Comments on the Proposed Revision to 302.85 Gender Identity Disorder in Adolescents or Adults

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Summary

The current Gender Identity Disorder diagnosis in the DSM-IV-TR imposes harmful stigma of mental illness and sexual deviance on gender variant and especially transsexual adults and adolescents. Simultaneously, it poses barriers to social transition and access to puberty blocking, hormonal and/or surgical transition care, for those who need them, by describing transition itself as symptomatic of pathology. The proposed nomenclature for Gender Incongruence in Adolescents or Adults for the DSM-5 contains a number of improvements in the title and diagnostic criteria intended to address both issues. However, these revisions fall short of clarifying that social or medical transition and other nonconformity to an assigned gender at birth do not in themselves constitute mental illness. These revisions obfuscate the clinically significant distress that may result from physical sex characteristics or an ascribed social gender role that are incompatible with experienced gender identity: distress that may require medical attention. This diagnostic nomenclature should be explicitly based on distress of anatomical and/or gender role dysphoria (distress or discomfort) and not on gender role nonconformity.

Positive Aspects of the Proposed Revisions

- **Title:** The proposed title of Gender Incongruence is intended to be more descriptive and less stigmatizing than the previous title of Gender Identity Disorder, which implied a "disorder" of experienced gender identity (Winters 2005).
- **Diagnostic Focus:** The subcommittee stated their intent to shift the diagnostic focus away from gender identities that differ from assigned birth gender: "We have proposed a change in conceptualization of the defining features by emphasizing the phenomenon of 'gender incongruence' in contrast to cross-gender identification per se." This is a significant positive departure from the prior DSM editions.
- **Facets of Gender Dysphoria:** The proposed subcriteria A2 and A3 recognize that individuals may articulate anatomic dysphoria (distress with physical sex characteristics) in different ways. Some may verbalize distress their current or anticipated pubertal characteristics, while others are concerned with their lack of physical characteristics that match their experienced gender identities.
- **Suprabinary Gender Identities**: The phrase, "or some alternative gender different from one's assigned gender," in subcriteria A4, A5 and A6, acknowledges a diversity of gender identities beyond masculine and feminine stereotypes.
- **Diagnostic Exit:** The subcommittee stated an intent "for individuals who have

successfully transitioned to 'lose' the diagnosis after satisfactory treatment." In the proposed diagnostic criteria, "sex" (in reference to natal sex) was replaced by "gender" (current social gender role) to partially reduce false-positive diagnosis in previous DSM editions for transitioned individuals no longer distressed by their sex characteristics or current gender roles (Winters 2008).

- **Removal of Sexual Orientation Subtyping:** The subcommittee eliminated the following specifiers from the current GID diagnosis, "Sexually Attracted to Males, Sexually Attracted to Females, Sexually Attracted to Both, and Sexually Attracted to Neither." Sexual orientation has no bearing on the legitimacy of an individual's experienced gender identity, nor is it relevant to classification of mental disorder.

Shortcomings of the Proposed Revisions, and Recommendations

- **Incongruence Undefined**: Incongruence, in the proposed title and diagnostic criteria, is not sufficiently clear. It may be easily inferred to mean difference or nonconformity to social expectations of assigned gender. For example, an ego-syntonic non-operative transperson, who is happy with physical characteristics that are atypical of her or his gender identity and expression, could still meet Criterion A and be diagnosed as mentally ill. A title of Gender Dysphoria would better describe the often painful nature of a problem that may require medically necessary care. If Incongruence is retained in the title and diagnostic criteria, however, it should be clearly defined as a distressing sense of incongruence experienced by the individual and not gender expression that is nonconforming to social stereotypes associated with natal sex (Lev, et al. 2010B).
- **Gender Dysphoria Defocused:** All references to distress and discomfort in the diagnostic criteria have been replaced by less descriptive, euphemistic terms, such as "conviction" and "desire" (next item). For gender dysphoric adults and adolescents who are extremely distressed by their current or impending physical sex characteristics, this language would fail to acknowledge any problem that merits attention. This omission would pose unintended barriers to access puberty-delaying, hormonal and/or surgical medical treatment for those who need it. Diagnostic nomenclature intended to facilitate access to transition care should be explicitly based on distress or discomfort of anatomical or gender role dysphoria (Winters, Ehrbar 2009).
- **Desire for Congruence Pathologized:** Subcriteria A2 through A5 emphasize a "desire" for social gender expression or physical sex characteristics that are congruent with experienced gender identity as symptomatic of mental disorder. In truth, all people desire harmony and congruence in their lives, and all people with medical conditions desire effective treatment. This language inadvertently implies that desire for transition is in itself pathological, and it contradicts social and medical transition to relieve gender dysphoria. "Deprivation" (Vitale 2001) is a much clearer term than "desire" to describe distress or discomfort caused by a lack of physical sex characteristics or social gender expression that are congruent with experienced gender identity.
- **Clinical Insignificance:** The removal of the clinical significance criterion further confuses the purpose of the diagnosis and opens it to false-positive implication of

those who meet no definition of mental disorder. A second criterion requiring clinically significant distress or impairment, should be restored to the diagnosis. It is crucial, however, that a clinical significance criterion should exclude distress or impairment that is caused by societal prejudice or discrimination. To cast victimization as symptomatic of mental illness would inflict further harm upon victims of prejudice (Ehrbar, Winters, Gorton 2009)

