

Update on Zucker, Blanchard and the Revision of the DSM

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Article

For those who are concerned about the establishment of an adherent to reparative therapy (Dr. Kenneth Zucker) and another seeking to entrench “autogynephilia” (a pathologization of treatment of non- “homosexual transgender” transfolk) in the DSM-V, there have been some new happenings.

One letter writer reports receiving an email from the APA which states that:

“The Sexual and Gender Identity Disorders Work Group, chaired by Kenneth J. Zucker, Ph.D., will have 13 members who will form three subcommittees:

** Gender Identity Disorders, chaired by Peggy T. Cohen-Kettenis, Ph.D.*

** Paraphilias, chaired by Ray Blanchard, Ph.D.*

** Sexual Dysfunctions, chaired by R. Taylor Segraves, M.D., Ph.D.”*

Additional information has come in about other participants in the Sexual and Gender Identity Disorders Work Group (which, of course, oversees the entry for GID and several other conditions). Of these, Dr. Cohen-Kettenis appears to have a trans-positive reputation, and has reportedly pushed for liberalizing the WPATH standards of care. She has studied neuroanatomy and looked particularly at differences between male and female brain patterns.

While it is encouraging to know that we have a possible advocate on this panel, we continue to be concerned. Zucker is still directing the work, and Blanchard still retains the ability to entrench “autogynephilia” as a paraphilia in the DSM-V via his position.

Other members of the Work Group have mixed backgrounds and usually some kind of tie to the Clarke-Northwestern group (as the cadre including Zucker, Blanchard, Alice Dreger, J. Michael Bailey et. al. is often called, drawn from the clinics where some of them practice). Dr. Niklas Langstrom has treated mostly sex offenders and co-authored work with Zucker about transvestitic fetishism. Dr. Jack Drescher is the editor of the Journal of Gay and Lesbian Psychotherapy (where Anne Lawrence publishes) and involved with the Intersex Society of North America (ISNA), which in turn supports the Clarke-Northwestern clique via Dreger) -- although he differs with Zucker in that he opposes reparative therapy (or at least with regards to gay and lesbian persons). Others have unrelated fields, or, like Dr. Heino Meyer-Bahlburg, are completely ambivalent to whether transgender people should even receive treatment.

Getting Involved

Organisation Intersex International (OII) has become active early on, and openly opposes the Clarke-Northwestern approach, which has continued to push for “normalization” of intersex infants. Zucker himself still adheres unflaggingly to Dr. John Money’s ancient theory that gender is entirely socially constructed via conditioning -- despite David Reimer’s tragic story ([alternate link](#)), and other evidence to the contrary.

TransActive Education & Advocacy (TAEA) has issued a press release which is not yet on their website, but could appear there shortly. In it, they write:

TransActive strongly opposes the appointment of Dr. Kenneth Zucker to Chair the Sexual and Gender Identity Disorders work group that will revise and develop the fifth edition of the American Psychiatric Association’s (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM-V). This position is based upon his approach to clinical treatment of transgender and gender non-conforming identity in children & youth.

Dr. Zucker, along with colleagues Dr. Ray Blanchard (also appointed to the DSM-V workgroup) and Dr. J. Michael Bailey are proponents of the theory that, in the vast majority of cases, gender non-conforming identity in children and youth is merely an indicator of an eventual homosexual identity in adulthood.

... Again his distinctly cissexist consideration of transgender identity in children and youth as a ‘behavior-centric’ issue rather than an core identity issue is deeply troubling.

Philadelphia’s Trans-Health Conference is planning a gathering for Friday, May 30th to discuss a plan on the GID Reform issue. The meeting will be facilitated by Kelley Winters and Jamison Green.

Arianna Davis, of TAVA (which is also likely to weigh in on the matter) and Trans Mission International (in development) has developed a group, GenderID Coalition, to bring individuals together.

Additionally, a petition has been set up at [The Petition Site](#).

What I don’t yet see are our GLB and medical community allies (PFLAG, National Gay & Lesbian Task Force, etc.) displaying interest, but this is still the early stage. Even the national trans organizations are still formulating their response. Hopefully, our allies are interested in adding a strong voice to ours.

Destigmatization vs. Coverage II

There has also been a renewal in the drive to remove the diagnosis of GID from the DSM altogether. This is something I’ve cautioned about on a few occasions, most recently in [Destigmatization Versus Coverage and Access: The Medical Model of Transsexuality](#).

Make no mistake, the current entry is NOT perfect. What I believe that we need to do is push for an improvement on the existing model, in preparation for when the physical evidence is there (which I am

certain that it will one day be), so that it can then be recategorized as a physical affliction (which shifts it to an entirely different caretaker, out of the APA's hands -- this is worth looking into down the road, as to how it would be treated as a biological issue). However, unless science really steps up research (which is unlikely, because the interest and \$ aren't there), the ability to categorize transsexuality as a physical medical issue is not likely to be there by the time the DSM-V is expected to be published, in 2012 (for those who've seen me write "2011," the APA has corrected me on that). Which would leave at least some kind of gap in treatment (I also believe that when a biological trigger(s?) is found, it will be hotly contested for some time, so acceptance will not be instantaneous).

My concern is that the existing entry in the DSM-IV provides us basic access to medical services, from GPs to therapists, from HRT to surgery which could swiftly dry up without there being some medical acknowledgement whatsoever. Without legitimization in the medical community, our entire treatment becomes a "cosmetic" issue, and some could make the case that things like HRT are "harmful behaviours." Additionally, without the existence of GID as a possible diagnosis, we will see more of our sisters and brothers (particularly the youth) diagnosed with other inaccurate things, such as Dissociative Identity Disorder.

Additionally, many of the rights and protections that we have, the financial subsidizations that we have in places of HRT meds, and those few places where surgery is covered or has a chance of becoming so -- these mostly exist because of the counsel of the DSM, which is then given modern context for the legislators or accountants who address these things.

I do recommend that people consider how hamstringing a total removal can be before pushing for this. Also keep in mind that these texts often reign for decades, so it's not simply a matter of "a little discomfort until a biological trigger is found."

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