Lili Elbe (1886–1931).
Photo by ullstein bild/ullstein bild via Getty Images

From left, Eddie Redmayne and Alicia Vkander in *The Danish Girl.*
Focus Features/Photofest

The "medicalisation of the sexually peculiar:"

Lili Elbe, *The Danish Girl*, and the history of transgender medicine in the 20th century

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There is a scene in *The Danish Girl* where the protagonist, transgender pioneer Lili Elbe, walks hurriedly along a deserted street, fleeing a foiled romantic encounter.[1] Flanking her on either side are rows of identical Danish houses, each painted the same shade of honey yellow. It's one of the many beautiful moments of cinematography that crystallizes Elbe's isolation: her heels clicking noticeably on the cobblestones while conformity surrounds her on all sides.

The Danish Girl is based on the life of artist Einar Wegener, later known as Lili Elbe, who was one of the first people to undergo sex reassignment surgery in 1931. While the film is fraught with emotion, many of the most disturbing scenes take place in medical settings. In one scene, Elbe is made to strip almost naked while a bald, severe looking doctor watches with disdain. Later, Elbe is forced to climb from a window at a psychiatric hospital, narrowly escaping institutionalization by a team of doctors and orderlies carrying straightjackets. The primary focus of the film is Elbe's deeply personal transformation and its effect on a previously unshakeable marriage. But the medical storyline, revealed in snapshots, is equally compelling.

The growing social movement for transgender rights has thrown light on the attitudes of health care professionals toward gender dysphoria, the medical diagnosis for those who identify with a gender that differs from their biological sex. Studies suggest that transgender individuals have unique mental and physical health needs that are often compounded by biases and limited access to medical care.[2]

A 2005 survey found that one in four transgender people reported being denied medical care because of their gender identity.[3] In a 2013 study, a similar percentage of transgender respondents said they had experienced discrimination or abusive treatment in medical settings.[2]

The Danish Girl, and the historical story around which

Note: Throughout medical history, various labels and diagnoses were used to describe modern-day gender dysphoria. For the sake of clarity, and in an effort to avoid insensitive language, unless otherwise specified the terms transgender and gender dysphoria will be used in lieu of the historically prevalent terms (e.g. transsexual, transvestite).

Eddie Redmayne portrays Lili Elbe in *The Danish Girl*. Focus Features/Photofest

it is based, illuminates one of the most significant moments in the history of transgender medicine. Elbe represents the culmination of decades of research on the development of the "medicalized sex change," which redefined the relationship between physicians and transgender individuals.[4] Doctors in Elbe's lifetime, as depicted in film and writing, represent conflicting approaches to transgender health that shaped medical thinking and health care policy throughout the 20th century, with relevance to the present day.

A historical perspective

The concept of changing one's sex has existed throughout human history. One of the earliest accounts of such an attempt comes from Ancient Greece when the philosopher Philo of Alexandria wrote of individuals born with male anatomy who "craving a complete transformation into women, [amputated] their generative members."[5] For centuries, the desire to alter one's sex was not considered medically relevant but was seen as a question of morality, the domain of religion.[6,7] It wasn't until the late 19th century that transgender people began to gain serious attention in the medical literature as part of what Michel Foucault termed the "medicalisation of the sexually peculiar."[6] In medical circles at the time, there was, Foucault argues, a "veritable discursive explosion" around, and apropos of sexuality.[6] Medical authority expanded during this period to include conditions related to sexual behavior and gender identity.

Beginning in the mid-1800s, and extending throughout the 20th century, two competing treatment models emerged that relied on very different assumptions about the nature of gender identity. The first "corrective" or "reparative" approach classified the expressed identities of transgender people as inherently pathological. According to this framework, identifying as transgender was a symptom of a disease—either a physical ailment, like the "biochemical imbalance" that is suggested to explain Elbe's condition in the film, or a psychological one, like schizophrenia or a delusional disorder. Medical treatments based on this mindset were reparative in nature, aimed to convert the patient back to a gender that conformed to their physical sex.

