DIAGNOSING DIFFERENCE: The Impact of Psychiatric Labels on Transgender Communities

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TWO GENDER DIAGNOSES IN DSM-IV-TR

- **Transvestic Fetishism (TF)**
  - Diagnostic criteria for sexually-motivated cross-dressing behavior in heterosexual males (no desire for permanent gender change).

- **Gender Identity Disorder (GID)**
  - Diagnostic criteria for cross-gender identification (desire for permanent gender change)
  - Diagnosis used to provide gender-related medical care for transgender people (e.g., hormone treatment, gender affirmation surgeries).
GENDER IDENTITY DISORDER (DSM-IV-TR)

A. Strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex).
   - In adolescents and adults, symptoms may include a stated desire to be the other sex, frequent passing as the other sex, desire to live or be treated as the other sex, or the conviction that he or she has the typical feelings and reactions of the other sex.
   - In children, symptoms may include stated desire to be the other sex, preference for cross-sex roles in make-believe play or persistent fantasies of being the other sex, desire to participate in the stereotypical games and pastimes of the other sex, preference for playmates of the other sex, preference for cross-dressing (in girls, insistence on wearing only stereotypical masculine clothing).

B. Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.

C. The disturbance is not concurrent with a physical intersex condition.

D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if: Sexually Attracted to Males, Sexually Attracted to Females, Sexually Attracted to Both, or Sexually Attracted to Neither.
WHY GID IS CONTROVERSIAL

1. The disorder serves **conflicting roles** in giving access to gender-related medical care.
   - GID is a psychiatric disorder that is treated non-psychiatically.
   - If it is used primarily to give access to gender-related medical care, why is GID in the DSM?
   - Is gender-related distress a psychiatric problem or the result of social pressure to conform?
   - In many cases, emotional distress experienced by transgender people are better accounted for by other disorders (e.g., depressive disorders, anxiety disorders, PTSD).
   - According to current standards of care, transgender people need to be evaluated by a psychiatrist or a psychologist before they can have access to medical procedures to determine:
     - whether they are “psychiatically/psychologically stable”
     - whether they can make an informed decision about the procedures
2. The **name of the disorder** implies that a person’s gender identity is abnormal when it does not conform with assigned birth sex.

- People’s identities (e.g. racial/ethnic, gender, sexual, professional) are influenced by interactions between the individual and society but they do not always conform with social expectations.
- Not all individuals who are gender non-conforming relative to their assigned birth sex experience distress due to gender non-conformity.
- What typically causes psychological distress in most gender non-conforming individuals is social pressure to conform; not gender identity itself.

3. The **language** used to describe GID symptoms is not inclusive of transgender identities that are neither male nor female.

- The diagnosis assumes a clear distinction between male and female identities (ignores the existence of normal atypical gender identities that fall along a male-female spectrum).
- Results in barriers to care for people who do not want full-transition to male or female sex/gender.
4. The diagnosis is made largely on the basis of **non-conformity in gender expression** (especially in children).

- Reinforces archaic and sexist notions of gender normative behavior.
- Is non-affirming of people’s rights to express their gender identity through choice of clothing, adopted gender roles, and other behaviors.
- Supports society’s prejudice against people who are non-traditional in gender expression (not only trans people).
- Results in too many “false positives;” that is, people who display gender non-conforming behaviors, yet do not perceive their gender identity as being incongruent with their birth sex, could potentially be diagnosed with having GID.
- GID helps perpetuate transgender stigma (and cross-dressing behavior stigma, independent of trans identity) in larger society.
PROFESSIONAL ORGANIZATIONS
WITH MAJOR IMPACT ON TRANGENDER PEOPLE’S LIVES

- American Psychiatric Association (APA)
  - Establishes diagnostic criteria for mental health disorders
  - New diagnostic manual to be released in 2012 (DSM-V)
  - Changes to GID and TF are expected

- World Professional Association for Transgender Health (WPATH)
  - Establishes “Standards of Care” for transgender people
  - New Standards of Care to be released September 2011 at WPATH convention in Atlanta
APA DSM-V TASK FORCE: GID REVISIONS

- February 2011 – APA released 1st proposal in response to public comments
  - Changed name to Gender Incongruence and redefined the condition to be inclusive of trans identities that are neither male nor female (focus on incongruence, not on distress or gender identity)
  - Revised criteria (listed symptoms consistent with recent research findings)
  - Eliminated sexual attraction subtypes (now considered irrelevant for treatment)
  - Eliminated criterion B (which required presence of clinical distress for diagnosis) to be inclusive of trans people who need medical care but do not experience gender-related distress

- May 2011 – APA released 2nd proposal in response to public comments
  - Changed name to Gender Dysphoria to decrease false positives (1st proposal was too inclusive)
  - Introduced a modified version of criterion B to allow for diagnosis with and without distress.
  - Added a “post-transition” specifier to allow for continued medical care when full criteria is no longer met.

- Deadline for public comments on 2nd proposal was extended to July 15th, 2011. www.dsm5.org
CURRENT PROPOSED DIAGNOSIS: GENDER DYSPHORIA

A. A marked incongruence between one’s experienced/expressed gender and assigned gender, as manifested by 2 or more of the following indicators (at least 6 months):

1. a marked **incongruence** between one’s experienced/expressed gender and primary and/or secondary sex characteristics (or anticipated secondary sex characteristics)

2. a strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender (or a desire to prevent the development of the anticipated secondary sex characteristics)

3. a strong desire for the primary and/or secondary sex characteristics of the other gender

4. a strong desire to be of the other gender (or some alternative gender different from one’s assigned gender)

5. a strong desire to be treated as the other gender (or some alternative gender different from one’s assigned gender)

6. a strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one’s assigned gender)

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning, or with a significantly increased risk of suffering, such as distress or disability

Subtypes: With a disorder of sex development OR Without a disorder of sex development

Specifier: Post-transition

Magalhaes & Magalhaes - TranSolutions Conference, Los Angeles - June 23rd, 2011 – magslhac@gmail.com
“DIAGNOSING DIFFERENCE”: DOCUMENTARY HIGHLIGHTS

- **Disconnect** between traditional approaches to transgender care and the actual needs of the community.

- **The challenge**: GID gives access to gender-related care AND helps perpetuate transgender stigma.

- Pathologization of transgender experiences leads to **tension** between the transgender community and mental health care providers.
  - Many transgender people approach providers with a mix of hope, distrust, and fear (with good reason!)

- Providers need more **training**!
IMPLICATIONS FOR MENTAL HEALTH PRACTICE

- The transgender community is quite **diverse** and includes people with different gender identities. It is important that providers encourage clients to take the lead when considering adoption of self-labels and affirm their clients’ chosen identities.

- Providers should keep in mind that **sexual orientation and gender are separate** aspects of one’s identity. Don’t assume sexual orientation based on gender identity.

- Sexuality and gender identity can **change** over the course of one’s life. Don’t assume identity confusion when clients change the perception of who they are.

- Providers often confuse distress related to being gender variant with distress that results from asserting one’s identity among family, friends, and society at large (e.g., depression, anxiety). Understanding of the **source of the client’s distress** is crucial in case conceptualization and treatment planning.

- The GID diagnosis is not appropriate for all transgender people seeking mental health services. **Use other diagnoses** when they more accurately describe the client’s symptoms (e.g., Major Depressive Disorder, Adjustment Disorder).

- Many gender variant individuals have been mistreated by mental health professionals due to misunderstanding, bias, and lack of cultural sensitivity within the mental health profession. It is important that clinicians **actively seek training** to increase their knowledge and skills for working with this population.
REFERENCES


