DEPSYCHOPATHOLOGIZING GENDER DIVERSITY AND IMPROVING TRANS HEALTHCARE IN CANADA

Rupert Raj, MA, Counseling Psychology

Ever since the publication of German-American endocrinologist Dr. Harry Benjamin's pioneering work, *The Transsexual Phenomenon*, more than 50 years ago—and the start, three years later, of the 40-year "trans-unfriendly reign of terror" at Toronto's former Clarke Institute of Psychiatry, now the Centre for Addiction and Mental Health (CAMH)—the history of gender diversity and trans healthcare in Canada has been fraught with ongoing challenges.

While most psychomedical professionals have long viewed trans identities as a pathology—or something to be fixed—more recently, trans activists and transpositive health practitioners are attempting to normalize gender diversity (including transgenderism) as something other than a mental illness, and advocating for more locally-accessible trans healthcare and comprehensive government funding. But it hasn't always been this way—and changes haven't always been easy. We break down the history of trans pathology, exploring the long road toward trans and gender non-binary equality that's still being paved.

How it began

Dr. Benjamin's 1966 Sex Orientation Scale, which outlined six types of transvestism (crossdressing) and six types of transsexualism (cross-gender identification) in birth-assigned males, failed to legitimize gender non-binary (androgynous) people, or validate transgendre people identifying as lesbian, gay or bisexual. The Clarke Adult Gender Identity Clinic (AGIC)—headed by psychiatrists Dr. Betty Steiner and Dr. Robert Dickey—largely followed this narrow psychomedical model from 1969 to 2011.

From the third through fifth editions of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*), published by the American Psychiatric Association, trans and gender non-binary people have been variously classified under "Transsexualism" (1980), "Gender Identity Disorder of Childhood" (1980), "Gender Identity Disorder of Adolescence or Adulthood, Nontranssexual Type" (1987), "Gender Identity Disorder" (2000), and "Gender Dysphoria" (2013). (The last two diagnoses collectively refer to children, adolescents and adults.) Gender dysphoria is defined as "an individual's strong and lasting cross-gender identification and a persistent discomfort with their biological gender role. This discomfort must cause a significant amount of distress or impairment in the functioning of the individual."

"Disorder" struck off in North America

In response to critical feedback from trans activists and professional organizations such as the World

Professional Association for Transgender Health (WPATH) and CPATH (its Canadian counterpart), the current version of the *DSM* (5th ed., 2013)—which Canada follows—replaced the pathologizing diagnosis, "gender identity *disorder,*" with the somewhat less-stigmatizing term, "gender dysphoria," and moved it from "sexual disorders" to a category of its own. Although it's a step towards normalizing gender diversity, because the diagnosis signifies a psychopathological condition (problematic gender distress), it still carries a stigma of mental illness.

Moreover, the pathologizing classifications of "fetishistic transvestism"—crossdressing for sexual stimulation—and "autogynephilia"—a subtype of transvestism in which birth-assigned males become aroused by visualizing themselves as a woman—are still on the books. This is because these diagnoses are one of a number of "Paraphilic Disorders." Paraphilias are so-called "abnormal" sexual fantasies, urges or behaviours—such as voyeurism, exhibitionism, fetishism, sadomasochism, pedophilia, etc.—which could potentially involve non-consensual individuals (legal minors, disabled people, and vulnerable seniors).

"Gender incongruence" no longer a mental illness in Europe

Even outside of North America, transgender identities have historically been treated as though they are disorders to be fixed—but more recently, gender clinicians in Europe have taken a more progressive stance. The

Page 2

European counterpart to the *DSM* is the *International Classification of* Diseases *and Related Health Problems* (*ICD*), published by the World Health Organization. The most current version (*ICD-11*, 2018) has declassified "Gender Incongruence" (gender diversity or transgenderism) as a psychiatric disorder—provided it's not related to a paraphilic disorder.

