

FROM DEPSYCHOPATHOLOGIZATION TO REPSYCHOPATHOLOGIZATION

Genspect's [repsycho-pathologization campaign](#) seeks to restore clinical and diagnostic clarity to the treatment of gender-related distress.

This campaign arose in response to WPATH's depsycho-pathologization campaign, which reframed a complex psychiatric disorder as a healthy variation of human existence. This marked a major departure from established principles of mental health care.

Depsycho-pathologization was not grounded in science or evidence; it was a political campaign with the stated aim of reducing discrimination and stigma. While well-intentioned, this move resulted in diagnostic confusion and the removal of essential psychiatric guardrails around a drastic medical protocol.

Genspect's position is that transgender identification and the drive for medical body modification should be reinstated to its proper place as a psychiatric disorder for the purposes of clinical clarity and ethical safeguarding.

The following timeline outlines the key moments in trans activism's depsycho-pathologization campaign.

This account demonstrates how the depsycho-pathologization initiative reflected a political and advocacy driven shift rather than a science-driven process grounded in clinical evidence or therapeutic process.

1979

FORMATION OF HBIGDA

The Harry Benjamin International Gender Dysphoria Association ([HBIGDA](#)) was founded in 1979 by a loose affiliation of clinicians and researchers working in the field, with trans activist Jude Patton as the sole trans-identified member of the original board.



1992-1994

INTERNATIONAL CONFERENCE ON TRANSGENDER LAW AND EMPLOYMENT POLICY (ICTLEP)

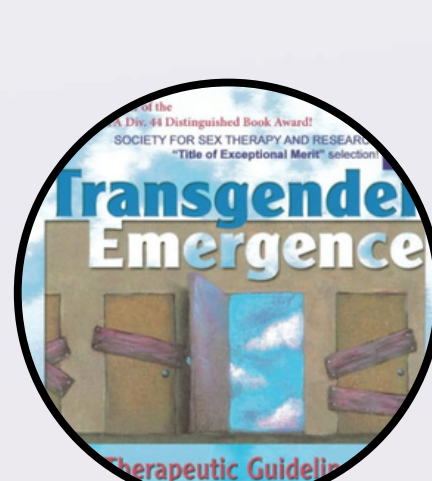
Early trans activists view psychiatry itself as the main obstacle to accessing medical interventions. At the annual [ICTLEP conferences](#), activists and legal experts reframe transgender identities as healthy in order to circumvent psychiatric "gatekeeping" and advance self-declaration of "gender identity" as a human right.



2004

THE TRANSGENDER EMERGENCE BY ARLENE ISTAR LEVNE ISTAR LEV

Social worker Arlene Istar Lev's book [The Transgender Emergence](#) becomes foundational in the movement to depsycho-pathologize transgender identities, arguing that clinicians should treat transgender identification as a healthy variation to be affirmed. Lev is a prominent HBIGDA member and later contributes to WPATH's Standards of Care 7.



2007

HBIGDA REBRANDS AS WPATH

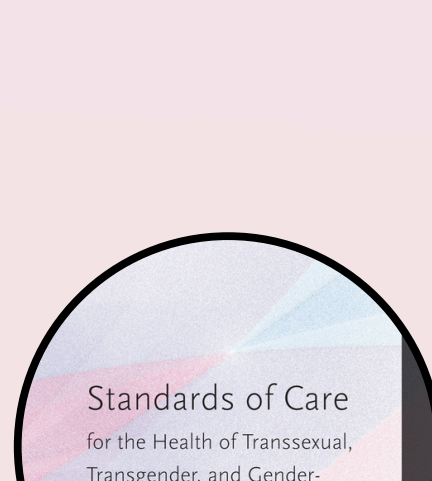
The Harry Benjamin International Gender Dysphoria Association [rebrands as the World Professional Association for Transgender Health](#) (WPATH). Trans-identified legal scholar Stephen Whittle, a strong proponent of depsycho-pathologization, is WPATH president at the time.



