

## **Psychology, Sexualization and Trans-Invalidations** by **Julia Serano**

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*author's note: This paper was presented as a keynote lecture for the 8th Annual Philadelphia Trans-Health Conference. I was inspired to write it after, on multiple occasions, I had read or heard sexologists and mental health professionals play down or outright dismiss trans people's concerns regarding psychological depictions, diagnoses, terminology and theories about transgenderism.<sup>1</sup> With this paper, I set out to explain, in very basic, easy to grasp language, precisely why trans people's concerns regarding these matters are valid and should be taken seriously within the fields of psychology, psychiatry and sexology.*

Thanks, it's an honor to be here. It's rare that one gets to simultaneously speak to trans activists, allies and trans-health providers, so I am truly grateful for this opportunity. Being here is also somewhat surreal for me, as I grew up just outside of Philadelphia, less than ten miles from here. And I was thinking last night that if you would have told my younger, closeted, isolated self that one day, I'd be here in the Pennsylvania Convention Center giving a keynote talk at a trans-health conference...well, let's just say that I would have been really, really mortified.

My talk today is entitled *Psychology, Sexualization and Trans-Invalidations*. And I want to begin by defining a couple of terms I will be using that some people might be less familiar with. First, rather than talking about people on the male-to-female or MTF spectrum, I will instead use the term *trans feminine* to denote those of us who were assigned a male sex at birth, but who either identify as women and/or are feminine in our gender expression or presentation. Similarly, I will use the reciprocal term *trans masculine* to refer to people on the FTM spectrum. And throughout my talk I will be using the term *cisgender* as a synonym for non-transgender. And just as someone might refer to me a trans woman, I will sometimes say *cis woman* to refer to someone who identifies as female and was also assigned a female sex at birth.

For my talk today, I want to share with you some of my thoughts regarding how gender variance, transgenderism and transsexuality are depicted and discussed within mainstream psychology,<sup>2</sup> and the impact that this has on trans people's lives. While this has always been an important topic, it has become especially relevant in the last few years, as a result of the seemingly never-ending controversy surrounding J. Michael Bailey's book *The Man Who Would Be Queen: The Science of Gender-Bending and Transsexualism*—a book which many trans activists, allies and advocates found to be unapologetically stigmatizing, sexualizing, and a distortion of both trans people's lives and the scientific literature on the subject.<sup>3</sup> Then there was last year's news that Ken Zucker (who conducts reparative therapy on gender-nonconforming children) and Ray Blanchard (who coined the controversial term "autogynephilia") were to play critical lead roles in determining the language of the Sexual and Gender Identity Disorders section for the next revision of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*.<sup>4</sup> In certain sexology circles, the negative reactions expressed by trans activists in response to these incidents have been caricatured as expressions of "narcissistic rage"—a hysterical, irrational, mass overreaction to the supposedly logical,

well-reasoned, empirically-based theories and diagnoses forwarded by psychologists.<sup>5</sup> Reciprocally, in trans circles, psychologists are sometimes caricatured as heartless evil-doers who conspire behind the scenes in order to figure out how to further exploit and subjugate trans people via the *DSM*, *WPATH Standards of Care*, and so on, in order to achieve academic success and/or monetary gain for themselves.

Personally, I am not a big fan of either of these narratives. First, there are some psychologists who do truly trans-positive work. Further, I believe that the majority of psychologists—even ones that I most fervently disagree with—forward the theories they favor because they sincerely believe that they are correct and will benefit trans people in the long run. I also believe that the concern, fear and outrage expressed by trans people—even those who are the most vehemently defiant and angry at the psychological establishment—comes from a very real and legitimate place. It comes from our understanding that there is a direct connection between mainstream psychological discourses about gender variant people and the societal marginalization we face in our day-to-day lives due to our gender variance. While some psychologists and trans-health providers recognize this connection, too many others seem unconcerned with the problem. Perhaps they haven't been exposed to, or don't feel that it's important for them to familiarize themselves with, trans perspectives. Or maybe they habitually view us as "other" and therefore have difficulties identifying with our plight. Or maybe they so fancy themselves as experts on transgenderism that they can't comprehend that we (as trans people) have profound experiences and insights into gender that they are not privy to, and that frankly they could learn a thing or two by simply listening to us. Whatever the reason, I feel that a major obstacle that we as a trans community face is getting the greater psychological establishment, as well as the general public, to appreciate why our concern is legitimate, and to get them to understand in really concrete terms how certain psychological theories, therapies, terminologies and diagnoses cause us very real harm and injury, and therefore should be done away with.

To be honest, I think that we (as trans activists) could do a better job articulating this than we have in the past. For instance, in the trans community, most of the complaints that I have heard about mainstream psychology or the *DSM* tend to center around two words. First, psychologists who forward theories and diagnoses that have a negative impact on trans people are often called out as "transphobic." While this is often a valid critique, most lay people have a superficial understanding of the term, reading it literally as "fear-of-transgender-people." Thus, someone like Bailey can simply say "I have trans friends," or "I support trans surgeries," and this will sound like a reasonable response to most people outside of the trans community. The second word that trans activists regularly employ is "pathologize." People will say that Bailey's book is bad because it pathologizes people on the trans feminine spectrum. Or they will say that the trans-focused *DSM* diagnoses Gender Identity Disorder (GID) and Transvestic Fetishism pathologize gender variant people. While I would agree with these statements, I do not believe that they convey the real problem. For one thing, the word pathologize is a very abstract and esoteric word. While many trans activists, psychologists and academics understand its meaning, it is not likely to resonate with the general public.

Second, we live in a society where all people must be willing to be pathologized (i.e., diagnosed as having a medical or psychiatric condition) in order to access the healthcare system. In recent years, I have been diagnosed for being hypothyroid and for having skin cancer, yet I never felt a sense of outrage over the fact that I had been

pathologized in order to access care in these cases. Here is a more pertinent example: I am lucky enough to have therapy mostly covered by my health insurance plan. This isn't transition-related therapy—it's just your run of the mill therapy. My insurance company won't cover my sessions, of course, unless I am diagnosed with something. So, for insurance purposes, my therapist uses Adjustment Disorder as my diagnosis—it refers to a “psychological response to an identifiable stressor,” which could include anything from stress at work or relationship issues, to more serious problems.<sup>6</sup> Despite the fact that this is officially a psychiatric diagnosis, it does not evoke strong outrage in me. In contrast, I *was* very disturbed about the fact that I needed to be diagnosed with GID in order to transition. This suggests that what bothers me about GID is not merely the fact that I have been “pathologized” (as being pathologized in other contexts does not bother me so much). Similarly, I don't think that the word “pathologize” really captures why, when I read Bailey's book, I was often filled with palpable anger. Or why I was moved to tears upon hearing a recent NPR story that described a crossgender-identified child who was undergoing Ken Zucker's reparative therapy.

