



Male Cross-Dressers in Therapy: A Solution-Focused Perspective for Marriage and Family Therapists

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The authors would like to give special thanks to Joseph Wetchler, Ph.D., for his editorial comments.

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This paper offers techniques on how to work with male cross-dressers using solution-focused therapy. An overview about issues crossdressers often face is addressed which shows they have many of the same concerns as other clients seeking therapy. Solution-focused therapy is discussed as a way to work with male-cross dressers and their partners. A case study of a male cross-dresser and his wife is presented and possible directions are suggested for marriage and family therapists.

Cross-dressing is an issue shrouded in confusion and misunderstanding (Stayton, 1996) which often leads to cross-dressers seeking therapy. Although cross-dressing begins in childhood, most transvestites do not seek treatment until their adult years. This is due in part to the increase in the behavior and the probable stress to a partner (Bullough & Bullough, 1993). Thus, the cross-dressing becomes a couple's issue rather than an individual issue.

Solution-focus therapy builds off the client's ability to solve his/her own problems. The approach strays from pathologizing the cross-dressing, while addressing the discomfort and misunderstanding shrouding cross-dressing.

This paper presents a solution-focused model for incorporating the crossdressing into the lives of the couple.

Gender Versus Sex

An understanding that an individual's gender is distinct of the individual's sex is necessary for successful therapy. In the U.S., the sex of a child is the biological criteria to classify him or her as a male or female (West & 294 K. Dzelme and R. A. Jones Zimmerman, 1987). The gender of a person, however, is the "feeling of being male or female." At birth, society and family begin the pattern of mapping out the appropriate gender role that continues throughout the life cycle (West & Zimmerman, 1987).

Gender roles determine what is socially acceptable for males and females.

These roles create differences between the sexes that are not “natural, essential, or biological” (West and Zimmerman, 1987). For example, it is not natural, essential, or biological for a girl to wear pink and a boy to wear blue. This gender role was culturally made and used to differentiate between boys and girls. Clothing allows people to show their perception of themselves and is considered one of the first identifiers regarding a person’s gender (Bullough & Bullough, 1993). Currently, women have more lead way to cross these gender lines. They wear blue, men’s clothing, and play sports. Men on the other hand have been limited in their ability to explore female gender roles (Wysocki, 1993). According to Moulton and Adams-Price (1997) heterosexual males define their masculinity in terms of toughness, material success, and independence. In addition, men measure their masculinity by the lack of feminine characteristics such as emotionality, sensitivity, and nurturing. Thus, masculinity is defined by the rejection of female behavior. Therefore, when a male decides to cross-dress, he disowns his masculinity by embracing that which is female. The rejection of this societal gender role now pathologizes the male because he no longer conforms to the “normal” gender role.

CROSS-DRESSING

There is no documentation of the first instance of cross-dressing, yet historians believe it has existed throughout history (Bullough & Bullough, 1993). Western cultures have labeled cross-dressing behavior, transvestitism, as an illness and as such it is listed in the DSM-IV (American Psychiatric Association, 1994). The diagnostic criteria are:

- a. recurrent and persistent cross-dressing by a heterosexual male,
- b. initial cross-dressing for the purpose of sexual excitement,
- c. intense frustration if the cross-dressing is prohibited,
- d. lack of fulfillment of criteria for transsexualism.

Lukianowicz (1959) states that transvestitism is nonexistent in women since cross-dressing rarely produces sexual excitement. However, there is no research to substantiate this statement (Bullough & Bullough, 1993). Since masculine apparel is acceptable for women it is not labeled as a fetish, but feminine attire is deemed inappropriate for males which creates a dysfunction (Shaffer, Barclay, & Redman, 1989). The only arena men are given acceptance for female attire is in the entertainment industry (Bullough & Bullough, 1993).

In general, transvestites are one of the most misunderstood populations (Wysocki, 1993). Often, confusion is founded in the misunderstanding that cross-dressers are gay (Bullough & Bullough, 1993). Although a few male cross-dressers are gay or bisexual, the majority are heterosexual (Stoller, 1985; Talamini, 1982a, 1982b; Docter, 1988).

