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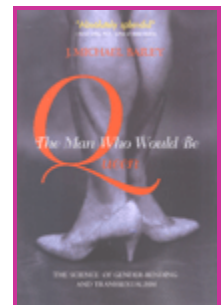
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Women Who Were Once Boys



Notes:

1. The following article was written by J. Michael Bailey, Associate Professor of Psychology at Northwestern University. It was on my website for several years before I temporarily removed it in early 2004 after a sudden e-hail of complaints - some abusive.
2. This article and Professor Bailey's subsequent book have generated a storm of criticism in the transsexual community - some of which is very valid, well considered and logically argued; but some much less so.



3. I don't agree with most of the authors opinions and conclusions, however I do regard the article as stimulating and feel that it raises a few interesting points.
4. The book "The Man Who Would Be Queen: The Science of Gender Bending and Transsexualism" by J. Michael Bailey, which includes this article, is now available free on-line.
5. The author is, to say the least, very controversial with his definition of all transsexuals as either male homosexuals or autogynephilic (i.e. have a sexually driven desire to feminize their body).
6. Dr Anne Lawrence - who considers herself to be an autogynephilic transsexual woman - has been a strong advocate for recognition of *autogynephilia* by the medical community. She has information about the condition on her [website](#).
7. Many respected transsexual women disagree strongly (e.g. [here](#) and [here](#)) with some or all aspects of the transsexual autogynephilia concept.
8. I have added a few pictures merely to lighten the text of the article. They do **not** relate to the people mentioned.

It is 2am Sunday night (actually Monday morning) at Crobar, and I am tired. I have had only limited success tonight recruiting research subjects for our study of drag queens and transsexuals and am cruising the huge club one more time before leaving. The Crobar crowd is on a different schedule than I; the place is just reaching its peak intensity. I pass a tall, attractive, black woman, who sees me staring at her, and somehow she understands what's on my mind. "No, I'm real," she laughs good-naturedly. (I am thankful that none of the dozen or so genetic females we mistakenly approached during the course of this study ever became hurt or angry. I wonder if they understood that the implication that we thought they might be transsexual was not an insult. Many of the transsexuals we interviewed in the course of the study were more attractive than the average genetic female.)

I start upstairs to get the panoramic view, and I see Kim for the first time, on the stairs, dancing, posing. She is spectacular; exotic (I find out later that she is from Belize.), and sexy. Her body is incredibly curvaceous, which is a clue that it may not be natural. And I notice a very subtle and not-unattractive angularity of the face, which is also not clearly diagnostic on this tall siren. It is difficult to avoid viewing Kim from two perspectives: as a researcher but also a single, heterosexual man. As I contemplate approaching her, I am influenced by considerations from each perspective. I have this strong intuition that I am correct about her, but if I am not, I may have the unpleasant experience of simultaneously insulting, and being rejected by, a beautiful woman.

As I waver, I notice her companion, an attractive, blonde-haired, blue-eyed man whose body, amply displayed in a tight tank top, is the male analogue of Kim's—he has a huge chest (hairless of course) and bulging biceps. They are a beautiful couple, or at least a couple of beautiful people. They dance together, occasionally smiling at each other, but they do not dance closely or in a way that betrays

the sexual desire that virtually anyone would feel toward at least one of them. I remind myself that it is Sunday night "Glee Club"—gay night at Crobar. What would a gorgeous heterosexual couple be doing at Crobar tonight at 2am? In fact, however, in 1997 this is a very trendy setting even among heterosexuals, particularly if one is unconventional and open-minded. (Dennis Rodman is a regular.) I cannot decide whether Kim is transsexual or not, and in a tribute to her beauty, I decide for now not to approach her. If she is transsexual, I will have other chances to meet her, and I will probably also have the opportunity to find out from others without asking her directly. So I leave.

Based on the frequency of their appearance on American talk shows—"Beautiful Women Who Used to be Men," "My Wife Used to be a Man," "My Husband Is a Woman," "My Husband Has Become a Woman"—transsexuals might appear to constitute a sizeable minority. They do not. Fewer than 1 in 20,000 persons is transsexual. Most of us do not personally know a transsexual, although many of us have had the experience of wondering if a particular woman we have seen is actually a man, and most of us who have been to even a few gay bars have seen one. There are also transsexuals who work as waitresses, hairdressers, receptionists, strippers, and prostitutes, as well as in many other occupations, whom we may meet incidentally, without even questioning whether they might have once lived as men.

Transsexuals appear on every tenth episode or so of Oprah, Geraldo, Ricki, et al. not because they are common, but because people find them fascinating, and because talk shows' continued existence depends on their catering to people's fascinations, no matter how elevating (or not) those may be. During the last year, I have been asked to talk to respectable media as an expert on transsexualism regarding two cases: a race car driver who got a sex change, and a Chicago area teacher who was living as a man in the spring and assumed a female identity in the fall. *Time Magazine* recently ran a story about the "transgendered," and movies in recent years such as *Priscilla Queen of the Desert*, *The Crying Game*, *Ed Wood*, *Silence of the Lambs*, and *Midnight in the Garden of Good and Evil*, among others, have featured transsexuals and their like. Transsexuals are hot. I have discerned a few main themes in transsexual mania, which include:

"What is it like to feel that you were born the wrong sex?"

"What would it be like to become involved, knowingly or not, in a romantic relationship with a transsexual?"

"Isn't it amazing how convincing a woman she makes?"

Alternatively (but not in the same show) "Isn't it strange to see that male-looking person proclaiming his inner femininity, dressed like a woman, and evidently somewhere in the process of obtaining a sex change, when he used to be married and work in a bank?"

"What is involved in getting a sex change?"

"Do transsexuals ever regret their surgery?"

These are, indeed, all fascinating questions. And if they are less practically important than the question of how to reduce the national debt, some issues related to transsexualism do touch on fundamental issues about human nature. Unfortunately, the typical format in which these are discussed is designed to provoke rather than to illuminate. Moreover, it is not surprising that the typical Oprah viewer has only superficial knowledge about transsexuals when many "experts" who make their livings working with them do not understand transsexuals very well.

Most people—even those who have never met a transsexual— know the standard story of men who want to be women: "Since I can remember, I have always felt as if I were a member of the other sex. I have felt like a freak with this body and detest my penis. I must get sex reassignment surgery (a "sex change operation") in order to match my external body with my internal mind." But the truth is much more interesting than the standard story.

Terminology is an important source of confusion. "Transsexualism" has many connotations, including "sex change," "trapped in the wrong body," "femininity" (in genetic males) or "masculinity" (in genetic females), and "cross-dressing." Try to forget the connotations. All I mean by "transsexualism" is the desire to become a member of the opposite sex. An adult with transsexualism is a "transsexual." These definitions say nothing about the motivation, appearance, or subsequent actions of the transsexual. They do not imply that the transsexual feels trapped in the wrong body, or that the transsexual even ultimately seeks sex reassignment.

The definitions also allow different degrees of transsexualism. I have no desire of which I am aware to become a woman, and so I am not at all transsexual. But there is a range of transsexualism among people who do have such desire. There are people who would like to change sex if they could try it out for a while and change back if they chose. (I do not mean to include men and women who have whimsical thoughts about this. Only serious thoughts.) Some would change sex permanently if they did not have to give up important aspects of their lives (for example, their children) to do so. Others have no ambivalence, and may dedicate their lives to changing their sex to the point of apparent obsession, losing families, friends, and jobs in the process. All of these people I have described are at least a little transsexual, but the latter are more transsexual than the former. "Transsexual" is not an either-or label. Even if we were to restrict the use of that word to those who take medical steps to change their sex, there would still be considerable variability. Some transsexuals merely undergo electrolysis; others take hormones; others get breast implants; and of course, others get an operation to simulate the genitalia of the other sex. Although there

are genetic women who become men, their story must await another

Terese and Cher

One way that the standard transsexual story is wrong is in its singularity. Two types of men change their sex. To anyone who examines them closely, they are quite dissimilar, in their histories, their motivations, their degree of femininity, their demographics, and even the way they look. We know little about the causes of either type of transsexualism (though we have some good hunches about one type). But I am certain that when we finally do understand, the causes of the two types will be completely different.

To anyone who has seen members of both types and who has learned to ask the right kinds of questions, it is easy to tell them apart. Yet the difference has eluded virtually everyone who cares about transsexuals: talk show hosts, journalists, most people who evaluate and treat them, and even most academics who have studied them. One reason is that the superficial similarity of the two types is so striking—both are men, usually dressed and attempting to act like women, who want to replace their penises with vaginas—that it prevents us from noticing more subtle, though also more fundamental, differences. Another reason is that the two types of transsexuals rarely show up side-by-side, when they are easily distinguishable. In the United States in 2000, they do not use the same "gender clinics," and although they often associate with other transsexuals, this is nearly always with their own type. The most interesting reason why most people do not realize that there are two types of transsexuals is that members of one type sometimes misrepresent themselves as members of the other. I will get more specific later, but for now, it is enough to say that they are often silent about their true motivation and instead, tell stories about themselves that are misleading and in important respects false.

The two types of transsexuals who begin life as males are called *homosexual* and *autogynephilic*. Once understood, these names are appropriate. Succinctly put, homosexual male-to-female transsexuals are extremely feminine gay men, and autogynephilic transsexuals are men erotically obsessed with the image of themselves as women. When most people hear "transsexual" they think of the homosexual transsexual, who fits the classic pattern. From soon after birth, the homosexual male-to-female transsexual behaved and felt like a girl. Unlike most feminine boys (such as Danny, from chapter 3), these transsexuals did not outgrow, or learn to hide, their femininity. Instead, they decided that the drastic step of changing their sex was preferable. They unambiguously desire and love men, especially heterosexual men, whom they can attract only as women. (I recognize that using the term "homosexual" to describe a type of transsexual is confusing. Transsexualism terminology is often confusing. I



often have to think hard about whether to write "he" or "she," for example. In this case, there is both scientific precedent—"homosexual transsexualism" was proposed by the scientist who first discovered that there were two types of transsexuals, and conceptual accuracy—one type of transsexual man is a kind of homosexual man. Read on; you'll get used to it.)

Honest and open autogynephilic transsexuals reveal a much different pattern. They were not especially feminine boys. The first overt manifestation of what led to their transsexualism was typically during early adolescence, when they secretly dressed in their mothers' or sisters' lingerie, looked at themselves in the mirror, and masturbated. This activity continued into adulthood, and sexual fantasies became increasingly transsexual—especially the fantasy of having a vulva, perhaps being penetrated by a penis. Autogynephilic transsexuals may declare attraction to women or men, to both, or to neither. But their primary attraction is to the women that they would become.