Last year's sea change was the cumulative result of previous European legislation. In 2010, France's Ministry of Health depsychopathologized "Gender Identity Disorder" by decree—pressured by advocacy groups like Inter Trans and Transgender Europe—however, French trans people must still be assessed by psychiatrists and physicians for up to two years prior to approval for gender surgery. In January 2017, the Danish Parliament removed transgenderism from the National Board of Health's list of mental illnesses, thereby eliminating such stigmatizing terms as "disorder" and "dysphoria" from health service billing codes. But it was a hollow victory because it turns out that trans Danes must still go through a series of much-criticized psychological evaluations conducted by the Sexologisk Klinik (national mental health services focussed on sexology) before being approved for gender surgery—with wait times from two to 10 years. In March 2017, Amnesty International's Danish chapter accused the Danish government of rendering Danes legally incompetent by not allowing them to make decisions about their bodies based on self-determination (informed consent).

To date, no other country has legally declassified gender diversity as a mental illness. This is probably because a similar move could very likely mean no public or private health insurance coverage for trans people seeking transition-related treatments without prior psychological assessment. This is especially true in Canada and the USA, which both have decentralized health insurance systems. Moreover, private health insurance companies will not insure "elective" (non-medical or non-psychological) procedures.

Canadian and world professional guidelines for trans healthcare

In the new millennium, some major shifts to depsychopathologize trans healthcare here and abroad have been due to the advocacy of organizations like WPATH (formerly, the Harry Benjamin International Gender Dysphoria Association (HBIGDA)), and CPATH. Although these professional bodies have no legal power, they can make strong recommendations to government officials around increased human rights and healthcare for trans and gender non-binary people.

In 2000, HBIGDA changed its name to The World Professional Association for Transgender Health—a milestone shift from a disease-centred, psychomedical model to one of population-based health. In 2010, WPATH issued a statement calling for the "de-psychopathologization" (normalization) of transgenderism, urging governmental and medical professional organizations to review their policies and practices to eliminate stigma towards gender-variant people. CPATH issued a similar appeal. WPATH'S *SOC* 7 Revision Committee is currently

drafting the 8th version of its *Standards of Care* (*SOC*)—professional guidelines for transgender-affirming healthcare—to be released in 2020 or 2021. The *SOC*'s 7th version introduced a paradigm shift when it expanded its circle of accredited assessors—to clinically assess readiness for sex-hormones and gender surgery—to other healthcare professionals in addition to psychiatrists, psychologists and MD psychotherapists, including: family physicians, pediatricians, endocrinologists, obstetricians/gynecologists, nurse practitioners, nurses, registered psychotherapists, social workers, and (in some jurisdictions) nurse midwives and registered naturopaths trained in the interpretation of the *DSM* (or *ICD*) and *SOC*.

While its over-arching aims are to increasingly normalize gender diversity, improve trans healthcare standards, and effectively respond to the changing needs of trans and gender non-binary people, it remains to be seen what impact the recent destigmatization of trans people in Europe will have. While the current *SOC* do not require psychotherapy to approve a medical transition, supportive counselling is highly recommended to guide trans people—and their partners and family members, as appropriate—throughout the transitioning process.

CPATH (founded in 2007) has its own trans healthcare guidelines, which have essentially adapted WPATH's *SOC* to the Canadian medicolegal context.

Transpositive changes at Toronto's CAMH Adult Gender Identity Clinic

In 2009, following an internal investigation ordered by CAMH medical director Dr. Kwame McKenzie—in response to longstanding complaints by trans patients and community members of transphobic practices—long-term, staff psychologist Dr. Ray Blanchard was transferred from the AGIC to the General

Page 3

Psychiatry section where he could no longer harm trans people. Two years later, a changing-of-the-guard at the AGIC was signalled by a new leadership with clinic director Dr. Chris McIntosh and primary staff psychologist Dr. Nicola Brown. These transpositive gender clinicians began implementing more liberal interpretations of WPATH's *SOC*.

Ottawa rejected Canada-wide "conversion" therapy ban

For 40 years, "conversion" therapy—behaviour-modification practices that reward gender-stereotypical behaviours of kids and teens, and punish gender-variant behaviours—has been conducted by psychologist Dr. Kenneth Zucker, former head of CAMH's Child, Youth & Family Gender Identity Service in Toronto, founded in 1975 by Dr. Susan Bradley. In 2015, the youth gender clinic was finally shut down by CAMH's medical director, following an internal investigation sparked by complaints from clinic survivors, parents, and local trans activists. Rainbow Health Ontario (RHO) issued a position statement supporting the closure.