So if the issue is not pathologization per se, why is it that we, as trans people, often experience such an intense, visceral, negative reaction to these theories and therapies? I would argue that it is because they *invalidate* us. The definition of the word invalidate is: *to discredit; to deprive of legal force or efficacy; to destroy the authority of; to nullify.*<sup>7</sup> Whether deliberately or unconsciously, I believe that the theories and diagnoses forwarded by certain mainstream psychologists do just that to us. And with the rest of my talk today, I hope to draw a direct connection between these theories and diagnoses and the invalidations that we, as gender variant people, experience in our day-to-day lives.

We live in a world where trans people's gender identities, gender expressions and sex embodiments are deemed less natural and less legitimate than those of cisgender people.<sup>8</sup> This double standard plays out at virtually every level of our lives. For example, I have the privilege of passing as a cisgender woman in my day-to-day life. In the eight years since my transition, I have never once had someone who presumed that I was a cisgender woman accidentally slip up my pronouns and call me “he.” It is simply a mistake that people never (or extremely rarely) make with people they believe to be cisgender. However, once I come out to people as trans, or after they discover that I am trans, it is not uncommon for them to accidentally slip up and call me “he.” I say accidentally here, because in most cases, people are apologetic after realizing their mistake. While it may not have been conscious or intentional, such incidents clearly indicate that my gender identity as a trans person is viewed as inherently suspect, and less legitimate, than it is when I am read as cis.

I have had cisgender people say to me, “Why is that such a big deal? I wouldn't get upset if someone slipped up my pronouns.” My reply to that is, well, of course you wouldn't, because it never happens to you. And if it did happen to you, it would seem anomalous, and therefore harmless. But in my case, people do often slip up my pronouns, and when they do, it is a sign that on an unconscious level they see my gender identity as less authentic than the gender identities of cisgender people.

In addition to these unintentional slip-ups, I occasionally come across people who purposefully call me “he,” who deliberately refuse to acknowledge my female gender identity. When this happens, it is generally done with an air of superiority, and the person makes no attempt to hide their indignation and contempt for me. And for

every time that this happens to my face, there are hundreds of times when people direct similar trans-invalidations to the cisgender majority rather than me. For example, often I'll be watching a TV show or movie, or I'll be reading a newspaper or magazine, or a gender studies or psychology book, or maybe I'll be in a restaurant or on the subway, minding my own business, and I'll be blind-sided by an invalidating comment or rant about transsexuals: about how confused or fake or sick or dangerous or gross or pathetic or ridiculous we supposedly are. While these remarks may not have been intended for me, how could I possibly not take them personally, when they are so obviously about me?

There is a straight line that connects inadvertent pronoun slips, the inability to legally change the gender markers on one's driver's license or passport, Focus on the Family's anti-transgender fear-mongering ads about "men" entering women's bathrooms, trans people who can't find employment because they don't pass as cisgender, incarcerated trans women who get placed in all-male jail cells, and trans people who are beaten, even murdered, while their assailants claim that they are somehow victims of the trans person's "deception." These acts may differ greatly in their severity, but they all communicate the exact same message: that trans people's gender identities, expressions, and sex embodiments are not deserving of the same rights or respect that are regularly extended to our cisgender counterparts. They all revolve around what Talia Bettcher in her writings calls the Basic Denial of Authenticity.<sup>9</sup>

There are a myriad of ways in which trans-invalidations may occur. Some people will claim that gender variant identities, expressions and bodies are unnatural or immoral, often citing some religious text or biology 101 sound-bite in order to make their point. Or, they might go out of their way to portray trans people as imitators, impersonators, or even caricatures, of cisgender women and men. Others project ulterior motives upon us. Those who wish to invalidate same-sex attraction will claim that lesbians, gays and bisexuals just haven't met the right person yet, or are merely looking for an alternative lifestyle, or perhaps they've been duped by the homosexual agenda. Similarly, those who wish to invalidate trans people's gender identities will claim that we must transition in order to gain certain gender privileges, or perhaps we're merely trying to satisfy some sexual fetish, or maybe we're really gay people who are trying to assimilate into straight society and/or to seduce unsuspecting straight people. All of these invalidating strategies are routinely used to delegitimize us.

Perhaps the most widespread method of trans-invalidation occurs when people presume that trans people are mentally confused, incompetent, or ill, and therefore unable to speak with validity about our own experiences, identities and personal histories.<sup>10</sup> Of course, claiming or insinuating that somebody is mentally incompetent or inferior is one of the most common forms of invalidation more generally. If you and I disagree about something, I can gain the upper hand by suggesting that you are younger than me and therefore naive, or that you are a lay person, whereas I have an advance degree. I could even insinuate that you are not as smart as me, or that perhaps you are a little bit crazy. Because it is such an effective a strategy, invalidation based on mental inferiority has been evoked to perpetuate racism: There is a long history, stretching from Phrenology to *The Bell Curve*, of dubious research that has attempted to give scientific credence to the presumption that people of color are mentally inferior to the white majority.<sup>11</sup> Invalidation by mental inferiority has also been used to justify sexism: the claim that women are biologically or hormonally predispositioned to be overly

emotional (read: irrational or immature) has been evoked by those who feel that women should defer to men, or who feel that women are not capable of dealing with serious or important matters. For example, the suffragists who fought for women's right to vote were regularly dismissed as suffering from "hysteria," which was considered a legitimate mental disturbance at the time.<sup>12</sup>

Given this history, it is no surprise that those who wish to dismiss trans people often do so by claiming that we are delusional, or simply confused about, our genders. For example, back when I decided to transition, the people in my life who voiced the strongest objections invariably stressed that what I was experiencing was simply "all in my head." Some saw my female gender identity as a faulty piece of misinformation that I simply needed to unlearn. Others presumed that what I experienced was akin to an addiction, and they argued that I just needed to be more disciplined in repressing my wayward urge. Their arguments relied on the presumption that my physical anatomy—my male sexed body—was the only relevant, unalterable reality, and that what was going on in my mind—my female gender identity—was unreal and illegitimate by virtue of its invisibility. Of course, this is the opposite of what I actually experienced: The feeling that I had had since childhood that there was something wrong with me being male, and that I should be female, was very real and very unalterable, whereas my physical body has proven to be quite malleable in comparison. But their belief that my external, anatomical sex is most relevant and immutable essentially rendered my inner experience, my mental state, as irrelevant and unstable.