These summaries are given here less to clarify than to organize the information that follows. Transsexualism—especially autogynephilic transsexualism— seems so foreign to most people that it requires a great deal of explanation. And illustration.

So meet Cher and Terese, most extraordinary friends. Terese is shy, small, and very feminine. Cher is extra extraverted, tall, and in some ways strikingly masculine. Terese is Mexican-American, Cher Italian-American. Both Terese and Cher are transsexuals born boys, now women. The most unusual fact about them in my experience is that they are close friends *and* are different types of transsexuals; serious socializing among the two types is practically unheard of. Terese is a homosexual transsexual, and Cher is autogynephilic. Spend the day with them, listening to their stories and watching the way they behave, and the difference between homosexual and autogynephilic transsexualism will be forever blazed in your mind.

Terese was born Jose Garcia, in Mexico. His parents divorced when Jose was young, and he was raised by grandparents. They moved to Chicago when he was ten. From early childhood, Jose wanted to be a girl. "Why do girls get prettier things and why do they get to do the things I like to do?" he wondered. He knew, because he was told, that he was a boy. But that did not guide his behavior. He dressed up as a female as frequently as he could, played with dolls, was the "mommy" when playing house, and avoided the rough boy sports. His best friends were girls. (In all these senses, he was just like Danny, whom we met earlier. Danny probably will not become transsexual, though he will probably become a gay man. Why most very feminine boys grow up to be gay men and a few get sex changes is not known, though I'll speculate about it later.)

Although his friends were mainly girls, Jose was also intensely interested in boys, especially when he got to junior high. He began having crushes on them, especially the athletes, and even some of his male teachers. He never experienced sexual feelings for a girl or woman. When he was 13, an older boy initiated Jose into sex. Jose is certain that the older boy is now a gay man. He had several gay partners—Terese calls this her "gay boy" phase—but began to notice that he did not find other gay boys or men to be particularly attractive. They were too feminine. Jose was much more attracted to the straight men that he met. Also, Jose did not like it when others touched his penis (or even when he touched it himself). He preferred giving others oral sex, or being penetrated anally, though this latter activity frequently hurt.



When he was fourteen, Jose found some gay friends with similar inclinations toward femininity. They began going out to parties, or shopping, in drag. It was fun to get away with cross-dressing. Jose was a late maturer, with a smooth complexion and no facial hair, so he passed well. And the straight men he met when in drag frequently pursued him. This was exciting but frustrating, because obviously, Jose could not let them complete their advances.

Jose was lucky to be well liked at school, and so he was not teased as mercilessly as many very feminine boys. But his family was not happy with his development. His father met him after many years and told him to "stop acting like a girl." His mother was also disturbed and worried that he would be gay. As he got older, he made more of an effort to appear masculine, though he kept his hair long. Pictures from this time show Jose to be a rather androgynous young man, but clearly a man. He did not feel more masculine, but merely put his femininity in the closet.

Jose took a job at the Chicago Board of Options that required him to dress conservatively. During this time, he became depressed. He dreaded waking up and putting on a tie everyday, and hiding his femininity was sufficiently stressful that his hair started falling out. One day at age 19, Jose was brooding about his future. His voice was finally deepening noticeably and he was getting facial hair. He decided that he could not live the rest of his life as a man, even if it meant being abandoned by his family. The next day, Jose began to live full time as a woman, and Terese was born. When she told her friends and family of her decision, her mother expressed relief rather than shock. She had known from early on that Terese's identity was more feminine than masculine. Only one friend, a gay man, objected to Terese's decision. He said that she was "selling out," abandoning a gay identity because she could not deal with societal ostracism. (Terese disagrees that this played any part in her decision.)

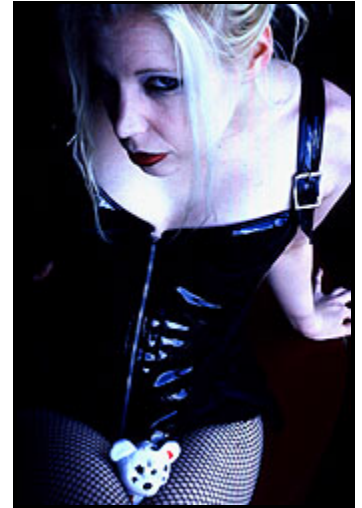
Terese had learned, over the years, where homosexual transsexuals congregated (primarily

gay bars and dance clubs as well as a few small bars that featured female impersonators), and she increasingly frequented those places. She felt more comfortable there, and she discovered that she could benefit from the cumulative knowledge of "girls" in her situation. For example, an important immediate consequence of her transition was her decision to begin taking the female hormone, estrogen, to prevent her body from becoming more masculine, and to feminize it. Other transsexuals told her where she could get estrogen on the black market and how much to take. (This was risky because estrogen can have serious side effects, although the worst ones, such as blood clots, are rare. In Chicago these days, though, most homosexual transsexuals do not bother with official medicine because physicians charge so much and because they are used to living beyond society's rules.) She also learned about sex reassignment surgery, surgery to change the penis into a neo-vagina: how much surgery cost at different places and which surgeons did the best job.

Terese had several sexual relationships during this time. In each case, the man assumed she was a genetic female, and Terese did not initially tell him otherwise. She would interact sexually with him, having oral sex for instance. Only after she saw him several times, both of them growing more attached, and the issue of intercourse arose, would she consider telling him the truth. Twice, she risked honesty. Both times were traumatic, the men disappointed, angry, and repulsed, Terese hurt and afraid. Still, one of the men got used to the idea, and they continued romantically and sexually, for a while. During sex, Terese always behaved as a woman, and this partner never touched her penis. He continued to think of Terese as a woman, albeit an unusual one. Still, the relationship did not go anywhere, and the man did not treat Terese very well. She discovered that he had a steady girlfriend, for example. Although many naturally-born women have been mistreated by men, Terese thinks the fact that she was a she-male prevented men from committing to her.

Terese lived as a woman for three years before she got enough money together (about \$10,000) to get her operation. Part of the money was a loan from Cher, who had become one of her best friends. In July, 1997, Terese (then 25 years old) flew to Belgium and over a four day period, had genital reassignment surgery, learned to care for her new vagina, and recovered sufficiently to leave the hospital. Within three months, her neo-vagina had healed, and she lost her neo-virginity soon after.

In many ways Terese has blossomed since her surgery. She looks great. Not only do people fail to notice that she is a transsexual, but most men would find her sexy and attractive. Depressed and in self-imposed isolation when I first saw her, she is flirtatious, energetic, and socially busy now. Among other things, she models lingerie. She has dated and had sex with several heterosexual men, none of whom knew about her past life. (She is still looking for a serious boyfriend.) Her mother is thrilled to have her new daughter. For one, she is relieved for Terese, knowing how much she had wanted this. But she is also happy to have a very attractive feminine daughter rather than an unhappy and noticeably feminine son. When she visited Terese, she proudly took her new daughter shopping.



In an attempt to make a new life for herself, Terese has distanced herself from her old transsexual friends. When she goes out to meet men, she does not want to have her secret revealed because she is with people who are visually identifiable as transsexual, or who are widely known to be transsexual. This has caused varying degrees of difficulties with her old friends. Cher, for one, is deeply hurt, and they have fallen out as friends. Even Cher admits, however, that Terese's new life appears to suit her.

In important respects, Terese's story is the story of all homosexual male-to-female transsexuals. Her early, extreme, and effortless femininity, her unambiguous preference for heterosexual men as sex partners, her (however brief) attempt to live as a gay man, and her difficulty in securing the right kind of guy prior to surgery, are universal among this type of transsexual. There are some differences among them, to be sure. For example, although Terese disliked her penis, some homosexual transsexuals not only like, but use, their penises while they have them. Some, like Terese, alternate between unsatisfying and limited sexual relationships and self-imposed isolation; others earn good livings as she-male prostitutes (more on this later). These differences reflect differences in personality styles. Fundamentally, all homosexual transsexuals are similar, and after a bit of experience, easily distinguishable from the other type of transsexual.

Cher, né Chuck Mondavi, was born in Chicago, to lower middle class parents. Cher remembers her father as nervous, punitive, and eccentric man, who had a "nervous breakdown" when Chuck was young. Chuck was sometimes withdrawn and shy, but not feminine. He participated in boys' sports and activities and had male friends. Cher remembers that Chuck had occasional wishes to be a girl as early as age 6. However, no one but Chuck knew of these, and no one else would have surmised this based on Chuck's behavior.

In late childhood or early adolescence, around the age of 12, Chuck was an altar boy at early mass. His parents went to mass at a later time, giving Chuck free reign of the house. During this time, he began to dress secretly in his mother's lingerie: panties, girdle, or bra. He would look at himself in the mirror, become increasingly sexually aroused, then masturbate to orgasm. Sometimes when his parents were home, he would wear lingerie under his male clothing, look at the lingerie models in a Sears catalogue, and rub his penis against the bed, making sure to stop the activity when his mother entered the room. While looking at the catalogue, he imagined that he was the lingerie model. Chuck was artistic, and one early creation involved painting some coconut shells flesh color, and wearing them as breasts during cross-dressing.

As his adolescence progressed, Chuck would cross-dress and masturbate at least once per week. He would also masturbate while looking at *Playboy*, and his fantasies would alternate between having sex with the centerfold and recreating her with his own body. As a senior in high school, he worked in a store that carried women's clothing. One night he worked late, mopping floors, and as he noticed the hosiery and fishnet stockings, could not resist the urge to take some home to use in his cross-dressing sessions.

Chuck attended an all boys high school. Although Chuck may have been considered a bit eccentric, his classmates did not suspect that he was a cross-dresser, or that he was gay for that matter. Cross-dressing was his secret life. He believed that his activities were unusual, and he was often ashamed of them, and so when he went to college, Chuck tried to "purge" by not bringing clothes along. When he participated in a panty raid, and acquired several bras and pairs of panties, he hung them up in his room as trophies. When his roommate left their dorm room, Chuck gave in to his urge to cross-dress.

