

# Transgender as Mental Illness: Nosology, Social Justice, and the Tarnished Golden Mean.

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## Introduction:

The question whether transgenderism is a disease is hotly debated in both the transgender and medical-psychiatric communities. One prevalent view, especially in the transgender community, is that transgenderism is not a disease at all, but a benign normal variant of the human experience akin to left-handedness. Proponents of this view reject the concept of Gender Identity Disorder (GID)<sup>1</sup> as an appropriate descriptor of the transgender experience. Others within the transgender community, and many health care providers, believe that GID (the disease) is an appropriate clinical descriptor for transgenderism. In a prior paper<sup>2</sup> I discussed this question and argued in favor of the classification of transgenderism as a disease. This paper will build on that argument and address the further question of the nosology<sup>3</sup> of transgenderism *as a* disease. That is, is transgenderism best classified a 'medical' or 'psychiatric' illness?

Among those within the transgender community who accept that transgenderism is a disease, many reject the idea that GID is a *psychiatric* illness. Instead they advocate a change in both the nomenclature and clinical classification of transgenderism. Instead of designating transgenderism as GID, they favor other disease names such as 'gender dysphoria' as well as classification of this entity as a medical rather than a mental illness. Such advocates of transgenderism as a medical diagnosis present their argument as a moderate position between the two poles of 'complete depathologization' (that is, transgenderism as a benign variant rather than a disease at all) and 'GID as a mental illness'. This tantalizing *golden mean* purports to preserve the benefits of the disease model of transgenderism, namely continued access to care within the medical paradigm, legal and social protections, and in some cases the opportunity to have public or private insurance funding for hormonal and surgical treatments. In addition, while preserving these obvious benefits, this school of thought also attempts to eliminate the stigma of 'mental illness' to which many transgender people and some health care providers object.

However, while this is a tempting solution to this complex nosological and political problem, the question remains: is this position both logically valid and the most clinically appropriate way of describing transgenderism?

## Arguments for 'GID reform'

The arguments and motivations for the 'GID reform' movement which seeks to reclassify transgenderism as a medical illness are numerous. Several common themes emerge when

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1 GID is a disease described in the Diagnostic and Statistical Manual of Diseases (DSM-IV-TR) as a mental illness characterized by a persistent cross-gender identification and a persistent discomfort with or sense of inappropriateness of one's sex as assigned at birth.

2 Gorton, R. "Toward a resolution of GID, the model of disease, and the transgender community." Make. Feb. 2005. (<http://www.makezine.org/giddisease.htm>)

3 Nosology is the branch of medical science dealing with the classification of disease

examining the positions of most advocates of such reform. The three primary types of arguments are: fairness, destigmatization, and scientific justifications. Each of these will be examined below.

#### Fairness:

The appeal to fairness, while common, is perhaps the weakest argument for GID reform. This argument suggests that since homosexuality was declared by mainstream psychiatry as not being a mental illness, that transgenderism similarly deserves depathologization as a fairness issue. A GID reform advocate, Dr Kelley Winters has stated<sup>4</sup>:

“Twenty-seven years after the American Psychiatric Association (APA) voted to delete homosexuality as a mental disorder, the diagnostic categories of 'gender identity disorder' and 'transvestic fetishism' in the *Diagnostic and Statistical Manual of Mental Disorders* continue to raise questions of consistency, validity, and fairness.”

Such advocates also often suggest that depathologization would result in the same political and social progress within the transgender community as occurred for gays and lesbians after the removal of homosexuality from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM.) Thus, depathologization becomes a fairness issue not just in the nomenclature of the condition, but also in the benefits supposedly gained from removing the label of mental illness.

However, this argument fails in its weak induction. It is recognized by most transgender rights activists that transgenderism is a unique state that is *not the same as* homosexuality. Both *belong to* the larger LGBTIQ<sup>5</sup> community, but that association does not imply that they should be considered interchangeably. Additionally, while the removal of homosexuality from the DSM in 1973 *preceded* many milestones in the LGB-rights movement, attributing these victories to the removal of homosexuality is a *post hoc ergo propter hoc* error. The fallaciousness of this argument is illustrated by the similar ludicrous argument that since the AIDS epidemic began within a decade of homosexuality being removed from the DSM that this removal in some way kindled the epidemic.

