

CONCEPTUAL OVERVIEW OF TRANSVESTISM: A PSYCHOSEXUAL STATE OF MIND

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Article Received on 05/11/2023

Article Revised on 26/11/2023

Article Accepted on 16/12/2023

ABSTRACT

Transvestism is a transvestic disorder, that causes significant distress or it substantially interferes with the daily functioning in various areas of life. It involves recurrent and intense sexual arousal from cross dressing, which may manifest as fantasies, urges or behaviour. The term was first described in 1910 by Magnus Hirschfeld, who coined the term to describe the phenomenon he had observed in 17 individuals, in which 16 men and one woman. The psychological implication of these conditions has been assessed differently by various writers, but it means the impulse to wear the clothing of opposite sex, also defined as the state of psychosexual inversion called as eonism. The practice was higher among men and it reflects the light upon the psychologic background, because it's a result of six psychopathologic factors. Transvestites wish to appear in public in their assumed attire and to be accepted as a member of society, so that they should get the proper counselling from the therapist to understand their urges, the pressures society built on them to lessen the symptoms. As it is less likely to be accepted and hard for people to understand, suitable legislative measures to be implemented to promote their physical, mental and social well-being.

KEYWORDS: Transvestism; SOS Scale; Kinsey Scale; OCD.**INTRODUCTION**

Transvestism is the impulse to wear the clothing of the opposite sex^[1], it means cross-dressing^[2] and it was introduced by a German sexologist Magnus Hirschfeld in the year 1910, who coined the term to describe the phenomenon he had observed in 17 individuals, i.e. 16 men and one woman.^[3] The word transvestism is derived from two words trans and vestitus, trans means opposite and vestitus means dress.^[4] The practice of cross-dressing is also found as a cultural variant in primordial society, transvestites were defined as men who obtained sexual emancipation from dressing and pretending to be a woman in appearance, manner and they were more interested to be feminine than masculine.^[1] Male homosexual prostitutes were different from transvestites; they wear the dress of female sex to intensify their attractiveness to men.^[1]

FACTORS

Psychiatric exploration of transvestism reflects the light upon the psychological background because it's a result of six psychopathologic factors, i.e. latent or manifest, sadomastic behaviour, narcissism, scopophilia, exhibitionism, and fetishism. In most cases, the homosexual component will be latent or manifest in other cases fetishism or sadomastic features will predominate.^[5] Sporadically it is hard to say which factor

will dominate the psychosexual picture, but when cross-dressing that itself provides the main sexual satisfaction.^[6]

TYPES

The transvestites can be divided into three main groups: Group 1 transvestites are the people who are more frequently seen, but less often in taking medical help from the doctors, because they are interested to be left alone and they will not seek medical help unless the pressure from their family has been raised, only in that situation they will undergo psychotherapy, where hypnosis is a better plan for the cure and their interest in being alone and their dressings will give them emotional relief with more or less sexual emancipation.^[7]

Group 2 transvestites are much more emotionally disturbed because the symbolic expression of them in female component is not enough for them. For example, being in female attire and makeup. They were obliged to make some physical changes for the enlargement of some organs to showcase their feminine identification and also to ease their emotional distress. They necessitate much more psychological help than group 1 transvestites, but usually refuse psychotherapy in that main psychoanalysis, whenever such therapy is attempted it almost incessantly ends in disappointment. Estrogen

therapy has been used by these groups of people mainly for their relief and not for their psychological reasons. These treatment insufficient doses, reduces sexual desire by depressing the androgenic activity, but finding the right dose for these groups is difficult and it results in more side effects.^[7]

At the start of their career, cross-dressing acts as a sexual stimulant, and later on, it will raise their emotional contentment. They will always be having problems with society, law and medical professionals who are unadorned in their conditions and always refuse to do anything beyond sending them as mental cases. The problems with medicine, society and law are more reflected and it is mostly affecting the third group of transvestites because they are similar to transsexuals and they are having even other symptoms in contrast with dressing as a female.^[7]

