more sexual arousal at cross-gender behaviour and ideation than did either the transsexual group (mean diff =18.28 p=.001) or the biological women (mean diff=10.18 p=.002). In an unexpected twist and contrary to the prediction of that hypothesis biological women scored higher than transsexuals on this questionnaire aimed at

measuring erotic arousal at wearing particular feminine garments and using cosmetics (mean diff= 8.10 p=.006). The reason for this anomaly is open to conjecture but could be related to the “sex sells/get your man” style advertising aimed at women on current electronic media which may affect transsexuals differentially according to their stage of transition and sense of attractiveness. Transsexuals’ lowered libido due to the effect of the cross-sex hormone oestrogen may also be a mediating factor in this effect. Some psychiatrists based in London and working in the gender field prescribe female hormones to gender dysphoric clients early in therapy on the premise that transvestites may be identified by their adverse reaction to a drop in libido and the unsatisfactory erotic stimulation at cross-gender behaviour. Those continuing with therapy may be more confidently considered transsexual (personal communication, 25/9/01. M. Roome Uni Huddersfield). It would seem difficult to describe a woman’s erotic arousal at the idea of being a woman or by the use of feminine garments and cosmetics as a paraphilia. The description of this behaviour as “cross-gendered” may be inappropriate when applied to transsexuals as these individuals proclaim a feminine gender identity and get pleasure similar to biological women in enacting that feminine role. The love of oneself as a woman (literally autogynephilia) is not only not a paraphilia but is completely natural and healthy when the sensation is that of a psychological woman. As will be further discussed below the important point to note is that on this measure of autogynephilia, homosexual and nonhomosexual transsexual subjects were no different (see Table 10) and transvestites, whose mean score was significantly higher, were distinguishable as more autogynephilic than the transsexual group.

Blanchard (1985, 1989a, 1989b, 1993) found nonhomosexual transsexuals and transvestites were more autogynephilic than homosexual transsexuals. Although not immediately obvious the results of this study are remarkably similar to the results reported by Blanchard (1989b) in

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a study of patients presenting at the Clarke Institute’s Gender Identity Clinic with gender dysphoria or transvestism. Cases were selected as transsexuals if they answered the question

“Have you felt like a woman?” with the option “At all times for at least one year” (p. 618). Depending on their scores on the Modified Androphilia and Modified Gynephilia Scales (Blanchard, 1985) subjects were then assigned to one of two groups, nonhomosexual transsexuals and homosexual transsexuals. The nonhomosexual group’s mean score on the Core Autogynephilic Scale was found to be significantly higher than that of the homosexual group. Blanchard concluded that nonhomosexual gender dysphoria can be labelled autogynephilic gender dysphoria and thus paraphilic. However, Lawrence (1996) pointed out that due to the sampling method participants included many cross-dressers (transvestites) as well as persons who would be subsequently diagnosed as transsexual. The socially desirable presentation for a heterosexual male gender dysphoric is one that emphasises traits and behaviours characteristic of classic transsexualism and as histories produced by these individuals are exaggerated to an unknown degree caution should be used in interpreting self-report data (Blanchard, Clemmensen, & Steiner, 1985). Taking this into account Blanchard’s minimal one item self-report criteria for designation as a transsexual almost certainly means his study population comprised both transvestites and transsexuals. As transvestites are almost by definition heterosexual males they would have clustered into the nonhomosexual group, contaminating the data for the group labelled nonhomosexual transsexuals.

In summary I propose that despite the discrepancy in terminology this study and Blanchard (1989b) are comparing the same two groups. Both studies compared transvestites with transsexuals and found the former to score higher than the latter on a measure of autogynephilia. Recall that transvestites are males with a masculine identity while

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transsexuals have an incongruent gender identity. This result is in accord with the DSM IV TR (APA, 2000) assertion that in Transvestic Fetishism sexual arousal is produced by the accompanying thought or image of the person as female (referred to as autogynephilia) while Gender Identity Disorder entails a strong and persistent cross-gender identification and a desire to

be rid of primary and secondary sex characteristics through hormone use and surgery. The findings of this study discussed thus far and, I suggest, Blanchard (1989) do not support Blanchard's (1989) assertion that transvestites and nonhomosexual transsexuals incorporate a single group of autogynephiles, but do support the contention that transvestites, but not transsexuals, are motivated by erotic arousal at cross-gendered behaviour.

