

# IFGE ANNOUNCES MAJOR CHANGES IN DSM-IV REGARDING TRANSVESTISM AND TRANSVESTIC FETISHISM

(June 22, 1995, Boston, Massachusetts) The International Foundation For Gender Education's Director of Research and Medical Liaison, Sheila Kirk, MED. has learned that through the help of George R. Brown, MED., Associate professor of Psychiatry at East Tennessee State University, major Criteria changes have been incorporated into the American Psychiatric Association's DSM-IV.

Until this change, the act of cross dressing or intense fantasy of performing such an act, resulted in a psychiatric diagnosis even if the cross dressing was not responsible for any problems or disabilities for the individual. Under current guidelines, cross dressing does not in and of itself constitute a behavior that is pathological or diagnosable as a mental disorder.

In the redefined APA DSM-IV criteria for Transvestism and Tranvestic Fetishism, for a cross dresser to merit a diagnosis of mental disorder, he or she must evidence one of the three id's of diagnosis:

1. Distress.
2. Disability - occupational or otherwise.
3. Dare deviling - high risk behavior leading to physical injury, loss of job, family disruption, imprisonment, etc.

A fourth "D", Deviance, is specifically excluded by the APA DSM- IV as a basis for rendering a diagnosis. It was determined that although society does not accept cross dressing behaviors, that in itself is not sufficient reason to label a person with a psychiatric disorder diagnosis.

The DSM-IV represents a major conceptual shift in American Psychiatry. Implicitly, organized psychiatry has signed on to the "Transgendered Bill of Rights," in supporting the right of Transgendered individuals to cross dress without a mental disorder diagnosis. Some cross dressers do in fact have a legitimate psychiatric diagnosis. There are those whose cross dressing is currently troubling and has caused major problems in life, love, leisure or job, possibly because it is an aspect of their life that is totally out of control and poorly accepted within themselves. But clearly those who cross dress without damaging their lives in any major ways and in fact may have now restored and grown to the point where being a cross dresser is celebrated as a gift do not deserve or need a diagnosis of any sort. Similarly there are those whose cross dressing is neither troubling nor out of control, but it conflicts with spouse, family or some other part of society. They engage not in high risk behavior but dress discreetly. This group's conflict is with society, so no diagnosis is appropriate.

It is possible, however, to be legitimately diagnosed with Transvestic Fetishism without ever having actually cross dressed. All-consuming, obsessive, sexualized, disabling fantasy alone may be enough to merit the level of disability engendered in the psychiatric diagnosis. It is encouraging that the combined efforts to educate and outreach of national gender pioneers and organizations such as IFGE, AEGIS, Tri-Ess, Boulton Park and Renaissance have helped to bring about these positive changes in American Psychiatry. The transgendered community is equally indebted to Mr. George R. Brown for his long time, tireless efforts on their behalf in the education of his colleagues in the American Psychiatric Association.

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