

scenes in which "situational" trade homosexuality can be observed over a longer period of time (prisons, military areas, boarding schools) do not see much evidence to support the validity of the saying; if anything, they would report that "today's trade is tomorrow's married heterosexual."

"Rough trade" is a term denoting a potentially dangerous or ruffian male, virtually always self-defined as heterosexual, and who often demonstrates feelings of guilt or remorse after ejaculation which can erupt into violence directed at his partner. Nevertheless, there are not a few homosexuals who find rough trade particularly appealing. Many professional male prostitutes are termed "rough trade" because of their image as "tough guys" even though their actual potential for violence is low, a few highly publicized exceptions notwithstanding.

Research on homosexuality in this century has tended to avoid role analysis and focused instead on self-defined homosexuals rather than occasional participants. Clearly, the trade phenomenon needs a great deal more research before investigators can contemplate closing the books on the phenomenon of same-sex relations.

*Stephen Donaldson*

## TRAGEDY

*See Theatre and Drama.*

## TRANSSEXUALISM

Transsexualism is the wish for change of sex. This longing may be defined as a gender identity disorder characterized by the subject's intense desire for transformation by hormonal or surgical means, or both, into the gender opposite his original one at birth. This insistence is grounded in complete identification with the gender role of the opposite sex. The transsexual is thus the ultimate form of what has come to be known as the gender dysphoria syndrome.

Such individuals seek to deny and reverse their original biological gender and cross over into the role of the opposite gender. Transsexuals emulate the characteristics of the opposite gender in behavior, dress, attitude, and sexual orientation, and aspire to attain the anatomical structure of the genitalia of the opposite sex. The request for the so-called sex-change operation becomes the obsessive goal of the transsexual's life and brings him to the door of the physician, but in their request for sex reassignment surgery (SRS) they present themselves to the surgeon, not the psychiatrist. They reject the implication that psychiatric referral is required, since they do not conceive their dilemma in psychiatric terms but as a consequence of having been born into the wrong body. In a sense, transsexualism may be considered iatrogenic, in that advances in surgical technique and hormonal therapy now permit the realization of longings for sexual metamorphosis that once belonged to the realm of mythology and fairy tales.

*History.* This fact became known to the public after the famous Jorgensen case in 1952, in which the reporting endocrinologist received letters from hundreds of individuals requesting SRS. A former sergeant in the American army was transformed from a male into an externally functioning female by a Danish plastic surgeon, Paul Fogh-Andersen, in Copenhagen, and Christine Jorgensen, as the individual was subsequently named, made headlines throughout the world. Controversy and criticism erupted almost at once and have continued to the present day, as some psychiatrists branded the whole procedure as medical malpractice.

However sensationalized the case may have been, it called public attention to the fact that surgical relief was available to the sufferer from gender dysphoria, and thousands of such individuals came forward to demand the sex change operation. Many of these individuals were referred to Harry Benjamin (1885–1987), who promoted the term *trans-*

*sexualism* in an article published in the *International Journal of Sexology* in 1953, and continued to provide evaluation, hormone treatment, and referral to medical centers in the United States who would perform SRS. He culminated his years of research and therapy with gender dysphoric patients with the publication of a landmark monograph on the subject, *The Transsexual Phenomenon* (1966), and to pursue his work the Harry Benjamin Gender Dysphoria Association was founded. Between 1969 and 1985 nine international gender dysphoria symposia were held, at which some 150 investigators from a variety of disciplines met to share their findings. Apparently the term transsexual, in its modern meaning, was introduced by the popular editor David O. Cauldwell in 1950.

*Psychological Aspects.* The relationship between homosexuality and gender dysphoria, particularly in the extreme form of transsexualism, requires clarification. Most homosexuals are satisfied with their sexual orientation and lifestyle, and like normal heterosexuals they have no wish to lose their genitalia. For both male and female homosexuals their genitalia are a source of intense pleasure. However, there are some whose primary homosexuality is so unacceptable to their egos that they cannot bear this sexual orientation. The transsexual frequently states his strong aversion to homosexuality and resents such an identification. Such a self-stigmatized, ego-alien, homosexually oriented gender dysphoric subject sees sex reassignment as the way out of his dilemma. SRS is more ego-integral to such an individual, and the surgeon treating him, than is homosexuality. Some 30-35 percent of those requesting SRS fall into this category.