His artistic creativity was flourishing. He won a painting competition, and the art faculty began to buy his paintings. He kept quirky hours, working at all hours of the night at a studio, where he could usually cross-dress in private. He ultimately dropped out of college because he thought he could make it as an artist. Cher refers to what followed as Chuck's "Bum period." During this time, Chuck began feeling depressed about cross-dressing because it made him feel "freakish" and "lonely." (Chuck was still a virgin, and did not have an active dating life.) He sought behavior modification therapy, and stopped cross-dressing for about five years. During this time, he met and confided in a psychologist, who, Cher believes, wanted to cure Chuck, and they became romantically involved. At age 33, Chuck lost his virginity. Chuck did not find the relationship gratifying, however, and the relationship did not last.

After the break up, Chuck was driving through a poor neighborhood and noticed a wig in a garbage can. He stopped the car and waited, struggling internally with the intense urge to get

out and get the wig. He drove on, but after a few blocks the urge was so intense that he drove back to the garbage can and collected the wig. Oddly, there were a number of other women's clothes with the wig—Cher suspects that Chuck had stumbled upon the results of a cross-dresser's recent purge. Soon after this, Chuck made peace with cross-dressing, and stopped worrying whether it was normal or acceptable.

This began a period in Chuck's life marked by a devotion to cross-dressing that was both obsessive and highly creative. He began collecting pornography that featured pictorial stories of women in various stages of dress and undress (nurses, stewardesses, and so on). He would search junk clothing stores and clothing catalogues to recreate their costumes, and would cross-dress and fantasize about them in private.

Chuck's fantasies began to involve more than looking like a woman. Increasingly, he began to fantasize about having a vagina, and about being penetrated by a man. He was not attracted to any specific man, and he did not fantasize about specific men, only faceless men, and their penises. He enjoyed the fantasy of being physically dominated, as well as vaginally penetrated, by a man.

His activities also progressed. He used a coke bottle to penetrate his anus, fantasizing that it was a penis penetrating his vagina. Chuck's artistic talents began to come into play. He constructed a "robot man" that could fulfil the fantasy of penetration. "Robot man" had a body, a penis made of a dildo, and even an arm that Chuck could manipulate to make it feel as if it was stroking his back. Chuck attached a mirror to his bedroom ceiling, and could view the image of the robot man on top of Chuck, dressed as a woman, "penis" in Chuck's anus.

Chuck also began to take more elaborate steps to create the image of himself as a woman. He wore fake breasts and a feminine mask. (Chuck still had a beard.) He purchased several fake vaginas from adult bookstores. Although these are made for heterosexual men to view and penetrate, Chuck reversed that function. Born with one testicle, he discovered that he could invert his penis and scrotum into his body. He would then glue a fake vagina over his inverted genitals. Ever the artist (and an exhibitionist as well), Chuck frequently videotaped himself as a woman. In one segment, Chuck begins by standing "naked" (except for shoes) with mask and fake breasts and fake vagina. As Donna Summer sings "Love to Love You Baby" in the background, Chuck begins to walk toward the camera, somewhat awkwardly in high heels. Cut to Chuck, similarly "dressed," astride a dildo (which is anally penetrating him, though the image is constructed to look as if the penetration is vaginal), with the soundtrack (from a porno film) of a woman's sexual moaning.

These activities, and the fantasies they fulfilled, were enormously erotic to Chuck, and they were all-consuming. He spent all night cross-dressing and enacting fantasies, and slept all day. He had abandoned art (except for his artistic contributions to his sexual fantasies). His

family was concerned, because they felt that he was physically neglecting himself. He did not bathe regularly, for example, and others complained that he stank. Most of Chuck's physical energies were devoted to cross-dressing and related sexual activity. Cher recalls that once, when Chuck was cross-dressed, having sex with "robot man," the ceiling mirror partially detached and hit him in the head. He wondered what people would have thought if he had been killed and his body subsequently discovered. He began to doubt his sanity, but could not stop. He was becoming seriously depressed. He was lonely, and disgusted with what he felt was his own narcissism.

Soon after this, he sought treatment for depression. He confided in a psychiatrist about his secret life. By coincidence, the psychiatrist had worked with John Money, the eminent sex researcher. He suggested that Chuck might be a transsexual rather than "merely" a transvestite (or heterosexual cross-dresser). Subsequently, Chuck was assessed at a gender clinic in Wisconsin, where he was diagnosed a transsexual. This was an enormous relief to Chuck, who felt that his obsessions were now more explicable. Chuck now knew what he wanted to do with his life: become a woman and have sex with other people rather than by himself. He dismantled "robot man" and began to plan for his transition.



Cher (named for the performer, whom Cher feels she resembles) was born in 1991. Her mother had died by then, but her dying father accepted her decision in good spirits. His death later that year gave Cher the inheritance she needed to pay for her surgery. One year and a day after Chuck became Cher, Cher got sexual reassignment surgery in Montreal. She was 40 years old. By then, both parents were dead, and many of her remaining family rejected her. (This was due, in part, to disagreements about the disposition of her father's estate.) Despite this, for the most part Cher has been happier than Chuck was. She is more outgoing and feels that she lives a real life now, instead of a fantasy life. Despite her negative experiences with her family, many other people have accepted her. For example, she attended the 25th reunion of her all male high school class—as a woman. Pictures of that event clearly show that her classmates enjoyed and admired her. She continues to play the dulcimer in the Irish folk music group she helped form as a man; her fellow musicians had no problem with this.

During the time between Cher's birth and her full transition, she had sex with several men, always involving their penetrating her anally. Always, in these experiences she thought of herself as a woman rather than a man. Although she remained attracted to women, she did not manage to have sex with any. Cher insists that once Chuck became Cher, the sexual focus was no longer a self-image, but other people. After her sex change, she had vaginal sex with several men. Nevertheless, she complains about her sex life, and has not had a partner lately.

Many men can tell that she is transsexual, and Cher insists on being honest about her past prior to sexual involvement. The fact that Cher used to be Chuck is a problem for most men. Some men are simply rude and cruel to her. Unlike many of her friends, Cher is unwilling to engage in casual sex with men (or women), and is waiting for someone who wants to spend time with her and date her. When she gets sexually aroused, she still masturbates simulating intercourse with a dildo while looking in a mirror; now the dildo penetrates her vagina rather than her anus.

I have never met anyone quite like Cher before. This is in part because Cher is a character, and she would be a character even if it were not for her unusual sex life and sex change. She is eccentric, talkative, and exhibitionistic. (One of the most strangely hilarious experiences I have ever witnessed was Cher lecturing to a group of gifted adolescents about transsexualism. She began dressed as a rough-talking man and eventually stripped down to Cher, in a bikini. I will never forget the wide open, sixteen-year-old mouths.) Although some elements of Cher's story are very common to this kind of transsexual (especially the erotic cross-dressing), others (such as the wearing of fake vaginas) are unique to her. At least I have never met other transsexuals who admitted to this. Nevertheless, I think that Cher is a wonderful example of the second kind of transsexualism, less because she is representative than because she openly and floridly exemplifies the essential feature of this type, which is autogynephilia.

Autogynephilia: Men Trapped in Men's Bodies

Ray Blanchard, Head of the Clinical Sexology Program of the Clarke Institute of Psychiatry in Toronto, knows more about transsexualism than anyone else. Like so many sex researchers, Blanchard's introduction to sex research was fortuitous rather than intentional. A rat psychologist by training, his first job was as a clinical psychologist at the Ontario Correctional Institute. He worked full time evaluating and "treating" inmates and was miserable. "I didn't want to spend 100% of my time as a front-line clinician. I wanted to make a scientific contribution. Plus, the prison environment was stressful, if never dull." During that time, the eminent sex researcher, Kurt Freund, consulted at the hospital. Someone suggested that they meet, and during their first conversation, they made plans to collaborate. In 1980 Blanchard took a job at the Clarke, where he has remained, recently taking Freund's position after his death.

Blanchard is irreverent, cynical, and politically incorrect. During the opening ceremony of the International Academy of Sex Research, during the eulogies for members who died during the previous year, he regularly engages in wickedly entertaining whispered commentary about the deceased, unsentimentally recalled. (His eulogy for Freund, however, was serious and touching.) He has little patience for arguments about whether research is good for people

(such as "Are homosexual people hurt or harmed by research on the genetics of sexual orientation?"), preferring instead to dwell on whether scientific findings are true. A transsexual colleague of Blanchard's tells how she once sought his advice regarding a professional dilemma. A member of a task force about transsexualism, she disliked the first draft of their report, but was worried she would offend the other (nontranssexual) members of the committee. Blanchard's characteristic advice: "What's the point of being a sacred cow if you don't moo?"

Academics remember each other by their "contributions," or ideas that make a mark, ideas that get the attention of other academics, motivating others to study the same thing. Blanchard has made two contributions so far. His most recent work has shown convincingly that gay men tend to have more older brothers compared with heterosexual men, and he is pursuing an interesting biological theory to account for this. But I think his more revolutionary contribution has been to the classification and explanation of transsexualism. In a series of articles beginning in 1985 and continuing for about a decade, Blanchard established that there are two very different types of men who change into women, who have very different presentations, motivations, and probably, causes. Blanchard's observations transformed male-to-female transsexualism from a seemingly chaotic and bizarre collection of phenomena into two straightforward and clinically comprehensible patterns.

When Ray Blanchard first began studying and treating transsexuals during the early 1980s, the field was rife with different confusing diagnostic typologies, including anywhere from one to four kinds of transsexuals. At a merely descriptive level, most clinicians saw a similar array of gender patients. First was the kind of transsexual that most of us think of when we hear "transsexual," the classic, homosexual type, like Terese. From soon after birth, these males behaved like, and desired to be, female. No one who spent much time with them could be very surprised that eventually they would choose sex reassignment surgery. Of all transsexual types, this is the one that most seems to consist of "women trapped in men's bodies."

Another type of transsexual that specialists recognized, but which is less familiar and comprehensible to most people, is the heterosexual transsexual. These males frequently came to treatment as married men who claimed to have had hidden or suppressed longstanding wishes to be female that they could no longer deny. The clinical picture of this type was much different than the homosexual transsexual. Obviously, of course, one was attracted to men and the other to women, but there was another striking difference. Most heterosexual transsexuals, and virtually no homosexual transsexuals reported a phase beginning during adolescence, in which they secretly wore women's clothing such as

lingerie, became sexually aroused, and masturbated. Cher has a history that is characteristic of many heterosexual transsexuals. However, she has had sexual fantasies about both men and women, and has had sex with both. She is bisexual.