This dualism—that if one's physical sex is "real" and "primary," then the mind must automatically be "secondary" and "faulty"—implies that anything that a trans person says about their own experience, or about gender more generally, is inherently suspect. It effectively ensures that anything that any cisgender person says about gender or trans people automatically trumps what we have to say about ourselves. In effect, it positions cisgender people as *de facto* experts on gender variance by virtue of the fact that our minds are supposedly faulty while theirs are not. And in my experience, many cisgender people seem to relish in this supposed expert status. I cannot tell you how many times that I have interacted with people who know little to nothing about transgenderism, yet who felt entitled to speak down to me or act intellectually superior to me with regards to the subject; people who repeatedly referred to my "gender confusion" in order to emphasize my presumed mental incompetence; people who have insinuated that I must be delusional because I don't conform to their common sense; people who have dismissed my perspective and experiences on the basis that they are tainted by my supposed mental sickness. To such people, it doesn't matter that I've had unique and enlightening gendered experiences that they have not shared. They don't care that I have a Ph.D. in biology, or that I've written a book, and occasionally give keynote talks about, gender and transgenderism. To them, anything I say is viewed as a mere byproduct of my "mental affliction" and is immediately deemed invalid.

To me, this is the heart of the problem. Words simply cannot convey how intensely frustrating and infuriating it is to be routinely invalidated in this way. Simply talking about it gives me an adrenaline rush. You could call me all sorts of names or profanities, make fun of virtually any other aspect of my body or personality, and it wouldn't even come close to eliciting the anger and outrage that I feel when somebody dismisses my gender identity or insinuates that my gender-related knowledge and experiences are mere figments of my imagination. *There is simply no more effective*

*way of hurting me than trans-invalidating me.* Trans-invalidations based on mental inferiority are especially triggering to me for three reasons: First, they happen to me repeatedly. Second, they play on the profound shame that I felt back when I was a child when I really did believe the cissexist premise that, since the rest of the world was supposedly “normal,” there must be something very wrong with me. Third, those who perpetrate trans-invalidations invariably refuse to acknowledge their own cisgender privilege and how it enables and exacerbates these incidents. After all, while I have had to fight my entire life to have my gender identity be taken seriously, my cisgender detractors simply take theirs for granted. This is the uneven playing field upon which every debate about gender identity and transgender rights plays out. Cisgender people can pretend to have abstract, objective and purely theoretical conversations about whether gender identity exists, or whether trans people should be allowed to transition, because their identities and life choices are never on the line. But for those of us who are trans, such discussions automatically call into question our identities, our autonomy and our mental veracity. They literally put our entire personhood up for debate.

Unfortunately, in this culture and at this point in time, dealing with, and overcoming, trans-invalidations is central to the trans experience. And I would argue that any person who does not understand or acknowledge how injurious these trans-invalidations are to us, simply does not understand transgenderism. I’ll repeat that: *any person who does not understand or acknowledge how injurious these trans-invalidations are to us, simply does not understand transgenderism.* Period. I further contend that any medical or mental health provider who is sincerely concerned with the health, happiness and well-being of gender variant people must make challenging and eliminating these trans-invalidations, both within their professional fields and in society at large, a top priority.

Once we understand trans-invalidations, especially those based on mental inferiority or incompetence, it is relatively easy to see why most trans people have a beef with mainstream psychology. First, many mainstream psychologists continue to use what Kelly Winters calls “maligning language.”<sup>13</sup> In the psychological literature, trans women are routinely called “male transsexuals” and trans men “female transsexuals.” Trans women who partner with men are called “homosexual,” while lesbian-identified trans women are called “heterosexual.” And the cisgender majority are not called cisgender, or even nontransgender or nontranssexual women and men. Instead, they are generally called “normal” or “biological” women and men. Whenever I hear somebody use the term “biological” as a synonym for cisgender, I always make a point of assuring the person that while I may be trans, I am not inorganic or nonbiological in any way. The purpose of all this terminology is most certainly not clarity. After all, what could be more convoluted and confusing than using the term “heterosexual female transsexual” to describe someone who identifies and lives as a gay man? The only purpose that this terminology serves is to reinforce a hierarchy whereby trans people’s assigned sex and anatomies are viewed as primary and relevant, while our gender identities are deemed secondary and irrelevant.

Trans-invalidations are also reinforced by the trans-specific diagnoses in the *DSM*. Two of these—Transvestic Fetishism and GID in Children—were written in such a way that they primarily target people who are not crossgender identified, but who simply crossdress or who are gender nonconforming in other ways.<sup>14</sup> This is abominable. Such diagnoses serve no purpose other than to further stigmatize gender

variance. The situation is admittedly more complicated for those who wish to socially, physically and/or legally transition. As I alluded to earlier, a diagnosis is generally required any time one wants to access the healthcare system, and GID has provided that for quite some time. Having said that, having this diagnosis in the *DSM* reinforces the popular assumption that trans people are inherently delusional or confused, and thus, not surprisingly, it is regularly cited by those who wish to invalidate our gender identities. In one chapter of her recent book *Gender Madness in American Psychiatry* (which I highly recommend), Kelly Winters lists incident after incident in which people who were fighting against the civil rights of trans children and adults cited the GID diagnosis, and the fact that it is listed as a mental illness, in their attempts to invalidate us.<sup>15</sup> This is why so many trans activists favor deleting this diagnosis entirely, or moving it from the psychiatric to the medical realm.

Not only is the conceptualization of trans-as-mental-illness problematic in and of itself (as it plays into the stereotype of mental incompetence), but the way GID is currently written is especially atrocious. As the name suggests, GID literally states that trans people's gender identities are disordered. Furthermore, it was primarily designed to justify reparative therapy—as a result, trans people who repress their crossgender identities do not meet the criteria of mental illness, whereas those of us who live happily as members of our identified gender will continue to meet the criteria for GID for perpetuity.<sup>16</sup> Some people have suggested that the diagnosis should be changed to Gender Dysphoria, which would focus solely on the gender dissonance we experience as a result of our bodies and identities not being aligned. Such a change would facilitate access to the means of transitioning while formally ensuring that those of us who are happy post-transition will no longer be deemed mentally disordered. While I agree that such a change would be a vast improvement over the current diagnosis, I do not think that it would be perfect. After all, so long as any form of gender variance is codified in the pages of the *DSM*, it will continue to be cited by trans-invalidators as evidence that we are mentally inferior and incompetent.

Perhaps the greatest example of trans-invalidation within mainstream psychology is the gatekeeper system.<sup>17</sup> In order to legally transition in the U.S., one must undergo certain medical procedures, and to obtain those medical procedures, one must first gain approval from one or two mental health professionals. Thus, mental health professionals are viewed as the ultimate “deciders” (as our recent ex-president would say) of who should be allowed to transition and who should not. While some mental health providers are thoughtful, sympathetic and have lots of experience with trans patients, others are clueless, unsympathetic and rely primarily on trans-invalidating presumptions about trans folks that exist in the culture. Many also enforce blatant double standards. For example, I can't tell you how many times that I've heard different trans women say that when they first visited some psychiatrist or therapist about transitioning, they were told that they were obviously not a “real” transsexual because they didn't come in wearing a dress and makeup.<sup>18</sup> Because cisgender women always wear dresses and makeup, right?

