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CONTEMPORARY SEXUALITY

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Creating the DSM-V

Sexual dysfunctions, paraphilic and gender identity disorder work groups are now underway

Prior to 1973, a man who was sexually attracted to other men was believed to have a mental disorder. One could look it up. It was right there in the second edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-II). However, that year, the American Psychiatric Association removed some of the stigma from gay and lesbian sexuality by removing homosexuality from its list of mental disorders. Subsequent editions of the DSM, published in 1980 (DSM-III) and 1994 (DSM-IV) made other changes to the manual that mental health professionals use to classify a patient's condition after an evaluation. More diagnoses have since been added to the manual that is widely considered among people in the profession to be the psychiatric bible. The DSM-II listed 182 disorders. The number of disorders cited in the DSM-III jumped to 265 disorders. The current DSM-IV lists 297 disorders among its 886 pages. As hundreds of researchers, clinicians and other experts review scientific literature in peer-reviewed journals to develop the fifth edition of the manual, they'll grapple with whether to increase or decrease the number of disorders in the DSM-V or redefine existing listings. A draft of the DSM-V is due next year, followed by publication of a final version in 2012.

There's plenty of debate over what should be altered in the sexuality-related listings. Transgender experts and activists are divided about whether to fight for removal or inclusion of gender identity disorder (GID). Some researchers, including AASECT members Charles Moser, MD, PhD, and Peggy Kleinplatz, PhD, argue that many of the paraphilic listed in the DSM are social constructs, not mental abnormalities. And the debate over sexual addiction continues. "Revising the DSM is a massive effort and a responsibility that we take very seriously," says David J. Kupfer, MD, chair of the DSM-V Task Force. "Our ultimate goal is to have a manual that is based on the best available science and that is useful in a clinical setting."

Kenneth Zucker, MD, of the Centre for Addiction and Mental Health in Toronto, chairs the Sexual and Gender Identity Disorders work group. That work group has three subwork groups studying listings in the areas of GID, paraphilic and sexual dysfunctions. (A list of Zucker's work group appears on page 5.) This article will outline possible issues the GID and paraphilia subwork groups may be grappling with in the next few years.

Gender Identity Disorders

According to the World Professional Association for Transgender Health, people experiencing "strong cross-gender identification and a persistent discomfort with their sex or a sense of inappropriateness in the gender role of that sex" were diagnosed with transsexualism in the DSM-III. In 1994, the DSM-IV changed that diagnosis to GID. Today, as members of the GID subwork group meet to debate what should be altered in the DSM-V, there's plenty of discussion about changing the name of the diagnosis, its contents or removing the diagnosis from the DSM.

Opponents of civil rights laws sometimes point to the DSM as evidence that transgendered people are mentally ill. After Montgomery County, Maryland passed an ordinance preventing discrimination based on gender identity, a group attempting to overturn the statute wrote that "those who wish to assume a 'gender identity' contrary to their biological sex are in need of mental health treatment to overcome such disturbed thinking, not legislation to affirm it." Striking GID from the DSM would be a major step in destigmatizing the lives of transgendered people. Advocates of such a move compare it to removing homosexuality from the manual in 1973. "I find that the mental illness label imposed on transsexuality is just as disquieting as the label that used to be imposed on homosexuality," wrote psychologist Madeline Wyndzen, PhD, in a 2004 article published in the American

Psychological Association Division 44 Newsletter. The article was titled "A Personal and Scientific Look at a Mental Illness Model of Transgenderism." Many others — activists and academics included — agree. But complete removal of transsexuality seems unlikely in this revision. "It's probably not going to happen in the DSM-V," says Arlene Istar Lev, LCSW. "Ultimately, it may happen in the DSM-VI."

Lev, author of the book *Transgender Emergence: Therapeutic Guidelines for Working with Gender-Variant People and Their Families*, says GID subwork group members aren't as open to the idea of removal as others in the profession. In addition, there are practical considerations to keeping a rewritten diagnosis in the new version of the manual. Mental health counseling, prescription medication and surgery (for those seeking it) may not be paid for by insurance companies and governments without a DSM entry. "In the real world, one needs to think about that," says Jack Drescher, MD, a member of the GID subwork group. "In countries with a national health care system — Canada, Holland, Germany — it's a rationale for treatment. That's not a small thing. For people who transition, they sometimes need a lifetime of medical care."

