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# Should APA Remove Gender Dysphoria from the DSM?
# YES! But not Right Now…

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## Abstract

The purpose of this critical analysis paper is to provide a response to the controversial issue of gender dysphoria, and whether it should remain in the DSM as a diagnostic category and a mental disorder. Various points of view will be analyzed around the issue, the history of this disorder, and its cultural and clinical significance for the communities it affects. The purpose of this paper is to highlight arguments both in favor and against removing the diagnosis and decide which course of action is best using existing evidence.

*Keywords:* Gender Dysphoria, DSM, Mental Illness, Trans Care BC

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# Should APA remove Gender Dysphoria from the DSM?

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## Introduction

"Gender Dysphoria" is a recent term for a clinical diagnosis that has a history of controversy. Through this paper, I will give my response regarding "Gender Dysphoria" and if it should remain a mental disorder. Nonetheless, to address this topic, it is important to examine the terminology and implications behind this diagnosis as found in the American Psychiatric Association's (APA) Diagnostic and Statistical Manual fifth edition, text revision (published in 2013) also known as the DSM-5 TR. In addition, the research literature on the diagnosis reliability and controversy will assist in concluding whether the diagnosis should remain in the DSM.

## Background

Since this is a controversial topic in psychology, breaking down social and cultural implications of this topic is vital. As mentioned previously, the DSM is a product of the APA; and even though the International Statistical Classification of Diseases (ICD) has a much larger influence on clinical decision-making overall, the DSM is also used internationally and it is a standard for research and clinical practice but contains many Western-society perspectives (Beek et al, 2016). In other words, throughout its history, the DSM has served North American society and values to tell what an illness is, what is mental health, and what should be considered "statistically" abnormal.

The American Psychiatric Association describes the term "Mental Disorder" as, "any condition characterized by cognitive and emotional disturbances, abnormal behaviors, impaired functioning, or any combination of these" (APA, 2022b, para.1). This definition is ambiguous and needs a basic understanding of other medical and psychological vocabulary to truly comprehend the definition. Also of importance, is the use of the word "abnormal" and the phrase "cognitive and emotional disturbances." While APA encourages the use of the ICD or the DSM to understand the categories and the complexities of a mental disorder, the DSM-5 TR does not a give a definition of a disorder but rather its characteristics. The manual's introduction clearly states that DSM is a classification of mental disorders, and the criteria are designed to assist more reliable diagnoses of these disorders (APA, 2022a). Furthermore, the beginning of the manual highlights that "clinical training and experience are needed to use DSM for determining a diagnosis" (APA, 2022a, p. 5). These disclaimers aim to clarify that the DSM does not contain

the definition of a mental illness but assists with establishing a diagnosis, which relies on the clinician's personal, professional, educated, and hopefully unbiased assessments.

**Gender Dysphoria**

"Gender dysphoria refers to the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender" (APA, 2022, p. 451). While there are a number of other factors that encompass the definition of gender dysphoria, also of consideration is that the term Gender Dysphoria comes from a transphobic definition of "transgender" as a pathology; however, currently the DSM acknowledges that "the current term is more descriptive than the previous DSM-IV term gender identity disorder and focuses on dysphoria as the clinical problem, not identity per se" (APA, 2022a, p. 451). Without using euphemisms and technicalities, the diagnosis for "Gender Dysphoria" and Transgender people have an asymmetrical correlation. This means that not every trans-person has gender dysphoria, but most gender dysphoric individuals are also trans, understanding nonbinary people as trans people too.

Today, this diagnosis is centered around two key things: the concept of the gender binary and distress. Since the pathology was introduced back when only the gender binary was the norm, the DSM has had to adjust to newer paradigms of gender when updating the diagnosis. The intention is not to pathologize all gender identities deviating from the cis-binary[2] categories. The need to introduce the term "gender" rose with the realization that for individuals with conflicting or ambiguous biological indicators of sex (i.e., "intersex"), the lived role in society and/or the identification as male or female could not be uniformly associated with or predicted from the biological indicators (APA, 2012a). Furthermore, some individuals develop an identity as female or male at variance with their uniform set of classical biological indicators. (APA, 2022a)

**Abnormality**

The study of mental illness is often called psychopathology or abnormal psychology (APA, 2022c). In both cases, there seems to be a certain undesired implication to a mental illness. Since "abnormal" only means deviancy from what is the norm in an undesirable way (Merriam Webster), the idea that culturally if you are trans (i.e., experience gender dysphoria) you are ill has led to transphobic attitudes in society regarding this topic. When talking about the history of queer diagnosis in the DSM, Drescher (2015) raises a very good point, "Freud adhered to this

[2] This refers to women and men whose sex characteristics are congruent with their gender identity assigned at birth.

theory of ‘arrested’ psychosexual development even late in life, famously writing that ‘homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation; it cannot be classified as an illness” (p. 387). Even if sexuality and gender are not the same, this illustrates the historic and ongoing process of pathologizing “queer” behaviours.

“There is irrefutable proof of the medicalization of everyday life. This process also involves even the most intimate aspects of human sexuality and becomes a means of controlling the bodies and lives of individuals in order to make them conform to a hegemonic vision of health. The pathologization of sexual behaviours, [specifically] and psychiatric nosology, in general, is still highly controversial.” (Campo-Arias & Herazo, 2016, p. 62)

This controversy mostly exists because there is still little evidence to support gender dysphoria as deviant, with social and political climates influencing our perception of gender dysphoria (Beek et al, 2016).