Now, I acknowledge that there are a small minority of people who do not appear to be trans at all, yet who seek out the means to transition. And there are many people who are gender variant who perhaps hastily rush into the decision to transition, or who have unrealistic expectations about the process, and so forth. So I can understand why many mental health professionals might feel that having this vetting process is

important. But, from a trans perspective, this system is unbearably invalidating. It explicitly suggests that many trans-identified people really are confused about our genders and should not transition, and that trans people more generally are not competent enough to make gender-related decisions for ourselves. In other words, it institutionalizes the cultural assumption that what we say about our own lives and our gendered experiences is inherently suspect.

The gatekeeper system deems that any and all mental health professionals have more authority and expertise to speak for and about trans people and issues than trans people do. This is why documentaries and news programs about transsexuality almost invariably include interviews with psychological experts in order to validate (or invalidate) what the trans people in the program say about themselves. So when Paul McHugh describes sex reassignment as “barbaric” and compares it to mutilation, or when Dr. Phil airs a program entitled “Gender Confused Children,” their supposed expert status necessarily invalidates our experiences, identities and voices.<sup>19</sup>

On that NPR program about crossgender-identified children that I mentioned previously, Ken Zucker offered the following quote to justify his reparative therapy: *“Suppose you were a clinician and a 4-year-old black kid came into your office and said he wanted to be white. Would you go with that? ... I don't think we would.”*<sup>20</sup> Of course, comparing crossgender identity—which is a very real pan-cultural and trans-historical phenomenon<sup>21</sup>—to a fictionalized “racial identity disorder” (which does not in actuality exist) is false logic. And I, of course, am free to publicly claim that his argument is utter nonsense. But who’s going to believe me? In the marketplace of ideas, my critique will be dismissed as a biased, unobjective perspective from someone who is mentally disordered. Zucker, on the other hand, is a psychologist who has published countless research articles on transgenderism. In the eyes of the world, he is viewed as an expert of me. As long as the *DSM* and gatekeeper system position him as an authority on gender variant people, what he has to say will always effectively silence me. And that, frankly, makes me very legitimately angry.

Now that I have described what it feels like to be trans-invalidated, and how this phenomenon is reinforced and exacerbated by mainstream psychology, I want to turn our attention to what is perhaps the most insidious form of invalidation: sexualization. A recent American Psychological Association Task Force on the Sexualization of Girls defined sexualization as occurring when any one of the four following criteria are fulfilled: *“[A] person’s value comes only from his or her sexual appeal or behavior, to the exclusion of other characteristics; a person is held to a standard that equates physical attractiveness (narrowly defined) with being sexy; a person is sexually objectified—that is, made into a thing for others’ sexual use, rather than seen as a person with the capacity for independent action and decision making; and/or sexuality is inappropriately imposed upon a person.”*<sup>22</sup> It is the nonconsensual nature of sexualization that distinguishes it from healthy sexuality.

Trans people are often sexualized in our culture, and this sexualization constitutes a form of invalidation. For example, we live in a culture where it is considered rude, disrespectful, harassing, and even dehumanizing, to ask strangers or even acquaintances graphic questions about their sex lives or their genitals. Yet, those of us who are out as trans, or who are discovered to be trans, are often barraged by these sorts of questions. The very fact that people assume that it’s OK to ask a trans person



(but not a cis person) such inappropriate questions indicates that we are not seen as fully human or deserving of the same rights and respect that cisgender people receive.

Another example of sexualization as a form of trans-invalidation is when people presume that any person who is attracted to, or has sex with, a trans person must automatically have some kind of “fetish.” This is extremely invalidating, as it insinuates that trans people cannot be loved or appreciated as whole people, but rather only as a “fetish objects.” Sure, there are some people who are specifically attracted to the fact that we are trans, and some of us might find that to be uncomfortable or annoying. But I have also experienced men (who were presumably unaware that I was trans) staring rather obsessively at my chest. But nobody ever seriously accuses such people of having a “breast fetish” or of being “breast chasers,” because breasts (when they appear on a woman) are seen as a perfectly normal and valid thing to be attracted to. Similarly, people who are attracted to penises (when they appear on men) are also viewed as valid. So the assumption that anyone who is aware of the fact that I am trans, yet who nevertheless experiences attraction to me as a person, or to my specific body parts, must somehow be suffering from a “tranny fetish” necessarily invalidates me.

While people may be sexualized in different ways and for different reasons, the fact that our culture is heterosexual-male-centric ensures that the sexualization of those who are female-bodied and feminine in gender expression is the most common and pervasive form of sexualization in our culture. And there is a large body of research demonstrating that sexualization has very serious, negative ramifications on the lives of girls and women. For example, it’s been shown that individuals who are sexualized are seen as less than human, are not treated with empathy, are not taken as seriously, and are seen as less competent and intelligent than individuals who are not sexualized.<sup>23</sup> Research also indicates that the media plays an important role in reinforcing the sexualization of women. According to the APA Task Force: *“Across several studies, women and men exposed to sexually objectifying images of women from mainstream media...were found to be significantly more accepting of rape myths (e.g., the belief that women invite rape by engaging in certain behaviors), sexual harassment, sex role stereotypes, interpersonal violence, and adversarial sexual beliefs about relationships.”* They conclude that *‘...exposure to sexualized depictions of women may lead to global thoughts that “women are seductive and frivolous sex objects” and “foster an overall climate that does not value girls’ and women’s voices or contributions to society.’*<sup>24</sup>

Like our cisgender counterparts, trans women and others on the trans feminine spectrum are routinely sexualized in our culture.<sup>25</sup> In her excellent book *How Sex Changed: A History of Transsexuality in the United States*, Joanne Meyerowitz chronicles the rise of (what she calls) the “eroticization of MTFs.”<sup>26</sup> It began in the early 1960’s (less than a decade after the mainstream public first became aware of transsexuality), when *“tabloid newspapers and pulp publishers produced a stream of articles and cheap paperback books on MTFs who had worked as female impersonators, strippers, or prostitutes. They often illustrated the stories with pin-up style photos that revealed breasts, legs, and buttocks.”* These stories focused predominantly on the subjects’ *“unbridled sexual desires,”* and Meyerowitz comments that they gave the impression that, *“the truth of sex change lay in its sexual acts.”*

By the late 1960’s, the sexualization of transsexual women had reached mainstream publishers and movie producers. Perhaps the most notable, early example

of this is Gore Vidal's *Myra Breckinridge*,<sup>27</sup> which became a best selling novel in 1968. Myra, who is arguably the first fictional transsexual woman character to garner mainstream attention, embodies several stereotypes projected onto transsexual women that have since recurred over and over again in the media. First, Myra does not identify as a woman, but rather as a homosexual man who has transitioned to female in order to seduce men. In addition to being purposefully sexually deceptive, Myra repeatedly boasts that no man can resist her and she discusses her own female attributes, not in terms of feeling comfortable or right being in her own body (as most transsexuals do), but rather in terms of their capability to entice men. Further, she has an insatiable sexual appetite and engages in sex acts that some would consider deviant or even predatory—for example, there is a thirty-page passage in the book that explicitly chronicles her raping a man with a dildo.

