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Fetishistic Crossdressing Children and Adults

Challenging Your Attitudes and Beliefs About This Group

Reflection Questions

1. Do you know or have you known someone who fetishistically crossdresses? If so, what reactions did you share with this person(s), and what reactions did you keep to yourself? If you haven't ever known someone who fetishistically crossdresses, what would be your reaction if one of your friends told you that he does?
2. If you had a 10-year-old son and you caught him crossdressing, how would you react? If you wanted him to stop this behavior but he would not or did not, what action would you take?

3. What emotions would you experience if you were a fetishistic crossdressing male living a closeted life (e.g., you only crossdress at home without anyone else knowing)? How would you feel if someone found out?
4. What emotions would you experience if you were a male crossdressed in public and a stranger knew you were actually male and made a comment that others could overhear? How would that change if you knew the person who recognized you and he or she was shocked?
5. What other barriers do you imagine you would face if you were a man crossdressing most of the time (i.e., a transgenderist individual) as you interface with others in your daily life? Include areas of life such as employment and career; spiritual and/or religious life; family and home life; friendships and social life; physical health, including interactions concerning it with a family physician and dentist; and leisure.

Challenging Your Assumptions Questions

1. Is crossdressing a normal variant of human behavior? Why or why not? If you consider it to be normal, why do most partners of fetishistic crossdressing men have a negative view of it?
2. Do you believe that fetishistic crossdressing men have control over their crossdressing behavior? If they are, why do so many have trouble stopping this behavior indefinitely?
3. Most individuals who fetishistically crossdress are heterosexual and very masculine in their gender role presentation. What do you believe explains this?
4. What are your views regarding transgender individuals in general? How would you need to change your views, beliefs, attitudes, or values to become more effective in working with them as a counselor?
5. Many drag queens become paid female impersonators. Does it change your view of crossdressing if it is for money? Why or why not?

Reflections

[*Note:* Imagine that *you* are the client in these reflections.]

You couldn't imagine a worse day in your life. You get home from work and the first thing your wife of 20 years tells you, "Sergio, I need to talk to you about something that is killing me right now!" Judith is really upset—in fact, you have never seen her this distraught. You hesitate but momentarily mutter, "Of course—let's sit down and talk."

She begins, "Sergio, I was looking for some old magazines in the basement and found this box beside them. I thought it maybe had some of my magazines in it, so I opened it. I found these instead [Judith pulls out several pair of panties, bras, skirts, dresses, a wig, and high heels]. WHAT IS GOING ON HERE?"

Shocked, you search desperately for the right words, but at first nothing comes out and nothing makes sense. After all, you have been baffled by this yourself ever since you can remember. After the moments that feel like hours, you begin: "Uh, okay, I will tell you the truth, Judith. I have been a crossdresser since even before I reached puberty. I knew you would be freaked out by it so I chose to never tell you but instead, kept it a secret all these years. Please don't leave me over this—I am not ruled by it, but occasionally the urge to crossdress becomes so strong that I do it when you leave the house."

Judith screams back, "SO YOU WANT TO BE A WOMAN?"

"No, Judith, I don't. I love you and I am happy being a guy—well, for the most part anyway. What I am saying is that I don't want anything to change in our marriage."

With resignation in her voice, she replies, "You should have thought of that before. You have lied to me for more than 20 years, and that is unforgiveable. I need time to think about this. In the meantime, I will be staying at Mom's. Bye for now." She leaves with her two suitcases, and all you hear is the car backing out of the driveway.

During that week, you feel the worst internal misery. You wonder, in fact, if this will put you over the edge. You never felt good about crossdressing, but you could not stop it, either. As you dwell on this and eat yourself up inside, the phone finally rings and it is Judith. You wait desperately to hear her first words and she says, obviously crying: "Sergio . . . I love you so much. I can't stop thinking about you. I don't know what to do about this. Mom suggested we see a counselor. Are you willing to see someone with me? I want to save our marriage."

Overwhelmed with emotion, you cry out, "Judith—thank God you are in my life. I will do everything to save the marriage. I cannot live without you. The past week has been a hell like I have never experienced before. I will do anything for you."

A week later, you meet Dr. Parsons, a psychologist with experience in this area. You tell her you want to stop crossdressing once and for all. You also want to get rid of the thought that creeps up periodically that makes you wonder if you should become a woman. As part of taking a complete history, she asks you a few questions in front of Judith:

1. "At what age did you begin crossdressing?"
   "I think I was 7 or 8. I would sneak into my sister's room when she was out and I would put on her skirt or dress, sometimes a bra. I got caught once by my mom and she scolded me severely."
2. "Did your crossdressing look any different following puberty?"
   "Hum. Yes, I did find it sexually stimulating and I would sometimes masturbate."
3. "How often do you think you want to become a woman?"
   "Well, mostly when I am under a lot of pressure at work. Maybe once a month or so, sometimes for a few days?"
4. "Okay. While you masturbate, how often do you imagine that you are the woman in your imagery?"
   "Quite often, I suppose. Actually, I almost always have that fantasy."
5. "How would you feel about losing your penis?"
   "My God, what a question! But yes, I have occasionally wondered what it would be like to have a vagina instead."

Toward the end of the first session, Dr. Parsons tells you both that it is highly unlikely that you will ever stop crossdressing. She also tells you that you may end up becoming a woman if you keep on feeding the sexual fantasy of yourself being one.

You and Judith leave, both looking and feeling horrified. The questions inside are overwhelming.

From a Client's Perspective

1. How would *you* feel after hearing such news at the end of your first session?
2. In what way do you believe Dr. Parsons's conclusion will affect your marriage?

From a Counselor's Perspective

1. How likely is it that a client will stop crossdressing?
2. If caught early enough, can crossdressing be stopped? If so, how would you accomplish it?
3. Is it possible that crossdressing can actually transform into transsexuality?
4. If you need to provide information that will potentially have a huge effect on a marriage, how and when would you provide it so that the result is not devastating?

Background Information Regarding Fetishistic Crossdressing Children and Adults

"Whereas the transvestite suffers from the castration anxiety that all men experience (Freud, 1926), the

> *transsexual does not—in fact he energetically seeks castration." (Glasser, 1992, p. 52)*

Recall from Chapter 1 that transgender individuals include those who present unconventional gender expressions (e.g., fetishistic crossdresser, transgenderist, gender bender) and/or those who present unconventional gender identities (e.g., transsexual, transwoman, transman). In this and the next two chapters, the focus is on three types of transgender individuals: fetishistic crossdressing, male-to-female (MTF) transsexual, and female-to-male (FTM) transsexual people. *Fetishistic crossdressing (FC) individuals* are men who crossdress, at least during adolescence, because of the sexual arousal and often climatic release it provides. Most of these men define as heterosexual, but not all. While the term *transvestite* is sometimes used as a synonym, this word has fallen out of favor with the LGBTI community and some mental health professionals due to its association with pathology, the psychiatric profession, and the term's overemphasis on sexual arousal being the defining feature of it.

One highly contested and controversial aspect regarding FC, MTF, and FTM individuals is that each appears in the two most commonly known and used diagnostic systems in the world: the *Diagnostic and Statistical Manual of Mental Disorders Fourth Edition* (Text Revision) (*DSM-IV-TR*; American Psychiatric Association, 2000) and the *ICD-10 Classification of Mental and Behavioural Disorders System* (*ICD-10*; World Health Organization, 1992). *DSM-IV-TR*, published by the American Psychiatric Association, is the current system used primarily in the United States and Canada, while *ICD-10*, published by the World Health Organization, was designed as an international system to be used for both the classification and research of mental disorders throughout the world.

