

## DSM-5: Call for Commentaries on Gender Dysphoria, Sexual Dysfunctions, and Paraphilic Disorders

Kenneth J. Zucker

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On May 18, 2013, at the annual meeting of the American Psychiatric Association in San Francisco, the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013) was, with intense anticipation, released.

When I arrived the day earlier, I immediately encountered three men protesting peacefully on the sidewalk outside of my hotel: One sign read “Equal Rights for Men! End Forced Circumcision.” Another read “Intact Genitals Are a Human Right.” I wasn’t sure what this had to do with the DSM-5. Turns out, it was a different protest for a different meeting. False alarm.

As hoards of psychiatrists wandered in and about the Moscone Center holding their newly-purchased purple-colored copies of DSM-5—all 947 pages of it—one could not help but notice the curious juxtaposition with what seemed to my eye a lot of homeless people with psychotic symptoms also wandering around the neighborhood. As usual, the scientologists were out on the street in force although I did not see Tom Cruise. I respectfully told one protester that she needed to go Arabic from Roman (DSM-5, not DSM-V). She thanked me for the tip.

Since the DSM-5 Task Force was formally announced in April 2008, a tremendous amount of effort was put into the final product: literature reviews, secondary data analyses, field trials, face-to-face meetings, conference calls, and, in the era of the Internet, thousands upon thousands of e-mails. In addition, the Task Force received input in the form of public commentaries, feedback from advisors to the Workgroups, and internal review panels. In this issue, the Gender Identity Disorders subworkgroup has reproduced its Memo Outlining Evidence for Change

for Gender Identity Disorder (Zucker et al., 2013), which it had submitted to two internal advisory committees to the DSM-5 Task Force: the Scientific Review Committee and the Clinical and Public Health Committee. By publishing it in *Archives*, the argumentation of the subworkgroup is available for perusal by anyone who wants to read it.

I chaired the Sexual and Gender Identity Disorders Workgroup. It consisted of three subworkgroups: Gender Identity Disorders, Sexual Dysfunctions, and the Paraphilias. Table 1 lists the members of these three subworkgroups. Our Workgroup published its literature reviews in 2010 in the *Archives of Sexual Behavior* and in the *Journal of Sexual Medicine* (Binik, 2010a, b; Blanchard, 2010a, b; Brotto, 2010a, b, c; Cohen-Kettenis & Pfäfflin, 2010; Drescher, 2010; Graham, 2010a, b; Kafka, 2010a, b, c; Krueger, 2010a, b; Långström, 2010; Meyer-Bahlburg, 2010; Segraves, 2010a, b, c; Zucker, 2010). There were also contributions from advisors to the Workgroup (Hanson, 2010; Hucker, 2011; Knight, 2010; Quinsey, 2010; Stern, 2010; Thornton, 2010). The diagnostic proposals and rationales (in various iterations) were also posted on the dsm5.org website of the American Psychiatric Association.

Since 2010, various articles, commentaries, one consumer survey, and Letters-to-the Editor weighed in on the literature reviews and proposals by the Workgroup or had more general things to say (e.g., Angel, 2010; Balon, 2010, 2012, 2013; Balon & Wise, 2011; Beier et al., 2013; Berlin, 2011; Binik, Brotto, Graham, & Segraves, 2010; Blanchard, 2010c, d, 2011a, b, 2012; Brotto, Graham, Binik, Segraves, & Zucker, 2011; Cantor, 2012a, b; De Block & Adriaens, 2013; DeRogatis, Clayton, Rosen, Sand, & Pyke, 2011; DeRogatis et al., 2010a, b; Drescher, 2013; Drescher, Cohen-Kettenis, & Winter, 2012; Eliason, 2010<sup>1</sup>; Fabian, 2011; Fedoroff, 2011; First, 2010, 2011; Frances & First, 2011a, b; Frances & Wollert, 2012; Franklin,

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K. J. Zucker (✉)  
Gender Identity Service, Child, Youth, and Family Services,  
Underserved Populations Program, Centre for Addiction and  
Mental Health, 80 Workman Way, Toronto, ON M6J 1H4, Canada  
e-mail: Ken.Zucker@camh.ca

<sup>1</sup> My favorite reference of them all.

**Table 1** Members of the DSM-5 Workgroup on Sexual and Gender Identity Disorders (Chair: Kenneth J. Zucker, Ph.D.)

Subworkgroup	Members
Gender Identity Disorders	Peggy T. Cohen-Kettenis, Ph.D. (Chair) Jack Drescher, M.D. Heino F. L. Meyer-Bahlburg, Dr. rer. nat. Friedemann Pfäfflin, M.D.
Sexual Dysfunctions	R. Taylor Segraves, M.D., Ph.D. (Chair) Yitzchak M. Binik, Ph.D. Lori A. Brotto, Ph.D. Cynthia A. Graham, Ph.D.
Paraphilias	Ray Blanchard, Ph.D. (Chair) Martin P. Kafka, M.D. Richard B. Krueger, M.D. Nikolas Langstrom, M.D., Ph.D.