There was at least one other type of transsexual that experts wrote about, one that presented a much fuzzier picture. This was a transsexual type whose sexuality was either unclear or absent. These transsexuals claimed to be attracted to neither women nor men, and some of them claimed to have no sexual feelings at all. Some called this type "asexual."

To make matters more complicated, there were at least two other types of man who cross-dressed, but who did not want sex changes. Drag queens were gay men who cross-dressed in



public, often for the purposes of entertainment (especially lip synching and dancing to music). Transsexualism researchers knew that drag queens existed, but did not know much about them, because drag queens did not often seek treatment for their cross-dressing; it caused them no problems. The other group of men who cross-dressed were called transvestites. These were heterosexual men, typically married, who dressed in women's clothing without any intention of getting a sex change. Like heterosexual transsexuals, they frequently acknowledged an erotic component to their cross-dressing, at least during adolescence. The official psychiatric diagnostic manual of

the time, *The Diagnostic and Statistical Manual of Mental Disorders*, called heterosexual transvestism "transvestic fetishism," and put it in an entirely different section of disorders from transsexualism. The diagnostic label implied that transvestites are motivated by an erotic connection to women's clothing. Heterosexual transvestites are an important part of this story, and they are probably far more common than transsexuals (no one knows for sure). So before proceeding, let's meet one.

Stephanie Braverman is, despite the name, a fifty-ish married man who holds a high level position in a national bank, and whose wife is a well-known administrator in a local university. When Stephanie is a man—which is the large majority of the time—that man is named "Don." I have never met Don. Stephanie always looks the same, dressed in tastefully elegant style—wig, makeup, and all—as a middle-aged matron. After reading about my interest in gender in a newspaper article, Stephanie called me to "educate" me about heterosexual cross-dressers. We have met several times, and I have learned much. Still, we disagree fundamentally (if good-naturedly) about many things related to cross-dressing. One thing we

mostly agree on, however is her basic story.

Stephanie remembers Don having early (age 6 or so), vague wishes to be a girl, but does not think that others found him remarkably feminine. In adolescence, Don periodically wore his mother's lingerie, looked in a mirror, and masturbated. He felt ashamed and guilty about cross-dressing, and tried to stop several times, but each time was unable to refrain for long. In his early twenties, he met the woman he would marry. Before proposing, he told her about his cross-dressing and said that he intended to stop. His future wife, in love with him by then, did not even pause to reconsider her commitment. They have had, by most appearances, a successful marriage, with three children. Several times, during the marriage, Don "purged," throwing away all his women's clothing and vowing to quit cross-dressing. (Over all his purges, Don probably threw away several thousand dollars worth of clothing.) Following each purge, he felt relieved and virtuous for a time, but these feelings eventually transformed into irritability, tension, and despair. Each time, Don gave in to his cross-dressing urges. After his last (and final, Stephanie hopes) purge attempt failed, he sought counseling, and his therapist helped him find the Chicago chapter of Society for the Second Self (or Tri-Es), an organization for heterosexual cross-dressers. Stephanie has become a leader in the chapter, and speaks frequently (and always as Stephanie) to college students and other receptive audiences. She wants ultimately to diminish the stigma felt by cross-dressers.

Stephanie claims that the erotic component of cross-dressing was never Don's primary motivation—which was the expression of an inner femininity—and that he rarely feels aroused any more when cross-dressed. Once in a while, a glimpse in the mirror of how good Don looks as Stephanie (especially his legs) gives him an erection, but this is more annoying than satisfying. Stephanie insists that the primary benefit of cross-dressing these days is relaxation. When business and family duties prevent Don from cross-dressing for much longer than two weeks, he feels tense and irritable. To me, it sounds as if Don's cross-dressing was at one time primarily sexually motivated, and indeed I suspect it still is to a large extent. This is our ongoing argument, and I will return to it.

Diagnosis can advance by either splitting or lumping. Splitting occurs when someone notices two or more superficially similar conditions that had previously been called the same thing. The history of medical diagnosis has mostly been a story about splitting. Some early classification systems, for example, included the category "fever," which subsumed every problem that caused a temperature. In contrast, modern diagnosis distinguishes thousands of conditions that cause "fever," from chicken pox to ebola.

More rarely, diagnosis progresses by lumping. Lumping occurs when two or more apparently different conditions are found to be different forms of the same, underlying pathology. In

the early history of AIDS, doctors noticed an increase in a variety of seemingly unrelated conditions among gay men. Eventually, they hypothesized that these were all consequences of the same infection, and when it was possible to test for HIV, its presence was confirmed in virtually all cases.

Ray Blanchard's contribution to transsexual science was of the lumping variety. Distinguishing "homosexual," "heterosexual," "bisexual," and "asexual" transsexuals diagnostically makes sense only if the different types have fundamentally different causes. Otherwise, why not distinguish "tall," "medium-sized," and "short" transsexuals, or "blonde" and "brunette" subtypes? Blanchard noticed some similarities between some of the subtypes that made him suspect that they were fundamentally similar. In particular, the homosexual subtype seemed different from all the others, who seemed similar in important respects. (In order to avoid wordiness, he called the heterosexual, bisexual, and asexual transsexuals the "nonhomosexual" transsexuals.)

For one, the nonhomosexual types were older when they came to the Clarke Institute for treatment. This was partly due to the fact that many of them had postponed their gender concerns to raise families. But even the asexual subtype, who was typically unmarried, came to treatment later than the homosexual subtype. On average, the nonhomosexual types showed up at the Clarke 8 years later than the homosexual type. The nonhomosexual types also gave somewhat different childhood histories than the homosexual type, who universally acknowledged marked and noticeable femininity from early on. In contrast, many of the nonhomosexual types said that they were unremarkably masculine boys, though they typically reported early memories of secret longing to be girls.

The most noteworthy difference between the homosexual and nonhomosexual transsexuals concerned cross-dressing. Homosexual transsexuals recalled that they cross-dressed from early on, but few of them reported that cross-dressing provoked a sexual response. Most nonhomosexual transsexuals admitted sexual arousal to cross-dressing, at least in the past. Even the asexual subtype did so.

Blanchard made a good case that "heterosexual," "bisexual," and "asexual" transsexuals were more similar to each other than to homosexual transsexuals, and he suspected that they were subtypes of a more general condition. But what general condition? Then Blanchard saw a patient named Philip, who proved to be the exception that revealed the rule.

Philip was a 38-year-old unmarried business executive who was referred to the Clarke Institute of Psychiatry because of the persistent wish to be a woman, accompanied by depression that he was not one. Philip was a happy, masculine boy, who was popular and competent. Philip had cross-dressed only once in his life, at age 6. Although he lived alone and could cross-dress easily, he simply had no desire to do so. Since puberty, he had masturbated

fantasizing that he was a nude woman, lying alone in his bed. He would focus on the picture of having breasts, a vagina, and other physical characteristics. Although Philip had had sex with several women, there were indications that this was not especially rewarding to him. In his only long-term relationship, he stopped having sex with his girlfriend after only a few months. In his last time with a woman, he had difficulty getting an erection. He has never had sex with a man. However, he had begun to fantasize about having intercourse with a man, as a woman. The man in his fantasies was a faceless abstraction rather than a real person. Philip never fantasized about having gay sex with a man, as a man.

Philip was near the borderline of nonhomosexual transsexualism, but he lacked a cardinal sign of that disorder, a history of erotic cross-dressing. It dawned on Blanchard that what Philip had in common with most nonhomosexual transsexuals, as well as cross-dressers for that matter, was sexual arousal at the idea of himself as a woman. This strange sexual desire—for oneself transformed into a woman—must be the fundamental motivation for nonhomosexual transsexualism. Blanchard called it "autogynephilia" (pronounced Otto-Guy-Nuh-Feel-Ee-Ya). "Gynephilia" means attraction to women, and "auto" means self. Autogynephilia accounts for a variety of phenomena that otherwise seem disconnected.

Take cross-dressing. At the time that Blanchard came up with autogynephilia, the prevailing explanation of erotic cross-dressing was that it was like a fetish, a mere association of sexual arousal with inanimate objects. But there were obvious problems with this conceptualization. Most men find garter belts and bras to be sexy, probably due to their association with scantily clad women, but most men do not put them on and look at themselves in the mirror. Nor do cross-dressers merely wear women's clothing. While cross-dressed, they typically pretend to be women: taking female names, trying to walk and sometimes talk like women. According to Blanchard, even cross-dressers who do not want to change their sex have autogynephilia, which they share with nonhomosexual transsexuals. This is sensible because during the teenage years, it is probably impossible to distinguish males who will become nonhomosexual transsexuals from those who will remain cross-dressers. They are all autogynephiles.

Autogynephilia also accounts for the homosexual-like fantasies of some autogynephilic (i.e., nonhomosexual) transsexuals. These fantasies are quite unlike the homosexual fantasies of gay men and homosexual transsexuals. They do not focus on characteristics of the male partner, but on the transsexual's female self interacting with the male. Stephanie, the cross-dresser, once told me a fantasy she had been having about me. In her fantasy, I would treat her "like a lady,"—take her out to a nice restaurant and then out dancing. She reassured me that she did not want to do anything sexual with me (and I had never sensed that she was sexually attracted to me). As she told me about the fantasy, however, it was clearly an erotic one. But in contrast to gay men's fantasies about other men, I was merely a prop in

Stephanie's; I could have been any male. Even in more explicitly sexual fantasies, the male usually has no face, just a penis and body, which penetrates the imagined vagina. To many autogynephiles, the act of being penetrated by a penis is the ultimate statement that one is a woman, and this is perhaps why it is so arousing to some autogynephiles (such as Cher).

Blanchard noticed different forms of autogynephilia in the different patients he saw. Some patients were sexually aroused by cross-dressing, others by the fantasy that they were pregnant, others by the fantasy that they had breasts, and others by the fantasy that they had vaginas. One patient even masturbated while fantasizing about knitting in a circle of other knitting women or being at the hairdressers with other women.

Blanchard hypothesized that the variety of autogynephilia that a man has should predict whether the man would become transsexual. A cross-dresser with only transvestitic or behavioral autogynephilia can probably satisfy his urges by periodically cross-dressing in private, or in the company of other transvestites. But a man whose primary fantasy is having a vulva cannot enact his fantasy so easily. (Not everyone is as creative as Cher, and eventually, wearing fake vaginas did not work for her either.) Blanchard confirmed that, indeed, it was men who fantasized about themselves as nude women, and who focused on the image of having a vulva, who felt the strongest desire to change their sex. He also found that patients who fantasized about themselves as nude women were younger at their first appointment compared with those patients who fantasized about themselves wearing women's clothing. This suggests that autogynephilic transsexualism is not merely a progression from cross-dressing. If it were, the patients who fantasized about cross-dressing should have been younger, not older (because by the incorrect interpretation, they would not have yet advanced to the "nude fantasizing" stage of their condition).

