

Dreger on the Bailey Controversy: Lost in the Drama, Missing the Big Picture

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Dreger describes herself as an historian, a bioethicist, and a “queer activist.” In this essay, she fails at all three. She has described the Bailey controversy myopically, without placing it in its larger sociocultural context. She ignores the history of queer activism and its relationship to psychiatry. She is particularly oblivious to changes in the emerging transgender movement. The transgender community, and the professionals who work within it, are in the midst of a revolution, but Dreger hasn’t noticed. Under a veneer of neutrality, Dreger has aligned herself with the conservative rearguard of professionals, not realizing that changes in the field are already rendering much of that rearguard obsolete. Shocked by some of the tactics, she has missed the symbolic significance of the uproar over *TMWWBQ*. As transwoman Herman (2007) put in her critique of Dreger’s paper: “To focus on the overzealous response of some trans activists is to miss the bigger picture—that transsexuals are fed up with non-transsexual ‘experts’ claiming to know us better than we do” (p. 1).

As a queer psychologist and sex therapist, a queer activist since 1976, and founder and director of a queer psychotherapy agency with strong transgender services since 1983, let me provide a bit of context that, I believe, leads to an entirely different analysis of the Bailey controversy. As I write this, ENDA (the U.S. Federal Employment Non-Discrimination Act) has just been passed in the House of Representatives. ENDA protects gays, lesbians, and bisexuals, but transgendered people were removed from the bill to ensure passage. Trans people are the “new homosexuals,” regarded by society largely as freaks and perverts less deserving of rights than

others. Bailey’s book has reinforced cultural stereotypes of male-to-female transsexuals, beginning with the demeaning cover. He maintains that transsexuals are motivated by lust, not gender identity issues, that transsexuals lie, and that they are drawn to shoplifting. He asserts that one “type” of transsexualism is in fact a “paraphilia,” linking some MTF transsexuals with “necrophilia, bestiality, and pedophilia” (p. 171) and that the members of the other “type,” homosexual transsexuals, “might be especially well-suited to prostitution” (p. 141). By not acknowledging that Bailey’s book panders to popular prejudice, Dreger shows an appalling lack of understanding of the power of psychiatry to enforce and justify societal oppression.

Psychiatry has a long, shameful history of participating in the stigmatization and abuse of disenfranchised people. Beginning with the 19th century diagnosis of “drapetomania” (the desire of a slave to run away from his/her master), for well over a century psychiatric diagnosis has tended to reinforce the prejudices of society against women and racial and sexual minorities. And the abuse carried out in the name of psychiatric healing—forced incarceration, invasive and often painful treatments, forced sterilization, and clitorodectomies, not to mention loss of employment, housing, children, etc.—has been terrible.

Ironically, psychiatric diagnosis has also served a humanistic purpose, sometimes for the same groups that it oppresses. Psychiatric classification can initially increase public empathy for people who are seen as suffering from a “disease” and can even enable oppressed groups to be treated more humanely, but classification comes at the cost of reinforcing the belief that certain behaviors are deviant, subnormal, or pathological, and therefore less deserving of genuinely equal rights. Thus, the removal of homosexuality from the *DSM* was a watershed event in gay rights history and it foreshadowed the direction of the transgender rights movement today.

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As Bayer (1987) described in his definitive history, *Homosexuality and American Psychiatry: The Politics of Diagnosis*, in the first half of the 20th century homosexuals welcomed a psychiatric diagnosis: “better sick than criminal, better the focus of therapeutic concern than the target of the brutal law” (p. 9). It was not until the 1960s that the gay activist movement came to see the disease model of homosexuality as one of the largest obstacles standing in the way of equal status in the eyes of society. The story of how homosexuality came to be removed from the *DSM* is less a story of “scientific truth” than one of rowdy, militant activism, as Bayer makes quite clear. Research by Hooker and others may have been the public rationale for the removal, but it was the total disruption of the American Psychiatric Association’s annual convention for 2 years running by gay activists, and a threat of a third disruption, that was the necessary impetus for removal. In other words, behavior that Dreger might call harassing, rude, and uncivilized, even threatening, was required to topple the power hierarchy of so-called impartial science and medicine. Viewed from the perspective of those toppled, the *DSM* nomenclature change was accomplished because a small group of crazy homosexuals intimidated a lot of psychiatrists. So, while Dreger portrays the Bailey controversy as a “freedom of speech” issue, she forgets that the point of activism is sometimes “silencing,” if by that one means destroying the credibility of professionals that activists deem dangerous. As a result of the 1973 nomenclature change, professionals and researchers alike who espoused pathology models of homosexuality were officially discredited. No doubt Charles Socarides felt “silenced.”