#### Removal of Stigma:

Another common but fairly weak argument to support removal of GID from the DSM is that reform is justified because it will result in the removal of the stigma from transgenderism that is associated with mental illness. This motivation is not a legitimate *argument* for removal simply because this same argument could be made for all of the diseases that are currently classified as mental illnesses. That is, simply because depression might have less stigma were it considered to be an endocrine disorder, that is not a reasonable argument to remove it from the DSM. However, while removal of stigma is a *weak argument*, it is a *major motivation* for many who wish to reclassify transgenderism as a medical illness, so it is crucial to understand the reasons that underly the popularity of this argument as well as its implications.

The question of stigmatization of psychiatric illness exposes deeper moral problems. In one discussion of stigma and GID, Kathy Wilson writes: “Reforming the DSM will not

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4 From GID Reform Advocates. Accessed 11/02/2005. <http://www.transgender.org/gidr/index.html>

5 LGBTIQ = Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and Questioning

eliminate transgender stigma but will remove its legitimacy.”<sup>6</sup> The implication inherent in this simple statement is that those diagnoses which appropriately remain in the DSM are *legitimately stigmatized*. That is, if removal of GID from the DSM will remove the *legitimacy* of its stigmatization then, as a basic premise of this argument, stigma applied to diagnoses of mental illness should therefore be accepted *as legitimate*.

A slightly more sophisticated and developed version of this argument attempts to solve this dilemma by stating that while psychiatric illnesses *should not* be stigmatized, in our society they simply *are stigmatized*. Thus, advocates state that no one should be stigmatized because they have a mental illness, however transgender people can reasonably desire to disassociate themselves from that stigma without justifying the pejorative labeling of another group. However, while this argument does not rely on the premise that mental illness *is deserving of stigma*, it makes a more disturbing ethical and political compromise. This argument does not overtly justify the continued marginalization of another disenfranchised group, but it *legitimizes the individual's own role as a passive bystander to that marginalization*. Instead of advocating political and social justice for the larger group, those advocating this position seek to gain acceptance simply by distancing themselves from a larger disenfranchised group. The moral failing of this motive is exemplified by the simple statement at the entrance to the National Holocaust Museum in Washington, DC: “Thou shalt not be a victim. Thou shalt not be a perpetrator. Above all, thou shalt not be a bystander.”

Moreover, in addition to being a morally questionable argument, it also functions to weaken both the transgender community and the larger community of all people with mental illness. Coalition building is one of the pillars of social justice movements. The original union organizing principle remains true: we all do better when we ALL do better. Divisive politics such as distancing and passive acceptance of stigmatization of other groups as the 'status quo' is the antithesis of what builds strong coalitions within larger communities. Lack of such coalitions critically weaken the separate movements. This same sort of divisive politics within the LGB segment of the larger LGBTIQ movement has sometimes resulted in the marginalization of transgender people, but also weakens the power of the larger movement by causing deep rifts. For example, the limited benefit that LGB people might gain by supporting non-trans-inclusive civil rights legislation cannot outweigh the damage produced by disempowering the entire LGBTIQ movement.

So in addition to being a poor *argument* for removal of GID from the DSM, eliminating stigma by distancing oneself from a larger disenfranchised group is morally and politically unjustified as a *motivation for* advocacy for the depathologization of GID.

#### Scientific arguments for reform:

In addition to the above socio-political arguments for reclassification of transgenderism, medical and scientific arguments for reclassification are proposed by reform advocates. These nosological arguments as a whole seek to justify reform by demonstrating that GID is in some way *different from* all of the other illnesses in the DSM while being more

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6 Wilson, K. “Do Cross-gender Expression and Identity Constitute Mental Illness?” G.I.C. of Colorado, Inc. Accessed on 11/02/2005. <http://glbtss.colostate.edu/transgender/Do%20Cross-gender%20Expression%20and%20Identity%20Constitute%20Mental%20Illness.doc>

similar to traditional 'medical' illnesses. In general these arguments would seem the most logical and scientific means of arguing for GID reform. That is, if one could show that GID is more like diabetes and hypertension than depression and schizophrenia, it would logically be classified as a disease within the realm of internal medicine rather than psychiatry.

