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# Gender Identity Disorder: What to Do?

## Some Considerations and a Possible Solution.

by Nancy Nangeroni, [Gendertalk Radio](#) 

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Nancy Nangeroni

**T**he debate in the transgender community over whether or not Gender Identity Disorder (G.I.D.) should be de-pathologised has raged for some time. However, recent activity from within the larger queer community adds a new dimension to the debate, and even threatens to overwhelm those transgender people who favour continuation of G.I.D. as a bona fide psychiatric diagnosis. For the sake of furthering reasonable discourse, and in hopes of promoting a solution that disadvantages none of us, I will try to present clearly here some of the considerations, and one possible solution.

*It is becoming increasingly clear that the problem is ... other people's treatment of transgender folk.*

The most vocal supporters of continuing G.I.D. as a recognised pathological condition seem to be transsexuals who seek insurance payment for their S.R.S. expense. Insurance companies generally require requests for any medical expense reimbursement to include the D.S.M.-coded diagnosis for which treatment was provided. Those who reimburse for S.R.S. specifically require this D.S.M.-compliant diagnosis of G.I.D. The removal of G.I.D. from the D.S.M. threatens these transsexuals with loss of insurance repayment for their surgery expense. Those transsexual folk I've spoken with who advocate for continuation of G.I.D. believe that insurance coverage is the only way to cover the cost of their surgery.

There's a claim that G.I.D. may be useful for averting employment discrimination, but I haven't seen a successful case of its application in this way. It may, I suppose, benefit the cross-dresser who seeks to end his distress over the practice through psychiatric help. I'll ignore those who find ways to use it to their financial advantage, like service providers who try to 'cure' people of gender non-conformance.

On the other side, some cross-dressers, transsexuals and transgender people would like to see G.I.D. eliminated as a mental illness, in order to further reduce the stigmatization of transgender folk. This is the logical continuation of the movement towards greater individual freedom of expression which has previously de-pathologised homosexuality and transvestism. Many activists believe that this is a necessary step towards acquisition of full rights and respect for transgender folk.

The ongoing debate on this issue has recently taken a new tack, as gay and lesbian activists joined the call for an end to G.I.D. because of its use as a basis for incarceration and abuse of gender variant, 'potentially homosexual' youth. The book *Gender Shock* by Phyllis Burke is probably the leading vehicle for this interest. It successfully dramatises the plight of gender variant youth, providing a disturbing collection of case histories of boys and girls mistreated in the name of normalcy. Many of them are incarcerated in mental institutions and 'treated' with what are clearly abusive regimens, ranging from gross psychological manipulation to routine application of drugs and electroshock - often without supporting psychotherapy or counselling. Ms. Burke also relates interviews with contemporary practitioners of such 'therapies' who continue to this day to prescribe abusive and ineffective treatment for transgenderism most often, apparently, in futile effort to ward off future homosexuality. The call by *Gender Shock* for an end to G.I.D. diagnoses is compelling. To this transgender reader, the book is extremely disturbing, and highlights the needed reform of both our psychiatric services and our children's upbringing and very rights. It remains to be seen just how great will be the reach of this work, but it will surely advance the cause of those who argue for the abolition of G.I.D.

Most transgender folk I've spoken with agree that the greatest damage is done to us when we are young, at the mercy of parents, teachers, and peers. Without that abuse and repression, we would surely reach our middle years in much better shape than we do currently, and be much less in need of reparative services. Indeed, I suspect that the demand for S.R.S. might decrease if genitals ceased to be a reason for social discrimination, but that is pure speculation on my part.

There is no doubt that the acceptance and even encouragement of young people's gender variation would yield much happier transgender (and non-transgender) adults. An obvious component of that change in attitude is a change in the assignment of pathology in cases of gender transgression. Clearly, it is the parents whose own guilt and fear for their gender appropriateness causes them to ignore the hurt they cause their children in blaming them for the pathology. It is their insecurity as parents and their mistaken beliefs which cause them to hurt their children in the name of 'normalcy' and 'good parenting'. Likewise, it is the doctor's homo- and gender-phobia that makes them accomplices in the evil acts performed in the 'child's best interests'.

As more transgender people become visible, we are presented with more examples of transgender people whose lives are not ruined by their transgenderism. We are accumulating evidence that transgenderism itself is not a problem. It is becoming increasingly clear that the problem is other people's treatment of transgender folk. In response to this clarity, we need to relocate the pathology from the gender-transgressive individual to the person upset by that transgression. To fail to do so would be to continue the insane practice of blaming the victim for failing to satisfy the bully's demands.

At the same time, what about the person young or old who will clearly benefit from surgical intervention, but who cannot by themselves muster the resources needed to accomplish the feat? Currently, surgery on intersexed young people to make them 'more normal' is a mostly unquestioned insurance reimbursement. While this practice deserves, like G.I.D. 'therapy', to be exposed for the butchery it most often is, it shows the willingness of insurers to pay for 'gender corrective' measures. Clearly, insurance companies are willing to pay for surgery which is beneficial to a person's welfare, even when the problem to be corrected is not life threatening.