Sandra Cole, PhD, a University of Michigan professor (retired) and an AASECT member, agrees. "If we remove it, we remove the surgical option for scores and scores of people who can't afford it," she says. Leaving it in also poses problems because it continues to stigmatize transgendered people. That's why Cole wants to see GID "redefined in a way that does not carry the pathology but allows people access to health care."

So, how should the GID entry be altered?

Moser, a San Francisco-based physician and AASECT-certified sex therapist who is also a professor at the Institute for Advanced Study of Human Sexuality in San Francisco, believes GID is a misnomer. In a 2008 article published in the Society for Sex Research and Therapy newsletter, he argues that transgenders have "no doubt about their gender identity; it just does not match their genitalia or social expectations." The real issue is one of "discomfort with one's assigned gender or the profound feeling that one is in the wrong gender." Moser proposes the name Gender Dysphoria Disorder (GDD), which would only apply to those experiencing "persistent and profound discomfort." That may remove some of the stigma because transgenders not experiencing discomfort wouldn't be diagnosed with a mental disorder. While not commenting specifically on Moser's GDD proposal, Lev spoke of changing the disorder's name to one that includes the phrase "gender dysphoria" or "gender dissonance" and altering the definition. "We need to help this committee that's a pretty conservative committee to shift language so it's less pathologizing and less sexist," Lev says. "If you look at the criteria, you may be surprised to learn that boys who don't engage in 'rough and tumble play' may have GID. That's an absurd criteria to include at this point in the world."

Lev and five other practitioners and researchers are urging the APA to add new members or advisors to the GID subwork group. Lev's ad-hoc organization, "Professionals Concerned with Gender Diagnoses in the DSM," has launched a website (www.professionals.gidreform.org) outlining their concerns with the present GID subwork group and offering names of possible new members or advisors. "Many professionals are concerned that [the GID subwork group], as it is currently convened, does not represent their clinical perspectives and treatment methods," Lev writes. "Evidence-based practice depends not only on extant scientific research, but also the 'best practices' of clinicians." The ad-hoc organization suggests adding Edgardo Menvielle, MD, Michele Angello, PhD, Dan Karasic, MD, Herbert Schreier, MD, Diane Ehrensaft, PhD and Gail Knudson, MD, PME, FRCPC to the GID subwork group as members or advisors. In addition to Lev, the "Professionals Concerned with Gender Diagnoses in the DSM" ad-hoc organization includes Angello, Virginia Erhardt, PhD, Lore M. Dickey, MA, Jamison Green, MFA, Francoise Susset, MA, and Reid Vanderburgh, MA, LMFT. "There is no rigorous science behind the inclusion of GID in the DSM, as there was not for the inclusion of homosexuality," writes Vanderburgh. "There is also no rigorous science behind the movement to remove GID from the DSM. There is, however, the clinical experience of those who work with significant numbers of transgender people and witness their blossoming after facing their true selves, whether that means physical transition or not."

As of this writing, Drescher says the GID subwork group is still "very early" in the process and has met just three times. Drescher didn't discuss likely scenarios or delve into specifics about the group's discussions, but he did hint at one area the subwork group might consider altering. "One of

the things that is important is how do you distinguish between non-pathological gender variance versus expressions when a child wants to be the other sex and is distressed," Drescher says. "We have to make sure the writing is narrower. Most people believe these are not very common conditions."

Paraphilias

The DSMTV lists nine paraphilias as mental disorders: exhibitionism, fetishism, frotteurism, pedophilia, sexual masochism, sexual sadism, transvestic fetishism, voyeurism and paraphilia not otherwise specified. In 2003, Moser challenged the inclusion of paraphilias in the DSM at the annual meeting of the APA when he presented a paper titled "Sexual and Gender Identity Disorders: Questions for DSM-V." (The paper, co-written with Kleinplatz, a human sexuality professor at the University of Ottawa, was published in 2005 in the *Journal of Psychology & Human Sexuality*.) Moser and Kleinplatz argue that there are no objective criteria for determining which specific sexual acts qualify as mental disorders. Instead, paraphilias are socially unacceptable behaviors. "All societies attempt to control the sexual behavior of their members," write Moser and Kleinplatz. "Which sexual interests are proscribed often changes; masturbation, oral sex, anal sex, and homosexuality were once considered mental disorders or symptoms of other mental disorders but are now typically accepted as part of the spectrum of healthy sexual expression." That observation leads Moser, Kleinplatz and others to ask, "Which paraphilias currently listed in the DSM don't cause harm when practiced by consenting adults?" An increasingly vocal SM-leather-fetish community asserts that the sexual masochism, sexual sadism and transvestic fetishism designations should be altered or removed from the DSM-V.