However, while these types of arguments should be the most compelling, the nosological arguments proposed by GID reform advocates universally suffer from either critical inductive or deductive errors. The four primary arguments proposed are:

- 1) **Etiology is 'physical'**: There is evidence that GID is caused by genetic and early (pre-natal) environmental aberrations that cause physical changes which result in transgenderism. This basis in 'physical' (neurological and endocrine) abnormalities indicates that transgenderism is a medical rather than psychiatric illness.
- 2) **Treatments are 'physical'**: Transgender people are treated with physical modalities (drugs and surgery in addition to psychotherapy) which demonstrates the medical rather than mental nature of the illness. This also differentiates transgenderism from other illnesses in the DSM and shows that transgenderism more resembles a medical illness.
- 3) **Pathology of the body rather than of the mind**: The primary problem with transgender people is not their mind, but their 'wrongly gendered' body. Because it is a problem of the body and not of the mind, transgenderism should be seen as a medical illness.
- 4) **Curability**: Transgenderism can be 'cured' (in that no symptoms of dysphoria remain) with 'complete' surgical and hormonal reassignment. This differentiates it from psychiatric illness and also possibly indicates that transgender people who are 'fully transitioned' no longer have *any* disease at all.

Each of these arguments will be addressed individually, and in doing so demonstrate the errors of the totality of the scientific-nosological argument for reclassification of GID.

### **Etiology is 'physical.'**

Few transgender people or their providers deny that the etiology of transgenderism is biological. It is, like many complex human traits, most likely caused by a poorly understood interaction between an individual's genes and early environmental factors (including prenatal hormonal influences.) There is evidence for a significant heritability<sup>7</sup> and many human and animal studies suggest that gender-typical behavior is influenced by the prenatal hormonal milieu.<sup>8</sup> While the evidence is incomplete, the theory that gender identity and behavior are determined largely by genetics and early biological

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7 Diamond, M and Hawk, S. "Concordance for gender identity among monozygotic and dizygotic twin pairs." American Psychological Association Annual Meeting. July 28 - August 1, 2004, Honolulu, Hawaii.

8 For a review, see Cohen-Bendahan C, et al. "Prenatal sex hormone effects on child and adult sex-typed behavior: methods and findings." *Neurosci Biobehav Rev.* 2005 Apr;29(2):353-84; AND Hines M "Abnormal sexual development and psychosexual issues." *Baillieres Clin Endocrinol Metab.* 1998 Apr;12(1):173-89; AND Hutchison J. "Gender-specific steroid metabolism in neural differentiation." *Cell Mol Neurobiol.* 1997 Dec;17(6):603-26.

environment best explains the findings from a large number of studies and is for this paper accepted as a true premise.

Given this premise, many advocates of GID reform argue that since the etiology of transgenderism lies in the genes and the physical structure and function of the brain (which developed along cross-gendered pathways) that transgenderism is not a psychiatric illness. They compare transgenderism to diseases like hypertension and state that both are biologically and environmentally influenced and ultimately caused by physical differences in the body. In this, advocates argue, transgenderism is differentiated from all other mental illnesses.

However, such arguments ignore the fact that *all* psychiatric illnesses are caused by biological dysfunction. That is, depression, like hypertension, is a flaw in chemistry, not in character. By arguing that transgenderism is different from 'other' mental illnesses due to a 'basis in biology', these advocates tacitly accept the common misperception that *other* mental illnesses are not based in biology but are the result of a weak character or personality. The etiology of mental illness in the physical has been accepted for decades by the medical and mental health communities. Older explanations from psychoanalytic theory such as Autism being caused by a 'distant mother' have been discredited and no longer are accepted as a valid explanation for mental illness. While environment certainly effects the expression of mental illness, this is also a biological effect in itself (just as environment in the form of diet and sedentary lifestyle produce biological changes which result in diabetes in vulnerable individuals.)