These assumptions—that trans women are inherently sexually promiscuous, sexually deceptive, sexually deviant and sexually motivated in our transitions—persist in what are perhaps the three most common trans woman archetypes seen in the media over the years: the gay man who transitions to female in order to seduce unsuspecting straight men, the male pervert who transitions to female in order to fulfill some kind of bizarre sex fantasy, and the overrepresentation of trans women as sex workers.<sup>28</sup> In sharp contrast, transsexual men are not typically portrayed in a hypersexual manner, nor are they depicted as being sexually motivated in their transitions. Instead, the most common ulterior motive projected onto trans men is that they transition in order to obtain male privilege. Because women are viewed as the “lesser sex” in our culture, people often cannot understand why anyone would give up being a man in order to become a relatively disempowered woman. So they assume that trans women transition in order to obtain the one type of power that women are perceived as having in our society: the ability to be sexualized and to be objects of heterosexual male desire. Thus, the hypersexualization of trans women and our motives for transitioning merely reflects the implicit cultural assumption that women as a whole have no value beyond our ability to be sexualized.<sup>29</sup>

Before moving on, I should make two quick points. First, in her historical analysis of transsexuality, Meyerowitz argues that, “*As the [media’s] interest in MTFs shifted toward the more overtly sexual, the interest in FTMs seemed to diminish accordingly.*”<sup>30</sup> Thus, the relative invisibility of trans men in the media is a direct result of media’s inability to sexualize them—a difficulty that no doubt stems from the fact that maleness and masculinity are not typically sexualized or objectified in our culture.

Second, the societal sexualization of trans femininities has a very real negative impact on trans women’s lives. Many trans women report that, when others are aware of their trans status, they are often bombarded by objectifying comments and sexually explicit propositions that are typically far more hardcore, debasing and frequently occurring than what they normally experience when they are presumed to be cis women.<sup>31</sup> Because nonconsensual sexualization is inherently disempowering and dehumanizing, trans women often find that such incidents are inexorably linked to transphobic discrimination, harassment and violence.<sup>32</sup>

The sexualization of trans women, and the reciprocal invisibility of trans men, occurs not only in mainstream culture and in the media, but in the field of psychology. Historically, psychologists and psychiatrists have regularly sexualized trans people on the trans feminine spectrum (while largely ignoring those on the trans masculine

spectrum) with regards to taxonomy, theories of etiology, descriptions of case histories, and diagnoses.<sup>33</sup> For instance, it is well documented that many gatekeepers have based their recommendations for sex reassignment on whether they considered the trans woman in question to be physically attractive and/or willing to dress and act in a hyperfeminine manner.<sup>34</sup> And while trans people on both the trans feminine and trans masculine spectrums are currently pathologized under the diagnosis of Gender Identity Disorder (which notably focuses on gender identity and expression rather than sexuality), only trans feminine spectrum individuals can have their gender identities and expressions additionally pathologized as “paraphilias,” a category of disorders that are characterized by “recurrent, intense sexual urges, fantasies, or behaviors that involve unusual objects, activities, or situations.”<sup>35</sup>

One trans feminine-specific paraphilia currently listed in the *DSM* is Transvestic Fetishism. Its main criteria is: “*Over a period of at least 6 months, in a heterosexual male, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving cross-dressing.*”<sup>36</sup> As Kelly Winters has pointed out: “*The very name equates crossdressing with sexual fetishism and social stereotypes of perversion. It serves to sexualize a diagnosis that does not clearly require a sexual context. Crossdressing by males very often represents a social expression of an inner sense of identity. In fact, the clinical literature cites many cases, considered diagnosable under transvestic fetishism, which present no sexual motivation for cross-dressing and by no means represent fetishism.*”<sup>37</sup>

So in other words, crossdressing in the trans feminine direction is presumed to be of a sexual nature even when it is not. Reciprocally, if a woman was aroused by crossdressing in men’s clothing (as some are<sup>38</sup>), she could not be diagnosed with Transvestic Fetishism because the diagnosis is specific for heterosexual males. In fact, psychologist Robert Stoller even argued that women who crossdress must *really* be transsexuals (read: driven by crossgender identity) rather than transvestites (read: driven by crossgender arousal). His reasoning was simple: “*Men’s clothes have no erotic value whatsoever; these people have no clothing fetish.*”<sup>39</sup>

While I know plenty of women and gay men who would argue with Stoller’s claim, I do believe that he was onto something. Because femaleness and femininity are so routinely sexualized in our culture, female clothing is imbued with a kind of sexual symbolism that male clothing does not have.<sup>40</sup> This naturally leads people to presume that crossdressers on the trans feminine spectrum must be doing it for sexual reasons even when they are not. This sexual symbolism also explains why many crossdressers and transsexual women pass through stages where they experience some arousal associated with women’s clothing. Indeed, many trans feminine spectrum individuals often refer to their “teenage girl” phase—a period early on when they are particularly interested in sexually revealing or provocative women’s clothing. This stage parallels what many young cis women go through as teenagers as they literally try on the sexual symbolism associated with femaleness and femininity in our culture. Many trans feminine spectrum individuals eventually come to realize that there is simply more to their desire to be female than sexuality, just as cis women learn that there is more to being a woman than being sexually appealing to others.