2012

WPATH STANDARDS OF CARE 7

[SOC7](#) frames transgender identities as healthy and shifts the role of the psychotherapist away from providing a therapeutic process of exploration and reflection and toward facilitating medical transition.



2013

AMERICAN PSYCHIATRIC ASSOCIATION PUBLISHES DSM-5

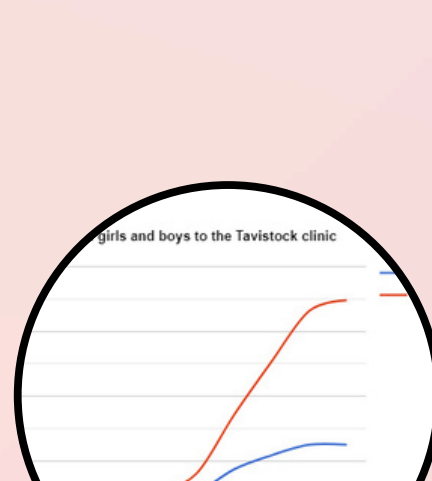
Guided by WPATH, [DSM-5](#) replaced Gender Identity Disorder with Gender Dysphoria - thereby shifting the diagnosis from the identity to the distress felt because body and mind are not aligned. This pivotal change meant psychotherapeutic treatment targeting the identity was replaced with medical treatment to align the body with the identity now considered healthy.



2014

PEDIATRIC GENDER CLINICS SEE SURGE OF REFERRALS

Coinciding with the widespread media promotion of transgender identities as healthy, a new cohort of adolescents, [most girls](#), starts to appear in [pediatric gender clinics](#). The inflection point strongly indicates a social contagion.



2016

WPATH POSITION STATEMENT ON MEDICAL NECESSITY

This [statement](#) frames transgender identities as healthy and declares all hormonal and surgical interventions "essential" to the well-being of trans-identified people. This becomes a key document used to pressure insurance companies to cover gender-related medical procedures.



2018

AAP ENDORSES DEPSYCHOPATHOLOGIZATION FOR MINORS

The American Academy of Pediatrics endorses depsycho-pathologization in its policy statement [Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents](#). Supporting [affirmation and medicalisation](#), the statement declares transgender identities as "normal aspects of human diversity" that "do not constitute a mental disorder."



2022

WPATH STANDARDS OF CARE 8

[SOC8](#) asserts transgender identities are [natural](#) and must not be considered pathological. It removes almost all lower age restrictions for hormones and surgeries and expands medical treatment to "eunuchs" and "nonbinary" identities.



LATE 1980S-1991

HOUSTON "ROUNDTABLE YEARS"

Houston trans-identified attorney [Phyllis Erye](#) convenes grassroots meetings of trans activists and legal experts that form the precursor for the International Conference on Transgender Law and Employment Policy.



1995

INTERNATIONAL BILL OF GENDER RIGHTS

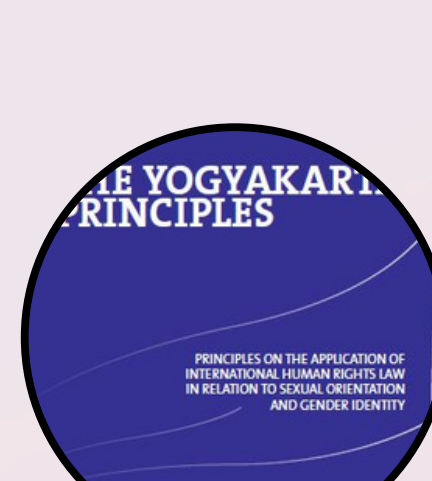
At the 4th ICTLEP conference in Houston, the [International Bill of Gender Rights](#) is adopted. This pseudo-legal declaration asserts the right to self-declare gender identities and access medical interventions, stating that "individuals should not be subject to psychiatric diagnosis...on the basis of their gender identity."



