DILEMMA OF DECLASSIFYING 'TRANSGENDER IDENTITY' AS A MENTAL ILLNESS

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> ***"Sometimes people ask me when I knew I was transgender. They ask me if I feel like I was born in the wrong body. As if gender is that simple...I am not trapped in my body, I am trapped in other people's perceptions of my body."***
> ***- Ollie Renee Schminkey***

ABSTRACT

The regressive notion of classifying human beings into 'male-only' and 'female-only' is a very superficial occurrence in modernity. The term 'sex' is used to identify the biological distinction between men and women whereas the term 'gender' is used to describe the cultural significance attached to the basic difference. Terms like "gender assigned at birth" and "experienced gender" principally float around when the transgender population is addressed. The transgender persons refer to those who experience a marked in congruence between the gender assigned at birth and the gender they identify themselves with.

In the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), the American Psychiatric Association replaced Gender Identity Disorder (GID) with "Gender Dysphoria" (GD), according to which persons who experience psychological distress concerning their gender identity may be recognised as Gender Dysphoric. The World Health Organisation in the year 2018 decided to revise its International Classification of Diseases (ICD-11), which is used as the international standard for collection of health information, to declassify transgender identity as a mental disorder. Their objective behind the same was to reduce victimisation of transgender people. They proposed that transgender identity does not satisfy the definitional requirements of mental disorders because a condition is designated as a mental illness if the very fact of its existence causes distress to a person. A study published in the Journal of Lancet Psychiatry claimed that being transgender does not have to equate with suffering as it is external factors such as societal stigma, violence and prejudices that cause distress and not the feeling of gender incongruence. The combined stigmatisation of being transgender and having a mental disorder create multiple disruptions impacting health. Although this is different from the DSM-V conceptualisation of GD, which requires distress and dysfunction as a requisite for the diagnosis, the WHO's declassification may be attached to its risks. Ensuring their access to care requires diagnosis to obtain medical treatment and getting the insurers to include this in their covered services. This paper analyses the controversy of declassifying transgender identity as a disease and retaining it to make access to care available because medical treatment for any condition requires a narrative of pathology.

Keywords: Transgender, Gender Dysphoria, Mental illness, medical treatment.

INTRODUCTION

The origin of the word “Gender” comes from an old French term “Gendre” which means “kind, sort, genus.” The term “gender assigned at birth” refers to a gender that an infant is born with and is usually declared based on a newborn’s physical characteristics like genitalia. It also includes terms like “natal sex” and “birth sex” within its purview. On the other hand “experienced gender” or “gender identity” refers to an individual’s psychological sense and understanding of their gender.

The term Transgender includes in its wide ambit all individuals who experience some incongruence between the gender assigned at birth and their experienced gender. A transman is a transgender individual who identifies as male though assigned as female at birth and a transwoman is a transgender individual who identifies as female despite being assigned as male at birth.

A population-based data estimate of the exact number of transgender persons across the world is extremely challenging for factors which are discussed later. Research conducted by the Williams Institute in April 2011 estimated 0.3 per cent of adults of the U.S population identified as Transgender, or 700,000 adults in the United States. The New York Times in 2016 reported that about 1.4 million adults in the United States identified as transgender (0.6 per cent of the population).

Individuals with gender behaviours, expression and identities that depart from the cultural norms and expressions implied by their assigned sex at birth have been labelled “gender nonconforming”, “gender expansive”, and most commonly “transgender”. Gender Dysphoria refers to the ongoing distress that arises from the incongruity of assigned sex at birth and the internal experience of gender. It is defined in the fifth edition of The Diagnostic and Statistical Manual of Mental Disorders (DSM-V) as psychological distress experienced by persons in relation to their gender identity.

THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM)

The Diagnostic and Statistical Manual of Mental Disorders is a handbook primarily used by healthcare professionals in the United States, and across the world, as an authoritative text. DSM consists of descriptions, symptoms, and other criteria for diagnosing mental disorders. It enables effective communication by providing a common language for clinicians to talk to their patients and establishes consistent and reliable diagnoses that can be used in research. It also provides a common language for researchers to study the criteria for potential future revisions and to aid in the development of medications and other interventions. The DSM is published by the American Psychiatric Association (APA). The American Psychiatric Association which was formed in 1844, is an organisation of psychiatrists who work together to ensure humane care and effective treatment for all persons with any kind of mental illness.

Gender Identity diagnoses first entered the DSM in its third edition (DSM-III) in 1980 with three entries: transsexualism, gender identity disorder of childhood, and atypical gender identity disorder. The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) contained the clinical entity of "Gender Identity Disorder" (GID) as a diagnostic criterion instead of "Gender Dysphoria" (GD). GD replaced GID in 2013. DSM-V renamed GID "Gender Dysphoria" with the fundamental aim of decreasing social stigma which is associated with the diagnosis while maintaining a diagnosis to ensure access to care for those who needed it.

THE INTERNATIONAL CLASSIFICATION OF DISEASES (ICD)

The ICD is the foundation for the identification of health trends and statistics globally and maintained by the WHO. It was created as a health care classification system and provided criteria to classify diseases including a variety of signs, symptoms, abnormal findings, complaints, external causes of diseases etc. In many countries, ICD is used as a part of their national framework for helping governments ascertain their obligations towards their populations. It is also used by private health care providers like insurance companies to define eligibility for coverage and to determine the premium.

WHO was entrusted with the ICD at its creation in 1948 and published the 6th version, ICD-6, that incorporated morbidity for the first time. The WHO Nomenclature Regulations, adopted in 1967, stipulated that

Member States use the most current ICD revision for mortality and morbidity statistics. The ICD was revised and published in a series of editions to reflect advances in health and medical science over time. The most recent version of the International Classification of Diseases is the ICD-11 which was released on 18 June 2018 and will come into effect on 1 January 2022.

DECLASSIFICATION OF TRANSGENDER IDENTITY FROM THE LIST OF "MENTAL DISORDERS"

The United Nations' Health Agency approved a resolution to remove transgender identity from the list of "Mental Disorders" and it is being reframed as "Gender Incongruence" to be included under the chapter on Sexual Health. This is a monumental change for the lives of every transgender person as their identity is no longer considered a mental illness. The WHO has given effect to this resolution by way of proposing changes in the ICD-11 which was released in 2018 but is set to come into effect in 2022. The reasoning behind this change is that for any condition to be designated as a mental illness that condition must cause some distress and dysfunction to the person. It has been observed that identifying as Transgender doesn't per se cause any distress to the person as most find it liberating and it is the stigma that associated with the identity that causes distress. The proposed diagnostic guidelines note that gender incongruence can be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning, particularly in disapproving social environments, but neither distress nor functional impairment is a

diagnostic requirement. In 2011 a unanimous resolution was passed by the European Parliament calling upon the WHO to withdraw gender identity disorders from the list of mental disorders and to ensure that it has been non-pathologised.

PROBLEMS ASSOCIATED WITH THE DECLASSIFICATION

One of the major risks of de-pathologising transgender identity is limiting the access of care available to them. Transgender persons require various treatments throughout different phases of their lives. They may approach their primary care providers, endocrinologists or mental health workers. Private or public health care providers rely on the ICD to determine the eligibility of a patient to receive insurance and other forms of coverage. Removing transgender identity from the list of mental disorders discourages insurance providers to give coverage to transgender persons. The following are a few treatments that transgender persons may seek:

- **Psychotherapy:** In a recent study of transgender persons, about 48.3 per cent of the study population was found to have suicidal ideation and 23.8 per cent had attempted suicide at least once in their lifetime. Anxiety, depression, personality disorders, substance abuse disorders are a few common psychological problems faced by them. A study was conducted in New York City's Metropolitan area with a sample size of 571 Male-to-Female transgender persons to ascertain the psychiatric impact of interpersonal abuse associated with an atypical presentation of gender. Diagnostic and Statistical Manual of Mental

Disorders-IV were retrospectively measured across five stages of their lives. It was observed that among younger respondents the impact of both physical and psychological abuse on major depression was extremely strong during adolescence and then markedly declined during later stages of life. The study concluded that gender-related abuse is a major mental health problem among male to female transgender persons, particularly during adolescence.