A dominant theory about the origins of transvestitism is that it evolves from a childhood experience (Moulton & Adams-Price, 1997; Stayton, 1996; Stoller, 1985; Wysocki, 1993). According to Wysocki (1993) two types of transvestites emerge from this early experience. The first type is identified as a man who has a cross-dressing fetish. He derives emotional or sexual relief from wearing women’s clothing (Feinbloom, 1976; American Psychiatric Association, 1994;

Docter, 1988). Usually the behavior begins in childhood or early adolescence with the male masturbating with or in a female garment (Brown, 1983). The transvestite has an emotional attachment to women's clothing and can derive sexual excitement from holding, touching or wearing woman's items of clothing (Wysocki, 1993). The cross-dressing may transcend from a sexual event into a method of relieving anxiety and stress (Stayton, 1996). The second type of transvestite becomes very attached to and involved in the feminine way of life. Dressing as a woman feels nice emotionally, sensually, and perhaps spiritually (Wysocki, 1993).

Wysocki (1993) describes the general phases of cross-dressing. In the beginning, the cross-dresser is content to see himself in women's clothing.

The cross-dresser may then feel a sense of guilt. This along with the excitement of the event can induce the male to cross-dress again. After continuous episodes the man may develop a strong desire to go out publicly dressed as a woman. This is also known as "passing."

There exist various degrees to which a transvestite wishes to "pass."

This event is valued by each individual differently as a way to explore his personal right of passage as a transvestite (Docter, 1988). This experience can be taking a walk around the block at 3 in the morning, going to church, or being mistaken as a woman by the makeup consultant at the department store (Wysocki, 1993). Not all transvestites desire to "pass" and will remain content to dress in the privacy of their home.

TREATMENT ISSUES

Few transvestites seek treatment for their individual behavior since it rarely disturbs others. Treatment is usually sought when the transvestite must integrate his behavior with another person, or the partner discovers the crossdressing (Brown et al., 1996). Shaffer et al. (1989) explore the issue of the necessity of treating cross-dressers. Since the cross-dressing activity only involves the transvestite, no one else is adversely affected by the behavior. In fact, cross-dressing has been shown to have benefits for the transvestite, such as providing relaxation or sexual stimulation (Stayton, 1996). Research has shown that trying to "cure" cross-dressing is unsuccessful and a crossdresser usually enters therapy when a partner discovers the behavior or the transvestite wants to inform a partner (Stayton, 1996).

Couples

Generally when heterosexual cross-dressers reveal their cross-dressing, the partner's immediate concern is that the cross-dresser is gay (Stayton, 1996).

It is important for the therapist to clarify that cross-dressing does not influence the sexual orientation of the transvestite (Stayton, 1996). The therapist is not there to "cure" the transvestite of the cross-dressing (Stayton, 1996), but to help the couple assimilate cross-dressing into their lives.

Ideally, the goal is to assist the couple in understanding the dynamics of transvestitism and accept the cross-dressing so it may be a pleasurable experience for both of them (Stayton, 1996). Many wives do not view the crossdressing as a healthy situation, but go along with it for the sake of the

marriage (Wysocki, 1993). The transvestite feels that the ideal wife should love her husband and stick by him no matter what he does. He wants a woman who believes in partnership without reservation and who will become knowledgeable about transvestites (Wysocki, 1993).

Stayton (1996) recommends that the cross-dressing be interpreted as a potentially erotic element in the relationship. Couples may be turned on by romantic music, flowers, and silk sheets, all of which are harmless. In the same manner, cross-dressing can be viewed as a sexual enhancer to the relationship—it may be different but it is harmless nonetheless (Stayton, 1996). An important aspect of present therapy is establishing boundaries for the couple regarding cross-dressing.

Stayton (1996) recommends the following questions:

- . How far will the cross-dressing go?
- . Will the client be satisfied to cross-dress at home?
- . Will he want to go out in public?
- . Will it lead to him wanting to be a transsexual?
- . Will he want to cross-dress more often than what seems reasonable?