In contrast, the gender-affirming approach saw transgender individuals as part of a natural biological variation. A person's gender identity—their internal sense of being male or female—could be the same, or different, from their sex at birth. Instead of contradicting a patient's gender identity, this model accepted and validated it. Medical treatments were aimed not at reversing the patient's gender identity, but rather at reducing the stress and discomfort that arose from feelings of incongruence with their physical body. In many cases, though not all, this involved medical or surgical intervention to transition to the opposite sex.

Dr. Kurt Warnekros

The majority of doctors in Elbe's lifetime were adherent to the corrective view. In her memoir, Elbe writes of being called a "hysterical subject," and "perfectly crazy" by doctors she consulted.[8] Similarly, in *The Danish Girl*, Elbe's condition is repeatedly styled in pathological terms

Dr. Kurt Warnekros.

as "aberrant thinking," perversion, psychosis, or a "confused state of masculinity."[1] In one cringe-inducing scene, a doctor attempts to "cure" Elbe with a course of painful abdominal radiation. Another cheerfully suggests a lobotomy.

With incredulity, a doctor asks Elbe's wife, "Mrs. Wegener, you're not encouraging this delusion? You do understand that your husband is insane?"[1]

A turning point, both in the film, and in Elbe's life, was the introduction of Kurt Warnekros, a doctor working in Dresden who had a reputation for treating "patients like [Elbe]."[1] During their first meeting in the film, Elbe tells Warnekros that she believes she is a woman inside. Warnekros' response is starkly different from that of his medical peers: "I believe you're probably right."[1]

Portrayed in adoring tones in Elbe's letters and diary, Warnekros was one of the early adherents to the gender-affirming approach in medicine.[8] The film captures a turning point in the history of transgender medicine: the intellectual narrative surrounding gender dysphoria is beginning to shift.

The role of the physician

Medical theories are often deeply entwined in their social and political context. As the arbiters of what is considered healthy or unhealthy, and normal or abnormal, doctors carry significant social power. Medical consensus can be used either to drive change or to justify the *status quo*. Frequently, it does both.

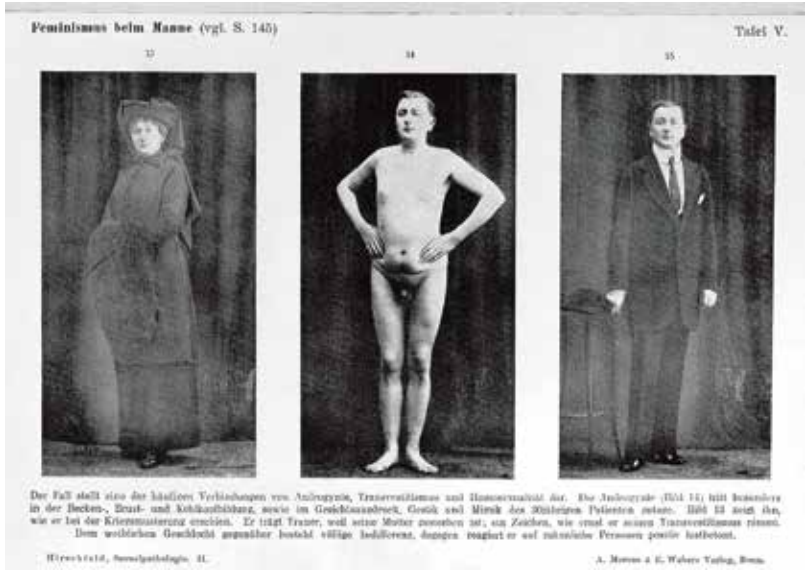
Throughout the late 19th and early 20th centuries, medical interest in transgender individuals tended to follow the corrective model. European sexologists classified gender dysphoria as a symptom of an underlying condition of "gender inversion," a pathological state with numerous manifestations including homosexuality.[4]