It is apparent that autogynephilia is present in, and may be the motivation for, some transsexuals' transition. Blanchard (1985) found 15% of the homosexual transsexuals in his study acknowledged a history of cross-gender fetishism. Dr Anne Lawrence, herself a post-operative transsexual, surveyed attendees (post-operative transsexuals) at the New Woman's Conference (NWC). Although the result was probably nonrepresentative of transsexuals generally due to the small sample size and the NWC's reputation for an emphasis on eroticism (Allison, 2001), 10 of the 13 women surveyed reported self-feminisation was erotic for them. Lawrence (1998) contended sexual desire is the only force powerful enough to make individuals give up their security, their place in the world, and risk estrangement from family and friends. Dr. Becky Allison, also a post-operative transsexual, disagreed strongly. The force for her is the validation of inner personal identity (Allison, 2001). This then relates to Hypothesis 2 which predicted transsexuals would exhibit a stronger feminine identity and show greater commitment to living in the feminine role than transvestites. As previously noted a Principle Components Analysis of responses to the variables Arousal, Fetish, Identity, Role and Feminisation revealed two factors, Arousal and Identity. That the transsexual group

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scored lower on the Arousal factor but higher on the Identity factor supports Hypothesis 2 along with Allison's contention that validation of an inner personal identity, rather than sexual desire, is the driving force behind transsexuals' feminine behaviour.

Transgenderism is produced by one's sense of biological, gendered and sexual self and how these identities are to be performed in social roles. Implying an innate gender identity Docter (1988) referred to a major "self" subsystem in which one's inner self perception is either masculine or feminine. Blanchard (1988), in continuing to differentiate subjects on the basis of sexuality, found homosexual transsexuals on average presented clinically at a much earlier age than gynephilic (or nonhomosexual) transsexuals. He considered nonhomosexual gender dysphoria a disorder that starts late and develops slowly and found early cross-gender identity does not influence a subject's probability of marrying or fathering children. Patients claimed that transsexual feelings were suppressed for as long as possible out of concern for wives and children (Blanchard, 1994).

Doorn, Pootinga, and Verschoor (1994) found early onset transsexuals (EOTs) recalled a female self-image as children and a preference for heterosexual males as their imagined partners. A high proportion of late onset transsexuals (LOTs) recalled self-images that were at least partly feminine and a preference for heterosexual women as imagined partners, which the authors proposed, indicated a feminine gender identity had not fully developed. Nonhomosexual transsexuals may experience their childhood non-conformity as ego-dystonic and attempt to suppress cross-gender feelings (Lawrence, 2000). Doorn and colleagues assume the co-existence of both masculine and feminine gender identity subsystems, each of which can be strong and unconditionally expressed or rudimentary and not expressed. At a midpoint both femininity and masculinity may be conditionally

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expressed. Through self actualisation an individual's position on these sub-systems may change and LOTs are those men who in childhood and adolescence have a gender identity at the midpoint, but move towards the same position as EOTs and normal women. Transvestism is a relative midpoint, characterised by the conditional expression of a masculine or feminine identity (Doorn et al., 1994).

Transgender is neither a discrete category nor a homogenous entity. Tewkesbury and Cagne (1996) proposed variations derive from differences in the intensity of four factors. *Motivation* reveals the “real life” presentation of transsexuals and the erotic inducements of transvestites. *Investment* is high in transsexuals and minimal in transvestites. Transsexuals grant access to a wide range of *audiences* while transvestites’ cross-gender behaviour appears to be limited to private settings. *Frequency* of transgender behaviour is high or total for transsexuals while transvestites alternate between behaviours. The Cross-Gender Questionnaire is a useful measure of these factors. The sub-scale Cross-gender Identity indicates self percepts and motivation to engage in cross-gender behaviour. Cross-gender Feminization measures investment in feminizing the body and living entirely in the cross-gender mode, and Cross-gender Social/Sexual Role measures the commitment to taking the cross-gender behaviour into real life situations before a wide range of audiences.

In this study, scores on all three of these sub-scales which form the factor Identity indicate transsexuals report significantly greater intensity within Tewkesbury and Cagney’s (1996) discriminating variations. In support of Hypothesis 2 transsexuals were found to score significantly higher on the factor Identity and, as discussed above, significantly lower on the variables within the factor Arousal. The findings of this study suggest that transsexuals, as

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distinct from transvestites, are committed to living as women and their motivation is the desire for congruency between gender identity and gender role, with sexual desire playing a minor or absent part.

As indicated by Hypothesis 3 it was expected that the more pronounced feminine gender identity of transsexuals be expressed in socially desirable feminine traits or characteristics typical of normal women while transvestites, as unremarkably masculine heterosexual men, would exhibit

more masculine traits and characteristics. The results did not support this prediction (see Tables 5 & 7) with transsexuals and transvestites achieving very similar mean scores ($m=24.0$ & 23.78) on the Australian Sex Role Scale which in turn were significantly higher than that of biological women ($m=10.24$; $p<.05$). That is, the transgendered males reported traits considered desirable for women to a greater extent than did biological women.