Once Blanchard asked a group of autogynephilic transsexuals: "Suppose you had the following choice. You could get your sex reassignment surgery but continue to live as a man forever or live as a woman but never obtain sex reassignment surgery. Which would you do?" About half of the group chose each alternative. Those whose autogynephilia focused on the vagina chose the surgery, and those focused on the female role chose the role change. Of course, most autogynephilic transsexuals want both.

How are we to think of autogynephilic men? Are they more like gay men, or like heterosexual men? Do they really have a woman hidden inside them? If so, why do they hide their inner femininity, when some gay men, drag queens, and homosexual transsexuals are extremely and openly feminine from an early age?

The word "autogynephilia" is difficult, even jarring, and this is appropriate—the concept it

names is bizarre to most people. In order to understand autogynephilia, it is important to recognize that it differs so much from ordinary experience that it cannot be understood simply. For example, even heterosexual people can understand homosexuality by thinking, more or less accurately, "It's just as if I were attracted to my own sex instead of the other sex." Autogynephiles are more difficult to fathom.

Blanchard believes that autogynephilia is best conceived as misdirected heterosexuality. These men are heterosexual, but due to an error in the development of normal heterosexual preference, the erotic target (a woman) gets located on the inside (the self) rather than the outside. This is speculative, and what causes the developmental error is anyone's guess.

Autogynephilia is not primarily a disorder of gender identity, except in the obvious sense that the goal of the transsexual is to become the other sex. At the cross-dressers meeting I attended, the wife of one of the men asked me: "When they say they feel like women, how do they know what that feels like?" This question, which reflected the woman's skepticism about the men's account, is profound. How do we ever know that we are like someone else? Unless you believe in ESP (and I don't), the answer must be found in overt behavior, which somehow signals fundamental similarity. Evidently, the woman did not get those signals from the men. (If instead of being the wife of an autogynephile, she were the sister of a homosexual transsexual, I doubt she would have asked an analogous question.) The fact is that despite their obsession with becoming women, autogynephilic transsexuals are not especially feminine. One told me, for example:

I had a fairly early onset (certainly before age six) of an intense desire to be a girl (or "like a girl") physically; or to put it another way, to be female -- but not necessarily to take on the feminine gender role. This took different forms as I grew older. To a six-year old, the difference between boys and girls physically is not primarily genital: girls wear long hair and dresses, and that's what I wanted. As I got older, I grew to want other things: breasts, a vagina, menstruation, pregnancy. In the early stages the dysphoria wasn't painful, like a wound; it was more like a yearning for the unobtainable, like a thirst I couldn't quench.

However, I didn't play with dolls, nor do many of the traditional feminine things that the classic primaries often report. I didn't like to compete athletically, and I was always afraid of getting hurt; but I liked model cars and airplanes, and toy guns, too.

This contrasts greatly with the childhood histories of homosexual transsexuals, whose femininity was remarkable to anyone who observed them closely. Nor are autogynephiles feminine adults. After all, most have been married, and to most observers, appear to be conventional husbands. Autogynephiles rarely have stereotypically female occupations. To the contrary, many have served in the military. I even met one who was in the Green Beret. Technological and scientific careers seem to me to be overrepresented among autogynephiles. (Ray Blanchard remarked to me that he saw a seemingly close relation between autogynephilia and computer nerdiness.) Autogynephiles have claimed that they chose stereotypically

masculine occupations to hide their feminine side, but I doubt this. It seems more consistent with the overall picture to say that autogynephilia is not associated with stereotypic feminine interests. Finally, autogynephiles do not typically look or act very feminine, especially in comparison with homosexual transsexuals. To the extent that autogynephiles achieve a feminine presentation, it is with great effort. Cross-dressers offer workshops in talking, walking, standing, and gesturing like women. The work does usually pay off eventually in a passable feminine presentation, but it is work.

Autogynephiles are not "women trapped in men's bodies." (One autogynephilic transsexual quipped that they are "men trapped in men's bodies.") Homosexual transsexuals, so naturally feminine from early on, can make this claim more accurately, but as we shall see, it is not completely true even of them. Autogynephiles are men who have created their image of attractive women in their own bodies, an image that coexists with their original, male self. The female self is a man-made creation. They visit the female image when they want to have sex, and some became so attached to the female image that they want it to become their one, true self. This explains the name of the transvestite organization "Society for the Second Self." It also explains the maddening tendency of some autogynephilic research subjects to put down two answers to every question—one by their female self, and one by their male self. Homosexual transsexuals do not do this. They have one self that is a mixture of masculine and feminine traits, and not alternating selves. No, autogynephiles are not women trapped in men's bodies. They are men who desperately want to become women.

We do not even have the beginnings of a respectable theory of the causes of autogynephilia. This differs from sexual orientation, in which we have a reasonably well-articulated if unproven theory. Recall from chapters 2 and 6 that femininity in boys and homosexuality in men is probably caused by incomplete masculinization of the brain during sexual differentiation.



Autogynephilia in the form of cross-dressing is still called "transvestic fetishism" in the *Diagnostic and Statistical Manual*, and many people have suggested that fetishism arises as a kind of conditioning experience. As the guy at the cross-dressers meeting put it, panties are sexy, so some men become aroused wearing them. The problem with this account is that although it might explain a fetish for panties, it does not explain why men should want to wear the panties. Conditioning explanations of both sexual preferences and fears (the other domain where they are common) have received little convincing support, although many people believe them. Blanchard's conceptualization of cross-dressing, as arousal to an image of oneself as a woman, is very different from the idea of a fetish. Conceptualized Blanchard's way, it is difficult to see how cross-dressing could arise via conditioning.

Some autogynephiles claim that their first cross-dressing experience was in the context of being punished (usually by some female friend or relative, who forced them to cross-dress to humiliate them), and that this is how they acquired their taste for cross-dressing. I find these reports dubious. They sound more to me like fantasies or attempts to explain their behavior in ways that sound plausible to others. In any case, the fact that most autogynephiles do not claim these experiences suggests that they cannot be causally crucial.

Regarding the fundamental question of whether autogynephiles are born or made, my intuitions are with "born." Perhaps every day, in this country, at least one adolescent boy by himself puts on his mother's or sister's lingerie, becomes sexually aroused, and masturbates. As far as anyone can tell, there is nothing unusual about the environments of these boys, and certainly nothing in their environments obviously contributes to their unusual preoccupation. This smells innate to me. (I do not claim to be making a strong case here.)

Anecdotally, I have heard several accounts of first degree relatives (brothers, or fathers and sons) who discovered that both were cross-dressers. The discovery was invariably after both relatives had a great deal of cross-dressing experience, which they had hidden from each other. This smells genetic to me. Again, though, this is not meant to be a strong argument.

Autogynephilic cross-dressing usually begins in late childhood or early adolescence, but this does not mean that it is not biological. (Pubic hair also begins at adolescence.) Some autogynephiles claim that they have early memories of their condition, such as the desire to be female. I have tended to be skeptical about these memories, but a recent case seen by psychologist Ken Zucker at the Clarke Institute has made me more open-minded. This was a three-year-old boy whose mother had brought him in to the clinic because of his cross-

dressing, which she first observed at around age 2. According to the mother, the boy wore her or his sisters' underwear, lingerie, slips and nighties. The mother also reported that (at age 3!) he got erections when looking at women's clothing in magazine advertisements, and he would demand that she buy the items he was viewing. His cross-dressing was sporadic, rather than continuous, and it did not appear to reflect early femininity—he did not say he wanted to be a girl or have other feminine interests, for example. The most fascinating development came when Zucker interviewed the father, who admitted that he had cross-dressed erotically since adolescence. There was no indication that the boy had ever seen his father do this or had any opportunity to learn the behavior from him. I would predict (as would Zucker) that when he grows up, the boy is very likely to have some variety of autogynephilia. His early onset also smells biological, though as I stressed, early onset is not a necessary component of innate behavior.

Highly relevant to the nature-nurture question is whether autogynephilia has occurred in most cultures and times. In fact, there is only very limited evidence about its occurrence prior to Magnus Hirschfeld's classic work, *Die Transvestiten*, published in 1910. There are a few more-or-less definitive accounts, such as the Abbé de Choisy, who lived in France from 1644 until 1724. Although the historical record does not document Choisy's masturbatory habits (he was, after all, an abbot), it is clear that he was a heterosexual cross-dresser. He was romantically drawn to women, whom he preferred dressed as men. In fact, he once arranged a marriage ceremony in which he dressed as the bride, and the woman as the groom. He clearly experienced cross-dressing, and particularly being admired as a woman, as erotic. He had periods in which he felt guilty about his unusual preoccupation and purged, just as contemporary cross-dressers do.

The cross-cultural occurrence of autogynephilia has not been well established (in contrast to homosexual transsexualism, which has been). This is not surprising. It is probably rare, secretive, and poorly understood. On the other hand, I would expect that it occurs everywhere. Blanchard has seen autogynephilic transsexualism in immigrants from Europe and Asia.

My gut feelings may say as much about my biases as they do about the evidence, which is admittedly scanty. Other people might look at the same evidence and reach the opposite conclusion. However, no one could honestly and competently say that we are anywhere close to understanding the causes of autogynephilia.

"Most gender patients lie," says Maxine Petersen, the ace gender clinician at the Clarke. One common lie among autogynephiles, according to Maxine, is that they are homosexual rather than heterosexual. The motivation for that lie is probably the fear that a gender clinic will

deny them a sex change if they are determined to be heterosexual. And indeed, some psychiatrists have taken the position that nonhomosexual transsexuals are uniquely inappropriate for sex reassignment because they are not "true" transsexuals. (The Clarke Institute does not discriminate against autogynephiles and indeed, Blanchard wrote an uncharacteristically impassioned passage in one article urging readers not to use his findings to justify such discrimination.) Autogynephiles who claimed to be homosexual transsexuals could account for the apparent cases of homosexual transsexuals who practiced erotic cross-dressing. Other common lies, according to Maxine and others, include an exaggeration of early femininity. This might in some cases have the same motivation.