Cross-gender identification and same-sex attraction were often conflated in this period. Prior to the 20th century, physicians rarely differentiated between gender identity and sexual orientation. This connection may have originated with Karl Heinrich Ulrichs, the gay rights pioneer, who hypothesized that some men were born with a "female spirit," which he believed to be the source of his own same-sex attraction. In 1864 he wrote, "Have I a masculine beard and manly limb and body, yes confined by these: but I am and remain a woman."[9]

The co-classification of gender dysphoria and homosexuality was also directly influenced by Victorian sexual ideology in which men were viewed as sexually active and women as sexually passive, with anyone deviating from this rule (whether abnormally active women or receptive men) ruled to be "sexual inverts."[10] Vern Bullough has argued that as openly gay and cross-dressing individuals began to migrate to large urban centers in the 19th century, thereby achieving new visibility, police began calling on physicians for guidance on dealing with such "sexual deviants."[11] The result was a rise in medical and psychiatric attempts to control, and put a stop to, what were viewed as unacceptable practices, predominantly via the corrective approach.

Gender-affirming care

An alternative, gender-affirming practice began to rise concurrently with these attitudes. In the first half of the 20th century, sexologist Magnus Hirschfeld became one of the first scientists to recognize homosexuality and cross-gender identification as distinct, developing the separate classification of "eonism" to describe cross-gender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A page from Magnus Hirschfeld's 1947 book *Sexual Pathology: A Study of Derangements of the Sexual Instinct.* Wellcome Collection

Lili and her friend Claude, France, 1928. Wellcome Collection

identification and cross-dressing.[4]

A German physician and researcher, Hirschfeld was key in early studies of cross-gender identification, credited with establishing the terms "transvestite" and "transsexual" in his seminal work, *Die Transvestiten*, published in 1910.[10] Hirschfeld sought to use science in the service of humanistic goals, including the emancipation of gay and transgender individuals. He challenged the widely-held view of the "dualism of the sexes," the clear separation of sexes into male and female.[10] Instead, using research from hundreds of case studies, questionnaires, and patient interviews, he argued that every person has both male and female qualities which they seek, to varying extents, to blend.[10]

He developed "*zwischenstufenlehre*," the "theory of intermediaries," that posited the existence of "sexual intermediaries" who may have a mix of male and female sexual organs, physical attributes, and emotional characteristics.[10] Rather than a distinct gender binary, he advocated for a spectrum of hundreds of possible gender identities, each combining classically masculine and feminine traits to varying degrees.[10] With respect to sexual categorization, he wrote, "there are hardly two humans who are exactly alike."[10]

Hirschfeld became a leader in advocating for gender-affirming interventions, founding the *Institut fur Sexualwissenschaft* (Institute of Sexology) in 1919. The Institute would remain at the forefront of sex research until its seizure by the Nazis in 1933, during which time much of Hirschfeld's research and data were destroyed.[10]

In the final years of its existence, the Institute served as a launching pad for the development of several groundbreaking surgeries related to sex reassignment. It was here that Lili Elbe was treated by Hirschfeld and Warnekros in 1929.

From the book *Man into woman: An authentic record of a change of sex,* by Lili Elbe, 1933. Wellcome Collection

Man into Woman

The 1933 publication of Elbe's diary entries and correspondence in the book *Man into woman: An authentic record of a change of sex* caused a sensation.[4] The public, then as now, was fascinated by the idea of sex reassignment, and Elbe's story became one of the first major challenges to the medical paradigm of the permanence of sexual identity.

Because the book was the first account of its kind to be translated into English (it was also published in Danish and German), Elbe's story was particularly influential in the United States.[4] From the 1930s to the 1950s, it contributed to the establishment of a new and asymmetrical power dynamic between doctors and transgender individuals who found themselves, for the first time, in a relationship of necessity with doctors.