In the late 1980s and early 1990s, psychologist Ray Blanchard took the psychological sexualization of trans femininities to new heights with his theory of “autogynephilia.”<sup>41</sup> This theory claims that transsexual women come in two (and only

two) subtypes, each with a distinct etiology (or cause). Blanchard refers to the first of these subtypes as “homosexual transsexuals,” who are conceptualized as being feminine from a very early age, attracted exclusively to men as adults, and who supposedly never experience crossgender arousal. Proponents of the theory often depict transsexual women belonging to this group as a type of feminine gay man who ultimately transitions to female in order to attract heterosexual men.<sup>42</sup> The second subtype according to Blanchard’s scheme are “autogynephilic transsexuals,” who are essentially viewed as a type of heterosexual man who, typically around puberty, begins to experience crossgender arousal in response to imagining themselves as women. Blanchard argued that this crossgender arousal is a paraphilia and that it eventually becomes the primary factor that drives these individuals to physically transition to female later in life. Thus, Blanchard’s model proposes that all transsexual women are sexually motivated in their transitions, and he forwards two subtypes that suspiciously resemble the sexualizing archetypes of trans women—i.e., the gay man who transitions to female to seduce unsuspecting straight men and the male pervert who transitions to fulfill some kind of bizarre sex fantasy—that appear over and over again in the media. Furthermore, his theory does not even attempt to explain FTM transgenderism, mimicking media depictions that sexualize trans women while ignoring trans men. The fact that this theory so blatantly mimics sexualizing stereotypes of trans women that already exist in the culture explains why proponents of the theory cling to it so desperately despite the many lines of evidence demonstrating that trans women do not fall neatly into two distinct subtypes; that, for most trans women, gender dissonance and/or a desire to be female precedes sexual arousal or attraction by several years; and that fantasies and patterns of arousal that Blanchard labels “autogynephilic” also occur in many cisgender women.<sup>43</sup>

Critics of autogynephilia, including myself, have written extensively about the many methodological and theoretical flaws of this theory. So, rather than rehash that evidence, I want to address what is perhaps an even more salient issue, but which has unfortunately received significantly less attention: Why is it exactly that the overwhelming majority of trans women feel that autogynephilia theory is not merely “wrong,” but oppressive and invalidating. First, it is extraordinarily nonconsensually sexualizing. It not only assigns sexual motivations to trans women, but it categorizes us as either “homosexual” or “autogynephilic” based upon those supposed sexual motivations. In other words, *it reduces us to sexual motivation*. As I alluded to earlier, there is an extensive body of psychological research that shows that when people are sexualized, they are not treated with empathy, are not taken as seriously and are seen as less competent and intelligent less than those who are not sexualized.<sup>44</sup> This is why, in rape trials, defense lawyers who want to undermine the female victim’s testimony will often ask her lurid questions about her past sexual history, or mention details about what she was wearing when the incident occurred, especially if her outfit was revealing or slinky.<sup>45</sup> Of course, most reasonable people would agree that, in and of themselves, these matters do not excuse rape. So why do lawyers bring them up? Because *sexualizing a person invalidates them*. It undermines what they have to say. It enables others to see them as less than fully human and without empathy. This is precisely why feminists have worked so hard to eliminate sexual harassment in the workplace. And this is exactly why most trans women feel that Blanchard’s theory and terminology should be eliminated from psychological discourses.

Here is an analogy that I hope will further elucidate this point. What if Blanchard (or someone like him) claimed that all women fell into two distinct groups: those who have “forced” or “rape” fantasies and those who do not.<sup>46</sup> And suppose he labeled women who have rape fantasies “autoraptophiles” and claimed that their female gender identities were merely a secondary effect of their paraphilic desire to be raped. And suppose he (and other proponents of his theory) argued that this terminology should be widely used in the psychological literature under the presumption that one cannot fully understand autoraptophilic women unless you recognize that they are primarily motivated by their desire to be raped. And what if the psychologist who coined this term was appointed to head the *DSM-V* taskforce that would rewrite the section of adjustment disorders, and he proposed that there should be a modifier to Adjustment Disorder: “with Autoraptophilia.” What do you think the outcome of this scenario would be? First, many women—who are already highly sexualized in our culture—would now have to contend with yet another form of nonconsensual sexualization. This form of sexualization would be even more threatening than most though, as it would be legitimized by the psychiatric establishment. Those who sexually intimidate, harass or assault women could cite autoraptophilia (and the fact that it's in the DSM) to argue that the woman in question was literally “asking for it.” And, if the woman visited a psychotherapist to work through family or relationship issues, she might instead be barraged by annoying and demeaning questions about her sexual fantasies, as though that were the root cause of all of her problems.

I think that most reasonable people will immediately recognize why this hypothetical scenario is so scary. And if it were real, I am sure that most of you—especially those of you who are female—would do whatever you could to stop it. Well, for trans women, this scenario has pretty much come true with regards to autogynephilia. Ray Blanchard has been named to chair the Paraphilia subworkgroup for the DSM-V, and he has proposed changing the Transvestic Fetishism diagnosis to Transvestic Disorder with one of two modifiers: with Fetishism, or with Autogynephilia.<sup>47</sup> While the diagnosis supposedly targets “heterosexual males” who crossdress, the psychological literature regarding autogynephilia (the bulk of it written by Blanchard) repeatedly claims that lesbian, bisexual and asexual trans women are really just heterosexual men with a fantasy problem. Therefore, according to Blanchard’s proposal, a queer-identified trans woman (such as myself) could theoretically be diagnosed as having “Transvestic Disorder” any time that I have any kind of sexual urge while wearing women's clothing. Since I wear women's clothing pretty much every day of my life these days, my sexuality would presumably be considered perpetually transvestically disordered according to this diagnosis.

I should mention that Blanchard has also proposed significantly expanding the DSM's definition of “paraphilia” to include: *“any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, consenting adult human partners.”*<sup>48</sup> Having read many of Blanchard’s writings, I can tell you that he does not consider transsexual bodies to be phenotypically normal. So, according to this definition, anyone who has an “intense and persistent sexual interest” in *me* is automatically deemed to have a paraphilia. Thus, Blanchard intends not only to paraphilize<sup>49</sup> all of my present and future sexual partners, but to reduce me to the status of a mere fetish object. To him, my identity, my body, my entire person is nothing more than an expression of aberrant sexuality.

Because autogynephilia sexualizes trans women (thus invalidating us), it has been employed to erase trans women's subjectivity. For example, there are many exceptions to Blanchard's two-type classification scheme: there are lesbian, bisexual and asexual trans women who have never experienced crossgender arousal, and there are heterosexual trans women who have.<sup>50</sup> In his writings, Blanchard routinely mischaracterizes the first group as autogynephiles who are lying about not having experienced crossgender arousal, and the second group as autogynephiles who are lying about their sexual orientation.<sup>51</sup> In addition to being bad science, such accusations essentially portray lesbian, bisexual and asexual trans women as being both "hypersexual" and "pathological liars." In fact, I would argue that it is Blanchard's hypersexualization of trans women that enables him to portray us as liars (in a manner similar to how defense lawyers portray rape victims as hypersexual or promiscuous in order to invalidate their testimony).