- **Exit Path Obstacles:** The subcommittee expressed an intention to provide an exit path to the diagnosis for those whose gender dysphoria had been relieved by transition. However, ambiguous language of "other gender" in subcriteria A5 and A6,

  > 5. a strong desire to be treated as the other gender...
  > 6. a strong conviction that one has the typical feelings and reactions of the other gender...

  would still allow post-transition and even post-operative individuals to remain diagnosed, however happy and well adjusted in their affirmed roles. Transitioned individuals, like most all people, desire to be respected in their affirmed gender roles. These subcriteria pathologize for transpeople feelings that would be ordinary and appropriate for all other people. They should be removed from the DSM-5.

- **Placement in the DSM:** Classification of Gender Incongruence in Adolescents or Adults in the DSM section with sexual disorders is inaccurate, misleading and stigmatizing. The subworkgroup is correct in questioning the current placement of the this diagnosis.

- **Special Needs for Adolescents:** Adolescent issues may differ from those facing pre-pubescent children and those experienced by adults (Lev, et al. 2010C). A distinct diagnostic category or criteria set for Gender Dysphoria in Adolescents would improve clarity on issues such as distress with impending natal puberty or deprivation of age appropriate pubertal sex characteristics, congruent with experienced gender identity, for those whose natal puberty has been deferred.

- **Intersex Condition Terminology:** The term "Disorder of Sex Development" is used to describe individuals with intersex conditions in proposed diagnostic specifiers. This term is highly offensive to many in the intersex community (Hinkle 2007), and the relevance and utility of such a specifier to this diagnosis are questionable (Lev, et al. 2010A).

- **Dimensional Diagnosis:** The proposed diagnosis includes a dimensional diagnosis assessment questionnaire that is focused on arcane, sexist gender stereotypes that have little relevance to access to medical transition or puberty-delaying treatment. The draft dimensional questions throughout the DSM-5 proposal have been criticized as "remarkably ad hoc, idiosyncratic, and cumbersome" (Frances 2010)

Suggested Diagnostic Criteria for Gender Dysphoria in Adults: (Lev, et al. 2010B)

A. A distressing sense of incongruence between persistent experienced or expressed gender and current physical sex characteristics or ascribed gender role in adults, as manifested by at least one of the following indicators for a duration of at least 3 months. Incongruence, for this purpose, does not mean gender expression that is nonconforming to social stereotypes of

ascribed gender role or natal sex.

1. A distress or discomfort with living in the present gender or being perceived by others as the present gender, which is distinct from the experiences of discrimination or the societal expectations associated with that gender.

2. A distress or discomfort caused by deprivation of gender expression congruent with persistent experienced gender. Experienced gender may include alternative gender identities beyond binary stereotypes.

3. A distress or discomfort with one's current primary or secondary sex characteristics that are incongruent with persistent experienced gender.

4. A distress or discomfort caused by deprivation of primary or secondary sex characteristics that are congruent with persistent experienced gender.

B. Distress or discomfort is clinically significant or causes impairment in social, occupational or other important areas of functioning, and is not due to external prejudice or discrimination.

Suggested Diagnostic Criteria for Gender Dysphoria in Adolescents: (Lev, et al. 2010C)

A. In youth who have reached the earlier of age 13 or Tanner Stage II of pubertal development, a distressing sense of incongruence between persistent experienced or expressed gender and current physical sex characteristics or assigned gender role, as manifested by the youth's self-report or documentable observation of at least one of the following indicators for a duration of at least 3 months. Incongruence, for this purpose, does not mean gender expression that is nonconforming to social stereotypes of assigned gender role or natal sex.

1. A distress or discomfort with living in the present gender or being perceived by others as the present gender, which is distinct from the experiences of discrimination or the societal expectations associated with that gender.

2. A distress or discomfort caused by deprivation of gender expression congruent with persistent experienced gender. Experienced gender may include alternative gender identities beyond binary stereotypes.

3. A distress or discomfort with one's current primary or secondary sex characteristics that are incongruent with persistent experienced gender or with anticipated pubertal development associated with natal sex.

4. A distress or discomfort caused by deprivation of primary or secondary sex characteristics that are congruent with persistent experienced gender or with anticipated deprivation of congruent physical sex characteristics after puberty.

B. Distress or discomfort is clinically significant or causes impairment in social, educational or other important areas of functioning, and is not due to external prejudice or discrimination

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About Me

Kelley Winters is the author of *Gender Madness in American Psychiatry: Essays from the Struggle for Dignity* and a community advocate on issues of gender diversity in medical and public policy. She is the founder of GID Reform Advocates and an Advisory Board Member for the Matthew Shepard Foundation and TransYouth Family Allies. Kelley has presented papers on the psychiatric classification of gender diversity at annual conventions of the American Psychiatric Association, the American Psychological Association, the American Counseling Association and the Association of Women in Psychology. Kelley is a transsexual woman and proud member of the transgender community.

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