ETIOLOGY

The main etiology of transvestism (TV) is unknown, but most of the investigators acquiescing that the disorders are occurring in contingent with the disturbed parent-child relationship, although there is no evidence of the genesis of the disease condition. Psychological dissension, learning cognitive development and biological differences have been considered the most leading cause for divergent gender development. However, the etiology remains unrevealed, psychodynamic reformation through psychoanalytically oriented psychotherapies and interviews, as well as through the learning of transvestite obscenity and social organizations can divulge both the conscious and the unconscious meaning of cross-dressing.^[2]

DIAGNOSIS

The conventionally used diagnosis scale for transvestism is a 7-point sex orientation scale, contrived by Dr. Harry Benjamin. Scale arrangement is based on gender feelings, dressing habits, lifestyle, choice of sex objects and sexual life of the patient. This SOS Scale (Sex Orientation Scale) is used to classify and to understand various forms and subtypes of transvestism and transsexualism. It is a 7-point scale with three types of transvestism, 3 types of transsexualism and one category of typical males and it's being used as an analogue to Kinsey Scale, as it relates to sexual orientation, which also had six subtypes, from Type 1 to 6 (Pseudo, Fetishistic, True, Non-surgical, Moderate intensity and High intensity) which ranges from (0-6, 0-2,0-2,1-4,4-6 and 6) respectively. In comparison with the Kinsey Heterosexual-Homosexual Scale, Benjamin understood the nature of gender identity, and gender expression as a spectrum of continuum with many variations.^[8,9,10,12]

RELATIONSHIP OF OCD WITH TRANSVESTISM

Transvestism (Cross-dressing) is more related to a heterogenous disorder: OCD (obsessive-compulsive disorder) and in some cases that is also related to gender identity disorder. Sexual and genderidentity disorders like

exhibitionism, fetishism and transsexualism were seen in OCD patients, which are outlined in certain case reports. Transvestism consists of comorbid conditions which include heterosexual subjects with recurrent, sexually arousing speculations or behaviours involving cross-dressing. OCD and transvestism may be unconventional and associated by chance because the OCD patients had sexual fascinations like fear of sexual distortion and acting on the sexual urge, were transvestic etiquettes also have compulsive qualities, such as anxiety and consequential relief after the sexual behaviour/compulsion is performed.^[11]

Sexual etiquettes in cross-dressing are more ego-syntonic, pleasant and more often followed by culpability. Eventually, OCD and transvestism represent different expressions of frequent neurobiological substrates or will be part of the same continuum of disorders. Rather than delineating OCD and transvestism as divaricate entities, these disorders could be devised as different points in a spectrum of psychopathological proportions, comprising obsessionality, compulsivity and impulsivity. As it is related to OCD and gender identity disorder, it is imperative to identify the possible subgroups of transvestites.^[11]

MANAGEMENT

Transvestites usually met therapists, because they feel iniquitous changes in them and that needsto be corrected. The primary management option is to exhilarate them and to state that cross-dressing is benign. The endocrinologist will give small doses of feminizing hormones (Anti-androgen, Estrogen and Progesterone therapy) to reduce consternation and coupled cross-dressing, rather than therapy counselling is the better management option because it is a reversible type of psychological disease condition, however by helping them to manage social problems and counselling their family and relatives about the patient condition will be helpful for each transvestites to overcome and to lead a good productive life with the support of their family members^[8] Some transvestites will change their gender expression and role, through some medical interventions such as (Hormonal, Psychiatric and Surgical treatment).

