



**National Gay and Lesbian Task Force
Commentary on Proposed Revisions to the
American Psychiatric Association's
*Diagnostic and Statistical Manual-V***

By

National Gay and Lesbian Task Force Policy Institute Director Jaime Grant

www.theTaskForce.org

The National Gay and Lesbian Task Force has reviewed the proposed changes to the Sexual and Gender Identity classification in the American Psychiatric Association's DSM-V, and we find them to contain several positive reformulations of existing diagnostic categories. We also have significant concerns that some proposed revisions pathologize gender diversity and unconventional sexual expression, leaving lesbian, gay, bisexual and transgender (LGBT) individuals and their families at risk for marginalization and poor care at the hands of the psychiatric profession.

Gender Incongruence

Among the positive proposed modifications, we are heartened by the shift from Gender Identity Disorder to Gender Incongruence, along with the acknowledgement that the incongruence exists between the identity of transgender and gender nonconforming individuals and the ways “one is expected to live, based on one's assigned gender, usually at birth” (APA 2010). We view this shift as both an indication of an increase in the public's understanding that gender expectations are social in nature, and not necessarily a value-free metric of individual psychological health (Ruble, Martin and Berenbaum 2006), and a step toward affirming a natural variance in human gender diversity (Roughgarden 2004). The Task Force has long maintained, however, that an identity framework — not a disease framework — is the most ethical and appropriate approach for mental health providers serving transgender and gender nonconforming children and adults (See. Link and Phelan 2001, Minter 1999; Vance et al. 2009; Winter et al. 2009, Winter 2009 on the damaging nature of pathologization and the relative benefits for psychological health of ensuring adequate protections from discrimination). The “Gender Identity Disorder” framework of the DSM-IV has been gravely abused since its inception, resulting in damaging, gender-policing protocols for children as well as abusive therapies for adults, while failing to ensure access to appropriate, culturally sensitive medical care (Bryant 2006, 2008, Lev 2004, Scholinski 1998).

Data from the National Gay and Lesbian Task Force/National Center for Transgender Equality's *National Transgender Discrimination Survey* compiles questionnaires from 6,500 transgender and gender nonconforming people across the United States. Fifty percent (50%) of our respondents report being forced to educate their medical providers to ensure they received adequate and sensitive care. Nearly half of our sample reports postponing some form of medical care because of the pervasive discrimination they faced at the hands of insensitive or bigoted healthcare providers. Thus, the National Gay and Lesbian Task Force advocates for the full declassification of Gender Incongruence, alongside improvements within the International Classification of Diseases and U.S. health care systems to ensure adequate access for all transgender people seeking medical support to fully embody their gender identity.

Gender variance is not a psychiatric problem; it is a human variation that in some cases requires medical attention. While many psychiatrists and those of us in the LGBT communities find no “incongruence” in the expressions outlined in the proposed DSM-V — of being born in a female body and preferring trucks and football; or of being born in a male body and preferring pink jewelry and girls as friends — we understand that our culture and our nation has a long way to go in achieving gender justice and that this is one positive, imperfect step on a long journey. At the Task Force, we are working toward a day when the psychiatric profession, and our larger society, embraces a vibrant spectrum of gender expression among infinite human possibilities. As science and our movement advances, we fully expect “Gender Incongruence” to be removed from the DSM-VI.

Paraphilias

The National Gay and Lesbian Task Force takes the position that so-called “paraphilias” are, in reality, merely sexual desires that don’t conform to mainstream expressions of sexuality. Thus, we appreciate the committee’s affirmative statement that individuals who exhibit these forms of sexual interest or behaviors should be considered disordered *only* when they cause severe impairment or despair in individuals, or if they are acted upon in a context of coercion.

To that end, the National Gay and Lesbian Task Force specifically calls for the removal of “transvestic disorder” and its subtype “autogynephelia” from the DSM-V. In the case of this proposed diagnosis, the DSM-V Task Force’s proposed severity questions measure only the incidence of cross-dressing behaviors without any attempt to assess distress or dysfunction, underscoring our belief that this diagnosis is grounded in a specific bias against male-to-female gender expressions. The very notion that cross-dressing among female-born individuals is *never* pathological, while cross-dressing among male-born clients has multiple pathological manifestations demonstrates of a kind of sexism we find astonishing for psychiatry in the twenty-first century. It is well past time for the removal of disorders associated with disfavored versions of femininity, which call to mind the infamous 19th century diagnosis of “hysteria” in women.

On another front, the introduction of “hypersexual disorder” raises grave concerns for the Task Force given a history within the psychiatric profession of pathologizing the sexual practices of LGBT people and other sexual “outsiders.” While it is clear that the sexual excesses of largely heterosexual, prominent men has pushed this disorder into mainstream consciousness, we fear that those most targeted for the diagnosis will be LGBT people whose sexual expression is often debased by culturally insensitive providers, and youth, whose sexual behavior often triggers state intervention.

On Distress-Based Diagnoses

The National Gay and Lesbian Task Force applauds the move towards “distress-based” diagnoses in the DSM-V. This revision, in particular, appears to address a history of framing sexual practices that are outside of mainstream social acceptance as inherently disordered.

We wish to strongly underline our concern that the current guidelines conflate “impairment in social, occupational or other important areas of functioning” that occur as the result of specific gendered expression or sexual acts with the distress that results from the “minority stress” well-documented in LGBT communities (Meyer 1995, 2001).

How will practitioners distinguish between distress born of stigma and distress based in an authentic conflict between personal values and contradictory desires? LGBT people routinely risk social ostracism, including loss of their jobs and children due to social discrimination based on sexual orientation or sexual practices. The Task Force presses the DSM-V Task Force to more clearly refute the notion that distress born of this type of discrimination is evidence of pathology.

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