Task forces are currently reviewing each section of the *DSM* system, and they will be providing revised criteria before *DSM-V* is published in May 2013 (American Psychiatric Association, 2010b). The revisions that are proposed to the diagnosis of transvestic fetishism include renaming the diagnosis to transvestic disorder with the following criteria: (a) duration of at least 6 months, (b) intense and recurring feelings of being sexually aroused while crossdressed (through fantasies, urges, or actual behaviors), and (c) acknowledgment that it causes significant distress or impairment in important life areas (American Psychiatric Association, 2010a). The diagnostician then also specifies if one or more of the following is involved: (a) fetishism—attraction to materials, clothing, or fabrics; (b) autogynephila; and (c) autoandrophilia. *Autogynephilia* is "a male's propensity to be sexually aroused by the thought of himself as a female" (Blanchard, 1989, p. 616). *Autoandrophilia* is a male's propensity to be sexually aroused by the thought of himself as a male.

Another classification scheme from the past proposed that FC individuals could be sorted into two types: nuclear/periodic transvestites and marginal transvestites. Periodic transvestites were viewed as being satisfied with crossdressing alone. Marginal transvestites were seen as wanting to be feminized by hormones and/or by gender reassignment surgery. They were also less likely to report becoming sexually aroused by crossdressing and more likely to have a stronger sexual interest in the same biological sex (Docter & Prince, 1997). Other classification schemes have also been proposed, and these will be mentioned where appropriate.

Many have questioned whether crossdressing in any of its forms ought to qualify as a mental disorder (Brierley, 1979; Gert, 1992; Pomeroy, 1975; Rosario, 2004). The problem with pathologizing fetishistic crossdressing and transsexuality is that it implies to both the legal profession and to social service agencies (such as child custody) that those who display the respective characteristics are mentally ill (Wright, 2010). Furthermore, there is no statute of limitations on a mental diagnosis: once it is given, it "appears to apply for the lifetime of the individual" (Wright, 2010, p. 1230).

While crossdressing itself includes fetishistic crossdressing and other forms of female and male impersonation (e.g., drag queens, drag kings), the latter—similar to men who wear kilts—are not pathologized but are instead viewed as traditional parts of LGBTI culture. This chapter only focuses on fetishistic crossdressing (FC), which is currently called "transvestic fetishism" in *DSM-IV-TR*. They are included as a separate chapter because fetishistic crossdressing men are sometimes targeted for treatment, sometimes through their choice but more typically because someone else has discovered it and is reacting to it (Dzelme & Jones, 2001).

While a few instances of FC have been acknowledged to occur in some women (Stoller, 1982), their numbers are few, and rarely would FC become the focus of intervention. Consequently, most of this chapter is about FC men.

As Cairns (1997) concluded, research focused on FC individuals seeking help from mental health professionals reveals some negative outcomes from crossdressing, while research focused on FC individuals attending social clubs and gatherings for crossdressing individuals reveals mostly positive outcomes. Sample bias is very important when we are looking as outsiders into a population of individuals who are not well understood. More recent research by Lentz (2004) supports the conclusion that some FC individuals demonstrate good mental health, some are conflicted regarding their FC and report dissatisfaction with their lives, while others are somewhere in the middle.

The bias in this chapter, and in this book for that matter, is one in favor of promoting affirmative practice in working with sexual and gender minorities, including those who are transgender and those who are transsexual. Perhaps what is most remarkable is how unremarkable transgender people are. They are just like the rest of us, with the exception that they are more willing or more in need of stretching the gender binary in one way or another. Consequently, transgenderism is *not* seen as a mental disorder. Instead, transgender people are viewed as belonging to a minority group who have experienced tremendous amounts of misunderstanding and oppression.

As in previous and in future chapters, although it is simpler to write *fetishistic crossdresser*, the term will be used only as an adjective to ensure that the reader remembers that this identity is one of many that a person owns. Furthermore, using it as a noun suggests something essentialist in nature, and that is not intended because, like most psychological phenomena, our behavior is largely socially constructed. This does not imply, however, that something socially constructed can be easily changed—or changed at all, for that matter.

Research has found, for example, that very few FC individuals ever cease crossdressing altogether, even after abstaining for months or years (Brown, 1996). Most get married and eventually have children (Docter & Prince, 1997; Zucker & Blanchard, 1997), and most will continue crossdressing either secretly or with varying degrees of awareness and approval from their spouses. Pomeroy (1975) suggested that FC is on a continuum; those on the lowest end occasionally or rarely wear a bra or female panties, while those on the highest end will dress completely as a woman constantly or whenever possible.

Langstrom and Zucker (2005) used a random sample from Sweden (N = 2,450; 1,279 male, 1,171 female; age range = 18–60) and established that 2.8% of men and 0.4% of women reported at least one incident of FC. These researchers also found that some of these men were more likely to engage in becoming sexually aroused by pain, exhibitionism, and voyeurism. These results should be viewed cautiously, however, as 2.8% of 1,279 men is only 35 individuals, and only some of these men reported some of these additional experiences.

In the discussion of crossdressing that follows, it is important to note that the motivations for crossdressing often or usually change over time. A boy may begin crossdressing for several reasons or a combination of reasons, including

but not limited to the following: (a) imitative behavior of a sister or his mother (i.e., modeling); (b) desire to be a girl (most will outgrow this desire later; Money & Russo, 1981); (c) transformative fantasy of being a woman, similar to dressing up like Batman or Superman (Person & Ovesey, 1984); (d) expression of a second or feminine self (Larsson & Bergstrom-Walan, 1999); and (e) crossdressing to experience pleasure and comfort (Wheeler et al., 2008). When crossdressing is discussed in the sections that follow, the underlying motivations for it are *not* implied or indicated unless it is referred to specifically as FC.

Development Through the Life Span

Regardless of the underlying motivation, most males who crossdress begin before or during puberty (Buhrich & Beaumont, 1981; Croughan, Saghir, Cohen, & Robins, 1981; Wheeler, Newring, & Draper, 2008). Whether they are feminine or masculine in their gender role presentation, most grow up without gender dysphoria. Researchers have studied the development of some highly feminine boys, both cross-sectionally and longitudinally, and the most common outcome is that they develop homosexual interests. Consequently, only in a small percentage of boys does early crossdressing or effeminacy lead to continued crossdressing or the development of transsexuality (Bailey & Zucker, 1995; Davenport, 1986; Green, Roberts, Williams, Goodman, & Mixon, 1987; Money & Russo, 1979, 1981; Zuger, 1978).

During puberty, adolescents vary in the extent of their crossdressing behavior, and they also vary in how much they acknowledge that sexual arousal is associated with it (Zucker & Blanchard, 1997). The clothing feels good to wear as it becomes increasingly eroticized. Frequently the adolescent will masturbate and orgasm while crossdressed (Wheeler et al., 2008). The original reasons for crossdressing may remain as well, but either way, a fetish is in the making. For some FC individuals, excitement is also derived from the potential for discovery when they leave their home crossdressed (Bolin, 1988). Passing as a woman is fun for these individuals (Bolin, 1988).

The erotic and fetishistic properties are often reported by FC individuals to subside as one ages (Buhrich & Beaumont, 1981; Zucker & Blanchard, 1997). As the fetishistic aspects diminish, the most commonly reported continuing motivation is that FC makes the individual feel self-soothed, less stressed, and more comfortable as a result (Buhrich, 1978; Wheeler et al., 2008; Zucker & Blanchard, 1997). Consequently, FC in men is often seen as primarily a coping strategy to deal with stress: the more and greater the stress, the more crossdressing occurs. For others, however, FC is about (or also about) wanting to emulate women and wanting to express their love of feminine things (Prince, 1967; Prince & Bentler, 1972). As should be clear from the above, despite the finding that FC usually begins as a fetish, the meanings and purposes for continuing the behavior often change over time.

Most FC men have purged themselves of their opposite-gender clothes, sometimes more than once (Prince & Bentler, 1972). However, again mostly while experiencing stress, the powerful drive to crossdress returns and a new wardrobe is acquired. Interestingly, most FC individuals are heterosexual males who demonstrate masculine or hypermasculine gender roles and overall presentation in most areas of their lives (Freund, Steiner, & Chan, 1982; Prince, 2005/1957; Zucker & Blanchard, 1997). On the contrary, homosexually oriented crossdressing individuals, including drag queens, tend to be feminine or hyperfeminine in their gender roles and overall presentation (Person & Ovesey, 1974b, 1984).