Hirschfeld's school of thought formed a small but passionate contingent within Western science in the 1920s

and 1930s, influencing the later work of John Money, Harry Benjamin, and Robert Stoller. Even so, much of the medical community resisted arguments advocating for acceptance of transgender identities, remaining critical of sex reassignment as a treatment for gender dysphoria.

Despite the availability of affordable synthetic estrogen and testosterone in the 1930s and 1940s, most European and American physicians refused to prescribe them to gender dysphoric individuals wishing to transition to the opposite sex.[12] Well into the 1950s, psychiatrists, acting as the "moral arm of medicine," played a key role in promoting the idea that minority sexual orientations and gender identities were expressions of disease.[7] Sigmund Freud dismissed transgender identities as symptomatic of repressed homosexuality and arrested psychosexual development, prescribing psychotherapy.[10] His disciples went further, advocating for "cures" of homosexuality and gender dysphoria in the form of reparative "conversion" therapies.[10] Castrations, hormone treatments, and involuntary commitments were all viewed as medically valid treatments when psychotherapy failed to produce the desired result.[7] In a 1953 Liverpool case, for example, a 17-year-old gender dysphoric boy presented to a hospital following a suicide attempt. The doctors, noting that the patient had stated that "he [wanted] to become a woman," prescribed male hormones, sodium pentothal injections, and electroshock therapy.[13] Gender dysphoria, along with other behaviors like cross-dressing and nymphomania, remained classified as a sexual pathology.[7]

A shift in the United States

As Joanne Meyerowitz notes, by the mid-1950s the medical narrative surrounding transgender individuals in the U.S. began to shift.[4] It began with the immense celebrity surrounding actress Christine Jorgensen, who publicly transitioned from male to female in 1952. With the *New York Daily News* headline, "Ex-GI Becomes Blonde Beauty," there was renewed public, psychiatric, and medical dialogue around the concept of gender identity.[10]

Jorgensen would later report receiving hundreds of "tragic letters…from men and women who also had experienced the deep frustration of lives lived in sexual twilight."[12] Many individuals who had long suppressed or concealed their cross-gender identification finally understood that their condition had a name and a medical remedy, and began petitioning doctors for gender-affirming treatments.[12]

With frequent reports of sex reassignment surgeries emerging in the media, physicians began to openly discuss and research interventions for transgender individuals.[4] In 1966, the German-born endocrinologist Harry Benjamin—who would go on to treat more transgender individuals in the U.S. than anyone else—wrote, "from what I have seen…a miserable, unhappy male transsexual can, with the help of surgery and endocrinology, attain a happier future as a woman."[14]

Soldier and actress Christine Jorgensen publically transformed from male to female in 1952. Photo by Wesley/Getty Images

The sexual revolution

With the sexual revolution of the 1960s and 1970s, promoted in part by the research of Alfred Kinsey and the development of the contraceptive pill, medical attitudes toward sex and gender were challenged even further.[7] Breaking with the Victorian ideology, sex and sexuality gradually came to be viewed by the American public as acceptable and beneficial, even outside of the context of marriage and procreation.[7] Doctors, adapting to the times, began to describe sex as a part of healthy human interaction.[7] The emergence of the gay rights movement and "queer theory" (the enormous effects of which are beyond the scope of this essay), led to heightened public awareness of different sexual preferences and gender identities.[9]

In response to broader public awareness and demand for the procedure, in the 1960s, American surgeons began to practice sex reassignment surgeries—decades after their European counterparts.[4] In 1966, Johns Hopkins University opened the first clinic in the U.S. devoted to

the research and treatment of gender dysphoric individuals, with dozens more opening across the country over the next 10 years.