### **Treatments are 'physical.'**

In addition to a physical etiology, many GID reform advocates argue that the treatment of transgenderism with physical modalities (hormones and surgery) indicates that it is a medical rather than psychiatric illness. On the surface, this seems one of the strongest arguments for GID reform. However a closer evaluation of the premises of this argument reveal several critical problems.

Nosology is the branch of medical science that deals with the classification of diseases. Traditionally diseases are classified according to: etiology, pathogenesis<sup>9</sup>, symptom, or involved organ system. Moreover, the groupings that emerge in one classification system may not persist when different criteria are applied. For example, if classified by symptoms, both congestive heart failure and asthma would be grouped together as diseases which cause dyspnea<sup>10</sup>. However, if classified by organ system, they would be grouped separately as diseases of the heart and lungs respectively. So the science of nosology seeks to integrate these disparate methods of classification and view the sorting of disease as a multidimensional system in which diseases may occupy multiple groups simultaneously. For example, Down Syndrome can be considered a mental illness (mental retardation,) a chromosomal abnormality (trisomy 21,) but can also have a multitude of other problems such as congenital heart disease, sleep apnea, and various orthopedic problems.

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9 Pathogenesis refers to the mechanisms which causes disease, for example, traumatic injury, infectious disease, and genetics.

10 Dyspnea is the subjective sense of shortness of breath.

However, for the sake of consistency in diagnosis, teaching, research, and medical coding, a unified classification of diseases according to those characteristics is necessary. In such a single system, disease are grouped according to 'best fit' based on their varied characteristics. In this kind of classification system, the multiple different characteristics of a disease are evaluated and it is placed in a 'best fit' location determined by the sum of those characteristics.

The particular characteristics that are generally used are etiology, pathogenesis, symptom, or involved organ system. So the argument that GID should be reclassified because its treatments are surgical and medical suffers from two primary difficulties: 1) treatment is not generally accepted as a characteristic on which disease classification should be based, and 2) even if classification by treatment alone did suggest that GID should be reclassified, the fact that other more important aspects of the disease merit classification as a mental illness would still argue for the continued inclusion of GID in the DSM.

In addition, this argument fails to realize that while many mental illnesses are treated with psychotherapy there are also many that, like transgenderism, are treated with drugs, and even some that are treated with surgery<sup>11</sup> or other physical treatments like electroconvulsive therapy.<sup>12</sup> In addition, one must also consider that in many ways the treatment of mental illness is currently a less overtly scientific practice. The brain is arguably the most complex organ in the human body. Indeed it is what ultimately makes us human. Our understanding of the inner workings of the brain is barely in its infancy, while the understanding of other branches of medicine is far more developed. So, just as insulin dependent diabetes was no less an illness before the discovery of insulin in the 1920s, mental illnesses will not cease to be mental illnesses if we subsequently develop more physical modalities with which to treat them. The character of an illness does not change even if our understanding of it and ability to treat it evolves.

### **Pathology of the body rather than of the mind.**

This argument claims that the main problem that occurs in transgender people is with their 'wrongly-gendered' bodies. Thus, correction of the pathology in the body relieves the illness. Therefore transgenderism should be classified as a physical illness because the etiology is in the body rather than the mind.

This argument is the rhetorical equivalent of the feeling that many transgender people report that they were born in the 'wrong body.' However, while this is certainly a valid internal experience that many transgender people report, it is neither a valid argument for reclassification of GID, nor consistent with the findings of scientific research.

The research that has been done on the etiology of transgenderism (and gender identity and behavior in general) points to significant differences in the brains of typical males

11 Examples of surgery to treat mental illness would include tractotomy and cingulotomy.

12 ECT (electroconvulsive therapy), while having been abused in the past, remains in modern psychiatric treatment a safe, humane, and effective treatment for some forms of major depression that are unresponsive to medication and psychotherapy. Unlike what was depicted in 'One Flew Over the Cuckoo's Nest' modern ECT is usually done under anesthesia in an operating room.

and females. In those instances where there is an alteration from this norm, organisms may have behaviors and feelings that are typical of the opposite gender. For example, sometimes otherwise female animals may demonstrate male typical behaviors due to changes in the brain that occur along typical male-gendered lines.<sup>13</sup> In these types of instances, the cause of the pathology is not that a female body develops where a male body should have, but that a male mind develops incorrectly in an otherwise normal female body. Thus in transgender people who have otherwise normal bodies, normal chromosomal number, and otherwise normal physical development, the pathogenesis of the condition should be seen in the one element that 'does not fit', that is, the oppositely gendered-mind.