Although drag queens were an integral part of the 1969 Stonewall Rebellion, the tipping point for modern gay activism, the transgender activist movement did not really coalesce until much more recently. Twenty-five years ago there was no trans community; indeed, “transgender” is a word invented by activists. FTM transsexuals were considered rare and the post-operative MTF transsexual’s sole goal was to fit into society and “pass” as a genetic female. Transsexuals stayed away from transvestites, most were deeply closeted, and few (except the drag queens) wanted to affiliate with gays.

Since the early 1990s, there has been a profound paradigm shift among trans people themselves: Whereas before, trans identities were limited, discrete, and categorical, i.e., one was a transvestite, a transsexual, or a drag queen, now there is truly a “transgender continuum” that encompasses a multitude of identities and lifestyles: FTM’s and MTF’s, part and full-time crossdressers, drag kings and queens, transmen and transwomen, bi-gendered, Two Spirit, gender benders, femmes, butches, bois, and many more. With this has come a wide variation in the kind of body modifications people desire, permutations and combinations of various surgeries and hormone treatments, and the emergence of some trans people who do not want to be credible as either male or female, or who want to be

seen as both. Although Dreger doesn’t seem to recognize this, there has been an enormous expansion in the transgendered narrative as well. If one reads the stories of prominent trans activists like J. Green, Feinberg, Califia, and Bornstein, or simply listens to trans people, one hears not only the “feminine essence” and the “autogynephilic” narrative, but a dizzying array of histories Bailey can’t even begin to imagine. The emergence of such an array of gender variance renders a simplistic taxonomy like Blanchard’s not so much “wrong” as irrelevant.

The development of the transgender continuum mirrors the increasing solidarity between transgendered people, regardless of sexual orientation or degree of transition desired. Trans people became affiliated with the already-established gay community—the “T” was added to the “G,” “L,” and “B.” And with all this came a sense of pride. Whereas in the past post-operative MTF transsexuals dreamed only of “fitting in” as a genetic female, many now identify as “transwomen.” And, significantly, trans people have largely stopped thinking of themselves as “disordered” or suffering from a “psychiatric disease.” They are not as likely to have an uncritical gratitude towards the benevolent and sometimes not so benevolent healers who are the gatekeepers of medical services. Mental health professionals are especially problematic for those who want body modification, because they control access to surgeons and doctors who can prescribe hormones.

Trans activism now finds itself at a point similar to that of gay activism in the early 1970s. There is a huge and important dialogue within the trans community about de-classifying Gender Identity Disorder. (This is separate from the criticism of the diagnosis of Gender Identity Disorder for children.) Space does not permit the discussion of this issue, which is complicated by the perception that a *DSM* diagnosis is necessary to assure medical services for transpeople, but the movement to reform includes professionals as well as trans people themselves. GIDreform.org (“Because our identities are not disordered”) lists as advocates psychiatrist Dan Karasic, WPATH Board member Jamison Green, and GRS surgeon Marci Bowers. Almost all of the essays in the recently published edited book about re-evaluating the sex and gender diagnoses of the *DSM* concern the GID diagnosis (Karasic & Drescher, 2005). Transactivists are recognizing that pathologizing transgenderism is, in the end, more harmful than helpful.

Although there is still debate on the *DSM* issue, there is an increasing perception that the diagnosis is a formality needed to ensure medical treatment: “There is a modern medical and mental health understanding that the way we are described in the *DSM* is just wrong,” says Mara Keisling, executive director of the National Center for Transgender Equality (Rochman, 2007, p. 35). Contrast this with Bailey’s stated desire to place some MTF transsexuals in the Paraphilia section of the *DSM*, a

move that could only serve to increase the pathologizing of trans people and the social stigma against them. Bailey and others like him run directly counter to progress for transgendered people.