Several researchers have written about the notion that some fetishistic and homosexually inclined crossdressing individuals will develop gender dysphoria to varying degrees, and some

to the extent that they later become candidates for cross-sex hormones and gender reassignment surgery (Adshead, 1997; Bancroft, 1972; Benjamin, 1966; Person & Ovesey, 1974b). Most will find these desires to be intermittent and situationally based, however, often increasing at times of stress and turmoil. Those who become candidates for surgery have become preoccupied with their desire to become female, a desire that has become overwhelming and nearly constant.

Blanchard (1989) developed a popular theory explaining why this crossover to transsexuality occurs in the fetishistic male. He coined the term *autogynephilia*, which as noted earlier is "a male's propensity to be sexually aroused by the thought of himself as a female" (Blanchard, 1989, p. 616). For some FC men, autogynephilia becomes a major precipitating factor that leads to their later request for gender reassignment surgery.

It is not understood currently if autogynephila can create transsexuality or whether the propensity to see oneself as a woman was there all along, but perhaps denied by the male who has tried very hard all his life to ignore transsexual longings. Regardless of etiology, which continues to be debated and researched for nearly every psychological condition, the autogynephilic men (including homosexual-crossdressing individuals) were traditionally referred to as secondary transsexuals (Person & Ovesey, 1974b).

The label of *primary transsexuals* was reserved for those transsexual males or females who had a deep conviction that they were the wrong gender since early childhood (Person & Ovesey, 1974a). Such men tended to be very feminine through their lifespan, while such girls tended to be very masculine. Both were most often sexually attracted to members of their own biological sex (Person & Ovesey, 1974b; Stoller, 1996).

Race and Ethnicity

The literature is replete with references to the North American Indian individuals who were referred to as *berdache* by White settlers, but who, at least in modern day, prefer to be called two-spirited by indigenous peoples themselves (Herdt, 1997). The berdache were usually male, anatomically normal individuals who dressed, behaved, and worked as members of the opposite biological sex (Callender & Kochems, 1983). Accounts of the berdache go back to the 16th century (Katz, 1976). Their numbers disappeared soon after settlers took control of their lands and their culture (Callender & Kochems, 1983). It is incorrect to refer to these people by any of our modern-day constructs of transgender because of the distinct cultures of these indigenous peoples and the unique roles held by berdache. Many of the berdache were highly revered by their tribe or First Nation, some assuming the highest roles of spiritual leadership and healer (Herdt, 1997). This was not the case in all tribes, however; in some, they were ridiculed and scorned (Greenberg, 1985). Their sexual partners were always nonberdache individuals (Callender & Kochems, 1983). While most berdache engaged in homosexual activity, not all berdache were homosexually oriented, "and not all individuals who engaged in homosexuality were berdaches" (Greenberg, 1985, p. 183).

No research to this writer's knowledge has focused specifically on FC individuals of differing ethnicities. Nonetheless, it seems doubtful that FC men would be better received in the Black and Latino communities compared to Black or Latino gay men. Caceres and Cortinas (1996) wrote about the frequent tension that arises between the dichotomy of *hombre* (a man) and *maricón* (insulting word for gay male) in Latin cultures. Recall from Chapter 2 that at least in traditional Latino sexual scripts, judgment and the label of "gay" were only heaped on men assuming the passive role. It would appear that at least to some extent, this negative judgment was a consequence of these sexually passive gay men not fitting the stringent role of hegemonic masculinity. Similarly, FC men, despite the finding that they are mostly heterosexual, would likely be viewed unfavorably for transgressing gender roles as well.

Relationships (Family, Friendships, Intimate Romantic/Sexual)

Brown (1994) surveyed 106 women involved with FC men over a 6-year period. Participants came from both monthly discussion groups for spouses or girlfriends of FC men and national conventions for transgendered men and their partners. As one might expect, the degree of acceptance toward their mates' FC varied. A quarter of the sample revealed that they occasionally found their mates' FC to be sexually arousing. The lowest acceptance of FC behavior was found with married women who did not know about their husband's fetishistic crossdressing before marriage. Another finding was that the women generally developed greater acceptance of FC over time. More than two-thirds of the women never seriously considered divorce or separation because of their partner's fetishistic crossdressing, despite receiving strong advice from friends and family to do so.

Reynolds and Caron (2000) found some positive results in their study of 21 FC men. Most of the married men had wives who were either tolerant or accepting of their fetishistic crossdressing.

Weinberg and Bullough (1988) surveyed 70 wives of FC husbands and found that the higher a wife's self-esteem, the happier she rated the marriage. Those with lower self-esteem believed they had failed as spouses and were worried about public exposure. Weinberg and Bullough (1988) wrote, however, that many of these women felt hostility and resentment toward their husbands, and most did not support the FC behavior. Nonetheless, most still felt that their marriages were happy.

While some studies suggest that FC men had impaired relationships with one or both parents or experienced separation from them during childhood (Buhrich & McConaghy, 1978; Langstrom & Zucker, 2005), other studies suggest that most were raised by both parents and that they had good parental relationships (Bullough, Bullough, & Smith, 1983; Docter & Prince, 1997; Prince & Bentler, 1972). Research has *not* demonstrated that fathers who fetishistically crossdress have an effect on the sexual development of their sons (Chapman & Teed, 1990).

From the research available, it appears difficult to make sweeping generalizations regarding the effect that FC will have on family members. Most married FC men will likely keep this behavior secret from their children, and many will also attempt to keep it secret from their wives. If the behavior is kept secretive but is later discovered, the shock combined with the dishonesty can create serious rupture to the trust so important to maintaining a solid foundation within a relationship. That rupture may well require the work of a counselor to help repair.

Health (Emotional and Psychological, Physical)

Goodwin and Peterson (1990) surmised, based on their study of 1 female and 50 FC males, that early childhood abuse is often a causal factor in FC behavior. They further added their belief that FC fits criteria for addiction, given the finding that the behavior often continues throughout a person's life.

Reports from around the world suggest that crossdressing sex trade workers—who may be either MTF transsexual or FC individuals—are often at risk of HIV infection, largely in consequence of inconsistent condom use while involved in receptive anal intercourse (Boles & Elifson, 1994; Gattari, Spizzichino, Valenzi, Zaccarelli, & Rezza, 1992; Grandi, Goihman, Ueda, & Rutherford, 2000). Boles and Elifson (1994) report that crossdressing sex trade workers have higher rates of HIV infection compared to other sex workers and suggested that they experience the lowest status in the hierarchy of prostitution.

Buhrich (1981) compared 24 nonfetishistic MTF transsexual men with two groups of crossdressing men. One of the crossdressing groups was what we refer to here as FC ($n = 20$), while the other group was closer to what we call he-shes

(n = 14). Buhrich concluded that all three groups reported greater psychological stress, neuroticism, and introversion on the Eysenck Personality Inventory compared to men in general.

In contrast, Beatrice (1985, p. 358) did not find "clinically significant dysfunction" in her sample of 10 crossdressing males. As mentioned earlier, Lentz (2004) found that some FC males were psychologically healthy, others were mentally unwell, while others were in between. Brown and colleagues (1996) tested 188 nonpatient FC men and found that they were nearly indistinguishable from noncrossdressing men on personality, sexual functioning, and psychological distress measures.

As Lovitt (2004) wrote in the *British Medical Journal*, now that homosexuality is no longer viewed as a mental disorder, those who fetishistically crossdress are the new societal outcasts, given diagnoses and treatments aimed at curing them of something that society does not approve of. "Most transsexual, transgendered, and crossing persons are mentally healthy. . . . Some transgendered clients have psychopathology that has come about because of the way they have been treated by an intolerant society" (Cole, Denny, Eyler, & Samons, 2000, p. 170).

