

Brief Reports

A TEST OF THE DSM-III-R'S IMPLICIT ASSUMPTION THAT FETISHISTIC AROUSAL AND GENDER DYSPHORIA ARE MUTUALLY EXCLUSIVE

RAY BLANCHARD, Ph.D.

and

LEONARD H. CLEMMENSEN, M.A.

Clarke Institute of Psychiatry

This study sought to determine the proportion of adult, male, heterosexual cross-dressers who acknowledge both gender dysphoria and at least occasional fetishistic response to cross-dressing. Subjects were 193 outpatients of the gender identity clinic or behavioral sexology department of a psychiatric teaching hospital. Questionnaire items were used to assess subjects' current level of gender dysphoria and their recent history of sexual response to cross-dressing. Subjects who reported higher levels of gender dysphoria tended to report lower frequencies of sexual arousal with cross-dressing ($r = -.56, p < .0001$) and lower frequencies of masturbation with cross-dressing ($r = -.62, p < .0001$). About half of even the most strongly gender dysphoric subjects, however, acknowledged that they still become sexually aroused or masturbate at least occasionally when cross-dressing. These findings indicate a need for revision in the DSM-III-R's diagnostic criteria for transvestism and gender identity disorders, which presuppose that gender dysphoria and fetishistic reactions are mutually exclusive.

KEY WORDS: cross-dressing, DSM-III-R, fetishism, gender dysphoria, gender identity, transsexualism, transvestism

The revised third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III-R; American Psychiatric Association, 1987) offers four possibilities for the differential diagnosis of adult, heterosexual, cross-dressing males. The diagnosis of Transsexualism (302.50), applied to a man, requires (1) a persistent discomfort with his male sex and (2) a desire, which has persisted for two years or longer, to replace his primary and secondary sexual characteristics with those of a female. If an individual meets the first of these criteria but not the second, the diagnosis is Gender Identity Disorder of Adolescence or Adulthood, Nontranssexual Type, or GIDAANT (302.85). The diagnosis of Transvestic Fetishism (302.30) is applied to heterosexual men who have been sexually aroused by real or imagined cross-dressing over a period of six months or longer, and who currently exhibit such behavior at the time of diagnosis. A case of heterosexual cross-dressing that failed to meet the

Correspondence should be sent to Ray Blanchard, Ph.D., Gender Identity Clinic, Clarke Institute of Psychiatry, 250 College Street, Toronto, Ontario M5T 1R8, Canada.

criteria for any of the foregoing specific diagnoses would be classified, by default, as a Gender Identity Disorder Not Otherwise Specified (302.85). We will hereafter refer to this last category with the much shorter acronym GIDNOS.

Any individual who reported that he was currently gender dysphoric and currently aroused by cross-dressing would necessarily be classified with the GIDNOS label. That is because gender dysphoria precludes the diagnosis of Transvestic Fetishism, whereas fetishistic arousal precludes the diagnoses of Transsexualism and GIDAANT. (The DSM-III-R does not list fetishistic arousal as a formal exclusion criterion for Transsexualism, but this appears to be taken for granted. The discussion of differential diagnosis in the section on Transvestic Fetishism contains the flat statement that no sexual excitement is associated with cross-dressing in Transsexualism.)

If the number of cases that cannot be specifically classified by a diagnostic scheme approaches or exceeds the number that can, there is likely need for revision in that diagnostic scheme. We have already explained that the heterosexual cross-dresser who reports concurrent gender dysphoria and (at least occasional) fetishistic arousal is one type of case that eludes specific classification by the DSM-III-R. It has been our clinical impression that there are a great many individuals of this type; we as well as other clinicians (Buhrich & McConaghy, 1978) have even seen transsexuals who acknowledged that cross-dressing was sexually arousing up to the time they began taking feminizing hormones. The purpose of the present study was to test our subjective impression that the proportion of heterosexual cross-dressers who follow this pattern is large enough to warrant some revision of the DSM diagnostic categories.