2010a, b, 2011; Garcia & Thibaut, 2010; Giordano, 2011; Good & Burstein, 2012; Green, 2010; Halpern, 2011; Hames & Blanchard, 2012, 2013; Hendrickx, Gijs, & Enzlin, 2013; Hinderliter, 2010, 2011; Janssen, 2013; Johnson & Wassersug, 2010; Kafka,

2010d; Kafka & Krueger, 2011a, b; Kim et al., 2010; Koh, 2012; Kramer, 2011; Krueger, 2011; Krueger & Kaplan, 2012; Lawrence, 2010a, b, 2011; Levine, 2010a, b; Malón, 2012; Marshall & Briken, 2010; Marvin, 2010; Meyer-Bahlburg, 2011; Moser, 2010, 2011a, b; O'Donohue, 2010; Pfäfflin, 2011; Prentky & Barbaree, 2011; Quinsey, 2012; Reid et al., 2012; Rind, 2013; Rind & Yuill, 2012; Ryniker, 2012; Seto, 2010, 2012; Shindel & Moser, 2011; Singy, 2010; Stern, 2011; Taborda & Michalski-Jaeger, 2012; Tucker & Brakel, 2012; Vale et al., 2010; Vance et al., 2010; Wakefield, 2011; Walters, Knight, & Langstrom, 2011; Winters, 2010; Winters, Christoff, & Gorzalka, 2010; Wölfle, 2010; Wollert, 2011; Wollert & Cramer, 2011; Wright, 2010; Wylie, Ralph, Levin, Corona, & Perelman, 2010; Zonana, 2011; see also Ault & Brzuzny, 2009; Balon, 2008; Balon, Segraves, & Clayton, 2007; Brotto, Bitzer, Laan, Leiblum, & Luria, 2010; DeRogatis et al., 2012; First & Frances, 2008; First & Halon, 2008; Gert & Culver, 2009; Giles & McCabe, 2009; Laan & Both, 2011; Mitchell & Graham, 2008; Neutze, Grundmann, Scherner, & Beier, 2012; Rellini & Clifton, 2011; Segraves, Balon, & Clayton, 2007), including one entire issue of the *International Journal of Transgenderism* in 2010 and then several additional articles in

**Table 2** From DSM-IV-TR to DSM-5: Gender Dysphoria, Sexual Dysfunctions, and Paraphilic Disorders

DSM-IV-TR diagnosis	DSM-5 diagnosis
Gender Identity Disorder	Gender Dysphoria
Gender Identity Disorder Not Otherwise Specified	Other Specified Gender Dysphoria Unspecified Gender Dysphoria
Male Orgasmic Disorder	Delayed Ejaculation
Male Erectile Disorder	Erectile Disorder
Female Orgasmic Disorder	Female Orgasmic Disorder
Hypoactive Sexual Desire Disorder	Female Sexual Interest/Arousal Disorder
Female Sexual Arousal Disorder	
Dyspareunia	Genito-Pelvic Pain/Penetration Disorder
Vaginismus	
Hypoactive Sexual Desire Disorder	Male Hypoactive Sexual Desire Disorder
Premature Ejaculation	Premature (Early) Ejaculation
Sexual Aversion Disorder	Deleted
Sexual Dysfunction Due to a General Medical Condition	Substance/Medication-Induced Sexual Dysfunction
Substance-Induced Sexual Dysfunction	
Sexual Dysfunction Not Otherwise Specified	Other Specified Sexual Dysfunction Unspecified Sexual Dysfunction
Voyeurism	Voyeuristic Disorder
Exhibitionism	Exhibitionistic Disorder
Frotteurism	Frotteuristic Disorder
Sexual Masochism	Sexual Masochism Disorder
Sexual Sadism	Sexual Sadism Disorder
Pedophilia	Pedophilic Disorder
Fetishism	Fetishistic Disorder
Transvestic Fetishism	Transvestic Disorder
Paraphilia Not Otherwise Specified	Other Specified Paraphilic Disorder Unspecified Paraphilic Disorder

For the Sexual Dysfunctions and the Paraphilic Disorders, the diagnoses are listed in the order that they appear in the DSM-5

2011 (Bouman, Bauer, Richards, & Coleman, 2010; Comeil, Eisfeld, & Botzer, 2010; De Cuypere, Knudson, & Bockting, 2010; Ehrbar, 2010; Fraser, Karasic, Meyer, & Wylie, 2010; Green, McGowan, Lev, Wallbank, & Whittle, 2011; Haraldsen, Ehrbar, Gorton, & Menvielle, 2010; Knudson, De Cuypere, & Bockting, 2010a, b, c, 2011a, b; Rachlin, Dhejne, & Brown, 2010; Richter-Appelt & Sandberg, 2010). Of course, the Internet was not short of various opinions (if one does not have a life, one could read away forever).

Table 2 shows the final diagnostic categories for the DSM-5. Unlike the DSM-IV, in which the Sexual and Gender Identity Disorders constituted one stand-alone chapter, the DSM-5 has three separate chapters for Gender Dysphoria (the diagnostic name change from Gender Identity Disorder), Sexual Dysfunctions, and Paraphilic Disorders (the diagnostic name change from Paraphilias). The Workgroup had proposed for Section III (Conditions for Further Study) three additional diagnoses for further study: Body Integrity Identity Disorder, Hypersexual Disorder, and Paraphilic Coercive Disorder. All three proposals were not approved for inclusion in Section III by the Board of Trustees (BOT) of the American Psychiatric Association. The BOT also did not approve the proposed change to Criterion A for Pedophilic Disorder and the inclusion of specifiers pertaining to Tanner stages (Tanner Stage 1, Tanner Stages 2–3, and a combined type). Thus, in DSM-5, the diagnostic criteria for Pedophilic Disorder remain unchanged from DSM-IV-TR. In this issue, Blanchard (2013) has articulated his disagreement with this decision, a position that I am in full agreement with (Zucker, 2013).

### Call for Commentaries

Now that the verdict is in, the *Archives* will consider commentaries on the DSM-5 work product. Commentaries might focus on conceptual issues, empirical issues, sociopolitical issues, or suggestions for further research in the post-DSM-5 era. It would be best for a particular commentary to focus on one particular issue. It should be no longer than 10 double-spaced pages, including references prepared using APA style. It should be submitted directly to the Editor as a WORD document at Ken.Zucker@camh.ca. Please do not submit it via the Journal's web portal at Editorial Manager.

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