



## Psychiatry & Behavioral Sciences Section – 20??

### I12 Transexualism as a Natural Variation of Gender Identity and Implication of Benefits

Park N. Dietz, MD, MPH, PhD\*, Park Dietz & Associates, Inc., 2906 Lafayette, Newport Beach, CA 92663

After attending this presentation, attendees will have an understanding of the history of the medicalization of gender identity disorder and the reasons why it should not be considered a “disease” or “illness,” but rather a natural variation in the human condition.

This presentation will impact the forensic science community by increasing awareness among forensic scientists of the current debate regarding conceptualization of the gender identity disorders and the implications of these concepts for civil rights, medical benefits for in-mates, and government subsidies for sex reassignment surgery.

Medicalization is the process through which a condition is redefined as being within the jurisdiction of medicine. With respect to those transgendered people who became diagnosed as transsexuals or as gender identity disorder, medicalization spread beyond the pages of arcane sexological texts through a confluence of factors that included the international news story about Christine Jorgensen and the work of the Erickson Educational Foundation through which one transgendered person of means influenced the thinking of other transgendered persons, the public, and members of the medical profession, particularly Harry Benjamin in New York and the Gender Identity Clinic at Johns Hopkins in Baltimore. Harry Benjamin, a gerontologist, supplied patients to Johns Hopkins, the Erickson Foundation provided the funding to the Gender Identity Clinic at Johns Hopkins, and Johns Hopkins provided a sufficient dose of legitimacy to the entire enterprise through which transsexualism and gender identity disorder became official psychiatric diagnoses that other institutions and practitioners would carry on the work begun there even after Johns Hopkins closed its program.

Variations in gender identity reflect the *content* of thinking, in particular the subjective perceptions of the individual with respect to gender identity, from which follow certain behaviors. In a gender identity disorder, there is no demonstrable pathology of the brain or any other organ, no biological abnormality, no abnormality of the form of thinking, and no impairment of any mental process (e.g., consciousness or intelligence). To be a disease, a condition must arise as result of a pathological process, and that pathology must occur within the individual and reflect abnormal structure or function of the body at the gross, microscopic, molecular, biochemical, or neuro-chemical levels. Transsexualism and gender identity disorder do not meet this criterion.

Even if gender identity variations are ultimately understood as neurobiological phenomena, this would not be evidence that they are diseases any more than is left handedness. Additionally, if variations in gender identity reflect the interaction between neurobiological substrates and the social environment they would be best viewed as analogous to language acquisition. Thus, in the absence of a pathological basis for classification as a disease, gender identity is no more a disease than left handedness or fluency in French as a primary language.

Transsexualism and gender identity disorder, defined by any of the widely accepted criteria, are not illnesses or diseases. They are variants of the human condition with respect to subjective gender identification. If in a particular instance, it is an unwanted variation of human nature, it is in the values of those making this judgment that the problem lies. The classification of a condition as illness or disease should not be based on what is wanted or unwanted, as to do so is to invite the medicalization of sexual deviations, criminality, misconduct, and unpopular religious or political beliefs.

In the latter half of the 20<sup>th</sup> Century, it was useful to transgendered persons to transform public opinion away from such concepts of their behavior as sin, crime, degeneracy, or perversion by medicalizing the concepts of transsexualism and gender identity disorder. This process of medicalization achieved substantial success in reducing some kinds of discrimination and harassment of transgendered persons. But such political triumphs carry a price, one of which is the perception that the condition is an undesirable deviation from normality that should be prevented or treated where possible.

Gender identity disorder is not an illness or disease, but rather a range of natural variations in the human condition with respect to subjective identifications of gender identity. These variations, once sorted out from homosexuality and transvestism, have been medicalized for roughly half a century, despite the absence of any evidence of underlying pathology that could warrant a designation of the condition as a disease or its manifestations as an illness. Medicalization can create a diagnostic category, a class of patients, and a treatment industry, but it cannot create an illness or disease.

The medicalization of gender variation (transgender phenomena) played an important and useful role in protecting gender-varied people from punishment, in reducing intolerance, and in fostering the exploration of psychological, medical, and surgical interventions that might be of value. Demedicalization is a necessary step toward societal acceptance of transgendered persons.

#### **Transexualism, Gender Identity Disorder, Demedicalization**