These questions assist in establishing boundaries so the couple may more effectively deal with the cross-dressing in their relationship. If the partner determines that the cross-dressing is not acceptable, then the transvestite must make a decision about the marriage.

One step in creating a healthy atmosphere regarding the cross-dressing is to determine when the cross-dressing occurs. Does the male cross-dress in times of high stress, for sexual pleasure, or both? By knowing when the cross-dressing happens the therapist can assist in creating alternative methods of dealing with these situations. If it only occurs during highly stressful times, the therapist can facilitate interventions so that the stress does not elevate into a crisis situation.

The cross-dressing cannot be cured but it can be controlled. Some common questions are:

- . Is it alright for the husband to cross-dress in private?
- . Is it acceptable to cross-dress on a special occasion, such as Halloween?
- . Can the partner agree to allow cross-dressing magazines in the home?

If the partner cannot deal with the cross-dressing, then the couple must negotiate the future of the marriage (Stayton, 1996).

Thomas Weinberg (1988) found that the wives of transvestites had the following concerns:

- . that others would find out about the cross-dressing
- . that her husband was homosexual
- . that the cross-dressing would affect the children
- . that the wife had failed as a woman
- . that she had failed as a wife
- . that he was mentally ill.

The most common coping mechanism for these women was to attempt to keep the cross-dressing a secret. Yet the couples who have the most success incorporating the cross-dressing into their lives are the ones where the woman feels that she has some control over the situation.

For some men and couples, the therapist may be the first “outside” person who the cross-dressing is revealed to. The therapist should, therefore, be prepared to offer the couple with educational and social resources regarding cross-dressing. The following are some resources available: Tapestry Journal (617-899-2212), International Tran Script (610-640-9449), The Renaissance Education Association (610-975-9119), and PARTNERS: A Newsletter for Couples (210-438-7604).

THE SOLUTION-FOCUSED PERSPECTIVE

A solution-focused perspective offers a different approach to the understanding of problems and concerns and the impact on families and individuals.

deShazer, et al. (1986) discussed Erickson’s ideas about the importance of clients using whatever resources they brought with them to help them meet their needs to live a satisfactory life. Haley (1993) addressed how Erickson also taught that small changes inevitably lead to large changes.

Solution-focused therapy has been developing over the past 20 years primarily at the Brief Family Therapy Center in Milwaukee, Wisconsin. The work of de Shazer shifted from focusing on the problems clients presented to solutions and how solutions work (Weiner-Davis, de Shazer, & Gingerich, 1987). de Shazer and his colleagues (1986) concluded that solutions for clients were not scientific puzzles which were to be solved by clinicians, but were changes in perceptions, patterns of interacting and living, and meanings that are constructed within the client’s frame of reference. In addition,

de Shazer and his colleagues (1986) assume that clients are competent, are able to conceptualize alternatives and satisfying futures, and can determine which strengths and resources they can use to obtain desired changes.

Solution-focused therapy focuses on patterns around exceptions to problems.

This serves as a means for solving problems when working with individuals, couples, and families (Berg & Hopwood, 1991; Kiser, Piercy, & Lipchik, 1993). Solution-focused therapists feel it is important to change both the “viewing and the doing” in order to construct therapeutic changes (de Shazer, 1985; Hudson & O’Hanlon, 1991; O’Hanlon & Weiner-Davis, 1989). Franklin (1996) describes “this brief, nonpathological set of methods makes use of client resources by building on what clients are already doing that is working for them and reinforcing those behaviors. The therapist constantly affirms

the strengths of the client, and the internal resources that they bring with them to the therapy sessions” (p. 32). When identifying the exceptions in a client’s life, it illustrates to the client that they are competent to work through the presenting problem (Greene, Lee, Mentzer, Pinnell, & Niles, 1998). Many of these client resources can empower the client to become more active in the therapy process, and in return feel more in charge of the changes that occur in his/her life situations (Nelson, 1998).