Method

Subjects

The online database of the Clarke Institute of Psychiatry's Research Section of Behavioural Sexology includes questionnaire data on 2,700 male patients who have presented either at that department or at the Institute's Gender Identity Clinic since September 1980—the date when the last questionnaire items used in this study were added to the test battery. These cases were searched for all subjects who endorsed one of the first three options of the following questionnaire item:

Have you ever felt like a woman? a) Only if you were wearing at least one piece of female underwear or clothing, b) While wearing at least one piece of female underwear or clothing and only occasionally at other times as well, c) At all times and for at least one year, d) Never felt like a woman.

The subjects who met this formal criterion had actually been clinically pre-selected, because this questionnaire item is only administered to patients who present complaining of gender dysphoria or transvestism, or who reveal cross-dressing or cross-gender wishes in the course of clinical assessment, or who exhibit an erotic preference for males of any age, regardless of presenting complaint.

A total of 302 cases were retrieved for this study. These cases were dichotomously classified as heterosexual or homosexual according to their score on the Modified Androphilia-Gynephilia Index (Blanchard, 1985), a

measure of sexual orientation specifically tailored to male gender dysphorics. Those subjects whose Index scores were less than 10.0 were classified as heterosexual; those whose scores were greater than or equal to this value were classified as homosexual. The procedures used to locate this cutting score (Blanchard, 1985) and its validation against clinical assessment (Blanchard, Clemmensen, & Steiner, 1987) have previously been described. Of the 302 cases, 195 were classified as heterosexual and 107 as homosexual.

Two of the heterosexual subjects indicated, in response to questionnaire items described later, that they had never put on women's underwear or clothing during the past year. These two cases were dropped from the sample. The remaining 193 heterosexual cases constituted the subjects of the present study. Their mean age was 33.1 years (range = 18 to 67 years). The mean, median, and modal educational level of the sample were all Grade 12.

Materials

All questionnaire materials used in the present investigation are embedded within Kurt Freund's unpublished Erotic Preferences Examination Scheme. Relevant sections of this measure are routinely administered to male patients who are referred to the departments mentioned above. These materials included the Modified Androphilia-Gynephilia Index as well as five individual questionnaire items of direct relevance for this study.

The first of these five items has already been presented. As previously explained, this item was used in the preliminary phase of the study for selecting subjects from the database. In the study proper, this item was used as our measure of gender dysphoria.

The second and third items asked the proportion of occasions that cross-dressing was erotically arousing during the past year and the proportion of occasions that cross-dressing was accompanied by masturbation during the past year. Both items offered five response-options ranging from *always* to *never* and a sixth response-option allowing the subject to indicate that he never cross-dressed during the past year. (Both items are presented verbatim in Blanchard, Clemmensen, & Steiner, 1985.) These items were used in the preliminary phase of the study for eliminating subjects who denied recent cross-dressing. In the study proper, these items were used to assess current fetishistic response to cross-dressing.

The fourth item, *Have you ever considered sexual arousal a bother when you were dressing in female clothes*, was used to assess subjects' attitudes toward their own fetishistic reactions. The fifth, *Have you ever wanted to have an operation to change you physically into a woman*, was used to establish the occurrence of transsexual wishes.

Results

Three levels of gender dysphoria were inferred from subjects' responses to the item *Have you ever felt like a woman*. Subjects who reported that they felt like women only when cross-dressed were considered mildly gender dysphoric, those who reported that they sometimes also felt like women when not cross-dressed were considered moderately gender dysphoric, and those who indicated that they felt like women at all times for the past year were considered strongly gender dysphoric.

As a check on the validity of labeling subjects as mildly, moderately, or strongly gender dysphoric on the basis of their responses to the item *Have you ever felt like a woman*, we cross-tabulated that item with the item *Have you ever wanted to have an operation to change you physically into a woman*. A desire for surgical sex reassignment was acknowledged by 21.4% of the cases designated mildly gender dysphoric, 73.1% of those designated moderately gender dysphoric, and 97.3% of those designated strongly gender dysphoric. The differences in proportions were highly significant, $\chi^2(2) = 82.20$, $p < .0001$. The labels *mild*, *moderate*, and *strong*, therefore, appear justified both in absolute and in relative terms.

