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Gender Dysphoria

Gender dysphoria is a mental disorder as classified in the fifth edition of the Diagnostic and Statistical Manual published by the American Psychiatric Association (2013). The diagnosis of gender dysphoria is used to indicate that individuals are experiencing dysphoria, or unease or dissatisfaction, with the sex they were assigned at birth because they identify with a different gender. In common language, individuals with gender dysphoria are often referred to as transgender, though individuals meeting the diagnostic criteria for gender dysphoria may identify with any gender identity and do not necessarily identify as transgender. Further, it is not necessary for individuals to have been diagnosed as having gender dysphoria to consider themselves transgender.

Symptomology of gender dysphoria varies, but often involves individuals feeling as if their body does not represent their true gender, feelings of unease or disgust toward their genitalia or bodily representations of their sex assigned at birth (secondary sex characteristics such as body hair, breast development, Adam's apple, wide hips, etc.), anger or unease when others refer to them using pronouns used to represent their sex assigned at birth, anger or unease when feeling pressured to wear clothing generally worn by individuals of the sex they were assigned at birth, and general discomfort regarding their physical body presentation. Individuals with gender dysphoria often struggle socially due to being bullied, harassed, assaulted, and/or ostracized (Orr & Baum, n.d.; Moolchaem, Liamputtong, O'Halloran, & Muhamad, 2015). These situations may occur within family, school, employment, and other social environments and often lead to depression, anxiety, low self-esteem, social isolation, and, if severe, suicidal thoughts or attempts (Dhejne, Van Vlerken, Heylens, & Arcelus, 2016). It should be noted that in many cases, the dysphoria experienced as well as mental and social effects are more related to

social responses to the individuals' gender identities rather than a direct consequence of those gender identities.

Among youth with gender dysphoria there is generally a stated desire to be of the gender with which they identify, a desire to present socially as the gender with which they identify, preferences for types of activities that are stereotypically associated with the gender with which they identify, and a taking on the role of the gender with which they identify within role-plays (American Psychiatric Publishing, 2013). Post puberty, while the aforementioned continue, individuals' focus often turns more directly toward desiring to remove or modify physical characteristics of their sex assigned at birth and to obtain those of the gender with which they identify. For those who were assigned male as birth, this could include a desire to have body hair removed, breast augmentation, shaving of their Adam's apple, hip augmentation, and, in some cases, removal of their penis. Among those assigned female at birth, there may be a desire for stopping menses, removal of breast tissue, growth of body hair, and, for some, the surgical construction of a penis.

Per the World Professional Association for Transgender Health's Standard of Care Version 7 (2011-2012), a diagnosis of gender dysphoria is required before individuals receive medical treatment such as gender-affirming hormones or gender-affirming surgeries. Treatment of gender dysphoria encompasses two areas: one social/emotional and the other physical. Within the social/emotional realm, treatment focuses on resolving internal concerns regarding the individual's gender identity; reducing depression, anxiety, substance use, and/or other mental health concerns; using family therapy to address conflicts related to the individual's gender identity and help others within their family understand them and their identity; and increasing the individual's ability to cope with negative social messaging related to their gender identity.

Psychotropic medications are not used to treat gender dysphoria, but may be used to treat accompanying depression, anxiety, or other psychosocial concerns.

Physical treatment involves the introduction of gender-affirming hormones or surgical procedures designed to produce the desired physical changes. For those assigned female at birth, treatment can include menses suppression and/or introduction of testosterone via injection or topical application. Testosterone supplementation will produce many male secondary sex characteristics such as hair growth, lowering of the voice, and redistribution of body fat. Among those assigned male at birth, an antiandrogen may be used to reduce the impact of naturally occurring testosterone and estrogen may be introduced. Supplementation of estrogen will result in breast growth, fat redistribution, thinning of body hair, and feminization of the facial structure. Various surgical procedures are also available to remove and/or recreate both male and female genitalia. Desires regarding physical changes are highly individualized, with some individuals with gender dysphoria wanting little to no changes to their bodies and others wanting to undergo extensive gender-affirming surgical procedures.

In previous editions of the Diagnostic and Statistical Manual, gender dysphoria was known as Gender Identity Disorder and was classified within the section of Sexual and Gender Identity Disorders. This classification raised concerns that it conflated gender and sexuality, that it pathologized identifying as transgender or as a gender other than that which corresponds to the sex assigned at birth, and that it reinforced beliefs that people whose gender does not match their sex assigned at birth are mentally ill. Within the fifth edition of the Diagnostic and Statistical Manual, gender identity disorder was moved into its own chapter and the name changed to gender dysphoria to emphasize the dysphoria associated with individuals' experiences.

In the new edition, the diagnostic criteria were also divided into two sections, one for children and one for adolescents and adults. This separation was done to reflect the aforementioned age-based differences in how gender dysphoria is experienced. While the diagnosis of gender dysphoria is still controversial among mental health professionals due to concerns about people receiving a mental health diagnosis based on their identities, the current diagnostic criteria represent a more positive understanding of how individuals experience conflicts between their gender identity and their sex assigned at birth.

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See also: Gender Identity Disorder, Sex Assigned at Birth, Gender Identity, Transgender

Further Reading:

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