Similarly, another three-year prospective study from 2004 to 2007 among a sample size of 230 transgender women between the age of 19 to 59 years, who were also from the New York City Metropolitan Area, concluded as follows. *"Psychological and physical gender abuse is endemic in this population and may result from occupational success and attempts to affirm gender identity. Both types of abuse have serious mental health consequences in the form of major depression. The association of psychological abuse with depression was stronger among younger than among older transgender women."*

Mental health professionals play a very significant role in helping transgender individuals in the process of 'coming out'. A referral from a mental health professional is very significant under the standards of care protocols for those seeking breast/chest or genital surgeries. The latter also requires confirmation from an independent mental health provider.

- **Hormone Therapy:** The primary purpose of hormonal therapy is to reduce naturally occurring hormones to minimise secondary sex characteristics and maximise desired feminisation/masculinisation using the principles and medications used for hormone replacement in non-transgender patients who do not produce enough hormones. There is a high demand to start hormonal therapy in patients before they hit puberty, but it is still under research and is not widely practised as certain ethical issues surround the topic. However, the criteria for starting hormonal therapy is as follows –

  1. Persistent and well-documented gender dysphoria;
  2. Capacity to consent for the treatment; and
  3. Mental or medical underlying issues are in control.

  Female to male transitioning hormone therapy will result in the following consequences – deepened voice, clitoral enlargement, growth in facial and body hair, cessation of menses, atrophy of breast tissue, increased libido and increased percentage of body fat.

  In male to female transitioning, hormone therapy will lead to the following results – breast growth, decreased libido and erections, decreased testicular size and increased percentage of body fat.

  The timeline for this therapy depends on the individual. The expected onset is within months and the maximum expected effect will be felt within three or more years.

- **Surgical Therapy:** This is also commonly known as “gender transition-related surgery” or “sex reassignment surgery” or “gender-confirming surgery”. This is generally the last step of the treatment process. As mentioned, an earlier referral from a mental health professional is necessary for this surgery. The preferred way of proceeding with surgical therapy is to ensure that the individual seeking surgery is on one year of continuous hormone therapy and living under the desired gender identity. These surgeries are generally categorised as “top” surgery and “bottom” surgery. For “top” surgery it is recommended that patients be on hormone therapy for 12-24 months. For “bottom” surgery it is recommended that the patient is on hormone therapy for 12 continuous months. Bottom surgeries also include:

    1. Metoidioplasty - surgical relocation of an enlarged clitoris
    2. Phalloplasty - surgical creation of a penis
    3. Vaginoplasty - surgical creation of a vagina.

Photo Credit: Aysha Samrin for The Tempest

PROBLEMS WITH RETAINING THE CLASSIFICATION

- **Prerequisites to be classified as a mental illness**

  Mental illness refers to *"a clinically recognisable set of symptoms or behaviours associated in most cases with distress and with interference with personal functions."* This definition is very broad as it includes grief reactions to everyday problems which also constitutes syndromes that were not initially intended to be included under the list of mental illnesses.

  Many of the recommendations for removal involved conditions related to gender identity and sexuality, specifically gender identity disorders, sexual dysfunction, and paraphilias. It should be emphasised that clinicians' recommendations to remove these categories from mental disorders classifications do not necessarily suggest that they question the validity of the categories themselves but rather their placement in the classification of mental disorders.

  In a recent study, many recommendations were made to remove gender identity disorders from the list of mental disorders. Some of the clinicians who were the subjects of the study used the following rationale to justify their recommendations: *"It should be emphasised that clinicians' recommendations to remove these categories from mental disorders classifications do not necessarily suggest that they question the validity of the categories themselves but rather their placement in the classification of mental disorders. According to 15 to*

32 per cent of clinicians from eight different countries, at least some of these disorders should be removed from mental disorders classifications, mainly because of problems related to stigma and unclear boundaries between normal behaviour and psychopathology."