Table 1 shows the percentages of subjects at each level of gender dysphoria who reported that, during the past year, the probability that they would become sexually aroused while cross-dressing was high, low, or some intermediate value. Table 2 presents the same percentages for masturbation while cross-dressing.

Table 1

Percentage of Subjects at Each Level of Gender Dysphoria Reporting High, Low, or Intermediate Probabilities of Sexual Arousal Accompanying Cross-Dressing

In past year, subject felt sexually aroused when putting on women's clothes	Subject has felt like a woman		
	Only when wearing women's clothes ($n = 28$)	Sometimes also in men's clothes ($n = 52$)	Constantly for one year or longer ($n = 113$)
Always	60.7	44.2	12.4
Usually	17.9	9.6	2.7
Half the time	14.3	19.2	6.2
Usually not	3.6	17.3	31.0
Never	3.6	9.6	47.8

Table 2

Percentage of Subjects at Each Level of Gender Dysphoria Reporting High, Low, or Intermediate Probabilities of Masturbation Accompanying Cross-Dressing

In past year, subject masturbated when putting on women's clothes	Subject has felt like a woman		
	Only when wearing women's clothes ($n = 28$)	Sometimes also in men's clothes ($n = 52$)	Constantly for one year or longer ($n = 113$)
Always	46.4	23.1	2.7
Usually	28.6	26.9	2.7
Half the time	7.1	7.7	9.7
Usually not	14.3	28.8	31.0
Never	3.6	13.5	54.0

The data in Tables 1 and 2 clearly show that heterosexual cross-dressers who report high levels of gender dysphoria do tend to report low levels of fetishistic arousal, and vice versa. In Table 1, for example, the largest percentage of strongly gender dysphoric subjects reported that they never felt sexually aroused when putting on women's clothes, whereas the largest percentage of mildly gender dysphoric subjects reported that they always felt sexually aroused during this activity.

The negative correlations suggested by the data in Tables 1 and 2, were highly reliable. The Pearson product-moment correlation between gender dysphoria and sexual arousal with cross-dressing was $r(191) = -.56, p < .0001$ (one-tailed). The correlation between gender dysphoria and masturbation with cross-dressing was $r(191) = -.62, p < .0001$ (one-tailed).

Although the data confirmed that gender dysphoria and fetishistic reactions are negatively correlated in heterosexual cross-dressers, they also showed that these phenomena are far from being mutually exclusive. Table 1 reveals that more than half the strongly gender dysphoric subjects reported that they felt sexually aroused at least occasionally when cross-dressing; Table 2 shows that almost half reported that they masturbated at least occasionally when cross-dressing. These findings establish the central point of this study, namely, that heterosexual cross-dressers who simultaneously report gender dysphoria and fetishistic arousal are relatively common.

Half the subjects who acknowledged that they had ever been sexually aroused by cross-dressing expressed some negative feelings about the occurrence of such arousal. In response to the questionnaire item asking subjects whether they had ever considered sexual arousal a bother when cross-dressing, 82 answered *yes*, 81 answered *no*, and 30 denied that they had ever become sexually aroused while dressing in women's clothes.

In order to investigate whether "ego-dystonic" reactions to fetishistic arousal are associated with greater degrees of gender dysphoria, we divided subjects into three groups according to their responses on the foregoing item. Subjects' responses to the questionnaire item, *Have you ever felt like a woman*, were used as the dependent measure of gender dysphoria. A one-way analysis of variance revealed significant between-groups differences in mean level of gender dysphoria, $F(2, 190) = 7.75, p < .001$. A Scheffé test at the .05 level showed that the subjects who were bothered by fetishistic arousal were significantly more gender dysphoric than those who were not. There was no difference between the "bothered" subjects and those who denied fetishistic arousal altogether.

