

April 20, 2010

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Dr. Kupfer and Members of the APA *DSM-5* Task Force:

The undersigned professionals and colleagues wish to jointly participate in the initial public comment period regarding revisions to the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. Signers hold expertise in multiple fields impacted by proposed changes, and we thank you for this opportunity to submit remarks to your working groups for consideration.¹

First, we affirm the addition of **Hypersexual Disorder** as a new diagnostic category for its utility in providing recognition and professional care for individuals and families impacted by various forms of sexual behavior dysregulation. Appropriate and competent treatment is a great and growing need. We support the working group's rationale concerning the adverse "personal, relational, and public health consequences" associated with out-of-control sexual behaviors.

Likewise, the proposed reclassification of **Pathological Gambling** into a *DSM* section to be titled "Addiction and Related Disorders" gives beneficial recognition to the harmful and addictive properties observable with maladaptive gambling behaviors. Placing this diagnosis alongside various substance-related addictions seems likely to hone treatment and broaden understanding of the neurobiological actions that entrap susceptible gamblers into behaviors that create wide-ranging fiscal and emotional costs to individuals and families.

Amid these and other positive proposals, we hold some concern about the growing influence of advocacy/consumer groups in the revision process. Specifically, we are concerned that certain activist groups have lobbied for changes intended to impact larger social, legal and judicial policy apart from their clinical usefulness – thereby making the *DSM* a collusive tool of socio-political process and no longer restricted to patient care and clinical communication.

¹ This group letter is a duplicate of the text also officially submitted via the [APA's DSM-5 Development website](#).

This appears to be the case with the proposed change in nomenclature from **Gender Identity Disorder (GID)** to **Gender Incongruence**. In its rationale, the APA states that it has worked with transgender-activist organizations to achieve their stated goal of eliminating the term “disorder.” This raises the specter of a politicized component to the changes and casts doubt on the credibility of the *DSM-5* revision process.

One troubling change involves replacing the term "sex" with "gender," representing a significant shift away from biological reality to a multi-category gender spectrum that paves the way for a radical and potentially subversive reordering of human society as it has necessarily existed across all cultures and time. It is self-evident that, should this proposed alteration be adopted, it will have a greatly disproportionate impact far beyond the relatively few individuals struggling with GID and Disorders of Sexual Development (DSD).

Also problematic is the conflation of congenital/biologic conditions (that is, DSD) with the more subjective experience of GID. This again de-emphasizes verifiable biological reality in favor of feelings and emotions. Transgender activists have long endeavored to confuse the two issues in order to advance their cause in the public arena. Their efforts notwithstanding, a situation whereby objective reality is ignored is by definition problematic from a mental health perspective.

Further, the proposed changes to GID seem designed to assist people who experience gender confusion to "transition," leading more patients to surgically mutilate healthy body parts, in opposition to the present classification, which sees GID as a treatable disorder – with the goal of enabling the patient to more successfully navigate objective reality. We do not believe this course of action will result in well-adjusted individuals. Nor, apparently, does the working group, which recommends leaving the new Gender Incongruence diagnosis open for use with "transitioned" individuals who have regrets and end up not feeling like the other gender after all.

As with proposals relating to GID, changes to criteria for many of the **paraphilias** appear to further the stated goals of sexual-activist groups that aim at social and legal acceptance for non-normative and disordered sexual behaviors. Namely, we refer here to the working group’s declaration that paraphilias are not “*ipso facto*” disorders and the suggested requirement that specified numbers of victims exist before diagnosis. This sheds the medical model of increasing patients’ health, exchanging it for a paradigm that normalizes previously diagnosable conditions. Contrary to what this change communicates, paraphilias are not benign for individuals or their potential victims; they are consequential and often progressive. Thus, raising the threshold for diagnosing

these sexual problems not only robs individuals of early help and intervention, but also irresponsibly risks affecting judicial rulings and social policies in ways adverse to the protection and well-being of children and families. Certainly the most disconcerting application of this new APA ethic would be to **Pedophilia** (to be renamed **Pedohebophilia Disorder**). Dissension cited in papers posted in the rationale section note these problems and, in our view, are not satisfactorily addressed by the working group's published explanations.²

Activist groups are already victoriously claiming revisions will affect child custody and job discrimination battles and "the way society views us." One group's communiqué reports the *DSM* as a "tool of discrimination and punishment," stating that *DSM-5* is the first step toward the decriminalization of "BDSM" (Bondage, Discipline, Sadism, Masochism). Such groups intend to utilize proposed changes as a way to impact current criminal law concerning specific sexual behaviors.³

We therefore caution the APA as we perceive numerous changes reaching far beyond what is clinically necessary and beneficial. We urge you to reconsider these proposed changes based on the concerns outlined above. Finally, we request that the APA – no matter what changes are eventually adopted – formally state in the *DSM-5* (as in a preamble) that none of the criteria, particularly as they relate to conditions of sexuality, is intended to be interpreted or construed as legal or moral commentary. This is consistent with currently stated rationale in the revision notations:

*"The decision to suggest these thresholds for DSM-V diagnostic purposes does not imply that this Subworkgroup wants to comment upon or value the varying ways used to define immoral or unlawful conduct in different judicial traditions. Nor does it imply that we want to minimize victim experiences of such, immoral or unlawful, acts."*⁴

² See criticisms by O'Donohue (2010, 2000), Marshall (1997) as cited in Blanchard, R. (2009b.) The DSM diagnostic criteria for Pedophilia. *Archives of Sexual Behavior*. 16 Sept 2010 [Epub ahead of print]. DOI 10.1007/s10508-009-9536-0

³ National Coalition for Sexual Freedom (press release, 16 Feb 2010). *The APA Paraphilias SubWorkgroup Agrees: Kinky is NOT a Diagnosis*. Retrieved from <http://archive.constantcontact.com/fs003/1102908923221/archive/1103050720626.html>, accessed 15 April 2010.

⁴ DSM-5 Workgroup on Sexual and Gender Identity Disorders (2010). *Paraphilias' Proposed Revisions Rationale*. Retrieved from <http://www.dsm5.org>, accessed 15 April 2010.

In conclusion, we urge thoughtful deliberation of these matters. The influence of the American Psychiatric Association in the mental health field is clearly significant. What may be less apparent is the eventual effect of your decisions, however intended or unintended, on the larger legal, social and family policy arenas. We call upon you to maintain fidelity to science and clinical treatment considerations through the ongoing process of drafting the *DSM-5*, over and above pressure from activist groups.

Thank you for making your proposals public and considering the input from and impact on interested parties. We will continue to follow the revision process with great interest.

Sincerely,

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