The de facto de-pathologizing of trans people to which Keisling refers is, however, already occurring in the community of health care professionals who work with transgendered people (Lev, 2004). In the United States, trans people increasingly get services at G/L/B/T health centers, precisely to avoid the pathologizing that occurs at clinics like Blanchard's. These centers are taking over the gatekeeping roles formerly assumed by predominantly white, heterosexual psychiatrists. Rather than focusing on excluding those who do not fit the official diagnosis of GID (transsexualism), they are attempting to put the decision-making in the hands of the clients. The protocols of several centers include automatically prescribing hormones for anyone who is already obtaining them illegally. The WPATH (formerly the Harry Benjamin International Gender Dysphoria Association) guidelines have become more flexible and many G/L/B/T Gender Identity centers are interpreting them more loosely still. Some endocrinologists and surgeons now treat trans people without requiring mental health "clearance." While not quite yet at the "hormones or surgery on demand" stage, the trend in the community is in the direction of self-determination by transpeople themselves, a direct repudiation of the disease model.

There are, of course, some transgendered people who still see themselves as "disordered," just as there were gay activists who opposed the removal of homosexuality from the *DSM*. Lawrence, the self-identified autogynephilic transsexual who works with Blanchard, may be the equivalent of Donald Webster Cory, the gay activist who passionately defended the disease model of homosexuality in his 1965 forward to Albert Ellis's *Homosexuality: Its Causes and Cure* (cited in Bayer, 1987). It is especially tempting to believe this after reading her recent paper (Lawrence, 2006), in which she compares transsexuals to amputee fetishists. Dreger is oblivious to the implications of Lawrence's views.

And there are still gays, lesbians, and bisexuals who have difficulty with transgendered people. Sadly, the recent ENDA experience demonstrates this: the gender identity exclusion was a deal negotiated by openly gay Congressman Barney Frank and the gay and lesbian Human Rights Campaign. Dreger does not understand the unfortunate ignorance about trans issues within the L/G/B/T community. She cites positive reviews of Bailey by scientists Cantor and LeVay, not realizing that many would consider their pathology-paradigm perspectives unenlightened. She implies that *TMWWBQ*'s removal from the nomination for the Lambda Literary Award was achieved by the harassing tactics of the trans-activists, when it might more appropriately be seen as a belated acknowledgment that the original nomination reflected a slur against trans people.

Seen within the larger context of the transgender community and the trends among professionals, Bailey's views are archaic and paternalistic. Dreger commends him for supporting the right of autogynephilic transsexuals to receive GRS despite his belief that they are paraphiliacs. But she misses the point: trans people don't want benevolent doctors to decide their fates anymore. They don't want to be controlled by gender identity professionals who believe they have the right, even duty, to "protect" society by keeping a tight hold on the gateway to trans services for adults and by preventing gender nonconforming boys from growing up to be trans adults.

The shift away from the psychiatric disorder model of transgender issues towards self-determination has created differences among professionals who work with or study transgenderism. Male psychologists like Blanchard and Zucker, whom Bailey asserts are the "world experts," are at the ever-decreasing conservative end of this issue. Coleman, Diamond, and Bockting, for example, all contemporary leaders in the field of transgender research and services, hold much different views, but Dreger seems not to be familiar with their work. Indeed, she hardly acknowledges that this field exists. For example, she appears to have little regard for the foremost professional organization in this specialty, WPATH; it appears in her account as just another organization that has been intimidated by the Conway/James/McCloskey cabal. In fact, many WPATH members panned the book. Coleman called it "an unfortunate setback," Bockting titled his review "Biological Reductionism meets Gender Diversity in Human Sexuality," and J. Green compared Bailey's style of portraying transsexuals to *The Silence of the Lambs*.

As a bioethicist, Dreger ducks the big issues by hiding behind legalistic arguments. She skirts the question of whether Bailey slept with any of his subjects by giving Clinton-esque arguments about what constitutes "sex," concluding that, even if sex occurred, it's technically not a violation of ethics. She used similar arguments to explain Bailey's conflicts with Northwestern University, the allegations about informed consent, and the complaint to the Board of Psychological Examiners. She does not address the power differential between Bailey and the trans people he trotted out to shock and titillate his human sexuality classes, or the ethics of "befriending" such people, who are unsophisticated about academia and research, only to turn around and write about them in ways that make them look like psychologically crippled freaks. This behavior may be technically ethical but it is morally repugnant. Most significantly, Dreger fails to see the larger impact that books like this one have on society's treatment of transgendered people. She disingenuously wonders if the book, which has been read by over a quarter million people, really has harmed anyone, meaning, I suppose, how many people actually fired a trans person after reading this book, while avoiding the larger issue of how *TMWWBQ* contributes to the over-all cultural view of transgendered people.