As of 2019, besides Ontario, there are partial bans on conversion therapy in Manitoba, Nova Scotia and the City of Vancouver, and other jurisdictions will likely follow. Because some of the bans are partial (age-dependent), trans adults in some regions may still be vulnerable to conversion therapy. Last March the Canadian federal government rejected a public petition to ban conversion therapy nationwide, deeming it a provincial/territorial issue. There's a push for federal legislation in the US, where some jurisdictions already have anti-conversion therapy laws.

Assessments for transition-related surgeries (TRSs) not locally accessible in Saskatchewan, Newfoundland & Northwest Territories

WPATH's *SOC* provide guidelines for health practitioners on how to properly assess trans people for psychosocial and physical readiness for hormone therapy and/or transition-related surgeries (TRSs). Although trans people in eight provinces and Yukon Territory can now get "the green light" for government-insured surgeries locally from an appropriately trained health professional, trans people in Saskatchewan, Newfoundland/Labrador and the Northwest Territories must travel to Toronto to be assessed by CAMH's AGIC.

While supportive counselling services before, during and after medical gender transition do exist in various regions and localities, the remoter regions and rural areas are still underserved.

Transition-Related Surgeries available in Montreal, Toronto and Vancouver

Due to a lack of qualified genitoplastic surgeons across the country, Ontario's Trans PULSE Project reports often long wait times for TRSs—especially in remote regions—frequently resulting in suicide. Until earlier this year, there was only one gender-surgery clinic in all of Canada—Le Centre Métropolitain de Chirurgie in Montreal—performing transition-related "bottom" (genital/gonadal) surgeries: orchiectomy and vaginoplasty for trans women, and pan-hysterectomy and either metoidioplasty or phalloplasty for trans men. To bridge this service gap, two more gender-surgery clinics have just recently been launched. The Trans Health Expansion Partnership (headed by Dr. Yonah Krakowsky), operating out of Women's College Hospital in Toronto—in partnership with Sherbourne Health Centre, RHO and CAMH—performed its first full surgery (vaginoplasty) for Janet Macbeth last June. In September, the Gender Surgery Clinic at Vancouver General Hospital was launched—in partnership with Vancouver Coastal Health (VCH) and Trans Care BC (TCB). TRSs other than "bottom" surgeries (aka "top" surgeries)—breast augmentation and tracheal shaving (removal of the Adam's apple) for trans women, and bilateral mastectomy/male chest contouring for trans men—are also performed at both clinics. These non-genital procedures are also available in many major cities across Canada—but much less so in Northern and Eastern Canada.

Recent transgender healthcare clinic in Edmonton now faces challenges of sustainability

In February 2018, a long-overdue transgender healthcare clinic was launched at the University of Alberta Hospital in Edmonton, headed by gender-health psychiatrist Dr. Michael Marshall. The new Gender Health Program aims to reduce wait times and improve access to medical treatments for trans Albertans—helping to fill the substantial gap in trans care in the Prairie provinces. The clinic staff includes trans woman Marni Panas, an Alberta Health Services senior adviser on diversity and inclusion. Trans care services include readiness assessments for, and administration of, gender-affirming hormone therapy, as well as clinical assessments for transition-related

Page 4

surgeries, with attendant referrals for genital and gonadal surgeries to gender-surgery clinics outside of the province. The gender clinic's threefold mandate includes training, research, and medicine. Dr. Marshall had originally also hoped to establish a research chair position to study transgender health. Regrettably, he recently resigned from the clinic in September 2019 due to a lack of sustainable government funding to maintain its healthcare services—leaving a huge gap once more, with extensive wait times for surgery. Amelia Marie Newbert, founder of Skipping Stone, a trans resource group in Calgary, says the problem is further exacerbated because of a new provincial health policy requiring a psychiatrist to assess trans patients for even auxilliary surgeries such as top surgery—and presently, there aren't enough Albertan psychiatrists trained in trans healthcare. Advocates are appealing to Alberta Health Services to address the issue.