At the same time, they draw the line at cosmetic surgery: No matter how ugly you are, they will not pay for a nose job or face lift performed for strictly cosmetic reasons. Here, then, we have found an inconsistency in policy. Because a nose job or face lift or liposuction or whatever can in some cases demonstrably improve the quality of one's life. This is the same goal as that of G.I.D. and intersexual surgery. Why is intersexual surgery reimbursed when cosmetic surgery is not? Because it's been medically established as a bona fide need, while the need for a nose job has not been. Part of that established need occurs because intersexuality is mysterious and involves unmentionables, while a nose job is as plain as what's between your eyes. The mystery and fear allow the doctors greater latitude in diagnosing a disorder and performing a procedure for which they will get paid.

S.R.S., on the other hand, got a bad name a few years back, thanks mostly to some doctors at Johns Hopkins. They conducted a study that showed that transsexuals were no happier after surgery than before. Of course, they were just as closeted - by the advice of their doctors - as before. As we are now learning, out is generally (if not always) happier than not, so it's no surprise that closeted post-ops (at increased personal risk/paranoia) weren't a lot happier than pre-ops. But the researchers conducting the study overlooked that detail (and others, no doubt). The insurance companies followed their lead, and S.R.S. has become mostly regarded as 'elective', 'experimental' and 'of questionable benefit' and thus non-reimbursable. However, the new transgender activism has reversed the direction of the pendulum on this one.

So the current situation is, insurance companies won't pay for cosmetic surgery, but they will pay for quality of life intervention for a diagnosed condition, such as surgery on intersexed genitals. If we want them to pay for S.R.S., we need to give them a diagnosis.

In fact, transsexuality is not a gender disorder, it's a physiological sexual disorder. It's a need for a physical intervention, a surgery. To insist on the retention of G.I.D. as a means of obtaining coverage of S.R.S. is like insisting that my neighbour not cut down his apple tree even though the apples are killing his dog which is allergic to them, because some of the apples fall in my yard and I enjoy them. Instead, if I want apples, I should grow a tree of my own.

In order to provide insurance coverage of S.R.S. for transsexuals, it would seem reasonable for us to create a D.S.M. diagnosis of 'transsexuality'. It could support the various surgeries that transsexuals want or need. This would allow the elimination of G.I.D. without hurting those transsexuals who need our help. A specific diagnosis of transsexuality could provide a basis for specific body altering procedures such as mastectomy and phalloplasty and vaginoplasty and orchidectomy and such.

Is the elimination of G.I.D. and establishment of diagnosable transsexuality achievable? If we seek out and work with sympathetic medical authorities, if we go about it reasonably and with open minds, if we do our share of the legwork, if we persist until we succeed ... it becomes not just possible, but inevitable.

## Nancy Nangeroni

**From [Gendertalk](#):**  Nancy Nangeroni has served as Chair of the Massachusetts Transgender Political Coalition since 2008, during which time the organization led the successful passage of the state-wide Transgender Equal Rights Act. A long-time transgender activist, writer, speaker, and media producer on issues of gender, Nancy produced and co-hosted GenderTalk, the award-winning weekly radio talk show about gender and transgender issues, for over eleven years. She previously served as executive director of the International Foundation for Gender Education and has been repeatedly honoured for her contributions to, and pioneering work on behalf of, the transgender community.



In her first co-creation with partner Gordene MacKenzie, she co-produced the music video *In Memory of Rita* in remembrance of the candlelight vigil for murdered transwoman Rita Hester, an event that inspired the International Transgender Day of Remembrance. From 2006 to 2008, Nancy and Gordene co-produced and co-hosted "GenderVision", a cable television program aimed at educational use. They continue to co-produce video pieces, most recently *Rally for Transgender Rights*, a short film that played in the 2011 Boston Museum of Fine Arts L.G.B.T. Film Festival.

In 1995 Nancy began producing and hosting "GenderTalk", a radio talk show about gender, transgender issues and progressive politics airing weekly on WMBR-FM in Cambridge, MA., U.S.A. and worldwide on the [Gendertalk](#)  website. She was joined in this effort by her partner Gordene MacKenzie in 1999, and in April 2000 GenderTalk received the G.L.A.A.D. award for "Outstanding L.G.B.T. Radio". GenderTalk's website provides easy access to an archive of over 400 programs. While the production of GenderTalk ended in late 2006, the website continues to serve tens of thousands of visitors monthly.