While FC behavior may be statistically unusual, the behavior itself causes no harm and no dysfunction (Newring, Wheeler, & Draper, 2008). Newring and colleagues (2008) suggest that it be viewed as a sexual *variation*, not as a sexual *deviation*. More accurately, however, FC ought to be viewed as a *gender* variation.

Career and Work

FC men are generally not effeminate in childhood; they are usually heterosexual and masculine in their leisure interests and in their career choices (Zucker & Blanchard, 1997). Career choices usually fall within traditionally male-dominated occupations, such as blue-collar work and business (Zucker & Blanchard, 1997). They almost never choose occupations that are considered typical of feminine gay men. It would be uncharacteristic for FC men to come to work crossdressed because of their adherence to traditional masculine scripts.

Transgender men who do crossdress at work are usually very feminine, placing them at increased risk for both economic discrimination and violence (Lombardi, Wilchins, Priesing, & Malouf, 2001). "Workplace discrimination is so rampant that it is the norm among transgendered people, while outside the workplace visibly transgendered people are harassed, intimidated, and assaulted in public places" (Lombardi et al., 2001). As crossdressing at work is more typical for MTF transsexual individuals while going through the real-life experience, dealing with issues resulting from this will be covered in the next chapter.

Women who crossdress have often done so for instrumental reasons. For example, throughout history, women dressed as men have served in the military (Wheelwright, 1989). Bullough (1991) reported that at least 30 women who became saints within the Catholic faith lived as men while they were alive and were only discovered to be women on their deathbeds. Women dressed as men have also successfully lived as sailors, pirates, businessmen, politicians, and physicians (Bullough, 1991).

Spirituality and Religion

Smith and Home (2007) surveyed LGBTI individuals (2.1% reported having a transgender identity, while 8.5% were unsure) from the United States and Canada, comparing those who had always adhered to an earth-spirited faith (e.g., Pagan, Wiccan; n = 45) with those who began in a Judeo-Christian faith and then converted to an earth-spirited one (n = 49). The researchers found that participants reported that the earth-spirited faith communities were more affirming of LGBTI individuals. Furthermore, those who once affiliated with Judeo-Christian faiths reported greater conflicts with their faith than the group not brought up in Judeo-Christianity. While many of the LGBTI individuals

did not feel affirmed in their earlier Judeo-Christian communities, others did report positive experiences. The researchers concluded that counselors should not assume that LGBTI individuals who are religious are not accepted by their faith.

The only published research accessible through PsycINFO that specifically addresses spirituality and crossdressing pertains to drag queens performing Black gospel at a bar in Chicago. McCune's (2004) writing makes clear the continuing "contradictions, complications, and complexities of the relationship between the Black church and the Black gay community" (p. 151).

Sociopolitical Realities

Transgender people, including those who are transsexual, are at increased risk of experiencing discrimination, prejudice, and violence (Lombardi et al., 2001). In their survey of 402 transgender individuals, Lombardi and colleagues (2001) found that more than half were victims of some form of harassment or violence during their lifetimes. Furthermore, about 25% reported experiencing a violent incident.

A recent report from Serbia found that violence, including fear of violence by police, was a primary concern of crossdressed sex trade workers (Rhodes, Simic, Baros, Platt, & Zikic, 2008). Coerced sex was routinely expected by police in exchange for not being detained, arrested, or fined. The researchers concluded that preventing violence toward this vulnerable group should be a priority in Serbia.

While a PsycINFO search did not reveal any research specifically focused on the sociopolitical realities of crossdressing individuals, those who crossdress need to remember that there is danger if one does not pass well in public or if a given situation reveals their biological sex. The danger factor is likely no different than it is for those who are transsexual who are "discovered," but research to date has not explored this hypothesis.

Recent Research Focused on Canada

Much of what has already been reported in this chapter is, in fact, stemming from research based at the Centre for Addiction and Mental Health (CAMH) located in Toronto, Ontario. Besides the main facility, it also has 32 community locations throughout Ontario. Information gleaned from the website (www.camh.net/) indicates that it is Canada's largest mental health and addiction teaching hospital. Furthermore, it is one of the world's leading research centers in these areas. CAMH was formed in 1998 after a merger occurred between the Clarke Institute of Psychiatry, the Addiction Research Foundation, the Donwood Institute, and Queen Street Mental Health Centre.

Two notable researchers from CAMH already cited for their works in this chapter include Kenneth J. Zucker and Ray Blanchard. Dr. Zucker is currently the chair of the American Psychiatric Association (2010c) taskforce for undertaking revision to the upcoming *DSM-V* section, "Sexual and Gender Identity Disorders."

Recent Research Focused on Other Societies

Crossdressing is practiced in many cultures around the world. Crossdressing men in Samoa are called *fa'afafine*, or *teine pepelo*, which translates to "a lying girl" (Mageo, 1996, p. 590). Crossdressing men in Tonga, Polynesia, are referred to as *fakafefine*, while in Tahiti they are *mahu* (Heinemann, 2000). In Thailand, their "third gender" is referred to as *kathoey*, although today in urban centers they are usually called *lady boys* or *tomboys* (Balzer, 2004). Crossdressing males have been studied in Java, Thailand, Guatemala, Peru, and the Philippines (Whitam, 1997; Whitam & Mathy, 1986). Crossdressing male sex trade workers (CMSTW) in Jakarta, Indonesia, are called *waria*. There, they reportedly have the highest rates of HIV prevalence among groups studied to date (Joesoef et al., 2003).

CMSTW in Jakarta report frequent, unprotected anal intercourse (Joesoef et al., 2003). Similar reports come from Rio de Janeiro (Inciardi, Surratt, Telles, & Pok, 1999) and Rome (Gattari, Spizzichino, Valenzi, Zaccarelli, & Rezza, 1992).

In Brazil, male crossdressing sex trade workers are referred to as *travesties* (Kulick, 1997). Travesties not only crossdress, they also transform their bodies, beginning as young as age 10 or 12. These boys begin ingesting or injecting large quantities of female hormones. The hormones create rounded features, larger buttocks, breasts, and broad hips. These hormones are very inexpensive in Brazil. Besides hormones, silicone is also injected so that by age 17, most travesties in Salvador have some silicone inside them. Most will have this silicone within their buttocks, hips, inner thighs, and knees, but not in their breasts as (a) they believe this could cause cancer, and (b) they are aware that the silicone can shift its position quite easily (Kulick, 1997).

The *hijras* of India are biological men or intersex individuals who crossdress, many of whom have had their penises and scrotums cut off by a clan member with some experience in this rudimentary castration (Bakshi, 2004; Sifuentes-Jauregui, 2006). Not all hijras survive this procedure. Bullough (1991) reported that the majority of their sects center around Mumbai.

Similar to the berdache or two-spirited individuals, it is inaccurate to think of hijras in the same way FC men are described in this chapter. They are believed by some to have special spiritual powers to give blessings at births and weddings. If money is not provided, they often curse the spectators and display their mutilated genitals (Jani & Rosenberg, 1990). Individually, most are involved in prostitution. Jani and Rosenberg (1990) reported that some young boys are either coerced or convinced to join the hijras.

Nanda (1985) reported that the central feature of their culture is devotion to Bahuchara Mata, who is one of the Mother Goddesses worshipped across India. It is through this allegiance that hijras claim their special place in Indian society. According to Sifuentes-Jauregui (2006), the hijras today are losing their special place in Indian culture and increasingly are being viewed with dislike and disrespect. They are being seen as public nuisances.

Hijras are also found in Pakistan (Baqi, Shah, Baig, Mujeeb, & Memon, 1999). In fact, most male sex trade workers there are hijras. Of 300 studied by Baqi and colleagues (1999), only 45 (15%) had their penises and scrotums removed. The researchers also found that more than two-thirds of the hijras had left home from a young age.

