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Gender Identity Change in a Transsexual: An Exorcism

David H. Barlow, Ph.D.,^{1,3} Gene G. Abel, M.D.,² and Edward B. Blanchard²

Gender identity change in a conservatively diagnosed 21-year-old transsexual after faith healing was fortuitously observed, was objectively and independently measured, and is reported. This case, and other recent developments, suggests a reexamination of the possibilities of psychosocial intervention to modify atypical gender identity.

KEY WORDS: transsexual; gender identity; exorcism; sexuality.

INTRODUCTION

The most effective treatment for the relief of suffering in transsexuals would seem to be sex-reassignment surgery (Green and Money, 1969). This radical and irreversible treatment for what is basically a psychological problem is indicated since the suffering of transsexuals is considerable and all efforts at treatment through psychotherapy have been ineffective (Pauly, 1965; Benjamin, 1971; Green, 1974). Postsurgical reports from transsexuals have suggested a relief of suffering and moderate to good adjustments in approximately 75% of patients during the first few years of follow-up (e.g., Randell, 1969; Van Patten and Fawzy, 1976), but surgery is costly and not always available.

Although the prevention of transsexualism is the ideal, work in this area has been fraught with ethical problems, and data on the possibility of prevention, or even what to prevent, are not available (Qualls *et al*, *in press*; Rekers and

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¹ Brown University and Butler Hospital, Providence, Rhode Island 02906.

² University of Tennessee Medical School, Memphis, Tennessee 38104.

³ Address correspondence to David H. Barlow, 345 Blackstone Boulevard, Providence, Rhode Island 02906.

Childhood

The patient, hereafter referred to by the pseudonym "John," was born in 1952 and always thought of himself as a girl. At the time of his birth, his mother was 32. The marriage was unhappy and the father was seldom home, and, as a consequence, a permanent separation occurred. John has one brother, 5 years older, and a sister 2 years older. He reports being the baby of the family and more frail and delicate than his older siblings. He thought that his mother compensated for his sister's tomboyishness by preventing him from engaging in any rough and-tumble play. In his early years he stayed in the house and helped his mother clean or do chores in the kitchen, activities that pleased his mother as much as his mother did, and shortly thereafter began cross-dressing in his sister's clothes. He was very pleased when his sister started wearing his clothes. For several years he made excuses to stay home alone in order to dress in his sister's clothes, an activity in which the father was warning him not to let his father catch him. At age 6 he broke his leg. He re-

Shortly thereafter he dropped out of school and began intensive reading on the subject in the library. A woman with whom he treated hormonal problems. Based on his readings, he was aware of the effects of female hormones and told the physician that he had an endocrine disorder and needed additional prescriptions, which he obtained. He remembers the estrogen as producing a tranquilizing effect and eliminating his unwanted erections. From oral estrogen he progressed to occasional self-injection of estrogen, but without medical supervision.

In 1969, at age 16, he was involved in a serious car accident and medical treatment for resulting conditions led to discovery of gynecomastia (enlargement and thinning of body hair) and the specifics of his cross-gender identity. He was subsequently referred to a psychiatrist. His mother became extremely upset on learning of his cross-gender identity, blaming it on the automobile accident. Throughout his life, where his mother would attempt to manipulate him with frequent suicidal gestures and other histrionic behavior in an attempt to control him. His mother's insistence, he was admitted to a state hospital for evaluation. A psychiatric examination and psychological testing confirmed his diagnosis of schizophrenia.

more assertively and effectively with his mother, and the patient decided, with our consent, that it was time to begin the process.

Toward Surgery

After discharge, John was placed on full therapeutic dosages of estrogen and he intensified treatments for electrolysis of facial hair. As part of the process of preparing for surgery, a variety of assessment procedures were administered to measure gender role, sexual orientation, and arousal patterns. All assessment remained consistent with a diagnosis of transsexualism, as it had in his previous visit in 1971. The rating scales and penile circumference measures (Barlow *et al*, 1970; Barlow and Abel, 1976), were exclusively transsexual and consistent with his expressed lack of interest in sex. The patient had never had any sexual contact and masturbated

After a brief note indicating that she had arrived, we received no word for several months. One day in the late fall, a research came back from a half-Finished lunch of fried chicken and shouted, "Judy is back at the restaurant, but she's not Judy anymore confirmed this, and John was invited back to our offices for a session which occurred in early January of 1974. He entered the polished shoes, neatly cut short hair, clipped fingernails, and consistently masculine motor behaviors. Even to trained eyes, the almost complete absence of facial hair, which in view of his light complexion and in the context of his total masculinity w enthusiastically related the following story.