This strategy has been most effectively used by Bailey in his book *The Man Who Would Be Queen*.<sup>52</sup> First, Bailey describes trans women's bodies in sexually graphic terms, he repeatedly comments on how attractive (or not attractive) certain trans women are, he suggests that certain trans women might be "especially well-suited to prostitution," and (of course) he repeatedly stresses that all trans women are sexually motivated in our transitions. While doing that, he also relentlessly accuses those trans women who deny being sexually motivated of lying, misreporting, deceiving, and misrepresenting themselves. The one-two punch of the "hypersexual" and "pathological liar" stereotypes, of course, reinforce the idea that trans women are mentally unstable and unreliable, which (once again) reinforces Bailey's authority as a psychologist to speak on our behalfs, as we are presumably too riddled with psychopathology to speak for ourselves. Given the effectiveness of this strategy, it is not surprising that other sexologists have also tried to dismiss trans women's legitimate critiques of autogynephilia theory, or our expressions of outrage over its invalidating terminology, as being mere manifestations of our supposed mental instability and sexual deviancy.<sup>53</sup>

So, in summary, according to mainstream psychology, I am a lying hypersexual deviant whose opinions are unobjective and irreparably tainted by my supposed mental impairment. And this view gives scientific legitimacy to those who wish to invalidate me. This is why I am *legitimately* angry. And this is why I think that overturning mainstream psychological depictions of trans people is a crucial step if we ever hope to obtain social legitimacy and gender equity. For decades, trans people have raged against the machine, but the machine has not taken us very seriously. But, thankfully, this has slowly started to change, as we have begun to find our collective voice and to speak on our own terms about our experiences, desires and our perspectives on gender and transgenderism. And there are growing number of allies and advocates in the medical and mental health fields who have shown a willingness to listen to what we have to say, who recognize how injurious the tropes of sexualization and mental inferiority are to gender variant people, who treat gender variant people, not as mere research subjects or "natural experiments," but as human beings who have autonomy and agency. And together, as activists, allies and advocates, we can work to displace the current psychological establishment in favor of a system that places trans people's needs first and is free of trans-invalidations.

**Notes:**

1. While there have been numerous instances of this, there are two that I wish to highlight here. The example that most influenced me to write this piece is Alice Dreger's *Archives of Sexual Behavior* article on the Bailey controversy, in which she repeatedly played down and dismissed trans people's concerns about his book and its potential ramifications (Dreger, 2008; see also my critique of her article: Serano, 2008). A second example is that Bailey, in his book, says this about Ray Blanchard: 'Blanchard is irreverent, cynical, and politically incorrect... He has little patience for arguments about whether research is good for people (such as "Are homosexual people hurt or harmed by research on the genetics of sexual orientation?")' (Bailey, 2003, p. 158). While Bailey seems to admire Blanchard for this, I am personally appalled by the fact that someone who is apparently that ethically vacuous and unconcerned about sexual minorities' health and well being has been allowed to carry out research on sexual minorities and to act as a gatekeeper at the Centre for Addiction and Mental Health (formerly the Clarke Institute of Psychiatry) for decades.
2. Throughout this article, I use the term "mainstream psychology" as an umbrella term to refer to those psychological, psychiatric and sexological discourses on gender variance, transgenderism and transsexuality that have dominated in the medical/mental health literature or have been institutionalized in our society (e.g., via the gatekeeper system and the *DSM*) over the last several decades. I chose the word "psychology" (rather than "psychiatry") primarily because most of the theories and diagnoses that I critique here have been invented by and/or forwarded by psychologists.
3. For example, see Roughgarden (2004a); Bockting (2005); Wyndzen (2005); Bettcher (2008); Gagnon (2008); Lane (2008); Moser (2008); Serano (2008).
4. Szymanski, 2008.
5. The "narcissistic rage" quote is from Anne Lawrence's commentary (2008) on Alice Dreger's "scholarly history" (2008) of the Bailey controversy. Both depict trans people as engaging in an irrational, mass overreaction to mainstream psychology, although Lawrence's article is admittedly significantly more psychopathologizing than Dreger's.
6. American Psychiatric Association (2000).
7. Retrieved from <http://dictionary.reference.com/browse/invalidate>.
8. Reviewed in Namaste (2000), Currah, Juang and Minter (2006), Serano (2007).
9. Bettcher (2006a, 2006b, 2009).
10. Further discussion of the depiction of trans people as mentally incompetent can be found in Winters (2008). Bettcher (2009) offers an in depth philosophical analysis to explain why trans people are not typically viewed as having legitimate "first person authority" regarding gender identity. Serano (2007, pp. 161-193) provides a framework to challenge many of the foundational assumptions that enable such trans-invalidations.
11. Gould (1996); Ewen and Ewen (2006).
12. Mayor (1974).
13. Winters (2008), pp. 45-49. See also Wyndzen, (2004).
14. Winters, K., *Issues of Psychiatric Diagnosis for Gender Nonconforming Youth* (<http://www.gidreform.org/gid3026.html>) and *Issues of Psychiatric Diagnosis of Cross-Dressers* (<http://www.gidreform.org/tf3023.html>), both retrieved on July 1, 2009.
15. Winters (2008), pp. 71-78.

16. Winters (2008), pp. 161-167.
17. Bolin (1988), pp. 48-68; Namaste (2000), pp. 157-234; Lev (2004), pp. 25-54; Hale (2007); Serano (2007), pp. 115-160.
18. For other examples of trans women not being taken seriously by gatekeepers because they did not dress especially feminine, see Bolin (1988), pp. 107-108, Namaste (2000), pp. 163-164.
19. Bailey (2003), p. 206; Fox News (2008); TransActive Education & Advocacy (2008).
20. Spiegel, A. (2008).
21. Reviewed in Bullough and Bullough (1993); Herdt (1996); Califia, (1997), pp. 120–162; Nanda (2000); Lev, (2004) pp. 55–77; Roughgarden (2004b), pp. 329–386. For an even more exhaustive collection of sources on this point, see reference #1 (pages 185–186) in Dallas Denny’s article “Transgender Communities of the United States in the Late Twentieth Century,” in Currah, Juang and Minter (2006).
22. American Psychological Association Task Force on the Sexualization of Girls (2007), p. 2.
23. American Psychological Association Task Force on the Sexualization of Girls (2007), pp. 27-35.
24. American Psychological Association Task Force on the Sexualization of Girls (2007), p. 31-32.
25. Serano (2007), pp. 35-52; 126-139; 254-271; 283-313.
26. Meyerowitz, J. (2002), pp. 168-170; 196-207.
27. Vidal (1968). For a description of the impact that *Myra Breckinridge* had on popular culture (and thus, popular assumptions about trans feminine people) see Meyerowitz (2002), 203-206.
28. Serano (2007), pp. 35-52; 254-271.
29. *Ibid.*
30. Meyerowitz, J. (2002), p. 206.
31. Serano (2007), pp. 254-271; see also Serano, J., *Trans Women’s Experiences With Sexualization* (forthcoming).
32. Bettcher (2006b, 2007); Serano, J., *Trans Women’s Experiences With Sexualization* (forthcoming).
33. Serano (2007), pp. 126-139; 254-271; see also Lev (2004), pp. 132-143.
34. Reviewed in Serano (2007), pp. 126-139. See also Bolin (1988), pp. 106-120; Namaste (2000), pp. 163-164, 202-205.
35. Note: this exact quote appears all over the web, although I could not find it (or a precise reference to it) in the *DSM-IV-TR* Paraphilia section (American Psychiatric Association, 2000, pp. 566-569). I used it anyway because it succinctly and accurately summarizes this category of diagnoses. For critiques of the *DSM*’s Paraphilia section, see Moser (2001, 2009), Moser and Kleinplatz (2005), and Lev (2004), pp. 160-165.
36. American Psychiatric Association (2000), pp. 574-575. For critiques of the Transvestic Fetishism diagnosis, see Moser and Kleinplatz (2002); Serano (2007), pp. 254-271; 283-313; Winters (2008), pp. 33-43.



