

Although the members of the Behavioral Sciences Department faculty at Palomar College are not all in agreement on the issue of which restrooms transgender people should use, we were all disheartened to read the “Pro” position regarding the “great bathroom conundrum” published in the Telescope on March 13, entitled “What mental illness and bathrooms have in common”(posted online at <http://www2.palomar.edu/telescope/2017/03/14/what-mental-illness-and-bathrooms-have-in-common/>). While we recognize that there are different points of view on controversial issues, we aspire as educators, in a collegiate environment, to support those views with factual information and carefully reasoned analysis. Unfortunately, the opinion piece contained numerous instances of misinformation, bias, conceptual confusion, and fallacious reasoning, and we are concerned that it may serve to perpetuate inequality and stereotypes of transgender individuals and those suffering from mental disorders. Thus, we would like to take the opportunity to provide clarity for a few areas that are most relevant to the expertise of disciplines within our department.

- 1) The author states that “Transgenderism is a mental disorder.” This statement is incorrect. Being transgender in and of itself is not considered a disorder by the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5), the most current version written by the American Psychiatric Association.

The author then goes on to appear to provide a definition of **gender dysphoria** from the DSM-5, which he incorrectly abbreviates as “GID. “ Clearly, the author is conceptually confused, and this is reflected in the writing. The reference to “GID” likely refers to gender identity disorder, the term that was used in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth edition* (DSM-IV), suggesting the author has limited knowledge about diagnosis, the *Diagnostic and Statistical Manual of Mental Disorders*, and the gender dysphoria diagnosis itself. To clarify, since its **first** publication in 1952, the DSM has been revised several times. Thus, it is evolving and reflecting a shift in perspective on gender identity issues. This shift is noticeable from DSM-IV-TR (2000) to DSM-5 (2013). In the DSM-5, the American Psychiatric Association reconceptualized the diagnostic category: “Gender Identity Disorder” (GID) is a term no longer used, and the new label is “gender dysphoria.” The new label of gender dysphoria emphasizes clinically significant **subjective distress** or

disability/problems functioning (as a result of conflict between a person's physical or assigned gender and the gender with which they identify) as essential factors in determining whether an individual should be given the diagnosis. So, for example, people who identify as being transgender who are not distressed by their cross-gender identification should not be given a diagnosis, according to the DSM-5.

Gender dysphoria is NOT the same as being transgender. In their "Expert Q&A" on the diagnosis of gender dysphoria, the American Psychiatric Association states: "Not all transgender people suffer from gender dysphoria and that distinction is important to keep in mind."

(<https://www.psychiatry.org/patients-families/gender-dysphoria/expert-qa>)

2) Citation of sources: While some may not readily understand the purposes and value of acknowledging one's sources and citing those sources appropriately, in college level writing, citation is standard. Besides establishing the breadth and depth of one's research and ideas on a topic, in an era where "facts" are sometimes in dispute, proper citation allows readers to examine for themselves the writer's sources and accuracy in depicting the cited material. In the opinion piece, the author refers to the National Center for Biotechnology Information, stating that it "released a study" suggesting that the majority of individuals with GID have a personality disorder. This statement, and the lack of proper citation of sources, is problematic. For one thing, the National Center for Biotechnology Information is a division of the National Library of Medicine at the National Institutes of Health, and the source the author is referring to is likely from a database such as PubMed (which has more than 27 million citations from published biomedical literature). A careful look in the database would yield many studies on the topic with many different findings. Because the author of the opinion piece does not provide a proper citation (at minimum, the authors of the study and date of publication), the reader is left to guess which study the author is referring to. For example, it could be the study by Meybodi, Hajebi & Jolfaei, 2014, "The frequency of personality disorders in patients with gender identity disorder" (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4301205/>).

Did the author refer to this study mainly because it supported a particular viewpoint? This is a very selective presentation of the research.

The author could have just as easily cited other research, as a literature review “regarding personality disorders (PDs) in persons with GID offers contradictory results. Some studies have found the presence of PDs, **while others did not find any PDs**. An overview of the literature offers data about relative prevalence rate of DSM-IV Axis II disorders of between 3% and 66%.... Discrepancies in results in some studies may be attributable to differing methodological issues....” (Duisin, Batinic, Barisic, Djordjevic, Vujovic & Bizic, 2014). Moreover, a careful reading of the Meybodi, Hajebi and Jolfaei (2014) article, if this is the article upon which the author’s claim is based, noted that their findings were not consistent with previous research, and “the difference between the results of the mentioned studies may originate from different settings, instruments, number of patients and methods of sampling.” It is also worth mentioning that the patient population in the Meybodi, Hajebi and Jolfaei study were individuals requesting sexual reassignment surgery and that their study was done outside the United States; thus we believe generalizing the findings of this study to the entire transgender population in the United States is not at all appropriate.

3) Fallacious reasoning: It is difficult, even when acting in a spirit of generosity, to tease out and assess the arguments attempted in the article. Unstated premises and implausible assumptions abound. Aside from the problems noted above, there is no logical connection to the claims the author makes about transgender people and the purported conclusion. The author tries to associate transgender individuals with mental illness, sex offenders, and narcissistic personality disorder or narcissistic entitlement as reasons to prohibit transgender individuals’ use of a restroom of their choice. Even if the premises and assumptions were all true, and they are not, the author’s conclusion does not follow from the premises provided.

The use of evidence and construction of the argument for the author’s position falls considerably short of collegiate ideals, and we are disappointed that the *Telescope* has not set a higher standard for its published works. We believe the aspirations and goals of a college education include building knowledge and the ability to examine, interpret, and synthesize information; critical thinking; effective communication and analytic skills (especially writing); academic integrity (which includes correct citing of sources); precision in language use; and

developing a sensitivity to, and tolerance of, views different from one's own. These skills allow the college-educated individual to engage opposing viewpoints with the intention to advance understanding and knowledge and to keep a productive conversation going.

Grappling with the controversial issue of restroom use brings up many questions that are explored in depth in many of our Behavioral Sciences classes. Some of these questions are: What are the meanings of the words *biological sex* and *gender* and *gender identity*? What does it mean to be a "man" or a "woman"? Is it actually possible to change one's biological sex? Is gender a hierarchical binary or a non-hierarchical spectrum? Under which circumstances, if any, should people be allowed to legally change their sex? Should sex segregation ever be legal? What are the intended and unintended consequences of identity politics? How does a society deal fairly with different groups when the rights of one group appear to be in direct conflict with the rights of another?

To these ends, we invite the writer and anyone else interested in these topics to take one or more of the following classes from the Behavioral Sciences department:

Philosophy 116: Logic; Philosophy 200: Critical Thinking; Psychology 100: Introduction to Psychology; Psychology 110: Developmental Psychology; Psychology/Sociology 125: Human Sexuality; Psychology 225: Abnormal Psychology; Sociology 100: Introduction to Sociology; Sociology 130: Sociology of Health, Healing and Illness; Sociology 165: Self and Society; Anthropology 105: Cultural Anthropology; Anthropology 137: Medical Anthropology; Religious Studies 101: World Religions; Religious Studies 110: Religion in America; Psychology/Sociology/AODS 140 Introduction to Psychological and Social Services and Courses in the Women's Studies Program.

Sincerely,
Faculty from the Behavioral Sciences Department