Pro/Con: Should gender identity disorder be considered a mental illness?

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Dr. Karasic argues for eliminating gender identity disorder (GID) from *DSM-V* as it applies to children. He states: "The diagnostic criteria do not require the child to identify as the other sex — only that the child exhibit behaviors more typical of the other sex."

That is not true. Criterion A states: A strong and persistent cross-gender identification. The B criterion states: Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex. The diagnosis is not given merely because the child exhibits behaviors more typical of the other sex.

Consider this true case (supplied by Dr. Kenneth Zucker): "A 2-year-and-10-month-old boy was referred for assessment. When asked his name, he says he is 'Snow White.' Since age 2 he has insisted that he wants to be a girl. He wants to grow up to be a mommy. When told by his parents that he will grow up to be a daddy, he bursts into tears and is inconsolable. He likes to wear dresses in nursery school and only plays with girls. He sits to urinate."

Does such a child have a mental disorder? Apparently Dr. Karasic would say no because he did not actually insist that he was a girl. This is absurd.

Dr. Karasic says: "GID in children is used as a surrogate diagnosis for children suspected to be pre-homosexual by therapists trying to prevent homosexuality."

Not true. GID in children first appeared in *DSM-III* in 1980, largely formulated by Dr. Richard Green, a staunch advocate of regarding homosexuality as a normal variant (see Ronald Bayer's *American Psychiatry and Homosexuality*). It is not true that all therapists treating GID (there aren't that many) have as their goal the preventing of the later development of homosexuality.

Regarding GID in adults, Dr. Karasic says the *DSM* diagnosis should not "pathologize transgendered people who have adjusted well by modifying their bodies and/or presentation of gender." Granted that hormone therapy or surgery may now be the only treatment that we can now offer the adult with GID.

But surely something remains profoundly wrong psychologically with individuals who are uncomfortable with their biological sex and insist that their biological sex is of the opposite sex. The only diagnosis that is appropriate for such cases is GID.

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The American Psychiatric Association (APA) periodically revises its official list of diagnostic criteria, the *Diagnostic and Statistical Manual* (*DSM*). For the next edition, *DSM-V*, the APA will re-examine all diagnoses, including gender identity disorder (GID). The last edition states, "it must be admitted that no definition adequately specifies precise boundaries for the concept of 'mental disorder,' " but "neither deviant behavior (e.g., political, religious, or sexual) nor conflicts that are primarily between the individual and society are mental disorders unless the deviance or conflict is a symptom of a dysfunction." Given the imprecision in separating variance from pathology, the current diagnosis of GID warrants careful re-assessment.

There are two sets of criteria for GID in the *DSM*, for children and for adolescents and adults. The diagnostic criteria for children and adults differ, and the diagnoses apply to different groups of people — not the same people at different ages. Most boys with GID do not grow up to be transgender adults, but rather, gay and bisexual men. The diagnostic criteria do not require the child to identify as the other sex — only to exhibit behaviors more typical of the other sex. Gender behavior outside of traditional gender roles is not mental illness. Programs for gender-variant children emphasize supporting the child and his/her family, rather than trying to force conformity to stereotypical gender roles.

GID in children is used as a surrogate diagnosis for children suspected to be pre-homosexual by therapists trying to prevent homosexuality. Since homosexuality is not a *DSM* disorder, and "reparative therapy" for homosexuality has been condemned by the APA, a surrogate for pre-homosexuality should not be a *DSM* disorder.

The diagnosis of GID in adults also needs reassessing. The diagnosis does not distinguish between the distress of gender dysphoria and the healthy adaptations transgendered people make to relieve gender dysphoria. The criterion of stress or social/occupational dysfunction may be caused by societal discrimination, rather than individual dysfunction. The diagnosis should not include those who change their appearance and social role and are no longer impaired by gender dysphoria, but instead are hampered by societal prejudice.

Patients would be better served by a narrower diagnosis that describes psychological distress about one's gender but does not pathologize transgendered people who have adjusted well by modifying their bodies and/or presentation of gender.