The most common way that autogynephiles mislead others is by denying the erotic component of their gender bending. For example, when Stephanie Braverman lectures to my human sexuality class, she does not even mention her history of masturbating while cross-dressed. When I spoke at a meeting of Chicago cross-dressers, the men became clearly uncomfortable when I brought up the erotic component of their activity, preferring instead to attribute it to their inner femininity. When I pointed this out, one cross-dresser said "I wear feminine clothing because I feel feminine, and I can't help getting aroused because the clothes are sexy. Any man would." I don't think so. But you can judge. Here is one of the passages that aroused the cross-dressers in Blanchard's study. See if you think it is sexy.

You have plenty of time to dress this evening. You slip your panties over your ankles and pull them up too your waist. Sitting on the edge of your bed, you put on a pair of sheer nylon stockings. You fasten the stockings with the snaps of your lacy garter belt. You slip your arms through the straps of your brassiere and reach behind you to fasten it. You put on your eye shadow, mascara, and lipstick. Lying on your bed, you look up at your reflection in the large mirror on the ceiling.

Why do some autogynephiles deny the sexual component of their condition? One reason, again, is the real or imagined treatment implications. Some psychiatrists have refused to recommend for sex reassignment any man who has had even one incident of erotic cross-dressing. But this fear surely cannot explain the resistance of Stephanie Braverman and the cross-dressers at the meeting—they are not trying to become women.

Perhaps the major reason is shame and anticipated social reaction. The psychiatrist Harry Benjamin, who coined the word "transsexual," noticed early on that cross-dressers, and especially cross-dressers in organizations trying to influence the public, tended to deemphasize the erotic element. He suggested that they did this in order to be more accepted by others. Today, public statements by those who call themselves "transgendered" (who are almost all autogynephiles rather than homosexual transsexuals) rarely acknowledge any erotic component to "transgenderism."

There is also a more personal motivation to deny the erotic component to autogynephilia. Anne Lawrence, a physician and sex researcher who is also a post-operative transsexual, put

it this way:

I imagine most men would be humiliated to admit that dressing in women's clothing is a sexual kick, and even more humiliated to admit that doing so, or fantasizing doing so, is obligatory for climax some or all of the time. Just dressing in women's clothing is shameful enough; but having one's sexual potency contingent upon such an unmanly, "ridiculous" crutch would be almost impossible to admit. Moreover, for anyone who thinks about it, the whole experience of reliance on paraphilic behavior or fantasy for arousal is rather tragic and lonely: it cuts one off from intimate contact during partnered sex, because one is (at least mentally) often making love to oneself rather than to one's partner. Better not to admit this to anyone -- especially to one's wife. I think that if the wives of heterosexual cross-dressers knew what their husbands were really thinking about at the moment of climax, they would be appalled. (Of course, this might apply to the wives of other straight men as well; but it's one thing to learn he's fantasizing about making love to Claudia Schiffer, and another to learn he's fantasizing about being forced to wear a French maid's outfit.) On the other hand, to attribute one's cross-dressing to a desire to express one's "feminine side" is much more acceptable. Though the behavior may still appear ridiculous, the putative rationale allows the crossdresser to portray himself as multi-faceted, courageous, and even empathic with his spouse. That's a far easier script for most men to follow.

In my experience, most lay people are happy to accept the "I'm a woman in a man's body" narrative, and don't really want to know about autogynephilia—even though the preferred narrative is misleading and it is impossible to understand nonhomosexual transsexualism without autogynephilia. When I have tried to educate journalists who have called me as an expert on transsexualism, they have reacted uncomfortably. One said: "We just can't put that into a family newspaper." Perhaps not, but then, they can't print the truth.

There is one more reason why many autogynephiles provide misleading information about themselves that is different than outright lying. It has to do with obsession. Something about autogynephilia creates a need not only to enact a feminine self, but to actually believe in her. It seems important to them to emphasize the permanence of the feminine self as well as her primacy: "I was always feminine, I just managed to hide it. I became a Green Beret as a defensive response to my femininity." In such accounts, the feminine self is the real self; the masculine self is the creation. (I have been arguing that the opposite is closer to the truth.) Cheryl Chase, the intersex activist, told me that transsexuals frequently join intersex groups because they are convinced that they are also intersexual. In the vast majority of cases, they are not. I would guess that these are autogynephilic transsexuals who want to believe that there is a real biological woman inside of them as well as a real psychological woman.

The self-presentational deceptiveness of some autogynephiles is a main reason why autogynephilia was not understood until recently. Many clinicians—even some who write books—have taken the information that transsexuals tell them at face value. I recently attended a talk by a well-known psychologist at an academic sex conference in which she presented a case that was clearly autogynephilic (he'd been married and was in his late 40s, among other

signs). However, she spoke not one word about her patient's sexual fantasies, dwelling instead on the usual "woman trapped in man's body" story. Blanchard's ideas have not yet received the widespread attention they deserve, in large part because sex researchers are not as scholarly as they should be and so don't know read the current scientific journals.

And although Blanchard's ideas are fundamental to an understanding of transsexualism, they may not matter that much for helping transsexuals, which most clinicians have as their first priority. With luck, the next revision of the *Diagnostic and Statistical Manual* will distinguish "homosexual" from "autogynephilic" transsexualism. But will popular features on "the transgendered" begin to mention the teenage masturbatory cross-dressing? Will "The Cher Mondavi Story" become a made-for-television movie co-starring "Robot Man?" Probably not, and it is a pity. True acceptance of the transgendered requires that we truly understand who they are.

In Search of Womanhood and Men

I wrote first about autogynephilic transsexualism because it is so much less familiar, and more difficult to grasp, than homosexual transsexualism. As I mentioned, most people have homosexual transsexuals in mind when they think of transsexuals at all. But homosexual transsexualism is also an interesting, complex condition, and as is the case with autogynephiles, there are misconceptions about homosexual transsexuals. My own recent research has focused on the homosexual type. Oddly enough, most of the homosexual transsexuals I have met, I met through Cher, who is the other type of transsexual. This is odd because as I have mentioned, in the United States and Canada these days, homosexual male-to-female and autogynephilic transsexuals do not run in the same circles. None of the homosexual transsexuals I asked had ever met a transsexual like Cher before. (Homosexual transsexuals do socialize with each other. Most of "Cher's girls" had met each other prior to meeting Cher.)

Cher's connection with the homosexual transsexuals is her doing. Early in her transition, after she was diagnosed as "transsexual," she decided that she wanted to try the "major leagues." (Cher's frequent allusions to sports and automobiles are sufficient to indicate that she is not a homosexual transsexual.) So she went to gay clubs and gay bars looking for them. She watched them, befriended them, and learned from them. When I met her, she not only lived with a homosexual transsexual, but her best friend was one, and she was advisor, confidante, or chauffeur to several others. Her friends' experiences, contrasted with her own, have made her an astute observer of their differences. When I asked her opinion about the main difference between transsexuals "from gay versus straight



backgrounds" (as she puts it), she said "Gay transsexuals are boy crazy."

One implication of Cher's assertion is that homosexual transsexuals are like gay men. Many of the facts discussed in the last section on gay men apply to homosexual male-to-female transsexuals. For example, the causes of homosexual transsexualism are largely the causes of homosexuality. To be sure, only a small minority of gay men become transsexual, but homosexual transsexuals are a type of gay man. Richard Green began his important study of feminine boys (discussed in the last section) precisely in order to see if he could predict which boys would become transsexual adults. Sensibly, after hearing the memories of transsexual patients, he sought extremely feminine boys. In adulthood, the large majority of these boys were gay men, and only one of sixty was clearly transsexual. Evidently, something prevents most very feminine boys from becoming transsexual. In order for a feminine boy to become transsexual, something extra must happen.

What is the "something extra?" Ken Zucker, whom we met in Chapter 2, has tried to predict which boys with gender identity disorder (GID) would still have the disorder when they become adolescents. Adolescents with GID are much rarer and presumably much closer to being transsexual. Zucker found several predictors of adolescent GID: lower IQ, lower social class, immigrant status, non-intact family, and childhood behavior problems unrelated to gender identity disorder. Obviously, none of these factors can be considered very specific. Parental divorce and low social class are both very common, and the vast majority of males who experience them do not become transsexual. The factors do, however, suggest a common theme, which is early adversity. I will speculate about what this might mean later.

When I have discussed the theory that homosexual transsexuals are a type of gay man, I have met resistance. I was surprised at this, for the idea is neither new nor, it seemed to me, controversial. Some of the resistance was emotional. People who believe that homosexuality is not a disorder tend to dislike the implication that a subset of homosexuals are disordered. I think that this is a bad reason to object to the theory, no better than to object to the theory that autogynephilia is a form of heterosexuality because autogynephilia can be considered a disorder.

Another reason why people have difficulty with the notion that homosexual transsexualism is a form of homosexuality is that at their endpoints, the two conditions seem quite different. The picture of the muscular gay man in leather looks quite different from that of the shapely postoperative transsexual in an evening dress. But look at the entire trajectory. As I have emphasized, as boys, some gay men look just like transsexuals. Nearly all homosexual transsexuals go through a stage in which they are "gay boys," feminine to be sure, but not distinctly more feminine than many gay boys who will become gay men. And there is that "missing link" between transsexuals and ordinary gay men—the drag queen. Drag queens are

gay men who cross-dress occasionally but who have no intention of changing their sex, and who do not take measures to physically feminize their bodies. Unlike heterosexual cross-dressers, drag queens do not become sexually aroused by dressing in women's clothes. Some drag queens are transsexuals who have not yet accepted it, but for others, occasional cross-dressing is as close to female as they will ever get. In our study, we found that drag queens ranked between gay men and transsexuals on a number of traits related to femininity. Also, they liked their penises much more than transsexuals did.

The other reason why some people object to linking homosexual transsexualism with homosexuality is, they argue, that this confuses sexuality with gender. The standard transsexual narrative says that transsexualism is not about sex but about "gender identity," or the internal sense that one is a man or a woman. Transsexuals want to change their sex because their inner sense of self disagrees with their bodies, and not because they have any unusual sexual preferences that depend on a sex change. It should be clear by now that the "gender not sex" part of the transsexual narrative is false for autogynephiles, whether they are transsexuals or merely cross-dressers. Autogynephilia is a very unusual sexual orientation (towards oneself as a woman), and it is usually accompanied by specific and intense sexual imagery. But it would be a mistake to think of autogynephilic transsexualism as the sexual type of transsexualism, and homosexual transsexualism as the type that is solely a disorder of gender identity. Homosexual transsexuals are in their own way just as sexually motivated as autogynephiles.