While China today is a very repressive society in many ways, including sexually, it was different in ancient times (Ruan & Matsumura, 1991). For the first 4,000 years of their recorded history, the philosophy of yin-yang established positive attitudes toward sexuality. Yin and yang work together, with yin representing negative, weak, and destructive energy, while yang is positive, active, and constructive. Ruan and Matsumara (1991) reported that the first recorded case of crossdressing in China was that of Meixi, the concubine of a king around 1600 B.C.

While traditionally, transgender individuals of all kinds were involved in the entertainment world in Japan, today, many have distanced themselves from entertainment and instead have sought mainstream status (McLelland, 2003). McLelland (2003) stated that the often moral and social condemnation heard in English media is largely absent in Japan.

In Berlin, there are two types of crossdressing gay individuals: the Tunten and the drag queens. The Tunten are a community of gay crossdressers who generally wear trashy clothing as a political protest or statement. On stage, they perform as the "woman next door," in contrast to the drag queens, who generally impersonate famous divas (Balzer, 2004).

Cross-culturally, it has been reported that drag is on the increase in Argentina, Brazil, Colombia, Japan, South Korea, Thailand, and in some European countries (Balzer, 2004). Furthermore, drag is represented differently in several cultures. Drag performances appear to be gaining in popularity worldwide.

Common Concerns Facing This Group and Counseling Considerations

Roleplay Scenarios

[*Note:* Suggested assessment and intervention strategies for the two roleplays below can be found in Appendix B. Before going there, roleplay in dyads with one of you acting as the counselor and the other as the counselee. If a roleplay is not possible, work individually in writing out a list of your suggestions.]

Roleplay #1, Chapter 7. Counseling Crossdressing Individuals

George, age 48, has come to see you for help. George has crossdressed since he was 12 years old. No one has ever caught him doing this, despite the fact that he used to go out in public when he was single. The problem began 4 years into his marriage with Claire (age 41) after she discovered his female clothing in their basement closet. That was 6 years ago. Although Claire got her head around the fact that George would dress up when she was away from home, George began insisting that he wear female clothing whenever he is at home and that she would have to get used to it. Claire did, and for the past 2 years, George often dresses as a woman at home.

George tells you that he has taken this a step further. For the past year, he has insisted that he have sex with Claire while dressed as a woman. Claire reluctantly complied but declared 2 weeks ago that she married him as a man and that she only wants to have sex with him as a man from now on. She will not tolerate any more of his crossdressing at home or while they have sex. He is quite distraught about her "change of heart."

Roleplay #2, Chapter 7. Counseling Crossdressing Individuals

Herb, age 39, has come to see you for help. He is having terrible feelings of guilt because he finds that he only gets sexually aroused when he is dressed as a woman. Herb is disgusted by this, but he feels compelled to dress up nonetheless before he masturbates. He is single and would love to be in a relationship with a woman but fears that he could not get involved with someone while this is going on in his life. Besides this, he wonders if he should consider getting a sex change to "make things right."

How Would *You* Help This Person?

Your next client of the day comes in to see you at your counseling office. Jake, a divorced 45-year-old, is looking overwhelmed and very anxious. You begin:

You: Jake, nice to meet you. You are looking very distraught right now. Tell me about what is happening.

(Continued)

(Continued)

Jake: My God, I have been living alone for the past 10 years. My job is causing me incredible stress and I can't cope. I am doing things that make me feel terrible, and it is getting worse.

You: You sound overwhelmed. Please carry on.

Jake: I *am* overwhelmed and really depressed and anxious. I work as a bricklayer and my boss is always on my back. He tells me I am not working fast enough and if I don't pick it up, he will fire me. I cannot afford to be unemployed—I am still paying huge child support.

You: I understand your need to work. You also mentioned you are doing things that make you feel . . . [Jake interrupts]

Jake: I CAN'T GO THERE RIGHT NOW!

You: No problem, I don't mean to upset you more than you already are.

Jake: Sorry, I'm so embarrassed. I'm sure you've never had someone like me in your office before. Listen . . . I'm a crossdresser. It's getting worse . . . I can't stop it. It's eating me up. As soon as I get home, my work clothes come off and the lingerie comes on. God, I'm ready to go to bed even before I have dinner. Once I get into bed, I play with myself over and over again. It's driving me crazy.

You: It looks like we have a lot to talk about. Hey, I don't want you to feel embarrassed around me—okay? I don't understand much about crossdressing but I do know a lot about helping people. Plus, no one is perfect. I want you to feel safe here. I will do my best to help you explore this and do something about it. Okay?

Jake: [now looking visibly calmer than before] Thank you. I mean THANK YOU! You are the first person I have ever felt safe with talking about this. It all began . . .

Note—Remember to view clients within their environmental contexts, keeping in mind societal, parental/familial, cultural/spiritual, and peer influences. Specifically, become aware of the impact that the following influences have and continue to have in your clients' lives: race, language, religion and spirituality, gender, familial migration history, affectional orientation, age and cohort, physical and mental capacities, socioeconomic situation and history, education, and history of traumatic experience.

1. What defines this person's environment, past and present?
2. Who is this person sitting in front of me, taking into account environmental and personal characteristics?
3. What defines the problem that he or she is presenting within his or her multicultural milieu?

From an LGBTI-affirmative counseling perspective, counseling focused on eliminating FC behavior is contraindicated for at least two reasons. First, it is not unto itself a harmful behavior. Second, there are no controlled outcome studies for treating FC men (Newring, Wheeler, & Draper, 2008) and, consequently, no empirically supported treatments have been published for it, either (Newring et al., 2008).

Few researchers or clinicians today believe that FC behavior can be "cured" (Newring et al., 2008). Instead, the goal is to help FC men integrate this behavior into their lives in a way that lowers or eliminates the interpersonal and occupational risks (Stayton, 1996). This stance *is* congruent with affirmative counseling.

In the past, however, several approaches at curing crossdressing were attempted. The following treatments attempted in the past are included to provide examples of how behavior that is not understood in a society is often targeted for intervention, thus perpetuating the oppression and silencing of those who are different.

Stoller (1971) stated that psychoanalysis has not been successful in treating FC. Anecdotal reports with one to three patients included aversive techniques, including electric shock (Blackmore, Thorpe, Barker, Conway, & Lavin, 1963), use of apomorphine or emetine (both induce vomiting; Barker, 1965), and watching an aversive video (Wolfe, 1992). While these case studies reported positive outcomes, a long-term follow-up of two cases using aversion therapy found total relapse in both cases (Rosen & Rehm, 1977). Faustman (1976) raised ethical concerns regarding the use of aversive techniques to reduce crossdressing behavior.

Hypnosis has been used, but also on very few cases (Beigel, 1965; Wright & Humphreys, 1984). In another application, biofeedback was used over 12 treatment sessions while the 45-year-old male was hospitalized. While the patient maintained the treatment was a success over a 2-year period, his wife reported that he had resumed fetishistic crossdressing. These clinicians highlighted how this case constituted "a dramatic example of the unreliability of self-report" (Rosen & Kopel, 1977, p. 908).

Various medications have also been used, again with very few cases: (a) buspirone hydrochloride ("Buspar"—an antianxiety agent; Fedoroff, 1988); (b) fluoxetine hydrochloride ("Prozac"—an antidepressant; Masand, 1993); and (c) Depo-Provera (an antiandrogen that blocks testosterone production; Tsang, 1995). Newring and colleagues (2008) concluded that the limited data suggest that these medications may be effective at reducing the desire and actual behavior of FC.

Another controversial treatment is aimed at stopping FC in childhood and adolescence. Several researchers and clinicians believe this is possible. As Zucker and Blanchard (1997) indicated, however, most adolescents are in denial of FC, even when there is abundant evidence that it is occurring. With adolescents, they recommend attempting to re-train the client to become sexual aroused in alternate ways. The example they provided is teaching him to masturbate to imagery that does not involve the thought or the wearing of female clothing. The authors conceded that there is little information regarding the long-term success of this treatment when the client is already an adolescent.