## **Curability**

The last common nosological argument supported by advocates of depathologization of GID is that, even if transgender people have a psychopathology before transition<sup>14</sup> they cease to have that pathology after transition. Thus transgender people who have completed transition no longer have any illness whatsoever.

This argument is slightly different from the global argument that transgenderism is a medical rather than psychological illness. However it is another attempt to achieve a 'golden mean' that will still allow transgenderism to be 'treated' by medicine, while also purporting to remove the stigma of the mental illness label from transgender patients once transition has been completed.

The primary reason that this argument fails is that despite all currently available medical therapy, it is impossible for any transgender person to have complete assurance that at some time in future will they not be discovered as being transgender. With risk of discovery comes the inevitable risk that transgender people will be treated in a manner inappropriate to their gender identity. For example, if a transgender man was convicted of a crime, he has no assurances that he would not be placed in the women's population in prison. While this is unlikely for most transgender people who have had complete surgical and medical reassignment, and while many times fully transitioned people may be placed in appropriate sex-segregated facilities, there is no guarantee that this will happen. Moreover, while this is an extreme example, there are few transgender people who cannot relate some recent example in their lives of inappropriate gender stereotyping, lack of safe access to the correct sex-segregated facilities, or fear of discovery. Moreover, there are some sex-segregated facilities and accommodations that have been specifically denied to some transgender people based on their transgender status.<sup>15</sup> Thus, for any transgender person, the possibility remains that he will be discovered as transgender and thus not allowed the full rights and responsibilities of his gender. When placed in such a situation, despite completion of hormonal and surgical

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13 An example of such biological variation is the freemartin. This is an otherwise female cow that exhibits extremely male typical behaviors. These cows are always the product of twin gestations and always have a fraternal male twin. Prenatal androgenizing influences on the freemartin's brain cause this male-typical neural development.

14 Transition usually indicates hormonal and surgical therapy, though to what extent each of these modalities is used varies depending on the individual.

15 An example of such exclusion is the Womyn-Born-Womym policy of the Michigan Women's Music Festival that states that only cisgender women are allowed into this women's only space.

therapy, a recrudescence of symptoms is reasonably likely due to the same conflict between self-identity and societal treatments and perceptions. Thus, just as the person whose blood pressure remains under 140/90 with the aid of medicines will have a recurrence of hypertension with cessation of medication, the transgender person who loses those rights and privileges gained through surgical and medical reassignment of gender would be expected to also have a recurrence of symptoms. So similarly, as the person with hypertension does not cease to be a hypertensive patient once control of blood pressure is attained, so does the transgender person does not cease to have transgenderism simply because it is controlled with medication and surgery.

### **Conclusion:**

While advocates of psychiatric depathologization of transgenderism present numerous arguments justifying their position, all of them suffer from critical inductive or deductive errors. Each argument on the surface appeals to many of the gestalt feelings that transgender people and providers of transgender care may experience. However, when more closely examined, the premises underlying these arguments present far more troublesome intellectual and ethical problems than the problems they purport to solve.

Unfortunately, few if any, people who advocate these positions have deeply examined the underlying assumptions. Worse, such advocates, when challenged about these underlying assumptions often simply ignore the challenges while advocating the approach that on first blush 'feels best' to the majority of people. However such arguments, as always, fail the test of an open and critical evaluation such as presented in this paper.

