TRANVESTISM

To the Editor:—The use of surgery to minimize the difference between a patient's appearance and the appearance for which he has a neurotic craving is a novel suggestion. In their paper "Transvestism: Hormonal, Psychiatric, and Surgical Treatment" (J. A. M. A. 152:391 [May 30] 1953), Hamburger, Stürup, and E. A. Verspen propose that plastic surgery be employed to resolve such a discrepancy even in cases in which there is no objective anomaly or deformity that requires correction. If such a procedure is seriously proposed, it requires serious discussion. In discussing the etiology of transvestism, the authors suggest that it is a form of biological intersexuality. In their vision, then, the surgical intervention they suggest consists actually of correction of an anomaly. It has not proved possible, to date, to associate the appearance of traits, mannerisms, or behavior patterns characteristic of one sex in persons of the other sex with any objective physical findings, either clinical or laboratory. On the other hand, endocrine dyscrasias, when they affect sexual desire and performance, merely diminish them; they do not pervert them. Physical hermaphrodites and pseudohermaphrodites seldom show overt mixtures of sexual traits or overt perversions. They usually adopt quietly the behavior appropriate to the sex that is assigned to them by their parents rather than to what might be called their biological sex, namely the sex as determined by the gonads.

In their discussion of their patient in particular and of the problem of transvestism in general, the authors adopt rather uncritically the patient's own formulation of his difficulties. The authors and their patient say that transvestites are unfortunate persons on whom a cruel fate has forced somatic sexual characteristics inappropriate to their respective psyches. This trick of fate makes these patients neurotic. This position is consistent with the biological hypothesis mentioned above, but it is a difficult one to maintain. The authors emphasize that the patient wishes to live as a woman. The data they present clearly show, however, that this is not true. The patient has no desire for sexual relations with men. There is no evidence of any maternal interest. To whatever extent one may judge from the material reported, it seems that the patient's only concern is to look like a woman; he does not wish to play the role of a woman in any other way. In other words, he has no interest in his social or sexual performance as a woman but, rather, wishes to see and exhibit himself as a woman. The authors do not clearly state why they consider the patient's neurosis the consequence of the frustration of his desire to be a woman. They seem to have made no effort to rule out the possibility that this desire is a symptom of his neurosis.

It is an important part of the authors' position to affirm that "The wearing of women's clothes in these cases does not aim at, and does not involve, any sexual gratification. . . . On the whole, the sexual life generally plays but a minor part." It is difficult, however, in the case presented, to accept the proposition that the sexual life really does play a minor part. The person whose problem is reported seems to have spent the major part of his constructive efforts to effecting a change in his apparent sexuality. The authors evidently mean sexual intercourse when they use the term "the sexual life." Further, if the exhibition of the male body in women's clothes (and external appearance) is single-mindedly pursued and if sexual intercourse is avoided, then one may infer that sexual gratification is obtained via exhibition rather than by intercourse. The patient's attitude toward sexual contact, homosexual or heterosexual, seems to be a neurotic aversion rather than a simple disinterest. A transvestite, whom I have known, dresses himself in women's undergarments and masturbates while gazing at himself in the mirror.

The following proposition would seem to me more reasonable. This patient, and every male transvestite, has a neurosis. One symptom of the neurosis is the wish to view and exhibit himself as a woman. The neurosis, however, causes pain. Some of the pain arises from the guilt and anxiety inherent in the neurotic process itself. Another source of pain is the frustration from and resentment against social and legal interference with the gratification of the neurotic wish. If such a man can have his genitals removed, he will (a) gratify his neurotic wish, (b) obtain legal sanction for his dressing as a woman, and (c) diminish a certain amount of his guilt (probably a minor amount), since he believes that he is no longer pretending to be what he is not. Freud said that neurotic patients seek psychiatric assistance not because they wish to be cured of the neurosis but because they wish to be helped to be neurotic more efficiently; that is, they wish to retain their neurotic gratifications without the necessary neurotic guilt and anxiety. Such a demand is impossible by virtue of the very nature of the neurotic process. In the case under discussion, the patient's refusal to be cured is indicated by his rejection of psychotherapy and by his refusal to accept hormonal treatment in an attempt to "alter his mentality in a masculine direction." One might anticipate, therefore, that the pleasure of the gratification of the neurotic wish will be temporary and that other aspects of the neurosis will make the patient as unhappy as he was before surgical treatment, if not more so. The reaction may commence after a latency of days, weeks, months, or years.

One must ask whether the treatment proposed by the authors is good therapy. Since the authors are not concerned with the patient's neurosis, they do not claim to be treating it and do not seem interested in following its course. Is any other form of treatment available? In a way, this question is irrelevant since the patient would not accept any other form of treatment; few transvestites will, unless they become subject to legal prosecution or become too seriously disturbed by anxiety or guilt. Is psychotherapy worth trying? In my opinion, no psychotherapeutic procedure less than intensive, prolonged, classic psychoanalysis would have any effect. If properly done, it could probably reduce the patient's agitation and the level of his unhappiness. It is not impossible that his major symptoms may decrease in frequency and urgency. If radical and rapid cures are not available, no physician will reject, in any field of medicine, uncertain, protracted, and expensive treatment, as, for example, in the treatment of cancer, leukemia, and chronic vascular disease of heart and brain.

The authors conclude "The patient will be able to move about freely among other persons, without anyone suspecting that this is not a normal young woman, but a male transvestite whose highest wishes have been fulfilled with the assistance of the medical profession and by society." In view of the exhibitionistic nature of the patient's craving, one might guess that merely passing as a woman in obscurity is what this patient would shun. He would probably continue his efforts noisily to demonstrate that a male body may have not only female clothing but a female appearance. The ethical arguments of the authors are difficult to accept or to reject. They lead, however, to a somewhat disturbing reductio ad absurdum. If a patient has a wish to die, should the physician actively comply with the patient's wish or even condone his suicide? Euthanasia has been upheld by some in patients suffering a fatal physical illness; it has not, so far as I know, been seriously suggested in mental illness.

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