The reasoning adopted above is that expressing one's gender identity is considered as normal behaviour and should not be pathologised. Considering transgender identity as a mental illness only indicates that differences are being classified as mental disorders.

Many have argued that the view of classifying transgender identity as a mental illness is an accident of history. We now have scientific evidence that expressing gender identity is not merely a choice but rather sets all of these individuals on a self-liberating path seeking to satisfy an inner truth.

According to the DSM-V definition, gender dysphoria requires distress and dysfunction as key elements to constitute a mental illness. The challenge to this classification is to identify whether the distress caused to the transgender population is because of their gender incongruence or because of the stigma associated with it and the trauma they face because of it. More often than not the latter is the reason for distress. The incongruence between gender identity and assigned gender doesn't interfere with all trans people's lives. They are content living the way they are or may desire some forms of medical intervention. It is only for a subset of individuals that incongruence results in gender dysphoria.

- **Stigma**

  Transgender persons experience 'minority stress' which in turn leads to poor health, discrimination and well-being. Across the world, transgender people experience stigma daily. When they face discrimination in all aspects of life, including alienation from family and friends, they tend to drop out of school and run away from homes. They also encounter discrimination and abuse in the workplace which might result in unemployment or underemployment. As a result, they are drawn to unsafe sexual practices which result in serious health issues.

  In 2003, 1093 transgender people were recruited online to participate in a study assessing the association between minority stress, mental health, and potential ameliorating factors in a large, community-based, geographically diverse sample of the US transgender population. The study concluded that in comparison with norms for non-transgender men and women, the transgender sample of the study had disproportionately high rates of depression, anxiety, somatisation, and overall psychological distress. These mental health outcomes were not merely a manifestation of gender dysphoria. Instead, the reported distress was associated with enacted and felt stigma.

  Stigma results in financial instability, intentional self-harm, discrimination and abuse. They are denied access to basic health care, housing, fundamental goods and services.

- **Victimisation**

  Factors that result in victimisation of transgender populations include physical, verbal and emotional abuse, discrimination in the workplace, lack of social support from friends and family, improper or no access to healthcare, and sexual violence perpetrated because of their gender expression.

  Many transgender populations across the world are victims of abuse by law enforcement. When arrested and detained they are often placed in gender-inappropriate facilities that put them at risk of assault. 70 per cent of victims of physical violence did not report the assaults to the police. In the most recent incidents, only 26 per cent reported the assaults to the police.

  Transgender people are also under the constant threat of violence. International research documented a total of 1731 killings of transgender people between January 2008 and December 2014. Several killings either go unreported or misreported.

  In summary, studies conducted since 1999 have shown that transgender people are victims of sexual violence, specifically sexual assault, attempted sexual assault, rape, and attempted rape. Also, this violence is often perpetrated specifically because of their gender identity or expression.

  They are victims of physical violence, sexual violence, assault, verbal and emotional abuse and discrimination not only from society but also within their own homes.

- **Double Trauma**

While the label of mental disorder is by itself stigmatising the combined stigmatisation of identifying as transgender and having a mental illness creates double trauma.

CONCLUSION

Geena Rocero, a transgender rights advocate and also the founder of 'Gender Proud'- a media production that enables transgender individuals to tell their stories, in her TED Talk titled *"Why I must come out"* explains why being transgender isn't a choice: *"We are all assigned a gender at birth. Sometimes that assignment doesn't match our inner truth, and there needs to be a new place -- a place for self-identification."*

Being transgender doesn't equate with suffering or distress. The external factors such as stigma, discrimination, victimisation, violence and trauma cause distress and suffering. If the transgender population is liberated from these external factors there won't be any distress but only a feeling of 'gender incongruence'.

There exists a dilemma around removing transgender identity from the list of mental disorders to reduce stigma and retaining it to provide easy access to health care. The problems associated with retaining it outweighs the problems of declassifying it.