What may be popular or appealing to the majority of people based on feelings rather than logical analysis is often both without ultimate utility and dangerous in its implications and results. When the arguments are then modified to *approach* the logical truth while still appealing to the feelings of how things 'ought to be', this supposed *golden mean* presents an even more insidious argument. This is the danger that 'Intelligent Design' presents which Creationism was never able to achieve. The risk lies in such a 'tarnished golden mean' mollifying the larger body of detractors who reject the more extreme view after a cursory logical analysis. As Stephen Jay Gould said: ***“Few arguments are more dangerous than those that 'feel' right but can't be justified.”***

### **Further Analysis:**

*“You can only protect your liberties in this world by protecting the other man's freedom. You can only be free if I am free.” - Clarence Darrow*

While the arguments for depathologization have been refuted above, a question remains. While there may be no logical reason or real benefit to depathologization, why resist this movement when it is clearly a passionate issue for many in the transgender community? That is, if no harm comes from certain people having a false belief, why is it necessary to correct this false belief? Why write this article at all?

The primary reason is that while many of the transgender people who argue passionately for depathologization may *feel validated* with the removal of GID from the DSM, there

are many more who will suffer greatly. Unfortunately many of these people have little voice in the larger transgender political movement. These are people who inhabit the fringes of society. They are much more dependent on public services and more often have to live and function in sex-segregated facilities like group homes, shelters, and prisons.

These people who are disenfranchised are disproportionately less likely to receive even basic transgender care such as hormones. A classic example is transgender prisoners. While some are able to access hormones, the majority are not. For those who have, it has often required significant lobbying and legal efforts on the part of transgender advocates to allow such prisoners to access care. Fortunately, the current inclusion in the DSM as well as the treatment recommendations in the American Psychiatric Association's treatment text, *Treatments of Psychiatric Disorders*<sup>16</sup> offer a valid justification for prisoners accessing care. In particular, *Treatments of Psychiatric Disorders*, which is to treatment as the DSM is to diagnosis, is a crucial part of the argument to gain treatment for incarcerated transgender people.

The argument<sup>17</sup> is briefly:

- The 8<sup>th</sup> Amendment guarantees prisoners the rights to medical care.<sup>18</sup>
- Psychiatric care is *specifically* covered under the 8<sup>th</sup> Amendment protections for prisoners.
- The APA's diagnostic text (DSM-IV-TR) establishes that GID is a psychiatric disease.
- The APA's treatment text (*Treatments of Psychiatric Disorders*) establishes the standards for treating GID. This text includes hormonal treatments as appropriate and medically necessary care, recognizes HBIQDA as an important professional authority on transgender care, and in specific states that stopping medical care for prisoners is inappropriate and dangerous.

Loss of the DSM diagnostic category for GID will endanger the access to care, psychological well being, and in some cases, *the very life* of countless disenfranchised transgender people who are dependent on the medical and psychiatric justification for access to care. Thus the actions of advocates of depathologization not only has its basis in a poor logical argument as described above, but also endangers many transgender people whose voices are rarely if ever heard.

### **A Final Compromise:**

While the arguments against depathologization have been refuted above and the benefits of GID as a DSM diagnosis have been illustrated, a final compromise is possible on this issue that divides the transgender community. Currently in the DSM GID is listed in the chapter *Sexual and Gender Identity Disorders*. This reflects the placement of GID in the DSM at a time when gender identity was conflated with sexual orientation, and

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16 American Psychiatric Association: *Treatments of Psychiatric Disorders*, Third Edition. Washington, DC. American Psychiatric Association, 2001. (First Edition published as: *Treatments of Psychiatric Disorders: A Task Force Report of the American Psychiatric Association*. Washington, DC.)

17 For advocates needing assistance providing assistance for disenfranchised transgender people needing a more detailed discussion of this topic, please feel free to contact the author: [nickgorton@gmail.com](mailto:nickgorton@gmail.com)

18 See the ACLU's fact sheet: <http://www.aclu.org/prison/medical/14767res20031113.html>

transgenderism was seen largely as a sexual pathology. This classification is misleading and from a clinical perspective GID would be better classified with *Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence*. While previously uncommon, GID is increasingly recognized in childhood. Moreover, the vast majority of transgender people and their families report manifestation of their GID in early childhood.

This reclassification within the DSM will certainly not fully satisfy those in the transgender movement who wish nothing short of complete depathologization. However, it will more accurately classify the disease as an early developmental difference as well as easing the discomfort that many feel in its current classification with sexual disorders.