Kiser et al. (1993) describe five goals of the solution-focused therapist:

1. constructing solutions in collaboration with the client;
2. working in the present trying to understand and join with the client’s view of the problem;

3. exploration with the client to describe what the client and the family are doing differently when the problem does not occur;
4. use of scaling questions to anchor the client's problems and explore what they might be doing differently when they are improving;
5. assigning tasks to clients to reinforce their behaviors when problems are not occurring. de Shazer (1991) stated:

The therapeutic relationship is a negotiated, consensual, and cooperative endeavor in which the solution-focused therapist and client jointly produce various language games focused on (a) exceptions, (b) goals, and (c) solutions...All of these are negotiated and produced as therapists and clients misunderstand together, make sense of, and give meaning to otherwise ambiguous events, feelings, and relationships. In doing so, therapists and clients jointly assign meaning to aspects of clients' lives and justify actions intended to develop a solution. (p. 74).

A responsibility of the solution-focused therapist is to help the client talk him/herself out of the problem by encouraging him/her to describe his/her life in new ways (Miller, 1997). The key to this process is the client and therapist's use of language. In solution-focused therapy, change takes place in the conversation between the client and the therapist. The therapist guides the clients in conversation to shift from talking about the problem to discussing the solution. When shifting the conversation with the client, the client begins to view the problem in a new way. Because language is important to this therapy, questions are an essential tool for solution-focused therapists.

Two effective questioning techniques in solution-focused therapy are the miracle/exception questions and scaling questions (Berg & De Jong, 1996; Shilts & Gordon, 1996; Franklin, Corcoran, Nowicki, & Streeter, 1997; Greene et al., 1998).

The Miracle Question/Exceptions

De Shazer (1988) describes the miracle question in the following manner:

"Suppose that one night, while you were asleep, there was a miracle and this problem was solved. How would you know? What would be different?"

(p. 5). The more the client and therapist discuss the miracle goal, the more the client starts to generate new stories and begins to talk about his/her life in new ways. Berg and de Shazer (1993) describe the talk of miracles as "solution talk," the talk outside the problem. This is the shift in the conversation when the client and the therapist discuss solutions and not the problem.

The miracle question invites the client to create a vision of his/her future without the presenting problem, and provide hope that his/her life can be different (Greene et al., 1998).

The miracle question elicits conversation from the client about what would be different in his/her life if a miracle were to happen. The therapist guides the client towards paying attention to small, realistic differences that often lead to larger changes in the client's life (Shilts & Gordon, 1996). As described earlier, change happens through conversation and discussing the problem in a new way. This assists the client to view the problem in a different context. Weick (1993)

describes the importance of conversation by stating, "The act of dialogue is the vehicle through which meaning gets made" (p. 25).

By using the miracle question, the client is able to start exploring times when the problem was not present in his/her life. The absence of the problem creates an exception in the client's life. Having the client incorporate these exceptions into his/her current schema not only empowers the client about their ability to work through his/her problems, but also reconstructs his/her way of thinking around the problem (Berg & De Jong, 1996). Kral and Kowalski (1989) suggest utilizing the miracle question to "punctuate the differences between the complaint pattern and the pattern of the exception (change)" (p. 73).

Scaling Questions

Scaling questions, like the miracle question, have a vital impact on the therapeutic context. de Shazer and Berg (1993) incorporated scaling questions to "measure the client's own perception, to motivate and encourage, and elucidate the goals and anything else that is important to the individual client" (p. 10). Scaling allows the therapist and the client to agree on a common language through numbers to rate something that is often difficult to describe in words. The scaling technique is used to anchor a client's reality and help him/her see changes that are happening with the presenting problem (Franklin et al., 1997). Scaling is often used to gain a better understanding of the client's feelings and thoughts. According to Berg and De Jong (1996) a solution-focused therapist may ask the client, "On a scale of 1 to 10, 10 stands for being able to discuss cross-dressing freely and comfortably, and 1 is avoiding discussions about cross-dressing because of discomfort. Where would you place yourself on this scale right now?" Scaling questions can also be used as relational questions to ask an individual how he thinks others see him.

