

## Comments on the Proposed Revision to 302.3 Transvestic Fetishism

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### Summary

The DSM-IV diagnostic category of Transvestic Fetishism in the DSM-IV is expanded by the proposed Transvestic Disorder diagnosis to remove exclusions of sexual orientation. It serves to punish gender expression that differs from social expectations of male birth assignment and to worsen barriers to medical transition care for transsexual women who require it. A specifier of “With Autogynephilia” was added to implicate many transsexual women, promoting the controversial theory and deeply offensive stereotype that transwomen transition to satisfy a sexual fetish rather than attain congruence with gender identity. This anachronistic condemnation of gender nonconformity fails to meet a modern definition of mental disorder and should be rejected by the APA and removed entirely from the DSM-5.

### Issues with the Proposed Revisions

The Transvestic Disorder category proposed by the DSM-5 Paraphilias Subworkgroup is, in my view:

- **Punitive:** It punishes gender expression that differs from expectations of male birth-assignment and enforces conformity to masculine social stereotypes (Winters 2008).
- **Sexist:** The diagnostic category is limited to those assigned male at birth, holding them to a stricter standard of conformity than natal females (Lev, 2004). It labels behaviours and gender expression that are ordinary or even exemplary for birth-assigned women as pathological for others.
- **Stigmatizing:** Transvestic Disorder is classified as a “paraphilic” sexual disorder, grouped with diagnoses of such harmful behaviors as pedophilia and exhibitionism. The resulting stereotypes of sexual deviance deny human dignity and civil justice to gender variant and transgender people.
- **Ambiguous:** Murky language implicates sexual expression “involving” crossdressing as diagnosable. Thus, both erotic and nonerotic gender expression among bigender, dual-gender and genderqueer people may be diagnosed as “disordered.”
- **Victim-blaming:** The second diagnostic criterion requires clinically significant distress or impairment, but fails to exclude distress resulting from societal intolerance. This would promote false-positive diagnosis of victims of prejudice. For example, suffering job discrimination would be inferred as symptomatic of mental disorder.
- **Needlessly Pathologizing:** This diagnosis primarily pathologizes erotic crossdressing, a harmless consensual sexual expression, that does not meet any definition of mental illness.
- **Harmful to Closeted or Ego-Dystonic Crossdressers:** This diagnosis pathologizes

crossdressers who are distressed by internalized shame and societal prejudice, very much as the previous diagnosis of Ego-Dystonic Homosexuality in the DSM-III pathologized victims of social homophobia.

- **Harmful to Transsexual Women:** This Transvestic Disorder category is not limited to crossdressers or male-identified people. It also targets transsexual women with a specifier of “autogynephilia,” a deeply offensive label to many transwomen (Serano 2009), promoting a controversial theory that transsexual women transition to satisfy a sexual fetishism rather than attain harmony with experienced gender identity (Blanchard 1989).
- **Used to Deny Medical Transition Treatment for those who need it:** For example, the predecessor Transvestic Fetishism diagnosis was cited by IRS attorneys against Rhiannon O’Donnabhainn in her recent landmark case in US Tax Court. They used the diagnosis to promote a false stereotype of fetishism to argue that corrective transition surgeries for transsexual women are not medically necessary (Winters 2010).

## Recommendations

I ask the American Psychiatric Association DSM-5 Task Force to reject the proposed diagnostic category of Transvestic Disorder and remove nomenclature from the DSM that casts crossdressing and gender role nonconformity as mental disorder.

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## About Me

Kelley Winters is the author of *Gender Madness in American Psychiatry: Essays from the Struggle for Dignity* and a community advocate on issues of gender diversity in medical and public policy. She is the founder of GID Reform Advocates and an Advisory Board Member for the Matthew Shepard Foundation and TransYouth Family Allies. Kelley has presented papers on the psychiatric classification of gender diversity at annual conventions of the American Psychiatric Association, the American Psychological Association, the American Counseling Association and the Association of Women in Psychology. Kelley is a transsexual woman and proud member of the transgender community.

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