2006

YOGYAKARTA PRINCIPLES

Drafted by human-rights lawyers and trans activists, the [Yogyakarta Principles](#) draw on the 1995 International Bill of Gender Rights, asserting the right to self-declaration of gender identity without psychiatric approval. While not legally binding, it forms the blueprint for modern trans activism.



2010

WPATH DEPSYCHOPATHOLOGIZATION STATEMENT

The [WPATH Board of Directors](#) strongly urges the depsycho-pathologisation of "gender variance" worldwide, framing transgender identities as healthy and psychopathologisation as stigmatizing. This is a political move with no grounding in scientific discovery.



2012

DEPSYCHOPATHOLOGIZATION INTRODUCED TO PEDIATRICS

Psychologist and prominent WPATH member Diane Ehrensaft introduces depsycho-pathologization for children and adolescents with her article ["From gender identity disorder to gender identity creativity: true gender self child therapy."](#)



2014

TIME MAGAZINE: "THE TRANSGENDER TIPPING POINT"

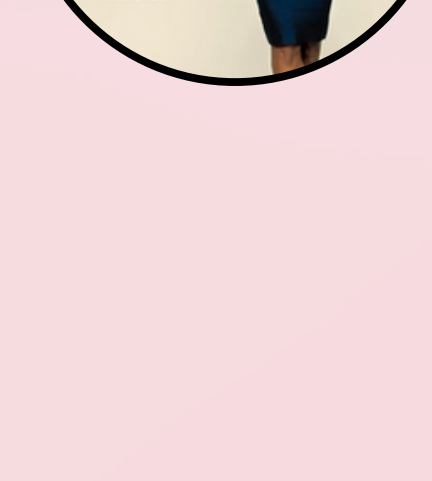
Laverne Cox appears on the [cover of Time magazine](#), launching the modern trans rights movement. This marks the beginning of an aggressive international messaging campaign celebrating trans identities as healthy.



2015

APA CALLS FOR DEPSYCHOPATHOLOGIZATION IN SCHOOLS

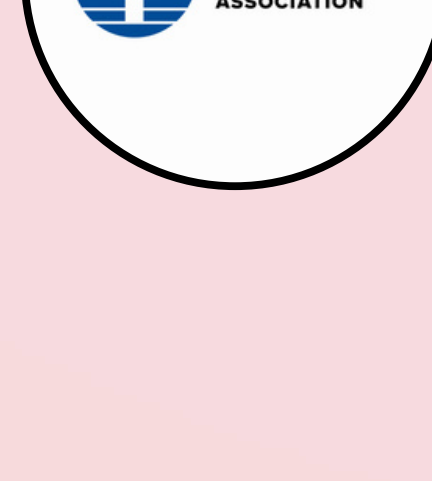
In its [Resolution on Gender and Sexual Orientation Diversity in Children and Adolescents in Schools](#), the American Psychological Association urges educators to treat "diverse gender identities" as "normal and positive variations of the human experience."



2018

WHO REDEFINES GENDER IDENTITY DISORDER

Under pressure from trans activist groups, including WPATH, [WHO reclassifies gender identity disorder](#) (ICD-10) as gender incongruence in ICD-11, moving it out of Mental and Behavioral Disorders into the newly created Conditions Related to Sexual Health—a chapter created specifically for depsycho-pathologization.



2018

AACAP DEFINES PSYCHOTHERAPY AS CONVERSION THERAPY

The AACAP policy on ["Conversion Therapies"](#) states defining "gender diverse identities" as pathological is a "false premise," urging that therapeutic intervention for gender identities be considered conversion therapy.



2025

GENSPECT CALLS FOR REPSYCHOPATHOLOGIZATION

[Genspect's repsycho-pathologization campaign](#) recognizes that a trans-identified person's compulsive pursuit of hormonal and surgical body modification reflects a pathological condition driven by an extreme overvalued belief—an all-consuming, culturally reinforced conviction that compels harmful behavior.

This new framing returns transgender identification and the drive for harmful medical treatments to psychiatric classification, restoring diagnostic and clinical clarity and safer, more appropriate care.