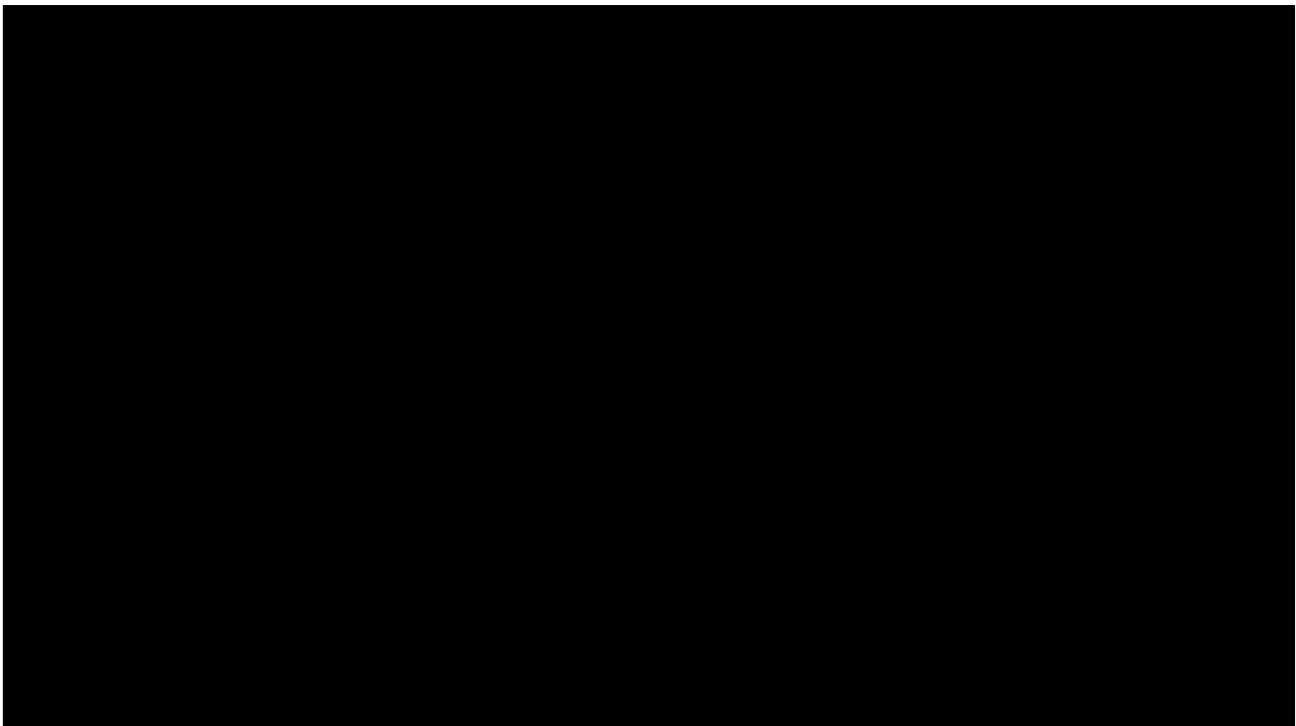
Nancy served as executive director of the International Foundation for Gender Education, a leading transgender education and outreach organization, in 1997-98, in order to rescue the organization from impending insolvency and improve the quality of its flagship publication, *Transgender Tapestry* magazine. She is a [respected writer and editor on transgender issues](#)  and has published many articles and essays in a variety of publications, including chapters in several books and pieces in *Bay Windows*; *The Boston Phoenix*; *Transgender Tapestry* magazine; *Sojourner*, the *Women's Forum*; *The National Queer*

*Progressive Quarterly*, and more. She is currently working on a book-length memoir.

Nancy has made pivotal presentations on gender issues to the American Psychological Association, the Human Rights Campaign, Gay & Lesbian Advocates & Defenders, Lucent and Bell Atlantic Corporations, M.I.T. and Harvard University, University of New Mexico and more. She has spoken on legal and political, as well as health and medical, issues relating to transgender people. She has appeared on local and national commercial prime-time radio and television broadcasts to discuss issues of gender and transsexualism. She was profiled in a ground-breaking A&E Investigative Reports piece, "The Transgender Revolution", which first aired in 1998. She has been interviewed countless times.

Nancy founded the Boston chapter of The Transsexual Menace, a "disorganization" of transgender activists, and co-initiated, starting in 1995, a nationwide campaign to put a stop to violence against transgender people by direct action. Over the next few years, she was a lead organizer and participant in demonstrations in Kansas City, Falls City Nebraska, Colorado Springs, Washington D.C., Chicago, Burlington Vermont and Boston. At the same time she led Boston's Transgender Pride contingent, and authored the amendment to the Cambridge Human Rights Ordinance which passed unanimously and broke new legislative ground in providing broad protection for freedom of gender expression and identity. She co-edited and published *In Your Face*, the journal of political activism against gender oppression, the first periodical to chronicle hate crimes committed against transgender persons. She conducted early trans diversity trainings for the Human Rights Campaign national board of directors and governors, as well as local chapters of G.L.A.D., Planned Parenthood, Lucent Technologies, Verizon, Bell Atlantic and more. She led the candlelight vigil for murdered transsexual Rita Hester in 1998, which inspired the International Transgender Day of Remembrance. She continues to lead the committee that organizes annual Boston T.D.O.R. observance.

From Nancy's You Tube page: 



## Videos Produced by Nancy Nangeroni and Gordene MacKenzie

**[Sex and Gender, Being Transgender, Trans Partner, Pride, Trans-Friendly Public Policy, Transgender Health Care, Gender, Race and 2008 Presidential Politics, Feminism, Sex & Gender, Transgender at work, Politics of Drag, Same-Sex Marriage.](#)** 

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The Gender Centre is committed to developing and providing services and activities, which enhance the ability of people with gender issues to make informed choices. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.