More than 1,700 people have signed an online petition sponsored by Susan Wright, author of *Slave Trade* and other fantasy novels, asking that the DSM-V be based on "empirical research and devoid of cultural bias."

The implication of the petition, which is also supported by the National Coalition for Sexual Freedom, is that some uncommon sexual practices are healthy, satisfying behaviors that shouldn't be stigmatized through a DSM listing. "The APA specifically should not promote current social norms or values as a basis for clinical judgments," the petition argues. Moser and Kleinplatz argue that "the power and impact of the DSM should not be underestimated. Psychiatric diagnoses affect child custody decisions, self-esteem, whether individuals are hired or fired, receive security clearances, or have other rights and privileges curtailed." The fight against including all current paraphilias in the DSM-V is an uphill battle. Jay Paul Fink, MD, who is affiliated with Temple University School of Medicine, and Robert Spitzer, MD, a professor of psychiatry at Columbia University, wrote rebuttals to the Moser-Kleinplatz article, which were published simultaneously in the *Journal of Psychology & Human Sexuality*.

Although Spitzer acknowledges that some people with paraphilias don't harm others and may be victims of discrimination in child custody cases, major alterations to this section of the DSM are unlikely. "First of all, it is not going to happen because it would be a public relations disaster for psychiatry," Spitzer writes. "There was already a little disaster when the initial DSM-IV put in the 'clinical significance' criterion that had the effect of requiring distress or impairment before pedophilia could be diagnosed. The APA wisely corrected that in the DSM-IV-TR." Moser and Kleinplatz's arguments can be summarized as a belief in "social deconstructionism," Spitzer writes. "For them, no behavior is normal or pathological since such judgments are merely social constructs." While that might makes sense when it comes to homosexuality, Spitzer concedes, it shouldn't be applied to all sexuality-related disorders currently listed in the DSM. "It is true that the diagnostic criteria for the paraphilias change in minor ways from time to time and the boundary with normal sexual arousal is not always clear," Spitzer writes. "For example, somebody finds sex a little bit more fun if they fantasize a little rough stuff or maybe being humiliated. I do not know at what point it becomes pathological. But certainly it does at some point."

The DSM Process

Critics of the DSM aren't just focusing on diagnostic definitions and whether certain conditions should be included or excluded. Some detractors are taking the APA to task for its process, saying that work group members shouldn't have been forced to sign confidentiality agreements and that

minutes from work group meetings should be published online. David Kupfer, MD, a professor at the University of Pittsburgh who is leading the DSM-V Task Force, says the secrecy clause is intended to keep work group members from writing about the DSM-V before its publication in 2012. Unfortunately, it's given some people the idea that "there is some smoke-filled room where all kinds of decisions will be made and then 'ah-ha', here it is," Kupfer told the Wall Street Journal's Health Blog. "Some of us have gotten, if you will, sick enough about playing defensive ball and being taken out of context," he added. That's why the APA went on the offensive in January, issuing a statement that the DSM-V is "the most inclusive and transparent process in the history of the DSM." The organization points to 13 National Institute of Health-supported international research conferences (starting in 1999), the publication of a series of monographs containing research reviews developed in these conferences, the participation of 400 scientists and clinicians from around the world and D5M5.org, a website dedicated to the new manual.

Robert Spitzer, who led the DSM-III process, asked the APA to publish the minutes of DSM-V Task Force meetings. His request was denied. "Outside review of DSM-V should be ongoing and begin early in the revision process, not after all the decisions are made," Spitzer writes in an email. "It is clear that the confidentiality agreements are limiting critical review of the DSM-V revision — and perhaps this is the true motivation for instituting this policy. Unfettered critical review by colleagues — a foundation of science — should be encouraged, not discouraged."

The APA promises a draft version of the DSM-V criteria in 2010. "A period of comment will follow the draft, and the work groups will review submitted questions, comments and concerns," notes the APA in a press release.

— Todd Melby

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— Charles Moser

Sexual and Gender Identity Disorders Work Group

The Sexual and Gender Identity Disorders Work Group is chaired by Kenneth J. Zucker, PhD. The work group includes three subwork group of four members each.

Gender Identity Disorders

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