37. Winters, K., *Issues of Psychiatric Diagnosis of Cross-Dressers*. Retrieved July 1, 2009, from <http://www.gidreform.org/tf3023.html>.

38. MacKenzie (1994), pp. 52-53, 88-89; Lev (2004), p. 141; Langstrom and Zucker (2005).

39. Stoller (1968), p. 195. Similarly, Blanchard (1989a) has said, “Fetishistic cross-dressing...is virtually unknown in females.” I should also add that, on numerous occasions, I have read these Stoller and Blanchard quotes aloud during talks or papers that I have presented for college Gender Studies and Queer Studies departments, and for queer and transgender health- and activist-related conferences, and they consistently receive uproarious audience laughter. I point this out to show the huge disparity between what it takes for granted within mainstream psychology (e.g., that men’s clothing has no erotic value, or that female-assigned people cannot possibly experience any *bona fide* arousal via crossdressing) and what real people outside of the psychological establishment actually experience in real life.

40. Serano (2007), pp. 283-313.

41. Blanchard (1989a, 1989b).

42. For example, Bailey (2003), p. 146.

43. For critiques of autogynephilia theory, especially its two-type taxonomy and assumption of causality, see Barnes (2001); Buckwalter (2001); Johnson (2001); Wyndzen (2003); Roughgarden (2004a); Bockting (2005); Wyndzen (2005); Gooren (2006); James (2006); Serano (2007), pp. 254-271; Lane (2008); Moser (2008); Winters (2008), pp. 117-140. Recent research papers by Veale et al. (2008) and Moser (in press) show that so-called “autogynephilic” fantasies occur in cisgender women.

44. American Psychological Association Task Force on the Sexualization of Girls (2007), pp. 27-35.

45. Holmstrom and Burgess (1983), pp. 157-220. While somewhat tangential, it is worth noting that Bettcher (2009) points out that the denial of first person authority plays a central role in both rape and in trans-invalidations. In the first case, a rapist will dismiss the fact that the woman explicitly said “no” to his sexual advances, and instead privilege his own interpretation of her (e.g., arguing that she must have really meant “yes” because of what she was wearing, or supposedly communicating with her body language). Similarly, a trans-invalidator will ignore what a trans woman (or man) says about her own gender identity and experiences in favor of their own interpretation of her gender.

46. “Forced” or “rape” fantasies are fairly common in women. Anywhere between 31% to 57% of women report having them (reviewed in Critelli and Bivona, 2008). It is widely acknowledged that women who have these fantasies do not actually want to be raped in real life (other explanations for the existence of these fantasies are discussed in the aforementioned reference). The term “autoraptophilia” does not exist in the psychological or sexological literature—I invented it for the sole purpose of demonstrating how invalidating and potentially damaging it can be to define people based upon their sexual fantasies, especially if the population in question is already routinely sexualized in the culture at large. As someone who has survived an attempted date rape myself, I feel that it is important for me to state for the record that my use of the “autoraptophilia” analogy is not intended to make light of rape, but rather to emphasize how seriously threatening the concept of “autogynephilia” is to trans women. My hope is that this analogy conveys (in a very palpable manner) why the overwhelming majority of trans women feel a strong sense of outrage when they are referred to as “autogynephiles,” and why most of us strongly feel that the “autogynephilia” nomenclature should be completely eliminated from psychological and sexological discourses. If there ever is a legitimate need to discuss the sexual fantasies that trans feminine spectrum individuals have about being female or feminine (and frankly, more often than not, such discussions seem to be of a purely superfluous, even salacious, nature), it is recommended that more neutral terminology (e.g., crossgender arousal, sex embodiment fantasies, etc.) be used instead.

47. Blanchard (2009).

48. Blanchard (2009). I discuss this proposed language revision more thoroughly in Serano (2009). Note: in his presentation, Blanchard does attempt to make a distinction between whether a person is “ascertained” to have a paraphilia, or whether they have been “diagnosed” as having a paraphilic disorder. However, I believe this distinction is “intellectually empty” for at least two reasons. First, it is common for people (including mental health professionals) to presume that when a person has an uncommon sexual interest, that any problems they have in their life must somehow be related to their presumed “paraphilia”—e.g., legitimate distress over the discrimination an individual faces (for being a sexual minority) may be misconstrued as distress directly arising from the sexual interest itself (Moser and Kleinplatz, 2005). Further, the current *DSM* (and presumably its impending revision) allow for the diagnosis of “Paraphilia Not Otherwise Specified” (American Psychiatric Association, 2000, p. 576). Thus, if a man who was in a relationship with a trans woman experienced harassment at work, or grief from his family, for his atypical partner choice, there is nothing to prevent a naive or narrow-minded therapist from clinically diagnosing him as a gynandromorphophile (a term Blanchard has forwarded in the psychological literature: Blanchard and Collins, 1993). Second, as Moser (2009) points out, the mere codification of an unusual sexual interest in the “Paraphilia” section of the *DSM* has been used to justify or reinforce societal discrimination against sexual minorities regardless of whether they have been formally diagnosed or not.

49. paraphilize (transitive verb): to deem a person’s sexual desires, urges and/or orientation to be abnormal, unhealthy, or psychopathological.

50. This is discussed in many of the references cited in note #43. This has also been demonstrated empirically in Veale et al. (2008), and in Blanchard’s own research (although he, of course, presumes that these exceptions are primarily due to misreporting).

51. cf., Blanchard (1985).

52. Bailey (2003). His hyper-sexualization of trans women is mostly found on pp. 141-212. The “especially well-suited to prostitution” quote can be found on p. 185. Most of the trans-women-as-pathological-liars depictions can be found on pp. 157-176.

53. Discussed in more depth in Winters (2008), pp. 107-116.

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