



# Transgendered Men and Women

by Roberta Angela Dee



Transgendered people have been known throughout the course of human history. The North American Cheyenne refer to the he man eh, the Lakota refer to the winkte, and the Navajo refer to the nadle. These are merely different names for the same "two-spirited" individuals.

Many cultures perceive transgendered, or "two-spirited" individuals are perceived as being blessed. It is unfortunate that in our supposedly "enlightened" Western culture, transgendered people are frequently perceived as "mentally ill."

The psychiatric classification of expressions of gender identity, as defined in the Fourth Edition of the Diagnostic and Statistical Manual of Mental Disorders, or DSM-IV, is examined here. Regarding the transgender categories Transvestic Fetishism, (302.3), and Gender Identity Disorder, (302.85), raise a number of important concerns:

This document uses language that is ambiguous. Conflicting language in Transvestic Fetishism criteria has led to confusion regarding its intent. Confusion within professional and academic circles is worsened when discussion reaches the lay community. Although transvesticism is labeled a "fetishism," it is not clearly stated whether or not its practice must be sexual in nature to qualify for diagnosis. Nor is it clear as to whether treatment is recommended for well adjusted subjects.

In 1973, the American Psychiatric Association eliminated homosexuality as a mental disorder from the DSM-II. Religious radicals, in particular, right-wing conservative Christians, continue to perceive homosexuality as a moral disorder. Nevertheless, it is unclear as to why gender orientation (preference) and sexual orientation are treated so differently in the DSM.

The associations criteria for diagnosing transgendered individuals serves to promote invalid stereotypes, and fails to reflect the diversity within the transgendered community. Moreover, Transvestic Fetishism is classified as a paraphilia, legitimizing stereotypes that associate cross-gender role with criminal or harmful conduct -- further adding to social prejudices.

Instead of exposing cultural and religious misnomers, the DSM promotes cultural myths that inaccurately describes many transgendered people. In other instances, the DSM provides information that could easily lead to erroneous conclusions about the transgendered community.

A growing body of literature regards gender as a social construction, not a biological imperative. This literature suggests that there are many examples of "supernumerary gender" precedents in non- western cultures. Such individuals were accepted and often highly respected societal roles. Gender variation and fluidity were even considered a normal part of human life.

However, there is a danger in perceiving gender orientation as a social construction. The danger is that it encourages one to believe that the affected individual can change their behavior and conform

to whatever is perceived as the social norm or status quo. Most of the evidence suggests that gender preference cannot be altered, and that transgendered individuals are predisposed to their condition.

It is true that some transgendered individuals state their awareness of being transgendered became evident at or near puberty. This, however, does not dismiss the possibility that the condition existed prior to it manifesting itself in an individual's life. Puberty itself causes an individual to reexamine his or her position in society.

Prior to adolescence, there may have been no special reason for the individual to place any significance on their gender orientation, nor to recall such orientation later in life.

There are significant reasons to review the Diagnostic and Statistical Manual of Mental Disorders with a reasoned dialogue inclusive of the gender community and socio-cultural researchers. Medical policy in our society should be open to the possibility that difference is a disease. Nonconformity is no pathology, and uniqueness is not an illness.

NOTE: *This article is based on a presentation at the 1996 Association of Women in Psychology Convention: K. Wilson & B. Hammond, "Myth, Stereotype, and Cross-Gender Identity in the DSM-IV," AWP Feminist Psychology Conference, Portland OR, March 1996.*



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