However, the corrective approach still influenced mainstream medical views in the U.S. While many American physicians began to accept sex reassignment surgeries as a valid treatment option, they limited the indications for surgery such that it was largely unobtainable for the majority of interested parties. At the Johns Hopkins clinic, patients were required to meet strict criteria to be considered legitimate candidates for surgery—gender dysphoria that manifested from their earliest memories, sexual attractions exclusively to the same biological sex, and the potential to successfully pass as a member of their desired sex.[12] As a result, out of nearly 2,000 requests for sex reassignment surgery to the clinic in the first two years of its existence, operations were performed on just 24 individuals.[12]

Restrictive as these measures were, others went even further, offering surgical options only to intersex individuals whose biology included some combination of male and female anatomy, but not to men or women seeking to transition from one sex to the other.[4] An intersex person raised as a man, physicians would allege, could have "a legitimate claim to female status, but a male-to-female 'transvestite,' even surgically and hormonally altered," could not.[4]

A 1969 survey of 400 physicians in the U.S. found that the majority of respondents were "opposed to the transexual's request for sex reassignment even when the patient was judged nonpsychotic by a psychiatrist…had convinced the psychiatrist of the indications for surgery, and would probably commit suicide" if denied the treatment.[15]

As Jodi Kaufmann argues, the intersex narrative described above may in fact have originated with Lili Elbe.[12] In *Man into Woman*, Elbe describes herself as a female personality born into a "hermaphroditic" body due to the alleged discovery of rudimentary ovaries in her abdomen during her surgeries. Writing in a literal sense, she said, "I was both man and woman in *one* body."[8] This claim, believed by many to have been fabricated due to its absence in other records related to Elbe, would color popular accounts of Elbe's transition.[4] Mass media and scientific articles describing Elbe often made a point of distinguishing her from the "'purely mental' inverts whose 'disorder of the mind' stemmed from unhappy childhoods."[4] In both medical and popular accounts of her story, the notion that Elbe had been partly female before the surgery lent legitimacy to her desire to transition. Fabricated or not, the narrative that some individuals possessed a physical condition that justified medical intervention would have wide-reaching implications. Frequently, in the years following Elbe's popularity, this distinction would be used to undermine, and pathologize, the wishes of non-intersex transgender individuals.

Advancement and conflict

Medical acceptance of the gender-affirming model did, nevertheless, continue to advance. A 1986 study found that, compared to 1966, American medical practitioners reported increasingly favorable attitudes toward transgender people, with half of all doctors saying they would support a surgical remedy, compared to 25 percent in the earlier sample.[16] In addition, a majority of physicians stated that transgender people should be "accepted as normal members of society," breaking with the psychopathologic view that had previously dominated.[16]

One possible contributor to this paradigm shift was a growing body of research demonstrating positive patient outcomes following gender-affirming interventions. Benjamin's publication of *The Transsexual Phenomenon* in 1966 included research demonstrating that out of 51 transgender patients he had treated, 86 percent reported good or satisfactory lives following surgery.[14] These findings would be reiterated in the succeeding decades, with the widespread use of hormone replacement therapy in the 1970s.[17] In 1972, based on findings of increased satisfaction and functioning of post-operative transgender people, the American Medical Association sanctioned sex reassignment surgery as the treatment of choice for gender dysphoric individuals.[18]

However, with increasing acceptance of transgender identities also came a vitriolic backlash in some communities. In 1979, the publication of Janice Raymond's *The Transsexual Empire: The Making of the She-Male* renewed disease-centric views of gender dysphoria.[12] Raymond argued that transgender women were not women at all, but "castrated," "deviant" men who had "raped" women's bodies by appropriating them through surgeries.[12] She falsely alleged that genital surgeries had originated in Nazi Germany, and that gender dysphoria was a recent, politically motivated phenomenon. Raymond's attacks gained a wide public following that contributed to the closing of several gender identity clinics across the U.S.[12]