By contrast, there are also gender dysphoric individuals who demonstrate a fixed and consistent cross-gender identification. Such patients establish themselves as primary transsexuals and successfully pass the "real life" test of cross-gender

living and hormonal therapy for one to two years. Some are actively engaged in psychotherapy before and after this trial period, but all undergo an evaluation process by a professional in the mental health field. Only then is it appropriate to recommend the patient to an experienced surgeon for SRS. Even after this careful screening process, some 10-15 percent of operated patients are thought to have an unsatisfactory outcome from SRS. Most of these probably had an unsatisfactory surgical reconstruction or were improperly selected. Interestingly enough, none of the female transsexuals who were rejected as candidates renounced their gender dysphoria or their pursuit of SRS; they are a more homogeneous diagnostic group than their male counterparts and generally better candidates for SRS.

*Medical Aspects.* The surgical procedure involves the removal of the penis, scrotum, and testicles, and the creation of a functional neovagina. A successful psychological outcome is largely dependent upon a good functional result, which includes the ability to engage in sexual intercourse without pain or discomfort. The breast enlargement secondary to estrogen therapy is usually not sufficient to preclude breast augmentation mammoplasty, while other forms of plastic surgery are occasionally requested to improve the feminine appearance.

For female-to-male transsexuals the surgical techniques are not so well developed. It is easy enough to remove the breasts by mastectomy, while in the genital area total hysterectomy, salpingo-oophorectomy, and vaginectomy may be performed initially. The creation of an artificial penis is a very complicated and multistaged procedure, which may not allow for functioning that includes penetration. The difficulties inherent in the surgical construction of a penis have not yet been overcome.

*Conclusion.* Transsexualism remains an object of controversy within the segment of the medical profession that

is concerned with the problem. Some clinicians now uniformly refer the patient to **psychotherapy** in the belief that the desire for change of sex is intrinsically pathological, while others maintain that SRS is the treatment of choice for carefully evaluated, genuine, primary transsexuals. The broader dimensions of the problem lead into the question of gender identity and the manner in which it is defined by a particular society and experienced by the individual suffering from gender dysphoria.

*See also Hermaphrodite.*

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### TRANSVESTISM (CROSS-DRESSING)

Most human societies recognize a basic polarity in **clothing** that is deemed appropriate for men and women. In some tribal cultures the distinction takes the form of the material used for the garments: animal products for men, plant fibers for women. Modern industrial societies have adopted a paradigm stemming from the early Middle Ages in Europe in which men wear trousers while women wear dresses. These distinctions are not always rigidly applied so that, after initial disapproval, the adoption of some types of trousers by women in contemporary society has been taken as a matter of course. As a cultural symbol transvestism, sometimes termed cross-dressing, becomes effective only when it is recognized that a norm is being transgressed. In our society, male transvestites are more "marked" than female, and thus more likely to encounter censure.

*Psychosocial Aspects.* A popular opinion identifies transvestism with **homosexual orientation**. This perception reflects the **stereotype** that homosexuals are driven to adopt the conduct and sensibilities of the opposite sex ("**inversion**"). Yet modern sociological studies have determined that many—perhaps even a majority—of men who engage in cross-dressing are heterosexual. There are married men who insist on wearing female undergarments. Other men join clubs where they can dress in full drag, basking in the company and approval of like-minded fellows. Both forms are relatively private, contrasting with the public display of the more flamboyant drag queen. Although the dynamic of heterosexual transvestism is not yet fully understood, it surely reflects in part a fetishistic attachment to the garments characteristically worn by women, whom the cross-dresser idolizes.

Transvestism, especially when found among male homosexuals (drag queens), is often confused with **transsexualism** or change of sex. Of course many preoperative transsexuals adopt women's dress as a way of gradually acculturating themselves to the identity they are to assume. Yet most homosexual transvestites have no desire to change their sex: the cross-dressing is an end in itself. Not all transvestites strive to achieve a perfect mimicry of the attire of the opposite sex. Some don only some components of the other **gender's** garments and make up, in modes that range from gentle mockery to the harsh parody of **gender roles** known as "gender fuck." In the view of some feminists, male transvestism stems from hatred of women, but most men who engage in full transvestism would affirm that they admire women, and that they are trying to bring forth the woman within themselves. Drag queens, who stand at the opposite end of the spectrum from leather adepts and the macho **clones**, have also evoked some hostility from non-cross-dressing gay men.