

FROM: Madeline H. Wyndzen, Ph. D. (madeline@GenderPsychology.org)
TO: David J. Kupfer, M. D. (Chair of DSM-V Taskforce) &
Carolyn B. Robinowitz, M. D. (APA President)
DATE: May 7, 2008
SUBJECT: DSM Work group for Sexual & Gender Identity Disorders

Dear Dr. David J. Kupfer & Dr. Carolyn B. Robinowitz:

I am writing out of concern about some of the members chosen for the DSM-V work group on the sexual and gender identity disorders section. Ray Blanchard and Kenneth Zucker, in particular, raise questions about a conflict of interest if the group is to scientifically evaluate atypical expressions of gender, or transgenderism (DSM-IV-TR: 302.3, 302.6, 302.85).

If a man sought therapy due to unhappiness over his attraction to other men, a therapist would likely diagnose him with depression. If a transsexual sought therapy due to unhappiness over his or her biological sex, a therapist would almost certainly diagnose him or her with Gender Identity Disorder (GID). Whereas gay men are diagnosed for *how they suffer*, transsexuals are diagnosed for *who they are*. I find the mental illness labels imposed on transgenderism just as disquieting as the label that used to be imposed on homosexuality. Similar to antiquated ideas suggesting that homosexuality is a deviant sex drive, Blanchard (1989, 1991) proposed that transsexuality is a mis-directed form of either heterosexuality (named "autogynephilia") or homosexuality. Rather than asking the scientifically neutral question, "What is transgenderism?" Blanchard (1991) asks, "What kind of defect in a male's capacity for sexual learning could produce ... autogynephilia, transvestitism ...?" (p. 246). Beginning with these unscientific value judgments is insensitive toward transgendered persons and leads to invalid scientific conclusions by reducing people to stereotypes (Wyndzen, 2003, 2004).

Kohlberg (1966) demonstrated that children go through a series of stages toward essentialism of gender. Zucker and colleagues (1999) demonstrated that transgendered children proceed through these stages more slowly. He originally described the milestones with mostly neutral scientific language. About a year later and without additional evidence, he described the finding as illustrating a possible cognitive deficit (Zucker, 2000). This value judgment is striking because even professors of psychiatry and psychology debate if gender is best understood with essentialism, social learning, or constructivism (e.g., Liben & Bigler, 2002). Rather than viewing debate as healthy and transgendered children as free to choose their beliefs based on their own perspectives, Zucker assumed his side was correct. Zucker did not limit his value judgments to an essay expressing only his perspective. Instead, he implied his opinion was the general consensus of the field in his chapter of the Handbook of Developmental Psychopathology.

Though DSM-IV-TR was meant to be a “text revision” of DSM-IV, under Zucker’s direction Blanchard’s theory-laden term “autogynephilia” was added to the TF and GID diagnoses (p. 574, 578). “Most gender patients lie.” This quotation is possibly the most succinct example of a flashpoint in the backlash of transgendered persons against psychopathological accounts like Blanchard’s model (Wyndzen, 2008). J. Michael Bailey calls the speaker an “ace gender clinician” and she is another member of Blanchard and Zucker’s CAMH clinic (Bailey, 2003, p. 172). Despite the lack of evidence for Blanchard’s model, they portray objections to it by transgendered persons as though, “that’s your sickness talking.” (Wyndzen, 2004, 2008)¹ But when advocates of autogynephilia say evidence is overwhelming, they use the term descriptively, and then capitulate that into support for its theoretical usage (Wyndzen, 2005).

I fully support the right of Kenneth Zucker and Ray Blanchard to believe transgenderism is inherently bad and I support their right to try and persuade others. Like some gay men and lesbian women used to accept psychopathological accounts of their lives, some transgendered persons today do as well. Other transgendered persons believe their lives provide something inherently positive to our culture and they deserve the right to try and persuade others too. I ask to have the opportunity to offer a compromise. Let us be scientifically neutral by removing GID and TF from the DSM. As psychiatrists and psychologists, let us claim neither transgenderism is inherently bad nor inherently good. To allow for an honest scientific debate, the work group needs to be composed of persons who have not advocated for either side.

Yesterday’s re-enactment of the speech by Dr. Anonymous at APA reminded me of “81 Words,” a radio documentary about the removal of homosexuality from the DSM (Spiegel, 2002). Those who diagnosed ‘homosexuality’ as a mental illness genuinely felt that they were helping their clients. I know that Ray Blanchard, Kenneth Zucker, and others are similarly concerned about the welfare of transgendered persons. However, a mental illness model is inconsistent with a scientific account and we need to remove it from the DSM so our communities can grow together rather than growing apart. I look forward to your reply and to having the opportunity to share your thoughts with the broader transgender and psychological communities.

Sincerely,
Dr. Madeline H. Wyndzen

<http://www.GenderPsychology.org/>

¹ An article commemorating the 30th anniversary of removal of homosexuality from the DSM list of mental illnesses provides a striking parallel. Veteran gay and lesbian advocate Gittings says, “[The mental illness label for homosexuality] was an albatross around our neck ...Yes, we were also viewed as sinners and as law-breakers, but there was room for legitimate differences of opinion about what should be immoral and what should be illegal....The sickness label, on the other hand, was supposedly a scientific finding that couldn’t be questioned. And that made it tough to argue for our rights. Anything we said on our behalf could be dismissed as ‘That’s your sickness talking!’” (from “Instant Cure” by Robert DiGiacomo in “Philadelphia Gay News” on December 12, 2005)