The approach taken by Rekers, Rosen, Lovaas, and Bentler (1978) in treating children was to reinforce "masculine" aspects of behavior and to extinguish behaviors that are sex-typed as "feminine." In the clinic, the child was shown videotaped feedback to teach him how to distinguish masculine from feminine behaviors. The parents were also taught to use behavior-shaping techniques. In the same breath, however, these authors suggested that society needs to become more tolerant of individuals in the way they express their sex roles!

The controversial aspect of treating minors becomes especially salient when working with prepubescent boys. A child sent for treatment generally fits the *DSM* criteria for gender identity disorder. The criteria for children do not require that the child state a desire to become the

opposite gender. Instead, it is sufficient to give the diagnosis and treat if there are enough indicators of cross-gender interests, which may include crossdressing behavior. Yet all of the longitudinal research done to date finds that boys with feminine interests and who might also be effeminate turn out in the majority of cases to become gay or bisexual, not transgender (Green et al., 1987; Money & Russo, 1979; Wallien & Cohen-Kettenis, 2008). The boys that are at risk of becoming fetishistic crossdressers are not the effeminate ones who enjoy feminine interests! Instead, they are the masculine-identified boys that will grow up to be heterosexual—entirely the wrong group such clinicians (and, perhaps, more commonly, the parents of these children) are seeking for their witch hunts. Wallien and Cohen-Kettenis (2008) concluded that "most children with gender dysphoria will not remain gender dysphoric after puberty. Children with persistent GID [gender identity disorder] are characterized by more extreme gender dysphoria in childhood than children with desisting gender dysphoria" (p. 1413).

Children grow up best in a nurturing home, not one that is judgmental toward their individual differences. In the study by Money and Russo (1979) of nine boys with gender identity disorder followed up to young adulthood, they concluded that an attitude of nonjudgmentalism had "a strongly positive therapeutic effect on the boys' personal development" (p. 29). Acceptance in a loving home is central to raising healthy children.

While no standard approach to assessing FC exists in the literature (Adshead, 1997), Newring and colleagues (2008) recommend collecting the following information as part of a comprehensive intake assessment: (a) demographic information; (b) reason for referral; (c) family of origin information; (d) developmental history; (e) history of erotic fantasies, interests, and sexual behavior; (f) educational background; (g) occupational history; (h) relationship history; (i) substance abuse history; (j) relevant medical background; (k) mental health history and diagnoses; (l) administration of intelligence, achievement, and personality tests as required; (m) interviews with relevant others; and (n) possibly physiological assessment (e.g., biofeedback, plethysmography—measures blood flow in the penis). Adshead (1997) stresses the importance of assessing the "patient's" ability to establish and sustain relationships.

A reading of the assessment and treatment literature makes one thing clear: both as described follow the medical model of pathologizing this behavior. The word *patient* above is in quotation marks to emphasize that they are talking about a person who is, in the minds of these researchers and clinicians, "sick" and in need of treatment. The parallels between the treatment of FC individuals both in the past and in the present compared to those who were given the diagnosis of "homosexual" in the past is remarkable and uncanny.

As in previous chapters, this one will only review concerns that tend to be more commonly experienced by FC individuals. This list would look different in a culture that has fewer hangups about what is considered appropriate attire for either biological sex. Gender expression in a culture can either be rigid or fluid. It is the social system or culture that decides whether the behavior is abnormal (Shaffer, Barclay, & Redman, 1989). Adshead (1997) commented that "many different cultures tolerate or encourage transvestic behavior, at least in men" (p. 280). While Americans and Canadians are often relatively accepting of female impersonators, FC individuals are not well tolerated or accepted in our cultures.

Mostade (2006) concluded that FC clients seek counseling for one of three issues, including wanting to preserve their marriage or relationship, wanting to improve their self-esteem and self-worth, and/or believing that their FC behavior is becoming compulsive and wanting to control it. Brown (1996) created a more comprehensive list, including the following potential issues: (a) legal problems, (b) threat to one's military career, (c) problems at work related to crossdressing, (d) strong guilt, (e) co-occurring alcohol problems or depression, (f) feelings of gender

dysphoria, (g) deciding on whether to tell the children, and (h) discovery by one's spouse or family member.

The three most common presenting issues, according to the literature, that FC men bring to counseling include (a) marital discord, (b) ego-dystonic crossdressing and/or compulsiveness, and (c) mild to moderate gender dysphoria. The following section begins this discussion regarding suggested counseling interventions.

Marital Discord

Two large-scale surveys of crossdressing men were conducted by Prince and Bentler (1972; N = 504) and by Docter and Prince (1997; N = 1032). In the 1997 study, 87% of the participants described themselves as heterosexual, while the remaining 13% described themselves as bisexual, asexual, or homosexual. While 83% of the sample had married, only 60% were married at the time of the survey. In 1972 and 1997, 24% and 45% of the sample had received counseling, respectively. Prince and Bentler found that 36% of those who were divorced had reported that FC was a cause of their marital discord. In the Docter and Prince study, the participants reported that 28% of their wives were completely accepting of their FC, 47% had a mixed view, and 19% reported antagonism toward it. Within the married group, 32% reported that their wives were told about their FC before marriage. To summarize, FC behavior is often not revealed to wives before marriage, and when it is known or becomes known, the majority of wives harbor negative or ambivalent feelings toward it. Nonetheless, most wives do not leave their husbands as a result of FC (Woodhouse, 1985).

Wise (1985) investigated the coping styles of 20 wives living with FC husbands. The sample was biased in that the participants were drawn from a clinical sample in a hospital setting. As one might expect, the women "coped" with the FC behavior through negative means, such as becoming depressed, hostile, sadistic, and/or drunk. Such a reaction is obviously in contrast to those who accept their husbands' FC, some of whom accompany their husbands to national crossdressing conferences.

Zucker and Blanchard (1997) postulated that some FC men develop impaired relationships because the fetish aspects become more important to them than their partners. They qualified their conclusion by noting that it was based on anecdotal findings and not on systematic empirical study. Stayton (1996) suggested that the partner's first reaction is to suspect that the FC individual is gay.

Cairns (1997) noted that women who read the academic literature may feel "inadequate, frightened, and further stigmatized" (p. 303). As noted earlier, Cairns commented on the dichotomy between clinical studies that pathologize the behavior and studies based on participants attending crossdressing social groups and conventions who normalize it. Regardless of sample biases and sample characteristics, Cairns's observations from her clinical practice (again, note these are her anecdotal conclusions) are that wives will tend to move away from fear and grief to feelings of resentment regarding the time and money spent on the fetish.

The presenting client may be the husband, the wife, or both (Bullough & Bullough, 1993). The most motivated men who arrive at the counselor's doorstep usually do so under pressure from the wife or partner as a condition for maintaining the relationship (Docter, 1988). In this instance, crisis counseling may be sufficient until the feelings and values around this behavior are worked through (Mostade, 2006).

Brown (1996) cautioned that for some FC men, they are merely patronizing their partners by attending counseling. Consequently, such men may be more interested in having the counselor collude with them instead of taking the concerns of their partner seriously.

Bullough and Bullough (1993) concluded that "the wife needs to realize that her husband will probably continue to cross dress, and the husband needs to realize that he will have to accept some limits if the marriage is to survive" (p. 356). It is important for the partner to understand that

FC does not influence one's affectional orientation (Stayton, 1996).

Mostade (2006) recommended that counselors do the following when working with FC individuals:

1. Ask the client to be specific regarding what is causing inter- and/or intrapersonal stress.
2. Encourage the partner (if applicable) to become involved in the counseling.
3. Work at understanding the complexity of the two expressions of gender (i.e., both masculine and feminine aspects).
4. Normalize the behavior for both client and partner (if applicable), and help both understand that the behavior will likely continue.
5. Help the couple (if applicable) establish appropriate compromises regarding the behavior.