The ICD does not recognize gender dysphoria as a mental illness anymore, with hope of removing the stigma associated with the condition. However, there have been changes in DSM which show that what was once considered a mental disorder, is now a “normal” variation (Beek et al, 2016).

As discussed earlier, there is no direct pathologizing of non-binary gender identities in the DSM’s definition of gender dysphoria, which simply leads to the conclusion that “gender dysphoria probably persists in DSM-5 due to the difficulty of completely reversing the tendency to consider any dissident sexual behaviour as a disease” (Campo-Arias & Herazo, 2016, p. 60). Daily life and clinical practice show the extent to which biological sex and gender can diverge. Therefore, there is enough empirical evidence showing there is no need for classifying gender dysphoria as “abnormal” (Campo-Arias & Herazo, 2016). In order to keep the diagnosis in the manual, APA changes it for each generation to keep up with cultural and scientific breakthroughs regarding gender to a greater extent than other disorders in the DSM (De Vries et al, 2021). This just leaves us with a reflection that, ¨as times and cultural attitudes change, so do beliefs about what constitutes a mental disorder¨ (Drescher, 2015, p. 393).

**Trans Care in BC**

Some people who identify as trans advocate against seeing gender dysphoria as a medical condition (uppercaseChase1, 2017). Morally and ethically, this is a very solid argument made that since homosexuality was taken out of the DSM, gender identity should soon follow sexual orientation as “normal behaviour.” The key difference here is homosexuality does not need any

physiological alterations to the body as part of treatment. To say it bluntly, the treatment for gender dysphoria is transitioning. The DSM-5 now includes a subtype of the diagnosis for individuals who have had at least one physical gender-affirming treatment (Beek et al, 2016). In a gender binary sense, this means that treatment involves gender-affirming surgical care which is complex and expensive.

"Without it being a diagnosed medical condition, we [trans individuals] wouldn't be able to have access to (…) hormones, therapy, and surgery, especially in Canada, where things are covered, I'm able to get surgery and I'm able to get testosterone [if] I have a letter from a therapist, and it's prescribed by a doctor". (uppercaseChase1, 2017)

This is also true in the United States because of insurance policies and since the DSM is primarily used by the U.S. and Canada, it seems necessary to talk about it too. Back when the DSM-5 and the ICD-10 were being put together, it was recommended that the gender diagnoses be retained so that insurers and national health care systems would cover medical care. However, they also recommended that the diagnoses be moved out of the mental disorders section and into some other less stigmatizing part of the ICD. (Drescher, 2015)

To some extent, these two classifications of illness shape the reality of how we perceive mental health and diseases, but they do not control the medical system. Right now, in 2022, there are seven gender-affirming procedures currently covered by British Columbia's MSP [3]; procedures that are considered an insured service for transgender individuals all require "persistent, well documented" gender dysphoria to be funded under Trans Care BC (Kumar, et al, 2022). All the evidence points to the stigma as an unwanted collateral effect that is trying to be minimized while retaining the condition as medical to access services. "The issue we mainly have with this diagnosis is the gatekeeping (…) some doctors refuse to give a diagnosis while others don't have an idea what this is" (uppercaseChase1, 2017, 2:22). This just shows how in a weird paradox, trying to be more critical and specific about who qualifies for the diagnosis can lead to a lack of accessibility to the resources available through health care specific to trans people.

Furthermore, a study by LGBT Health in Amsterdam sought to determine the reliability and clinical utility of Gender-Related diagnosis. To sum up, the study exposed that, "The interrater agreement rates for gender identity-related diagnoses can be considered good or very good, regardless of the classification system that was used (ICD-10, ICD-11, DSM-IV-TR, or

[3] Provincial Medical Services Plan equivalent to medical insurance

DSM-5), both for the adolescence/adulthood diagnosis and the childhood diagnoses" (De Vries et al, 2021, p 141). Although no funding or financial interest was reported, it is worth mentioning that part of the staff behind this article was also part of the DSM-5 task force, such as Dr. Cohen-Kettenis, and that the researchers themselves acknowledge the study's limitations. In the future, research should evaluate if the previous results apply in a variety of settings and determine if the ICD-11's newer approach helps to diminish stigma around gender identity-related diagnoses (De Vries et al, 2021).

## Conclusion

There seems to be enough cultural pushback against the status of gender dysphoria as a mental illness due to its association with the trans experience and the stigma around mental illness, insinuating that being trans is synonymous with being ill. Some published works acknowledge it is unethical to keep the diagnosis in the DSM as homosexuality was already taken out of the DSM and the changing diagnosis shows little evidence to be based on psychological or biological evidence of abnormality, (Beek et al, 2016). There are limitations found in the studies that try to give reliability to the diagnosis, providing the conclusion to exclude gender dysphoria out of the "mental illness" category and therefore be removed from the DSM.

However, as it stands right now in the DSM, the diagnosis itself does not pathologize the condition of being trans as a mental disorder but rather the distress associated with the symptoms to a degree severe enough to impair the "normal" functioning of an individual. In addition, the criteria are written in acknowledgment of the gender-binary trans experience. In the current medical landscape, this diagnosis can validate a clinical claim in favour of giving trans people access to the resources they need to stop the dysphoric feelings and therefore help them transition (if they so desire). Thus, the status of gender dysphoria as a mental illness protects this access to resources and should be preserved under the medical system that is available now in Canada.

## Disclosure Statement

I, the author, as a trans+ person living with gender dysphoria am inclined by my moral and ethical views to support the ideological removal of the diagnosis from the "mental illness" category associated with the DSM, but this paper is not about morals and adopts a pragmatical and scientific approach to the topic.

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