There may be several explanations for this intuitively anomalous situation. Benjamin (1966) noted the “frequent lack of realism among transvestites and their ever present capacity for illusion and self deception” (p. 36f) and Bancroft (1972) reported transsexuals’ propensity to distort their past histories to support the idea that they are basically female. Blanchard et al. (1985) found in a clinical sample of heterosexual male gender dysphorics the socially desirable presentation is feminine and the motivation for exaggeration is to gain approval for sex reassignment surgery. Although subjects in this study are neither from a clinical setting nor were they seeking approval for SRS, the same exaggeration may be extant. To those with a vested interest in studying gendered performances a sex-role scale may be quite transparent, making the desired feminine presentation simple to achieve. It may also be normal or expected that transsexuals, with a childhood history of involuntary masculine conditioning,

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may have internalised stereotypical ideas of femininity that many women, especially since the advent of feminism, have rejected. It is also quite possible that transsexuals behave in a hyperfeminine manner to emphasise their performed gender and as an aid to “passing” as the appropriate sex.

“Passing “ is a very common theme in the male-to-female transsexual community. Aligning gender identity with social identity involves numerous long term procedures to alter secondary sex characteristics, the most common being electrolysis to remove facial hair and hormone therapy to

develop breasts. It is a journey into a new public persona that is fraught with obstacles and setbacks and on which the transitioning person faces discrimination, rejection and sometimes uncertainty (personal experience and personal communication).

Although a perception of progress would be rewarding, it would seem, for pre-operative transsexuals, to be a period of life where the satisfaction of goal attainment and a sense of being “home” was still in the future. The crossing over period poses the most difficult time for the transsexual, representing an uninhabitable space where passing as either gender might prove a challenge. Intuitively, it is feasible then that transvestites and biological women, who have more stability and certainty, would experience a greater satisfaction with their current life. The results of this study however did not support Hypothesis 4 in that the responses to the Satisfaction with Life Scale (see Table 5) show transsexuals to be no different from biological women or transvestites on this measure. The only significant difference being between the latter two groups, transvestites were less satisfied than women with their lives. A search of the literature did not reveal any previous studies that compared all or any of these groups on the variable Satisfaction with Life and the author, having included SWL in the study more as an exploratory variable, does not presume to speculate on the reason or reasons

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for the present findings. This may be a topic for further studies with the aim of highlighting areas of dis-affect and providing information which may assist therapists in their work with gender dysphoric patients.

Conclusion

This paper has identified studies that suggest an innate gender identity and discussed the phenomenon of sex/gender incongruency across cultures and throughout history. It questions both the validity of labelling this incongruity a mental disorder and of research methodology that focuses on self-report of transgendered status, sexuality and sexual desire. The use of female hormones was found to be a

valid criterion for differentiating transvestites from transsexuals within a transgendered population of subjects. It is suggested this is a better method than a self report of “feeling like a woman”.

Using the criterion of behaviour (female hormone use) to distinguish transsexuals from transvestites, no difference between gynephilic and androphilic transsexuals was found in erotic arousal to cross-gender behaviour but transvestites were significantly more autogynephilic than transsexuals. The slower development of a strong feminine gender identity in late onset transsexuals according to Doorn et al (1994) was discussed as a possible reason for heterosexuality and a later age of clinical presentation in gynephilic transsexuals. Where Blanchard (1992) asserted autogynephilia competes with normal heterosexuality I propose a developing feminine gender identity competes with social pressure and a need to be normal, delaying the “coming out” of late onset transsexuals. While recognising the occurrence of fetishism within the population of transgendered individuals, the author proposes that autogynephilia plays a small or non-existent causal role in Gender Identity Disorder or

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transsexualism. Autogynephilia, where it is present in either androphilic or gynephilic transsexuals, may be an effect rather than a cause of gender dysphoria (Lawrence, 2000).

The transsexual group was found to have a higher mean score than transvestites on all measures within the factor Identity and to be more similar to biological women on all measures on which the three groups were compared. A feminine gender identity, a commitment to attaining female secondary sex characteristics through hormone use and living full time in the female role set transsexuals apart from transvestites. This finding may have implications for differential diagnosis, especially for older presenting clients, of either Transvestic Fetishism (transvestites) or Gender Identity Disorder (transsexuals)..

Buhrich and McConaghy (1977) reported that even non-fetishistic male transvestites who experience strong feminine identification found consistent cross-gender behaviour intolerable and returned to episodic role switching. The commitment to living the new gender role in everyday life is known as the real-life-experience, and HBGDA's Standards of Care (2001) recommend a Real Life Test including hormone therapy during which time incorrectly diagnosed patients may be revealed as false positives. The findings of this study suggest gender identity, rather than sexual desire, is important in the aetiology of transsexualism and should be recognised as a diagnostic aid and the focus of therapy where the therapist's task is to assist the transsexual client in dismantling her male persona as she gives reign to her subjective feminine identity.