Stayton (1996) elaborated on some of the questions that can be asked of FC men in helping them (and their partners, if applicable) define boundaries:

1. What will be the limits, if any, on the crossdressing behavior?
2. Will the client be satisfied with only crossdressing at home, or will he want to also go out in public?
3. Will he want to crossdress more often when it seems reasonable (will need to define what "reasonable" is if there is a partner involved)?
4. Will crossdressing have a bearing on his gender identity (i.e., movement toward transsexuality)?

If the partner is unwilling to accept some degree of FC behavior, the couple will need to look at whether their marriage is salvageable (Stayton, 1996). Weinberg (as cited in Mostade, 2006) found that wives often bring the following concerns regarding their FC husbands: (a) is my husband gay? (b) will others find out about the FC? (c) will it affect the children? (d) have I failed as a woman? (e) have I failed as a wife? and (f) is he mentally ill?

Ego-Dystonic Crossdressing and/or Compulsiveness

Langstrom and Zucker (2005) found in their nationally representative study from Sweden that more than 50% of the FC men did not see this behavior as acceptable to themselves. In other words, they experienced the crossdressing as ego-dystonic. Wysocki (1993) noted the strong feelings of guilt often experienced by FC men. Bullough and Bullough (1993) suggested that if FC becomes too frequent or intense, it can interfere with one's lifestyle and one's relationships. Similar to other fetishes, in some individuals, FC can become the principal outlet for a person's sex life, replacing sexual activity with another human being (Adshead, 1997).

Albert Ellis and Russell Grieger (1977) believed that guilt was not a rational emotion: Unlike regret or remorse, guilt did not arguably stop or diminish the behavior from recurring, and it also lowered self-esteem. It would seem counterproductive for an FC individual to continue harboring guilt over a behavior that will likely be chronic and reoccurring. Better instead to help the person develop relapse-prevention strategies (i.e., intervention aimed at decreasing the likelihood of reoccurrence) and harm-reduction strategies (when the behavior does reoccur, keeping the negative consequences to a minimum or to none at all; Newring et al., 2008).

Regarding guilt reduction, cognitive behavioral (Alderson, 2002) or rational emotive behavior therapy is an appropriate intervention (Ellis & Grieger, 1977). Pastoral counseling may be best suited for those with religious convictions (Shields & Bredfeldt, 2001; Vanderwall, 1986). Alternatively, one could work from a narrative, humanistic, existential (Richert, 1999), or emotion-focused perspective (Greenberg, 2002). In any instance, the client is helped through normalizing the behavior and through understanding the chronic relapsing nature of it. If the client can appreciate that the behavior unto itself is harmless to self and others, this too can be helpful. Two other approaches suggested by Newring and colleagues (2008) regarding treatment of the

ego-dystonic aspects of FC are acceptance and commitment therapy, founded by Steven Hayes (Hayes, Strosahl, & Wilson, 1999), and dialectical behavior therapy, founded by Marsha Linehan (Swales, 2009).

Sometimes FC behavior is symptomatic of obsessive-compulsive disorder (OCD). The current treatment of choice for OCD is cognitive behavioral therapy with exposure and response prevention (Freyer et al., 2011). Pharmacotherapy is also indicated in severe cases (Fineberg & Craig, 2010).

Mild to Moderate Gender Dysphoria

All 1,032 crossdressing men in Docter and Prince (1997) self-defined as periodic in their crossdressing behavior with an age range between 20 and 80. Some in the sample were no doubt transsexual individuals, whether or not they were aware of this at the time. In the sample, 17% believed they were women trapped inside a man's body. Regarding gender identity, 11% saw themselves as masculine, 28% as feminine, and 60% equally. Docter and Prince predicted that between 15 and 20% of periodic crossdressers that attend crossdressing clubs will eventually live full-time as women (i.e., transgenderists) or become secondary transsexuals. Crossdressing men are more likely to report gender dysphoria during times of stress (Ellis & Eriksen, 2002; Person & Ovesey, 1974b). Steiner, Satterberg, and Muir (1978) had noted that several FC men had requested gender reassignment surgery while they were experiencing midlife crises.

Given that it appears rare for gender dysphoria to dissipate in most adolescents and in almost all adults, the dysphoria needs to be either managed or embraced in FC individuals who do not fulfill the criteria for gender identity disorder and the later gender reassignment surgery that some transsexual individuals will pursue. One can work with FC clients with some degree of gender dysphoria in either an individual or group format (de Vries, Cohen-Kettenis, & Delemarre-van de Waal, 2007; Lothstein, 1979).

Benestad (2010) wrote recently about working with clients to help them move from gender *dysphoria* to gender *euphoria*. Gender therapy, as prescribed by Benestad, is focused on helping individuals move toward greater happiness through self-acceptance and through educating significant people in the client's life. Many individuals with milder or moderate forms of feeling uncomfortable with their gender can integrate their masculine and feminine aspects of self, thereby creating a more androgynous or bi-gendered identity (de Vries et al., 2007). Thus, the clients learn to express the transgender part of their identities through activities like FC and gender bending (Carroll, 1999). As Devor (1996) has also stressed regarding females with gender dysphoria, it is helpful to remind clients that it is society that is deficient in its low acceptance of gender diversity and not the individual that is defective in any way.

COUNSELING DIVERSE POPULATIONS

Counseling FC Individuals With Multiple Nondominant Identity Statuses

A PsycINFO search did not produce any research that has specifically focused on FC individuals with a nondominant ethnicity. A few reports have been published of people with intellectual disability who crossdress and have gender dysphoria (Parkes & Hall, 2006). The authors concluded that gender identity disorder might be more prevalent in those with intellectual disabilities but offered this only as a hypothesis. In a later study, Parkes, Hall, and

Wilson (2009) conducted a retrospective review of 13 participants with learning disabilities who crossdressed, 12 of whom were male, at least one of whom was reportedly transsexual. They concluded that individuals with learning disabilities experience a range of gender identities comparable to those of the general population.

Counseling Aging FC Individuals

Wise (1979) described the case of a 43-year-old married man who had secretly been wearing women's clothing for 20 years. After a period of intense stress from having lost his son in an automobile accident, he developed the idea that he wanted gender reassignment surgery. Wise wrote about how the news of this was an incredible shock to his wife and friends. Wise described how he successfully worked with this man until his desire for surgery subsided.

Wise and Meyer (1980) compared 10 younger cases (M = 35.9 years) with seven older cases (M = 51.1 years) of FC men who requested surgery following a period of major life stress. The younger cases were more likely to report marital discord as a precipitating event, while the older cases were more likely to experience illness, separation, and physical loss stressors as precipitators.

There currently appear to be no studies that specifically focus on FC individuals who are elderly. The limited literature that exists suggests that with those who began crossdressing for fetishistic reasons are the most likely subgroup of crossdressers to request gender reassignment surgery during or soon after experiencing undue stress. Counselors need to assess such individuals carefully and help them cope with the life stressors while attending to the deepening feelings of gender dysphoria.

Counseling FC Individuals Living in Rural Communities

While the study by Oswald and Culton (2003) first mentioned in Chapter 5 focused on 527 LGBTI individuals living in rural communities, only three were included that were transsexual. It appears there are no studies that specifically focus on FC individuals who live in rural areas.

An excellent resource for crossdressing individuals of all kinds and their families, whether urban or rural, is the largest support group called the Society for the Second Self (Tri-Ess). Contact information for Tri-Ess can be found at www.tri-ess.org.

Counseling FC Students

Most FC students do not feel an urgency to crossdress while at school, but those who do may find comfort in attending a gay–straight alliance, mentioned in earlier chapters as a social club that celebrates sexual and gender diversity, often found today in high schools. Most colleges and universities in the United States and Canada have a social club as well for LGBTI individuals. Evans (2002) described a LGBTI Safe Zone project at Iowa State University that has resulted in increased visibility of LGBTI people at their campus and greater awareness of their issues. In turn, Evans reported this has led to increased support and tolerance or acceptance of LGBTI students on campus.