Additional analyses examined the relationships of age and education with all the other variables in the study. Only one was significant. There was a small but statistically reliable tendency for older subjects to report less masturbation with cross-dressing, $r(191) = -.17, p < .02$ (two-tailed).

Discussion

Our findings confirmed that heterosexual male cross-dressers who report high levels of gender dysphoria tend to report low levels of fetishistic arousal, and vice versa. As we predicted, however, this negative correlation is far from perfect, and heterosexual cross-dressers who simultaneously report gender dysphoria and fetishistic arousal are relatively common.

Our questionnaire materials were devised several years before the publication of the DSM-III-R and obviously not with the DSM-III-R's diagnostic categories in mind. We cannot fully specify how our categories would map onto the DSM categories; thus we cannot give the exact percentage of our subjects who would be assigned by the DSM to its GIDNOS category. Inspection of Tables 1 and 2, however, suggests that the number would be considerable. This large block of GIDNOS diagnoses results not from inherent variability in patients' presentations, but rather from the DSM's apparent (and incorrect) assumption that gender dysphoria and fetishistic arousal are mutually exclusive. We therefore suggest that the next revision of the DSM modify its criteria for Transsexualism and for GIDAANT so that episodically, if not consistently, fetishistic cases would be eligible for these diagnoses.

One must ask whether the present study might have overestimated the proportion of subjects simultaneously fetishistic and gender dysphoric, thus exaggerating the number of cases unclassifiable with the DSM's specific categories. The available evidence suggests, on the contrary, that the overlap of heterosexual gender dysphoria and fetishistic cross-dressing is more likely to be *underestimated* from the present data. Systematic studies using both psychometric (Blanchard et al., 1985) and phallometric (Blanchard, Racansky, and Steiner, 1986) methods have confirmed the impression of clinical observers that heterosexual gender dysphorics tend to minimize the experience of fetishistic arousal in their self-reports. The reasons for such distortion may be conscious, in the case of full transsexuals who fear disqualification from sex reassignment surgery, or unconscious, in the case of others who ignore fetishistic arousal and penile erection as unwelcome reminders of their biological sex. The objective data, in any event, suggest that the true proportion of heterosexual gender dysphorics who still respond sexually to cross-dressing is probably at least as large as the proportion of subjects who acknowledged recent arousal in this study.

A secondary finding of this study confirmed the previous observation that some heterosexual cross-dressers report that they regard fetishistic arousal as an unwanted and bothersome by-product of cross-dressing (Buhrich, 1978). We found that such attitudes are very common in heterosexual cross-dressers, and also that subjects expressing them tend to report higher levels of gender dysphoria.

References

- American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed., Revised). Washington, DC: Author.
- BLANCHARD, R. (1985). Research methods for the typological study of gender disorders in males. In B. W. Steiner (Ed.), *Gender dysphoria: Development, research, management* (pp. 227-257). New York: Plenum Press.
- BLANCHARD, R., CLEMMENSEN, L. H., & STEINER, B. W. (1985). Social desirability response set and systematic distortion in the self-report of adult male gender patients. *Archives of Sexual Behavior*, 14, 505-516.
- BLANCHARD, R., CLEMMENSEN, L. H., & STEINER, B. W. (1987). Heterosexual and homosexual gender dysphoria. *Archives of Sexual Behavior*, 16, 139-152.

- BLANCHARD, R., RACANSKY, I. G., & STEINER, B. W. (1986). Phallometric detection of fetishistic arousal in heterosexual male cross-dressers. *Journal of Sex Research*, 22, 452-462.
- BUHRICH, N. (1978). Motivation for cross-dressing in heterosexual transvestism. *Acta Psychiatrica Scandinavica*, 57, 145-152.
- BUHRICH, N., & MCCONAGHY, N. (1978). Two clinically discrete syndromes of transsexualism. *British Journal of Psychiatry*, 133, 73-76.