There is no way to say this as sensitively as I would prefer, so I will just go ahead. Most homosexual transsexuals make more attractive females than most autogynephilic transsexuals. There is the rare exception, but for the most part, autogynephilic transsexuals aspire (with some success) to be presentable, while homosexual transsexuals aspire (with equivalent success) to be objects of desire. Homosexual transsexuals have been models and actresses. For example, the model, Tula, was in several movies and posed for *Playboy* before she was exposed as a transsexual.

There are three reasons why homosexual transsexuals are better looking. First, they are typically younger when they start transitioning. This almost certainly helps prevent some of the masculinization that might have occurred had they waited 8 to 10 years, when they would be the same age as the typical autogynephile. Second, they want to attract men, and they get constant feedback (in the form of propositions from men and mostly unsolicited critical advice from their transsexual sisters) about how they are doing. This allows them to hone their presentation more rapidly than the autogynephilic transsexual, who has spent most of her femme life looking at a mirror by herself.

Finally, homosexual transsexuals are better looking because homosexual men who want to be women tend not to enact that desire unless they can pull it off. The standard transsexual story implies that the transsexual is so dissatisfied with her incorrect male body that she cannot wait to discard it, regardless of how good she will look as a woman. The body is thought to be an irrelevant shell hiding the inner self. This is another place where the standard narrative is wrong, at least about homosexual transsexuals. I have begun asking the homosexual transsexuals I meet whether, if they had looked awful as women, they would have transitioned to full time females. Most have said "no," and no one has answered with an unambiguous "yes." Extremely muscular and masculine looking homosexual transsexuals probably choose not to transition, but instead, remain among gay men, who value their masculine looks. Blanchard has found that homosexual transsexuals tend to be physically smaller than their autogynephilic sisters, which is consistent with just this sort of self-selection. The "before" and "after" pictures they have shown me also support my thesis. As men, the homosexual transsexuals look and act extremely feminine, and that presentation is not very marketable among gay men. They are far more fetching as women.

Kim, whom I mentioned at the start of this section, exemplifies the dilemma that some homosexual transsexuals face. Recall that when I first saw Kim, she was at Crobar with a very handsome and muscular man, and I thought they looked sufficiently like a beautiful heterosexual couple that I refrained from approaching her. Sure enough, though, when I told my transsexual informants about her later, they recognized the description and claimed Kim as one of their own. I arranged to interview her for the study we were conducting. When she came to my laboratory, my initial impression was reconfirmed. She was stunning. (Afterwards, my avowedly heterosexual male research assistant told me that he would have gladly had sex with her, even knowing that Kim still possessed a penis.) Yet despite her appearance, Kim was the most ambivalent homosexual transsexual I had met. She didn't know if she wanted the operation. It turned out that the handsome man with her at Crobar is a gay man, who enjoys her company and being seen with her, but who of course could never be attracted to Kim the way she looked that night. Kim had fallen in love with him, however. Because she knew that she could never have him as a transsexual or a woman, she was considering reversing her transition and becoming a man again. In her case, this would have meant removing breast implants and silicon in her hips. She also said she would probably have to hit the gym to bulk up. As she told me of her dilemma, I increasingly wondered what she could be thinking. I could not believe that Kim could ever be attractive enough as a man to attract the likes of the gay man I saw. Such a sexy woman could not possibly make the kind of masculine, muscular man that gay men tend to prefer. I silently predicted that Kim would come to her senses, let her man go, and embrace the femme fatale she was well on her way to becoming. So far, I am half right. Kim is no longer seen with him,



and she is still a nascent woman, but she has not yet gotten surgery.

Kim' story shows that sex reassignment is not necessarily an inevitable, unwavering goal for the homosexual transsexual. Rather, sex reassignment has a rational choice component: "Can I make it? Will I be happier as a female? Will I be more successful getting straight men as a woman than I am at getting gay men as a man?" (The last decision has to be weighted by a particular transsexual's degree of preference for straight versus gay men. Most vastly prefer straight men.) This could help explain why the large majority of boys who start out looking transsexual ultimately do not pursue sex reassignment. Some doubt they can be attractive women.

This is a significant difference between the homosexual and autogynephilic types. In making the decision whether to undergo sex reassignment, the autogynephiles do not seem to dwell much on whether they can attract mates. Even autogynephiles who worry that they cannot pass as women are concerned more about stares at the grocery store than about a lack of stares at the cocktail lounge. This makes sense. The autogynephile's main romantic target is herself. This is also consistent with my intuition that autogynephilia is a very internally driven condition, much less susceptible to the kind of rational analysis that homosexual transsexuals seem to engage in.

Alberta is a 40-year-old latina homosexual transsexual who got her sex change in her mid-thirties—quite late for the homosexual type. She looks great, and works as a call girl out of her condo, which she owns. Alberta has seen more than one era of transsexuals. Her brother (whom she calls her "sister"—there is no avoiding this kind of confusion) was also a transsexual, who saw the heyday of New York's Studio 54 before dying of AIDS in the early eighties. Alberta has seen many a transsexual come and go, and the first thing that she thinks of that most have in common is that they are outcasts. They are outcasts as children because of their extreme femininity. They mostly come from poor, broken families, and family rejection is common. The gay community rejects transsexuals, according to Alberta, because "they're jealous that we get to have sex with straight men."

Alberta has also noticed, as I have, the large number of latina transsexuals. In Chicago, there are several bars that cater to latina transsexuals. About sixty percent of the homosexual transsexuals and drag queens we studied were latina or black. The percentage of nonwhite subjects in our studies of ordinary gay men is typically only about twenty percent. Alberta says she thinks that Hispanic people may have more transsexual genes than other ethnic groups do. Another transsexual, remarking on the same phenomenon, attributed it to ethnic gender roles: "My culture is very macho and intolerant of female behavior in men. It is easier just to become a woman."

I am not sure about the validity of all of Alberta's observations, much less her theories, but there is clearly something to the idea that homosexual transsexuals are used to living on the margins of society. They have, in fact, had to learn to cope with rejection and disapproval since childhood, due to their extreme femininity. And they have not had the advantages that tend to instill respect in the social order. The early chaotic backgrounds of so many homosexual transsexuals may help explain why they do not defeminize the way that most very feminine boys do. A feminine boy from a middle-class or upper-middle-class family (such as Danny) has more motivation to "hang in there" until he normalizes his gender role behavior, because he has a good chance at a conventionally successful future. Defeminization may also require more ambition and family support than some homosexual transsexuals possess.

Most homosexual transsexuals have also learned how to live on the streets. At one time or another many of them have resorted to shoplifting or prostitution or both. This reflects their willingness to forego conventional routes, especially those that cost extra time or money. Homosexual transsexuals tend to have a short time horizon, with certain pleasure in the present worth great risks in the future.

Prostitution is the single most common occupation that homosexual transsexuals in our study admitted to. About half of them have worked as prostitutes at some point. In Chicago, the entry-level position is as a female-impersonating streetwalker who works the area of Broadway that is mostly gay after dark. (Their customers, of course, are not gay men. They are either unwary straight men or men looking for she-males.) This kind of prostitution is dangerous, especially for transsexuals, whose customers sometimes do not know what they are. They often form relationships with street hustlers or ex-cons. The rate of HIV infection among transsexual streetwalkers is very high, partly due to the high rate of intravenous drug use.

The more resourceful and attractive transsexual prostitutes are call girls. Before their sex reassignment surgery, they advertise as transsexuals. There is, in fact, a market for the services of preoperative transsexual prostitutes, and I will discuss this later. After surgery, many transsexual call girls continue in the business. Alberta's friend, Juanita, is a very attractive postoperative transsexual, who has worked as a call girl both before and since her operation. Juanita differs from genetic female prostitutes because she asks men to describe themselves on the phone before she makes an appointment with them. In doing so, she is trying to determine whether their appearance will be acceptable to her. For example, she rejects obese men. She also admits that she finds some of the men who patronize her attractive, and enjoys sex with them. She doesn't tell them, though, because she doesn't want them to try to get sex for free. Although Juanita says she would like to switch occupations, she does not feel degraded and guilty about what she does for a living. I suspect that this reflects an aspect of her psychology that has remained male. When we ask

transsexuals about their interest in casual sex, they respond pretty much like gay men who look like straight men, all of whom are more interested than either lesbians or straight women, on average. Although Juanita is so feminine in some respects, even some behavioral respects, her ability to enjoy emotionally meaningless sex appears male-typical. In this sense, transsexuals may be especially well suited to prostitution.

As for shoplifting, homosexual transsexuals are not so much especially well suited as much as especially motivated. For many, their taste in clothing is much more expensive than their income allows. Transsexual call girls are among the few who can afford expensive clothes. In female impersonator shows, transsexuals often wear designer gowns, which are widely believed (by other transsexuals) to have been acquired via the five fingered discount.

Living on the edge is more out of necessity than desire. Most of the homosexual transsexuals I talked to had similar dreams for the future. They wanted to get their surgery (if they had not yet had it) and meet a nice, attractive, and financially stable heterosexual man who would marry and take care of them. This is obviously similar to the hopes of many genetic women. When I was conducting my study of homosexual transsexuals, I routinely asked them if they knew anyone who had realized this dream. No one did.

The Baton is Chicago's premier female impersonator club, featuring several past Miss Continentals, including Mimi Marks, the gorgeous transsexual who had an affair with Dennis Rodman. The performances consist of lip synching and dancing to well known songs, and the intended effect is to awe the audience with the beauty and realism of the female impersonators, who all appear to be women. Mission accomplished. Even the less attractive performers are not so because they look like men, but rather, because they are overweight, or merely plain. They look like women. All the performers I met there label themselves transsexual, and they all love men. They also all still have their penises. Once they have their sex reassignment surgery, they become women, and women cannot impersonate women.

My first time at the Baton, I too was wowed by the accomplished female impersonations. But the most interesting part of the experience involved the audience. One man who sat close to the stage, by himself, was the object of derision by the transsexual MC and several of the other performers, during their acts. The performers made gestures indicating that he was dirty or perverse, while the man gazed up at them, seemingly unfazed. At one break, I overheard one of the performers telling him, exasperated, "Of course I still have it!" Only later, when I spoke to several homosexual transsexuals about it, was I able to surmise what was going on. None of the transsexuals I asked had difficulty interpreting the interaction. It was evidently in all of their realms of experience, in one way or another.

