

# Teaching the DSM-5: Countering stigmatizing language with sexual- and gender-inclusive pedagogy



University of California  
San Francisco

Eliot M. Lev (he/him), Sexual and Gender Minority Health Equity Lab, UCSF  
Annesa Flentje (she/her), PhD, Associate Professor, UCSF; Director, SGM Health Equity Lab

## INTRODUCTION

**Sexually and/ or Gender Diverse people (SGD)** experience additional stigmatization and discrimination which negatively impacts their physical and mental health, economic stability, and suicidality rates (Meyer, 2003).

- **Sexually diverse people**—including but not limited to people who identify as lesbian, gay, queer, bisexual, asexual —people whose sexual attractions, behaviors, and/or identities are not exclusively heterosexual.
- **Gender diverse people**—people whose gender is different from the sex assigned to them at birth. Individuals assigned female or male at birth may identify as one or more genders, including transgender men or women, non-binary, genderfluid, or agender people.
- **Intersex people**—people born with a reproductive or sexual anatomy outside of the definition of socially and culturally constructed binary of sex assigned at birth (“male” or “female”)

Though the field of psychology strives for objectivity as a whole, the DSM-5 is a human-made document which reflects cultural beliefs, the spirit of the time, and—inadvertently—personal and collective biases.

- For example, stigmatization of attraction and consensual sexual activities with people of the same gender led to including “sociopathic personality disturbance” into the DSM-1 and “sexual deviation” into the DSM-2. Activism and advocacy efforts led to the elimination of this diagnosis in 1973.
- However, a new diagnosis—just as stigmatizing—of ego-dystonic homosexuality was introduced, instead. It still separates the role of discrimination and violence from the mental health outcomes. Additionally, it puts the burden of reconciling consensual desires with societal stigmatization on the already marginalized client.

[eliotmartinlev@gmail.com](mailto:eliotmartinlev@gmail.com)  
[Annesa.Flentje@ucsf.edu](mailto:Annesa.Flentje@ucsf.edu)

## Background and Diagnoses

--The DSM-5 strives for objectivity but remains a historic and cultural document reflecting its zeitgeist and its biases

--Several diagnoses, including fetishistic and transvestic disorders and gender dysphoria, may be representative of stigmatizing views since acceptability and expectations of gendered behaviors/ clothing and sexual practices vary by culture

## Challenges for Sexually and Gender Diverse and Straight or Cisgender Learners of the DSM-5

-- Exposure to negative stereotypes and discriminatory remarks, including the learning environment, is correlated with negative health outcomes for LGBTQ+ people (Meyer, 2003)

-- Exposure to negative stereotypes and discriminatory remarks for straight, cisgender (non-LGBTQ+) people can enforce structural and interpersonal discrimination against already marginalized groups

--While changes need to be made in the DSM to create an inclusive environment conducive to learning for all students, we recommend the following practices when teaching about stigmatizing diagnoses.

## Recommendations for Teaching the DSM-5

1. Look at cultural and historic circumstances and reconsider the assumptions upon which these diagnoses are built.

--Western essentialist gender binary (only either female or male) is strictly based on an outdated understanding of biology where reproductive organs equal gender. The DSM-5 does not use gender-inclusive language (such as pronouns or reference to more than two genders) throughout the manual.

--Gendered behaviors and clothing vary greatly not only by culture but also by historic era (kilts and high heels were at different points masculine signs of belonging to an ethnocultural group or socioeconomic class; occupations' gendered associations have also changed, e.g. computer engineer was considered a feminine occupation in the 1950s and 60s).

--Various violent behaviors—such as coercive/non-consensual sexual practices used to be legal and validated in many places, including in Western countries; individual activities and desires for consensual sexual and/or other affirming and legal activities are stigmatized.

2. The diagnostic criteria for gender dysphoria and transvestic and fetishistic disorders discuss individual distress as a stand-alone issue and distinguish it from the experiences of discrimination, victimization, and stigmatizing language.

--Individual distress and self-negativity are a function of negative social attitudes towards one's identity.

--Though there's a well documented correlation between marginalization and negative mental health outcomes, even the language around such distress sometimes locates the responsibility for that distress within the individual rather than the social circumstances (i.e. internalized homophobia [involuntary belief by sexually diverse people that negative stereotypes about them are true] rather than homonegativity [stigmatizing social attitudes]).

--The authors recommend that psychologists use terminology that accurately reflects the source of distress (e.g. trans-, queer-/homonegativity or marginalizing attitudes/policies towards sexually and gender diverse people instead of trans-/queer-/ homophobia)

3. Exercise mindfulness and metacognition in the overall teaching process, including awareness of the language used.

--The scientific validation of mindfulness practices—the ability to stay focused in a non-judgmental way—has been shown to reduce correspondence bias (Hopthrow et al, 2016), implicit bias and its activation (Greenwald et al, 2009; Moscovitz, 2010, Kang et al, 2014), as well as modulate neural structures underlying the activation of prejudice (Tang et al, 2015).

--Metacognition (thinking about thinking and the practice of detaching oneself from the immediate context to reflect on the thinking process used) also shows a reduction in bias, including in situations under various sources of pressure (Chew et al, 2016).

4 Include the principles of Culturally Responsive Teaching (Gay, 2018):

--Teacher is a facilitator.

--Learning happens within the context of culture.

--Student-centered instruction includes giving students a voice. That includes a discussion of the oppression SGM and other minority people have experienced.

5. Use APA-recommended person first language.

--Use the format such as a person who identifies as [queer] or people with [gender-diverse experiences]

--Consider linguistic styles and sentence structures to communicate respect, emphasize inherent equality, and acknowledge the wishes of the communities in question.

## Relevant diagnoses

While the focus of these diagnoses is on clinically significant distress, this distress must also be framed within the larger societal context of stigma related to these experiences.

## Gender dysphoria selected criteria\*:

- A marked incongruence between one's experienced/ expressed gender and assigned gender [...] with at least two of the following:
- A marked incongruence between one's experienced/ expressed gender and primary and/ or secondary sex characteristics
- A strong desire to be rid of one's primary and/ or secondary sex characteristics because of a marked incongruence with one's experienced/ expressed gender
- A strong desire for the primary and/ or secondary sex characteristics of another gender.
- A strong desire to be of another gender
- A strong desire to be treated as another gender
- A strong conviction that one has the typical feelings and reactions of another gender
- The condition is associated with *clinically significant distress*

## Transvestic disorder selected criteria:

- Recurrent and intense sexual arousal from *cross dressing*, as manifested by fantasies, urges, or behaviors
- cause *clinically significant distress* [...]

## Fetishistic disorder selected criteria:

- Recurrent and intense sexual arousal from either the use of nonliving objects or a highly specific focus on non-genital body part(s), as manifested by fantasies, urges, or behaviors
- cause *clinically significant distress* or impairment in social, occupational, or other important areas of functioning.
- The fetish objects are not limited to articles of clothing or devices specifically designed for the purpose of tactile genital stimulation
- normative aspects of sexual behavior are important factors to explore to establish a clinical diagnosis of fetishistic disorder and to distinguish a clinical diagnosis from a *socially acceptable sexual behavior*

\*a more inclusive Male or Female Assigned at Birth (AMAB/AFAB) rather than “natal sex” reflects the evolution of language since 2013