

Response to Dr. Ray Blanchard – Transvestic Fetishism  
by Susan Wright  
NCSF Spokesperson

"The DSM Diagnostic Criteria for Transvestic Fetishism" in *Archives of Sexual Behavior*, 2009 by Ray Blanchard considers just one of the paraphilias: Transvestic Fetishism. In this paper, Blanchard outlines the distinction the Paraphilias Subworkgroup has chosen to make between "ascertaining" transvestism (Criterion A) and "diagnosing" a Transvestic Disorder (Criterion B), to separate those who practice transvestism from those who have a disorder.

This concept would be a welcome addition for Sexual Sadism, Sexual Masochism, and Fetishism, as well. Currently the confusion between sexual behavior and a disorder is causing healthy people to be labeled mentally ill and to be penalized in civil and criminal courts.

According to Blanchard, Transvestic Fetishism Disorder would then be determined by whether it is distressing the patient or impairing his psychosocial functioning. This leads to the question of how clinically significant distress is determined. A distinction must be made between distress imposed by societal stigma against alternative sexual expression, and distress that is generated internally.

NCSF disagrees with the Blanchard's citation of a "consensus of expert clinicians" that consider heterosexual, male cross-dressing as a "distinct syndrome." It is the societal and cultural belief that heterosexual men must be masculine and express masculine behaviors at all time that permeates this belief.

The fact that there are a certain percentage of heterosexual males who get sexual excitement from cross-dressing doesn't mean those men have a mental disorder, especially when you take into consideration the number of homosexuals and bisexual men who cross-dress as well as the significant subculture of women who cross-dress. Why are heterosexual males singled out for a diagnosis? Clearly it's a specific cultural bias against men who dress as women. In an earlier time in history, women who dressed as men were considered to be abnormal. Today, it's a fashion standard.

The history of sexual disorders is intertwined with cultural norms. It is not clear why the DSM makes the distinction between normative and non-normative sexual behavior. Historically oral and anal sex were non-normative – today both are accepted by society. Homosexuality and nymphomania are no longer diagnoses, masturbation is now considered to be healthy, while some disorders like female orgasmic disorder describes a syndrome that was once considered to be "normal."

When is a behavior moved out of the non-normative group to the normative group? NCSF believes that as long as the sexual behavior is between consenting adults and no one is harmed, it should be considered normal.

January 30, 2010