The miracle question may introduce multiple miracle goals which are then all scaled. There are a number of aspects that make up the miracle question and the progress of therapy can be measured by scaling those aspects. The use of the miracle and scaling questions allow the client and therapist to notice change and maintain change over time. Shilts and Gordon (1996) state that "scaling the miracle question allows clients the opportunity to measure or quantify their progress in therapy" (p. 21).

TREATMENT OF MALE CROSS-DRESSING CLIENTS WITH SOLUTION-FOCUSED THERAPY

Solution-focused therapy focuses on the client's competence to solve his/her own problem by changing the way he/she views the presenting problem. A male client who cross-dresses has probably practiced this behavior since early childhood or adolescence. It is important for the therapist to understand the cross-dresser's comfort level around the cross-dressing. The woman, on the other hand, is just beginning to deal with this issue. The majority of female partners do not understand the male's need to cross-dress. The therapist should take this opportunity to educate the couple about cross-dressing

and the complexity surrounding it. The goal of therapy is to work with the client to help them discuss the cross-dressing and their views about the behavior in a new way. Discussing these issues can often cause clients to become defensive and uncomfortable; therefore constructing a new dialogue around the topic is helpful.

Traditionally, transvestites have been treated by psychologists, social workers, nurse practitioners, physicians, and psychiatrists (Bullough & Bullough, 1983). Those who entered therapy without clear goals left therapy unsatisfied with treatment (Bullough & Bullough, 1993). Solution-focused therapy offers clear, positive, and realistic goals to avoid random and confusing treatment.

CASE STUDY

Peggy and Doug have been married 9 years. Doug has been cross-dressing for as long as he can remember, and he cannot recall a specific time when the cross-dressing began. Although Peggy suspected for years that Doug cross-dressed, it was not confirmed until last year when Doug no longer wanted to experience cross-dressing alone. He feared introducing the crossdressing into his relationship with Peggy; therefore, he began using telephone sex services. This resulted in extravagant telephone bills and a sense of betrayal on the part of Peggy.

Miracle Question/Exceptions

When the couple entered therapy they were each asked the miracle question, "If you woke up tomorrow and a miracle happened and your relationship difficulties were solved, what would your relationship look like? How would you know your relationship was different? What would be different?"

Doug responded with five basic requests:

- . For my wife and I to be able to communicate more honestly and openly about my cross-dressing.
- . For my wife to understand my cross-dressing.
- . For my wife to realize that the cross-dressing is sexual and I am not dissatisfied with the marriage.
- . For my wife to become a part of this aspect of my life and to integrate it into our sex life.
- . For my wife to become more accepting rather than just tolerant of my cross-dressing.

Peggy provided the following responses:

- . She would not be suspicious of Doug. She would no longer wonder, "What is he hiding?"
- . She would trust him when he was home alone.
- . She would not feel that his cross-dressing was due to her sexual inadequacies.
- . That Doug would not push his cross-dressing behavior beyond her comfort zone
- . She would be able to satisfy him sexually so that he would not have to seek alternative forms of companionship.

By generating the miracle goals, the couple was able to reflect on possible exceptions in their lives regarding the cross-dressing behavior. For example, Peggy was asked, "Can you think of a time when you trusted Doug at home

alone?" Peggy revealed that she had always trusted him when she felt that he was open and honest with her. However, when she discovered the telephone sex incidents and the cross-dressing she felt betrayed and therefore lost trust in Doug. She felt that if he was doing these things behind her back, what else was he doing?

Scaling

The therapist then asked Peggy to scale the trust situation. "On a scale of 1 to 10, 10 being your miracle goal of having full trust and being able to communicate about the cross-dressing behavior within your comfort zone, where are you?" Peggy answered that she was at a two.