The man was at the Baton because he was especially attracted to she-males, or transsexuals who live as women but still have their penises. She-males are most often depicted as mostly feminine individuals, with women's faces, breasts, and absence of facial and body hair, but with functioning and erect penises. She-males are not just an acceptable substitute to this man. They are his preferred targets. Evidently, there is a significant market for she-male sex. Advertisements in pornographic magazines not infrequently sell videos or other magazines featuring she-males. About half the homosexual transsexuals that I have met have worked as prostitutes, and the majority of these worked pre-operatively, as she-males. One study found that among prostitutes' solicitations in a Toronto alternative newspaper, about one in twenty was placed by a preoperative transsexual prostitute.

Who are the customers? Are they gay, straight, or bisexual? Are they merely men looking for something exotic? Ray Blanchard is the only researcher who has studied men who are sexually attracted to she-males. (Blanchard calls men with sexual interest in she-males "gynandromorphophiles." Cher calls them "transie sniffers." I will stick with "men with sexual interest in she-males.") In a content analysis of sexual personals advertisements, he found that about half of men who sought she-males were cross-dressers; the other half were not. Blanchard thinks that a significant number of men who want she-males are "partial autogynephiles"—they are primarily aroused to the image of themselves as she-male. Blanchard says that the men are not gay but are more like "scrambled up heterosexual men." The transsexuals I know who worked as she-male prostitutes confirmed this. "There was nothing gay about those men," said one, who knows plenty about gay men.

There is a rather uneasy symbiosis between the homosexual she-males, on their way to sex reassignment, and the men who want them at that stage. Juanita, who has been a successful prostitute before and after sex reassignment surgery says simply "You would have to be crazy to prefer being a she-male prostitute." According to Juanita, there were several problem with customers who call on she-males. Most annoyingly, they frequently don't show up for the appointments they scheduled. She thinks the no-shows want something exotic but simply lose their nerve and decide they can't go through with it. Another thing that irritated Juanita about the customers who called on her when she was a she-male was the way they viewed her. "They considered me their little sex toy and assumed that just because I was a transsexual I would do anything kinky. They didn't care about me, or even what I looked like. They just wanted to know if my thing worked." Juanita says that the most frequent unwelcome requests were that she would penetrate them anally, act like a dominatrix, or allow them to cross-dress with her. The most frequent activity that she granted was oral sex (the men sucked Juanita's penis).

Juanita has had her sex reassignment surgery, and now works as a call girl for men who want real women. She does not tell them that she used to be a transsexual. None of her frequent

customers from before was interested in continuing with her post-surgery. The new men are more "intimate," according to Juanita, because they see her as a real person rather than merely a "sex toy." Juanita is a very attractive transsexual, and had the luxury of continuing to work successfully even after she was no longer exotic. Although I have not met one, some she-male prostitutes allegedly delay sex reassignment surgery because they are concerned that their incomes will suffer after they no longer have their penises.



The voice on my answering machine sounded serious, even worried, and I wondered why. Maria had seemed ready and eager for her surgery. She was one of the few homosexual transsexuals I had met who had a conventional job, she was cheerful, and not at all ambivalent about the surgery. She knew what she wanted. When I called her back, she asked me to meet at a restaurant in Lincoln Park, Chicago's trendy urban neighborhood. When I arrived, she greeted me at the door, and I barely recognized her. She had been quite passable before, but not especially attractive. Now she was the kind of woman that men gawk at (and later when we left the restaurant, they did). She now had very large breasts, and an hourglass figure. Her face, which showed light stubble before, was radiantly feminine now. And she had already had one of the best voices I had ever heard on a transsexual. Yet she began by saying she had problems.

Wherever she went, Maria was constantly feeling that people were whispering about her, identifying her as a transsexual. I was quite certain that people were whispering about her, but equally certain that they were not "clocking" her. Then she revealed her current personal situation, which helped explain her paranoia. For over a year she had had a steady boyfriend who did not know that she is a transsexual. She had made up a past life in response to his queries. Her gay brother collaborated with her to convince her boyfriend of the truth of her false past and to hide the true past. She was extremely concerned that her boyfriend would find out, and the constant worry caused tension in their relationship. For example, she was jealous that he would seek a "real woman," although in fact he believed he was already with a "real woman," and they had been fighting.

Maria had met her boyfriend shortly after getting breast implants but before her vaginoplasty. Evidently, many men had made advances at that time, and she chose him because he was good looking and ambitious. She was able to postpone intercourse with him for a few months, meanwhile frantically managing to get her surgery scheduled sooner. She had sex with him sooner than she was supposed to, but had not had any physical problems as a result.

Her new body worked well.

She and her boyfriend had talked fairly specifically about a future, including marriage and children. Although aware that she cannot have children, she was willing to adopt. The boyfriend had integrated her into his circle of friends and introduced her to his family, who loved her. Maria had absolutely no intention of telling her boyfriend, ever. She had cut off, or at least drastically reduced, interactions with her old transsexual friends to reduce the chance of discovery, but had a couple of close calls in public with her boyfriend, once with Cher. Some of her old friends understood and wished her well; others did not. In fact, Maria worried that a resentful transsexual might track down her boyfriend and tell him merely to spoil things for her.

As we spoke, I sympathized with Maria, but I also pondered her and her boyfriend's predicaments. Maria's is clear enough. Ray Blanchard once presented the following dilemma to a prominent and open-minded heterosexual male scientist. Suppose that you met the perfect woman—attractive, sexy, and interested in you—with one catch: She is transsexual. Would you be her partner? The scientist sheepishly admitted that he would not. When I asked Juanita, the sexy transsexual prostitute (now post-op, and not generally open about her past) about the best, and worst, reactions she had had from lovers after she revealed that she used to be a man, she replied "I have really never had a good experience. The men always leave." Juanita's most recent boyfriend confronted her after penetrating her for the first time. Her vagina is shallow, and he concluded that she is not a normal woman. He asked if she is transsexual, and she did not deny it. He ran from her apartment and called her later to say that he could not deal with her revelation just now. She has not heard back from him. Juanita knows only one transsexual who has been with a man for more than a year, and that transsexual's boyfriend pimps for her.

All the homosexual transsexuals I have talked to say that they wish they could find a man they could tell and who would love them anyway, but they all worry that such a man does not exist. And they are all deeply suspicious of men who prefer transsexuals to real women. (These men have something similar to "sexual interest in she-males," and transsexuals find them weird.) There is little incentive for the postoperative homosexual transsexual to be honest.

Cher has made it clear to her friends, such as Juanita, that she disapproves of such deception, and that she intends to be honest with her own prospects. (Cher currently considers herself bisexual, but thinks that she is most likely to become sexually involved with men.) Press her, though, and she will admit that virtue is somewhat easier for her than for her homosexual transsexual friends. Cher is sufficiently "clockable" that she cannot risk not telling. Before she says anything, most men know or at least suspect. Furthermore, I do not

believe that Cher's attraction to men is as intense or as unambiguous as that of homosexual transsexuals. She is autogynephilic, and men's place in her sexual world is complicated. So the loss of a potential sex partner is less of a loss, overall, to Cher than it is to the homosexual transsexuals, who simply lust after men.

I put myself in her boyfriend's place and ask myself if I would want to know. The answer is less clear the longer I contemplate. On the one hand, any person to whom it mattered would seem to have the right to know. On the other hand, this is a man who by all accounts is in love with Maria, and who derives a great deal of satisfaction from being with her. (My impression is that his friends and family believe he is very lucky to be with her.) Even though the couple (if it remains a couple) is destined to be biologically childless, this is less of a problem for most men than for most women, who often become depressed when a couple is infertile. By the kind of utilitarian analysis I am partial to, let us ask which ending would leave the world a happier place: the boyfriend finds out, or he doesn't find out. Assuming that the couple is destined to break up for other reasons (after all, they are only in their early twenties), then surely it is better for both if he does not find out. If they are compatible enough to make a life together, then it is still not clear that he should know. After all, she could eventually reveal that she is sterile without saying why. If having biological children were so important to him, he could end the relationship with only that knowledge.

Maria asked me to talk to her and her boyfriend, to do couples counseling, pretending that I have known her only as a woman. This would serve both the goals of helping their relationship and covering her story. I considered it briefly, then refused. But it was not an easy decision.

Autogynephilic and Homosexual Transsexuals:

How To Tell Them Apart

Once you have learned about autogynephilic and homosexual transsexuals, and seen several of each, distinguishing the two is easy. If Blanchard and I saw the same 100 transsexuals, I would be surprised if we disagreed on more than 2. But most readers will not have met a single transsexual of either type, and even most clinicians who see gender patients are not used to thinking about them this way. In any case, you cannot simply ask someone "Which type are you?"

I have devised a set of rules that should work even for the novice (though admittedly, I have not tested them). Start at zero. Ask each question, and if the answer is "yes," add the number next to the question. If the sum gets to +3, then stop; the transsexual you're talking to is autogynephilic. If the sum gets to -3, she is homosexual.

+1 Have you been married to a woman?

+1 As a child, did people think you were about as masculine as other boys?

+1 Are you nearly as attracted to women as to men? Or more attracted to women? Or equally uninterested in both? (Add 1 if "yes" to any of these)

+1 Were you over the age of 40 when you began to live full time as a woman?

+1 Have you worn women's clothing in private and, during at least three of those times, become so sexually aroused that you masturbated?

+1 Have you ever been in the military or worked as a policeman or truck driver, or been a computer programmer, businessman, lawyer, scientist, engineer, or physician?

-1 Is your ideal partner a straight man?

-1 As a child, did people think you were an unusually feminine boy?

-1 Does this describe you? "I find the idea of having sex with men very sexually exciting, but the idea of having sex with women is not at all appealing."

-1 Were you under the age of 25 when you began to live full time as a woman?

-1 Would you like to look at pictures of really muscular men with their shirts off?

-1 Have you worked as a hairstylist, beautician, female impersonator, lingerie model, or prostitute?

Finally, if the person has been on hormones for at least six months, then ask yourself this question:

If you didn't already know that this person was a transsexual, would you still have suspected that she was not a natural-born woman?

+1 if your answer is "Yes" (if you *would* have suspected)

-1 if your answer is "No"

Keep in mind that people don't always tell the truth. This interview could be invalid if the transsexual is actually autogynephilic but is either (a) worried that you will think badly of her or deny her a sex change if you know the truth, or (b) obsessed with being a "real" woman.



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