Counseling FC Adolescents

This topic was covered earlier in this chapter. Some clinicians, such as Zucker and Blanchard (1997), have recommended attempting to alter the fetishistic aspects of crossdressing (where these are present) by encouraging boys to masturbate without using autogynephilic fantasies or while crossdressed. Several clinicians have also recommended teaching feminine crossdressing boys and adolescents to become more masculine in their gender-role presentation. Such approaches are controversial, as stated earlier.

Resources for This Group

1. An excellent resource for crossdressing individuals of all kinds and their families, whether

urban or rural, is the largest support group called the Society for the Second Self, Tri-Ess (www.tri-ess.org).

2. Crossdresser Heaven provides tips regarding fashions, makeup, and body movements (www.crossdresserheaven.com/category/advice-and-encouragement/crossdresser-resources/).
3. The Transgender Support Site offers several useful support materials (http://heartcorps.com/journeys/).
4. The National Transgender Advocacy site provides links to many of the transgender advocacy groups in the United States (www.genderadvocates.org/links/national.html).
5. Transgender Zone's mission is to educate, communicate, and inform. It also provides an online support group (www.transgenderzone.com/features.htm).

Limitations, Furthering Research, and Implications for Counselors

Limitations of the Research With This Group

Controversy mars the opinions and research regarding transgender individuals of all varieties. There is ongoing debate regarding whether FC individuals and transsexual individuals experience a "mental disorder" at all. If not, why are they included in the *DSM* diagnostic system? The research tends to be biased, as researchers and clinicians find what that they are looking for. Those with a medical and clinical orientation generally view these as bona fide mental disorders that require treatment, but even these professionals are not in agreement regarding what should constitute the diagnosis and whether these conditions even warrant one (Newring et al., 2008). They focus on clinical samples to prove their points, individuals who are either distressed enough with their crossdressing behavior or who request help because they have other presenting issues.

Those with a humanistic, postmodern, or counseling perspective tend to view these conditions as variations of normal gender development and presentation. The samples are usually drawn from social clubs and conventions attended by crossdressing individuals who embellish their crossdressing behavior and who tend to be well adjusted in other domains of their lives.

Consequently, the research with this group is divided, and the reader's opinion can be swayed depending on which literature is considered. Research focused on representative samples, such as in the study by Langstrom and Zucker (2005), is needed to shed better light on what differentiates those who find this behavior troubling from those who do not.

Areas Requiring Further Research

Wheeler and colleagues (2008) recommended further research concerning the development of "transvestic fetishism" and its development over the life span. As noted earlier, there appears to be no study that has focused exclusively on aging FC men. Longitudinal studies are needed to identify those children who begin crossdressing and continue it into adulthood from those who do not continue the behavior. Further understanding is also needed regarding how the function behind FC moves from self-soothing to sexual gratification to creation of fantasies and then back to self-comforting (Wheeler et al., 2008).

Furthermore, of great importance is the need for longitudinal studies that track how some FC men eventually become transsexual and successfully end up fulfilling requirements to begin the real-life test with gender reassignment surgery as the final outcome. Also, why is it that gay men rarely if ever crossdress for fetishistic reasons? Why are they mostly immune from developing this dynamic?

Another important question is in what ways are gender and sexuality related? Which holds primary importance in the development of a person, or does this vary from person to person? Is there any way to predict which will have the greater salience in any one person's development?

Implications for Counselors

Counselors may find themselves in the same quagmire that researchers have found themselves in: Should one attempt to treat the FC behavior itself, thereby giving it the status of a mental disorder, or should one instead work with whatever other problems FC may be creating for the client while leaving the FC behavior itself alone? How does that change, if at all, if the client is finding the FC is escalating in either importance or frequency? There are no easy answers to these questions.

Counselors, however, would do well to accept that diversity marks the turf in the areas of sexual and gender diversity. Those working in this area need to accept the many differences that clients bring to the table of counseling. Of greatest importance is remembering to keep each problem a client raises as just one of the many petals that make this particular flower a whole entity. Identities are just that: While they help define aspects of a person, they do not define the person himself or herself. Remember to be respectful of a client's terminology. If your client uses language that sounds derogatory, look deeper as to whether the use of language reflects, in fact, a self-denigrating attitude toward his or her FC behavior.

Regardless of our clients' behavioral tendencies, our job as counselors is to help them put the many petals of their existence into perspective. Their need is to integrate their many parts and learn to accept them, whether or not one or more of these parts becomes a target for intervention. For example, it is difficult for obese individuals to lose weight while they continually put themselves down for their weight. Continual putdowns, self-denigration in other words, leads to a negative mental attitude and possibly depression, and depressed people have trouble accomplishing goals due to the inertia and many setbacks depression creates. As they try to move one step forward, their negative mindset brings them two steps back. Happy people who accept their human condition, whatever it looks like in their particular case, are most likely to have the energy, stamina, and positive mental attitude to move forward and accomplish the goals that are reasonable for them to attain.

For the most part, FC is harmless behavior. But like anything, if too much time and energy is devoted to it, it may take on a life of its own (referring here to the possibility that some FC men will become transsexual or compulsive in their FC). As is often said in Buddhist philosophy, all things in moderation. Part of our role as counselors is to help clients lead balanced, healthy lives.

Exercises

Individual Exercises

1. Carroll and Gilroy (2002) recommend that both counselor educators and students explore their attitudes and beliefs about transgender people through the use of biographies, novels, and films. They recommend the following books and resources: *All About My Mother*, *Boys Don't Cry, The Brandon Teena Story*, *Confessions of a Gender Defender, Ma Vie En Rose, My Gender Workbook, Outlaw, Paris Is Burning, Stone Butch Blues Gender Outlaw: On Men, Women, and the Rest of Us,* and *Transgender Warriors: From Joan of Arc to RuPaul.* Periodicals recommended include *Chrysalis Quarterly, Gendertrash, Hermaphrodites, Transgender Tapestry,* and *With Attitude.*
2. Make a point to get to know someone who defines as transgender. Explore the differences and similarities between you and him or her. Note your reaction to the differences: What judgment do you make of these? What do you like and dislike about the differences that you notice? To what extent are these differences the result of him/her having a different perception or way of expressing gender than you?
3. Consider attending a drag show at a local gay bar (Schacht, 2004). What was your reaction to it? What did you observe about other people's reactions?

Classroom Exercises

1. Lead a discussion in class about the various reasons that explain why some men crossdress. Create a hierarchy in terms of the extent that each reason is considered socially acceptable

by the class. What explains why some reasons are considered more acceptable than others?

2. Invite one or more men who crossdress for various reasons (e.g., a drag queen, a drag king, an FC individual, a transgenderist individual) as guest speakers to your class (Lance, 2002). Lead a discussion about the visit at your next class. What did students learn? In what ways did it change their perceptions of crossdressing individuals?

Chapter Summary

This chapter has focused on fetishistic crossdressing (FC) boys and men and who define and/or have defined for them what this means. The discussion makes clear that a great deal of controversy exists with respect to FC individuals: Do they have a mental disorder, or is their behavior merely a variation from the norm? The latter position is upheld by counselors who are LGBTI affirming.

Counselors would do well to remind themselves that not everyone's behavior will fit into the same box: Variety *is* the spice of life. We need to help clients accept themselves, both their good qualities and those they wish they could or will eventually change. When an underlying disorder that requires treatment is presented—such as schizophrenia, obsessive thoughts, or compulsive behaviors—it would be imprudent for us not to ensure these clients get the help they need, whether from us if we are qualified or from other mental health professionals with this expertise.

When a behavior is harmless, however, and it is mostly society's intolerance of diversity that is problematic, this calls for a different response from us. As professional counselors, we are expected to be advocates for our clients and to engage in social justice activities when needed. This is not just lip service, but in fact, it is written into our ethical codes of conduct.

We are neither the conduits of social conformity nor the rebels of a new society. We are, however, expected to work on behalf of our clients and to educate the uninformed. This can only be based on what we know from the research done to date and from maintaining a social consciousness that exalts all people as equal.