After leaving our offices and journeying to the gender identity clinic in the nearby state where he was expected, he kept a pro

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of his fast-food restaurant. He had developed a close relationship with the owner of this restaurant over the years in which he although this woman was quite accepting of his transitions, she did request that he check with one physician in the city to whi gender identity clinic. The physician shared with the owner of the restaurant a fundamental Protestant religion quite foreign to but was not religious. The physician administered a total physical exam and said that he could live quite well as a woman, but spirits. After some discussion of this, John reported a session which lasted 2-3 hr and involved exhortations and prayers over on John's head and shoulders. During this period, John reported fainting several times and arising to the continuing of the pray exorcism of 22 evil spirits which the physician called by name as they left his body. During and after this session John felt wa physically drained. A letter to us, from the physician, confirmed this basic process. The physician noted in his letter that he sh Jesus could redeem him and that a standard prescription of Scripture readings caused the spirit of the woman in John to disap

Immediately after the session John announced he was a man, discarded his female clothes (hiding his breasts as best he could long hair cut into his current short, masculine style. After this session John returned home and live with his mother for approx beginning of some doubts about his conversion and the reoccurrence of some feminine feelings. At this point he accompanied well-known faith healer in another state where the miracles that he saw renewed his faith and reaffirmed the correctness of his confronted the healer who told the patient that he was having sexual problems (having perhaps seen his breasts?) and began th laying on of hands once again. During this period, which John estimated as 10 or 15 min, he fainted, regained consciousness, platform down into the audience, realized that his breasts were gone.

Follow-up

John was followed for 2 years after the exorcism and measures of gender identity and gender role behavior were administered presented in Fig. 1 and reflect the clear reversal of gender identity after the exorcism and during follow-up. He reported heter interview but refused measurement of penile circumference changes to erotic slides. His minister recommended that he not vi Devil might once again gain access to his soul. In the confusion, gender-specific motor behavior was not formally scored.

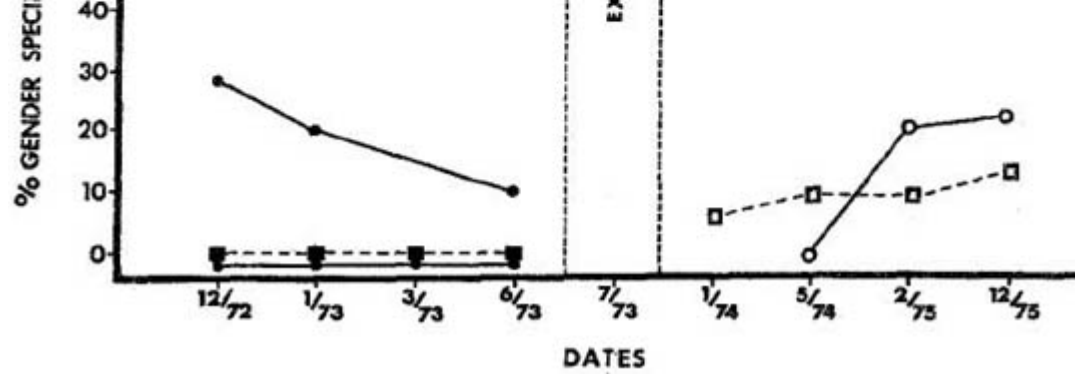


Fig. I. Masculine and feminine gender-specific motor behavior and score on "card s" measure of gender identity before and after exorcism.

Examination revealed no residual gynecomastia, although the interval of time between cessation of hormonal therapy and examination was short. No gynecomastia occurred naturally.

He started dating several months later, and at the last interview in December 1975 reported that he had dated approximately ten girls for an extended period of time. He reported some sexual arousal toward these girls but did not masturbate, nor did he consider these girls as potential partners. He reported some sexual thoughts of males for several months after returning from his faith healing, but attributed these thoughts to his previous beliefs. He did admit having some sexual thoughts of males for several months after returning from his faith healing, but attributed these thoughts to his previous beliefs. He continued to do extremely well in his job, benefiting from several promotions, and was

DISCUSSION

"I can't believe that," said Alice.

"Can't you?" the Queen said in a pitying tone. "Try again, draw a long breath, and shut your eyes."

With that exchange from *Through the Looking Glass* by Lewis Carroll, Jerome Frank leads off a chapter in his now famous book

yield information of some use in our own culture.

The facts in this case are far from certain in all instances. Despite John's report and corroboration from his employer, it is certain that John's sexual arousal disappeared instantaneously in view of our medical understanding of the time necessary for the physical effects of estrogen to be felt. It is also necessary to obtain objective measures of John's sexual arousal patterns after the exorcism, although it would seem that if John were fabricating the report, he would have continued sexual arousal to men for several months subsequent to the faith healing. Additional follow-up is also necessary to determine any changes in his life situation over a long period of time. What cannot be denied, however, is that a patient who was very clearly transsexual by the criteria (e.g., Stoller, 1968, 1969), assumed a long-lasting masculine gender identity in a remarkably short period of time following the exorcism.

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