In addition, a 1979 study published by Jon Meyer and Donna Reter, from Johns Hopkins, purported that transgender patients who had undergone gender-affirming surgery showed "no objective improvement" in functioning compared to those who had not undergone surgery.[12] Though this study would be criticized for biased, arbitrary

measures of improvement (to have improved by Meyer's and Reter's standards meant advancing in socioeconomic status, marrying an opposite-sex partner, and ceasing therapy), and for failing to account for patients' personal satisfaction with their lives, it had a profound effect, ultimately leading to the closure of the Johns Hopkins clinic.[12]

Years later, an investigative report found that the research had been "orchestrated by certain figures at Hopkins, who, for personal rather than scientific reasons, staunchly opposed any form of sex reassignment."[12]

Corrective approaches persisted, in spite of increasing arguments challenging the ethics of such practices. After decades of widespread use, and as research began to show that gay and transgender individuals experienced significantly higher rates of anxiety, depression, and suicidality than the general population, many began to question whether forcing transgender individuals to conform to the gender associated with their birth sex could cause irreparable harm by increasing feelings of stigma and isolation.[17] As research found that gender-affirming treatments could reduce rates of suicide, withholding such treatments came to be viewed as the denial of potentially life-saving therapy.[17] Supporters for the corrective view, meanwhile, used findings of increased psychiatric comorbidities to further justify the pathologic view of cross-gender identification itself.

The Trans Rights movement

From the 1980s to the 1990s, advocates of the gender-affirming model would grow into a prominent "Trans Rights" movement, one significant result of which was vocal opposition to the psychiatric categorization of cross-gender identification as a pathology.[12] Beginning in 1980, when the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) classified transsexualism as a mental disorder, activists identified the pathologization of cross-gender identification as a major source of stigma against transgender individuals, frequently used by opponents to justify discriminatory policies.[12]

Activist Riki Wilchins wrote "[transgender people] could portray ourselves in media as patients suffering from a medical disorder, or as an oppressed minority demanding their political and civil rights, but it was very difficult to do both simultaneously."[12] In 1995, a transgender rights group picketed the national meeting of the American Psychiatric Association, protesting the new *DSM-4* classification of gender identity disorder for the same reason.[12] While homosexuality as a psychiatric diagnosis was removed from the *DSM* in 1973, it would take decades before cross-gender identification would be similarly depathologized.[12]

Activist Riki Wilchins. Photo by Pete Souza/Chicago Tribune/MCT via Getty Images

Increased awareness and dialogue

Medical and scientific thought rarely progress in a direct, linear fashion. While a trend toward the gender-affirming approach can be witnessed throughout 20th century medicine, the transition has not been calm and unidirectional but vociferously opposed at every turn, with frequent resurgences of contrasting views. Discrimination and stigma against transgender individuals by health care workers persist to this day, and many within the medical field continue to view gender dysphoria through a corrective lens. Nevertheless, since Elbe's lifetime, the attitudes of many physicians have shifted. Gender-affirming treatments are becoming the norm rather than the execption.

Near the end of *The Danish Girl*, Elbe describes her recent transition to a friend saying, "A doctor intervened to correct a mistake of nature."[1] Elbe died shortly after her sex reassignment following an ill-fated attempt to transplant a uterus into her body. However, her story left a lasting mark.

In *Man into Woman*, Elbe wrote:

> I feel like a bridge-builder. But it is a strange bridge that I am building. I stand on one of the banks, which is the present day. There I have driven in the first pile. And I must build it clear across to the other bank, which often I cannot see at all and sometimes only vaguely, and now and then in a dream.[8]

The new gender symbol that depicts inclusiveness.

The recent history of transgender medicine reveals a constant clashing of opposing medical views, reflecting both the tenacity of established conceptual frameworks within medicine, as well as the propensity for physicians' attitudes to both shape and reflect broadly held societal views. Through her writing, Elbe sought to bring her personal struggle into public view, setting into motion a movement that continues to this day. It is my hope that shedding light on these historical trends will assist in "extending the bridge" that Elbe helped to construct.

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