- Hormonal therapy includes the use of feminizing hormones and masculinizing hormone therapy.
- Surgery such as feminizing and masculinizing surgery to change the chest, external and internal genitalia, body contour and some facial features.
- Psychiatric measures including psychotherapy or counselling may be needed in addition to sex reassignment, which focuses on helping people to accept themselves and to control behaviours that could cause problems.^[4,10]

All these treatments will be based on the goals of transvestites and through evaluation of risks, benefits of medication use and considering social and economic issues. A behavioural health evaluation will be considered in before receiving the preferred treatment

method is important, so that it will help make the decisions about treatment options. In all attempts, treating the cases of transvestism is mostly ineffective and this practice will not help the genuine transvestites to lead their life in their wish not only by these management options they should get the consideration from the society too. As it is less likely to be accepted and hard for people to understand, suitable legislative measures to be implemented for the transvestites to manage their problems, if it is seriously impairing their state of mental health and the government should implement some bylaws for the cross-dressing of transvestites to dress according to their wish.^[4,10]

SUMMARY

Transvestism is not a problematic cause and itself is not a disorder, it causes clinically significant distress or functional impairment in one or more important areas of life, most of the investigators acquiescing that the disorders are occurring contingent on disturbed parent-child relationships, although there is no evidence to the genesis of the disease condition. But society is making it problematic and they will categorize transvestites under the heading of sexual deviance. Through this, we have tried to light transvestism as they were getting confused under the contemporary psychiatric classification of transsexuality and transgender, where they are having separate pathologies. Almost all transvestites wish to appear in public in their assumed attire and to be accepted as a member of society. Thus, it is necessary to implement legislative measures to promote their physical, mental and social well-being.

ACKNOWLEDGEMENT

We would like to express our deepest gratitude and sincere thanks to our family members, who helped us a lot in finalizing this review within the limited time frame. We also take this opportunity to thank our principal Dr. A.P Basavarajappa who offered us to acquire knowledge from this institution. The blessing and leadership given by him shall carry us a long way in our careers.

ABBREVIATIONS

Sl.no:	Abbreviations	Expansion
1	TV	Transvestism
2	SOS	Sex Orientation Scale
3	OCD	Obsessive Compulsive Disorder

REFERENCE

1. John B. Randell. Transvestism and Trans-sexualism. *British Medical Journal*, Dec. 26, 1959; 2(5164): 1448-1452.
2. Ethel Person, Lionel Ovesey. Transvestism: New Perspectives. *Journal of The American Academy of Psychoanalysis*, 1978; 6(3): 301-323.
3. Neil Buhrich, Neil McConghy. Clinical Comparison of Transvestism and Transsexualism: An Overview. *Australian and New Zealand Journal of Psychiatry*, 1977; 11: 83.

4. Christian Hamburger, Copenhagen, Georg K. Sturup et al. Transvestism: Hormonal, Psychiatric and Surgical Treatment. *J.A.M.A.*, May 30, 1953; 152(16): 1553.
5. Emil A. Gutheil. Transsexualism and Transvestism: The Psychologic Background of Transsexualism and Transvestism. *The American Journal of Psychotherapy*, Apr., 1954; 8(2): 231-9.
6. Karl M. Bowman, Bernice Engle. Medicolegal Aspects of Transvestism. *American Journal of Psychiatry*, Jan., 1957; 113(7): 583-8.
7. Harry Benjamin. Transvestism and Transsexualism in the male and female. *The Journal of Sex Research*, 1967; 3(2): 107-127.
8. Wardell Pomeroy. The diagnosis and treatment of transvestites and transsexuals. *Journal of Sex & Marital Therapy*, 1975; 1(3): 215-224.
9. Donna J. Drucker. Male Sexuality and Alfred Kinsey's 0-6 Scale: Toward "A sound Understanding of the Realities of Sex". *Journal of Homosexuality*, 2010; 57(9): 1105-1123.
10. James D. Weinrich. Notes on the Kinsey Scale. *Journal of Bisexuality*, 2014; 14: 324, 333-340.
11. Carmita Helena Najjar Abdo, Ana Hounie, Marco de Tubino Scanavino et al. OCD and Transvestism: is there a relationship. *Acta Psychiatrica Scandinavica*, Dec. 20, 2001; 103(6): 471-473.
12. Delaney Casey. Revisiting the Kinsey Scale: Toward a Higher Fidelity Measurement (and use of) the Original Kinsey Continuum. *California State University System*, 2022 Dec: 1r66j739d.