Government-funded health insurance not consistent across Canada

After Ontario delisted TRSs as an insured health benefit in 1998, it took 10 years to be relisted—pushed by New Democratic Party Member of Provincial Parliament Cheri diNovo and the Trans Health Lobby Group. In 2009, Alberta cut TRSs, reinstating it in 2012. Nova Scotia insured TRSs in 2014, followed by PEI in 2015, New Brunswick in 2016, and the Northwest Territories (case-by-case) in 2018. Currently, all 10 Canadian provinces and two of the three territories (Yukon and NWT) fully or partially cover TRSs.

While "bottom" surgeries are often insured, auxilliary surgeries generally are not—arbitrarily deemed "non-essential" (cosmetic). Counter-intuitively, male chest contouring, commonly done concurrently with a bilateral mastectomy, is typically not insured—although mastectomy is—requiring trans-male patients to pay $1500 out of pocket. Rare exceptions for insured auxilliary procedures exist—but only after ardent lobbying by trans individuals or groups. In Manitoba, male chest contouring was first insured in 2015—after the urging of Owen Campbell. In Ontario, breast augmentation surgery is provisionally insured—following 12 months of continuous hormone therapy with no breast growth (defined as Tanner Stage 1). Even with the qualifying criteria, the differential insurance coverage for "top" surgery for trans women versus trans men is inconsistent—and unfair.

Hormone therapy may be publicly insured in many provinces—but it depends on the method of delivery: injectables and tablets are often covered, but topicals and patches usually are not. Illogically—with the exception of Manitoba and Quebec—paramedical electrolysis and laser treatments to remove unwanted facial and body hair from trans women are deemed "elective" (cosmetic)—therefore, not insurable—putting those who cannot afford hair-removal treatments at risk for trans-bashing because they are less likely to pass for female with a beard. The checkerboard of government-funded TRSs across Canada—with its restrictions and exclusions—adds to the despair of trans Canadians as the increasing demand outweighs limited resources.

Resurgence of political and religious transphobia in the UK, the US and Canada

Politics and Religion have been longtime oppressors of queer and trans people alike. The ongoing war between cisgender, trans-exclusionary radical feminists (TERFs) and trans women has recently escalated in London, UK and San Francisco, with violent retaliations by trans feminists. In North Carolina and South Dakota, the transphobic "bathroom bill"—which could legally deny gender-variant people access to public bathrooms in accordance with their identified gender—was introduced in 2016 by right-wing politicians. Earlier this year, Christian fundamentalist Laura-Lynn Tyler Thompson—a People's Party of Canada member from Burnaby, BC—campaigned against the Sexual Orientation and Gender Identity (SOGI) educational curriculum recently implemented in BC and Alberta schools. These vocally violent reactionaries potentially threaten trans people's human rights and continued funding for trans healthcare.

The fight continues: International Day of Action for Trans Depathologization

Since 2009, the international campaign to Stop Trans Pathologization has been fighting to normalize gender diversity worldwide, decreeing October 21as the International Day of Action for Trans Depathologization.

In addition to CPATH, RHO, SHC, TCB, VCH, community-based advocacy groups, such as the Canadian Centre for Gender & Sexual Diversity, the Centre for Gender Advocacy, the Egale Canada Human Rights Trust, the Trans Lobby Group, the Toronto Trans Coalition Project, the Trans Alliance Society, and Trans Equality Rights in Canada, work to normalize gender diversity and to lobby for comprehensive, government-funded healthcare for

trans, gender non-binary and Two-Spirit people. Trans activists and cisgender allies working together, we will win the fight.

***

==========

Author Bio

Rupert Raj (67) is a Eurasian-Canadian, pansexual, trans activist (since 1971), and a former psychotherapist and gender consultant (2001-2015). He co-edited (with Dan Irving, PhD) *Trans Activism in Canada: A Reader* (Canadian Scholars' Press) in 2014, and edited *Of Souls & Roles, Of Sex & Gender: A Treasury of Transsexual, Transgenderist & Transvestic Verse* (unpublished, University of Victoria Library; Transgender Archives) in 2017 (rev. 2018). (Free pdf available online: https://www.uvic.ca/transgenderarchives/assets/docs/of-souls-0-rolesj-of-sex-0-gender-revised-july-1j-2018---numbered.pdf; https://www.digitaltransgenderarchive.net/files/hm50tr87t). The second edition of his memoir, *Dancing the Dialectic: True Tales of a Transgender Trailblazer* (TransGender Publishing), will be published in April 2020.