

Activists alarmed over APA

Head of psychiatry panel favors 'change' therapy for some trans teens

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Friday, May 30, 2008

Transgender activists have raised strong objections to a decision by the American Psychiatric Association to name a prominent Canadian child psychologist as head of a committee that will recommend changes in diagnosing persons with an ailment defined by the group as gender identity disorder.

In a flurry of blog postings and an online petition, trans activists and some gay rights supporters have called for the removal of University of Toronto psychiatry professor Kenneth J. Zucker as chair of the psychiatrist association's Sexual and Gender Identity Disorders Work Group on grounds that Zucker supports therapy to discourage transgender children and adolescents from changing their biological gender.

The Work Group is charged, among other things, with making recommendations for changes in how transgender persons are classified under the APA's internationally recognized Diagnostic and Statistical Manual of Mental Disorders, which is being revised for publication in 2012.

"We believe being transgender is just as innate as being gay or lesbian," said transgender advocate and blogger Mercedes Allen of Alberta, Canada.

"Our concern is that Zucker favors a form of reparative therapy for trans youth that amounts to the suppression of their true gender identity," said Allen. In a telephone interview Tuesday, Allen said Zucker's treatment philosophy for trans youth appears to yield to societal norms about gender conformity rather than acting in the best interest of the transgender child or adolescent.

But a prominent gay psychiatrist and former chair of the APA's gay advisory committee, Dr. Jack Drescher, said the fears by trans activists are unfounded and that Zucker, while favoring possible therapy for some trans teens, supports gender reassignment therapy in most cases — for both youth and adults.

Drescher said he was especially concerned about claims by some trans bloggers that Zucker and at least one other member of the APA's Sexual and Gender Identity Disorders Work Group would push for reinstating homosexuality as a diagnostic disorder under the APA's revised diagnostic manual in 2012.

"[T]here is absolutely no possibility that the diagnosis of homosexuality will be put back into the DSM — anyone that tells you that it can be, could be, would be, or will be put back in, knows not of what they speak," Drescher said in a May 13 statement.

The APA removed homosexuality from its DSM classification as a mental disorder in 1973 following a lobbying campaign by gay activists in which veteran D.C. gay rights leader Frank Kameny played a key role.

Zucker could not be reached by press time. A statement released on his behalf by the APA on

May 23 says Zucker does not advocate change therapy for transgender adults or for trans youth in all cases, and he opposes change therapy for gays under all circumstances.

“The goal of his therapy is the opposite of conversion therapy in that he considers well-adjusted transsexual, gay, lesbian, or bisexual youth to be therapy successes, not failures,” the APA statement says.

Drescher noted that Zucker was one of 10 people serving on the Sexual and Gender Identity Disorders Work Group and that “hundreds” of other experts, including scientists and academic researchers, would be contributing to the base of knowledge and information on which any changes are to be made concerning transgender issues.

“No single person will have a controlling influence over this process, which takes four years,” said Drescher, who has also been appointed to serve on the Work Group.

Despite those assurances, the National Gay & Lesbian Task Force issued a statement Wednesday questioning the APA’s decision to appoint Zucker and a second member of the work panel, Ray Blanchard, a University of Toronto psychiatry professor. Blanchard has argued that certain manifestations of transgender behavior should be classified as a “paraphelia” or “tranvestitic” fetish, terms to which transgender advocates object.

“These appointments are raising great concern within the lesbian, gay, bisexual and transgender community,” the Task Force statement says.

“Zucker has built his reputation on the position that children can be directed away from nonconforming gender expression via therapy, while Blanchard has a long list of articles [labeling as pathological] commonplace expressions of sexuality and gender,” the statement says.

A separate statement released this week by four transgender organizations, including the National Center for Transgender Equality, stopped short of specifically criticizing Zucker and Blanchard. The statement — also signed by the Transgender Law and Policy Institute, Transgender Law Center and Transgender Youth Family Allies — expressed confidence that any changes in the APA’s diagnostic manual on transgender issues would be based on science rather than bias.

“We have met with and strongly encouraged the APA to closely adhere to its stated commitment to scientific process regarding diagnosis of transgender people,” the joint statement says. “We are confident that a fair, unbiased review of current knowledge can result in a DSM-V that can move society toward a more rational and humane understanding of transgender people.”

The controversy over the appointment of Zucker and Blanchard to the APA panel has drawn attention to the fact that many prominent transgender activists disagree over whether the APA should ultimately remove transgender people from the current diagnostic category of Gender Identity Disorder (GID).

Some trans activists argue that listing their condition as a mental disorder stigmatizes trans people and contributes to discrimination and stress. They cite researchers who theorize that a biological or genetic cause will soon be discovered as the underlying condition that prompts people to believe their true gender is different from the biological gender into which they were born.

However, other trans advocates note that the consensus among most in the psychiatric and

mental health professions is that persons diagnosed with Gender Identity Disorder should be treated humanely through gender reassignment therapy. This includes careful medical supervision for hormone treatment and eventual gender reassignment surgery. Without an official diagnosis and classification of GID, these activists argue, proper medical and mental health supervision and guidance through the gender reassignment process could be cut off.

“My concern is that the existing entry in the DSM-IV [the current APA diagnostic listing] provides us basic access to medical services,” said Canadian blogger and trans activist Mercedes Allen. “Without legitimization in the medical community, our entire treatment becomes a ‘cosmetic’ issue.”