A situation soon presented itself when they were to attend a Halloween party. Doug was going to dress in women's clothing, and this would be the first time that he would cross-dress in public. Although it was Halloween, they both understood that there were deeper meanings to the cross-dressing. Doug was about to push Peggy's comfort zone by shaving his beard for his "costume." At this point Peggy was able to create an exception by expressing her discomfort with the presenting situation. Doug respected her discomfort and pulled back by finding a new costume. This exception was possible by finding a way to talk about the cross-dressing in a new way and develop a new schema.

After the Halloween incident, Peggy was again asked to scale her trust and communication regarding the cross-dressing behavior. This time her answer was seven. What she described as being different was their ability to discuss and communicate about the cross-dressing. By being able to discuss her concerns, she felt an increase in her comfort level. Through conversation she developed more trust. During therapy sessions, Peggy identified a way to discuss the cross-dressing issue and incorporate the communication methods into her and Doug's schema. Instead of Doug initiating the topic of crossdressing, Peggy was able to express her discomfort. When asked how she was able to address this issue with Doug, she stated that since Doug did not force the topic on her, she was able to determine her comfort zone with the topic and bring up the issue.

Eventually, Peggy perceived the cross-dressing as a part of Doug, like his relaxed attitude about getting jobs done. As therapy progressed, the focus moved from Doug's cross-dressing to more traditional couple issues such as trust and communication.

As the communication and trust increased between Peggy and Doug, Peggy revealed that she was fearful that the cross-dressing would become Doug's priority rather than she and the kids. Again the focus of therapy shifted from the cross-dressing to increasing Peggy's security with Doug's commitment to her and the family. Solution-focused interventions were used to highlight and reinforce Doug's existing abilities to keep the family a priority.

At the conclusion of therapy, Doug and Peggy were able to communicate about their concerns within the marriage and to recognize their existing skills to deal with the issues.

DISCUSSION

In this paper the aspects of treating a male cross-dresser and his partner were discussed utilizing solution-focused therapy. Solution-focused therapy is helpful in several ways when dealing with cross-dressing. This theory assumes that clients are competent, able to conceptualize alternatives, and determine which strengths and resources they can use to obtain desired changes within their relationship (de Shazer, 1986).

Often times cross-dressing is pathologized by being identified in such sources as the DSM-IV. Solution-focused therapy strays from pathologizing the cross-dressing and normalizes the situation to guide the clients in developing their own personal solutions. Solution-focused techniques such as the miracle question/exceptions and scaling questions assist clients in recognizing and utilizing the solutions needed to improve their relationships.

The miracle question was used to help clients generate new stories and develop new perspectives about their lives. This question helped the crossdresser and his partner elicit new conversations regarding their situation and promotes conversation around solution. The primary theme of the conversation shifted from problem-focused dialogue about the cross-dressing to solutions of integrating cross-dressing into their relationship.

Utilizing the miracle question identified exceptions of when the problem was not existent in the relationship. Applying these interventions, Peggy and Doug identified that their primary concern, which initially was Doug's cross-dressing, shifted to trust and communication in the relationship. These interventions allowed the clients to discuss cross-dressing in a new way that was comfortable and useful for them, thus developing a new schema. This new schema allowed Peggy and Doug to identify times when trust and communication existed in their relationship. These exceptions were identified as their solutions which Peggy and Doug incorporated into discussing their marital issues, including the cross-dressing.

Throughout the process of therapy, scaling questions allowed the therapist and couple to identify the progress of therapy. When Doug and Peggy's communication about the cross-dressing increased so did the trust between them. Peggy trusted that Doug would negotiate cross-dressing boundaries and Doug trusted sharing information with Peggy regarding the cross-dressing.

Solution-focused therapy assisted Doug and Peggy to develop a new dialogue about the cross-dressing. As a result, they were able to discuss and deal with other aspects of their marital relationship in a new and successful way.

CONCLUSION

Cross-dressing is a complex issue that necessitates further research in order to fully understand the needs of cross-dressers and their partners. By recognizing that cross-dressing is not a pathology but a trait, the therapist can assist the couple in dealing with the relational concerns that the cross-dressing will bring to the surface.

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