DSM ON THE BOOKSHELF:
An open letter to WPATH Members From Tracie O'Keefe
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On May 30, 2008, WPATH member Tracie O'Keefe sent an eloquent letter to the membership concerning the ongoing debate about the upcoming revision of the DSM. Her letter resonated with readers concerned about the DSM's pathologization of gender variance as "mental illness". Some urged her to make the letter public, for the benefit of the larger trans-community. Tracie has now done that, and has graciously given permission for its publication in this site. - L.C., June 3, 2008.

---------------------------- Original Message -----------------------------
Subject: Re: [WPATH-MEMBERSHIP] DSM Debate open response
From: Tracie O'Keefe
Date: Fri, May 30, 2008 10:09 am
To: WPATH-MEMBERSHIP

---------------------------- DSM ON THE BOOKSHELF -----------------------------

There are always such wars driven by the interpretation of words. People are so invested in their descriptions of themselves, the descriptions bestowed upon them by others. The less conducive the description the more ‘other’ the other becomes. Many are so offended by what this association and its members have referred to them as over the years.

I disagree that the sole purpose of HBIGDA was to help TSs and TGs, because I have always viewed it as a trade association as much as a vehicle of philanthropy. I had a hotel in my portfolio once so I was a member of the small hoteliers association, which, as an aside, were far less argumentative. As for the acronym WPATH I have always seen it as being more about PATH (pathology), if you will excuse the Freudian slip. I have sat across the table from friends who are psychiatrists and smiled wryly about many of their interpretations of the human condition just as they have about my own pontifications. My own DSM IV has spent most of its life propping up one end of a bookshelf where the pegs have fallen out from the shelf above. But I do understand the legal people suffer from the OCD of doing categorisation by numbers just like insurance companies and government-funded agencies. And of course some clinicians also prefer to practise by numbers too.

Let us remember what Einstein said, “It is the discipline that determines what can be observed”, which dear old R. D. Laing would remind us with a whiskey in one hand and the means of attaining an altered state of awareness in the other.

On my 12th birthday in 1967 I was surrounded by a clutch of psychiatrists who fed me LSD to rid me of my desire to be female. It did not work but I think Timothy Leary may have thought it the right move for a whole host of other reasons.
I remember April Ashley telling me they had given her ECT, which did not work either; maybe it was not the right kind of electricity or perhaps supplied by an inauspicious company. I also remember Peggy Cohen-Kettenis saying that she had given psychological tests to young teenagers to determine which ones were suitable for GID treatment and some of the ones they had rejected turned up years later for treatment very angry. So exactly which one of us is qualified to play God…not I?

We as an association are not qualified to determine the etiology of the whole world’s population of sex and gender diverse people and we have no business pretending that we do, because it would be fraud. The mere appearance of information about different sex and gender diverse identities in the DSM suggests that something is a mental illness or psychological disturbance and WPATH, preferably without the PATH, should be fervently against any such suggestion without incontrovertible evidence, of which there is absolutely none.

We should as an association be responsibly spending our time taking transexed, transsexual, transgender, androgy nous, neuter, and fluid gender queer identities out of the DSM. Shame…shame…shame if this does not happen in the next DSM!

I find this discourse an axiomatic power struggle but very little to do with cultural interpretations of sex and gender identity. If HBIGDA or WPATH must contribute to the future of the furniture in my office, please make it brief.

Sex Dysphoria – unhappiness with physical sex characteristics.

Gender Dysphoria – unhappy with gender performance.

Sexuality Dysphoria – unhappiness with one’s sexuality

One should always bear in mind it is the duty of the present generation not to embrace or saddle our descendants with our own bizarre ideas and theories, no matter how earnest. How daft does the word transsexual sound now linguistically and what would Chomsky have to say about that? And how utterly rude of the board to call us all transgender when many of us are no such thing. CBT for children who are sex and gender diverse? Whatever next? Anklets and electrodes planted into our brains?

Tracie O’Keefe

PS. DSM Committee – think diplomacy because if you believe you have suffered an onslaught up to this point, just imagine the bite you will receive if you step on the tiger’s tail…and absolutely no amount of academic accolades will save you… think Napoleon’s end. Perhaps your motto could be keep it simple…very simple. Good luck with that – you have an unenviable task and may you execute it with grace.

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