Dreger is blind to Bailey's homophobia and transphobia, claiming that *TMWWBQ* is "complex," neither pro nor anti gay, neither pro nor anti trans. Bailey's views are not complex; he could be compared to Spitzer. Because Spitzer regarded homosexuality as a "suboptimal condition" (Bayer, 1987), it was not inconsistent for him to defend the reparative therapy movement 30 years after playing a positive role in eliminating homosexuality from the *DSM*. Similarly, Bailey upholds decent and fair treatment for gay and transgendered people. He magnanimously allows that it's possible to be both gay and happy, and he regards adult transsexuals as fascinating and exotic. But he is quite clear in *TMWWBQ* that transsexualism is a condition to be prevented, if possible. And Bailey has proposed what amounts to a "birth defect" model of homosexuality. In *TMWWBQ* he called homosexuality "evolutionarily maladaptive" (p. 115) and "the most striking unresolved paradox of human evolution" (p. 116). And although he claims to be sympathetic to gay people, he sees nothing wrong with eliminating homosexuality if it comes about as the result of "parental right to choose": Bailey has defended the rights of parents to abort gay fetuses (Greenberg & Bailey, 2001). Bailey further exposes his underlying biases in an article attempting to explain data showing that gays have higher rates of certain psychopathologies than non-gays:

...a second possibility [to account for the findings] is that homosexuality represents a deviation from normal development and is associated with other such deviations that may lead to mental illness. One need not believe that homosexuality is a psychopathologic trait...to believe that evolution has worked to ensure heterosexuality in most cases and that homosexuality may represent a developmental error. (Bailey, 1999, p. 884)

Dreger excuses these views and doesn't recognize the audacity of Bailey's implicit assumption that he has the right to decide whether or not homosexuality and transsexualism are socially desirable.¹ She barely mentions the controversy over Bailey's research on bisexuality and his obsession with documenting the "effeminate" characteristics of gay men, the latter of which is at the very least a waste of research money that could be better spent on more important questions. And Dreger is unconcerned with Bailey's membership in the Human Biodiversity Institute (HBI), a paleoconservative, neoeugenicist "think tank" with a limited, invitation-only listserv of "prominent scientists," as described by director Sailor, the conservative journalist best known for his anti-immigration views. Other members include Pinker and Buss, who both "blurbed" *TMWWBQ*, Murray, co-author of *The Bell Curve*, Cochrane, who has proposed that homosexuality is caused by a germ, and Rushton, president of the eugenicist Pioneer Fund

¹ Interestingly, Dreger (2007) has criticized Bailey's "parental selection" views in another venue.

and believer in the genetic inferiority of blacks. Dreger practically ridicules the Southern Poverty Law Center report on Bailey and HBI. But Bailey's connection to HBI belies his politics and has important bearing on his research in the areas of sex and gender diversity. In my opinion, the HBI connection alone makes Bailey an enemy of queer people.

The deficits in Dreger's historical, ethical, and political analyses of the Bailey controversy lead her to fundamentally flawed conclusions. Dreger portrays Bailey as an impartial "truth-seeking" scientist who courageously espoused "politically incorrect" views and was unfairly maligned by a tiny group of crazed transwomen. She implies that Bailey's freedom of speech has been abridged, forgetting that the right to free speech, which can legally be infringed only by the government, entitles one to a voice, not to a forum, and not to grant funding, public speaking appearances, or book awards. Not that Bailey has lost these forums. Thanks to Dreger, even the *New York Times* has painted him as a beleaguered hero (Carey, 2007).

Dreger bemoans the "chilling" effect this controversy will have on research on transgenderism, implying that the trans activists have scared away legitimate scientists. To the extent that those subscribing to a pathology-paradigm of transgenderism have been discouraged from research, the activism against Bailey will have been successful. Gay professionals led the outcry against reparative therapy for gays and Spitzer's research and the result was widespread professional disapproval of the ex-gay movement. Just as queer theory and science is coming to be dominated by gays, trans research will not progress beyond a narrow focus on "disorder" without strong input from the trans community. And it will not progress until people like Bailey are de-throned from their positions of power within the academic and scientific world.

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