



“Psychology Works” Fact Sheet: Gender Dysphoria in Adolescents and Adults

Note that our understanding of gender and gender dysphoria continues to evolve. What is presented below is a summary of current thinking and research. This fact sheet will be periodically revised to include new theories and evidence.

What is gender dysphoria?

Most people experience little doubt about their gender, seeing themselves as either male or female. However, many people have a more fluid sense of gender. Others experience an inconsistency between their internal sense of gender (their gender identity) and their physical sex (which generally matches the sex they were assigned at birth). For example, they may have male genitalia and have been raised as male yet identify more with being female.

Gender dysphoria refers to the unhappiness that some people feel with their physical sex and/or gender role. The term transgender refers to the many different ways that a person may experience their gender identity outside of the simple categories of female or male.

Indeed, many people question the idea that male and female are fixed opposites and view these categories as inadequate to describe their own experience. Theorists have suggested that it may be more appropriate to think of gender as lying on a continuum or having multiple categories. Others have proposed a position of gender transcendence, arguing that traits, behaviours, and roles should be divorced from gender.

Gender dysphoria in adolescents

Gender dysphoria in adolescence may be accompanied by depressed mood, anxiety, and behaviour problems, all of which can considerably heighten the adolescent’s distress. The Standards of Care outlined by the World Professional Association for Transgender Health (WPATH, formerly the Harry Benjamin International Gender Dysphoria Association; Meyer et al., 2001) clearly recommends against physical interventions before the age of 16. They recommend that surgery only be performed after the age of 18 and after the individual has lived in their desired gender role for at least two years. Puberty-delaying hormones are sometimes considered for adolescents so that they might have more time to explore their gender identity before experiencing the physical changes that come with puberty (Cohen-Kettenis, Delemarre-van de Waal, & Gooren, 2008).

Gender dysphoria in adults and transitioning

As a result of the many combinations of life choices and physical changes a person can make, there are several options for adults with gender dysphoria. They may choose to live in accordance with their



assigned/physical sex and not undergo any physical changes. On the other hand, they may choose to live in accordance with their internal sense of gender (their gender identity) but without undergoing any physical changes to make their body more in line with how they feel inside.

However, many people with gender dysphoria present themselves in a manner consistent with their internal sense of gender only in certain situations, such as with specific groups of friends. Indeed, this is what most of us do in many areas of our lives. For example, many people present more conventional aspects of themselves with their coworkers than with their close friends. Some adults with gender dysphoria do choose to change their body, however. They may do this by means of hormonal treatment, electrolysis, chest/breast surgery, other cosmetic surgery, or genital surgery.

In order for people to undergo physical (hormonal or surgical) interventions to make their body more in line with their gender identity, they must be assessed by a mental health professional who has special competence in this area. They must also meet criteria for gender identity disorder. The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV TR; American Psychiatric Association, 2000) outlines the criteria for gender identity disorder as follows: (a) a strong and persistent desire to be of the other sex; (b) a persistent discomfort with one's assigned sex or a sense of inappropriateness in the gender role of that sex; (c) the person does not have an intersex condition;^[1] and (d) the person experiences clear distress or impairment in their social, work, or other areas of their life as a result of their gender dysphoria.

The Standards of Care (Meyer et al., 2001) recommends that hormones and surgery only be provided on the recommendation of a mental health professional with a special competence in gender identity disorders, and often recommendations are required from two such mental health professionals. Requirements vary across provinces and territories, however, and individuals who are considering physical interventions are advised to consult with a local or regional mental health professional with competence in this area. The Canadian Professional Association for Transgender Health (CPATH; contact information below) may be helpful in this regard.

Typically, individuals who choose to transition (change how they look to be more in line with their gender identity) do so in a series of steps. These steps include the following: (a) hormonal treatments to make their body more masculine or feminine; (b) the "real-life experience," whereby the person adopts their new or evolving gender role in everyday life; and (c) sex reassignment surgery, whereby the person's anatomy is surgically altered to reflect their gender identity.

The terms "male-to-female" and "female-to-male" are used to identify the direction of transition and the gender identity the person has chosen. That is, individuals born with male physical characteristics who identify as female generally refer to themselves as male-to-female transgender individuals or transwomen. Those born with female physical characteristics who identify as male generally refer to themselves as female-to-male transgender individuals or transmen.

[1] Intersex conditions, or disorders of sex development, refer to variations in genetic and fetal development that make it difficult to assign a sex at birth.



Psychologists' role in working with adults with gender dysphoria generally includes the following: identifying a client's gender dysphoria; diagnosing and providing treatment for any co-occurring mental health conditions such as anxiety or mood-related problems; counselling the client regarding the range of treatment options and their implications; determining readiness for hormonal or surgical treatments (in cases of severe depression or delusions (false beliefs), an irreversible medical procedure would not be recommended); following clients and helping them adjust to their changing life circumstances as they transition; and educating family members, employers, and institutions about gender dysphoria.

How common is gender dysphoria?

Approximately 1 in 11,000 men (0.009%) and 1 in 30,000 women (0.003%) seek treatment for gender dysphoria at specialized clinics (Bakker, van Kesteren, Gooren, & Bezemer, 1993; Cohen-Kettenis & Gooren, 1999). Yet these numbers likely are significant underestimations of the number of adults who experience some form of gender dysphoria. The majority of individuals with gender dysphoria never seek treatment. This is likely due, at least in part, to the stigma that is associated with any gender variation.

What causes gender dysphoria?

The exact cause of gender dysphoria remains unknown. Researchers have been trying to understand how much of gender identity is the result of nature (biological influences) or nurture (social or environmental influences). There is evidence to suggest that both have a role. For example, studies suggest that genetic factors and the hormonal environment of the foetus may have an effect on gender identity. However, gender identity also appears to be shaped by the environment in which a child is raised. Indeed, we generally socialize children in gendered behaviour from birth.

It is important to note that many gender-variant people are comfortable with their gender identity, would not meet criteria for gender identity disorder, and never seek treatment.

Indeed, although gender dysphoria has been viewed as a mental health issue in recent history, it was not always this way. Recorded history includes many descriptions of people, from a range of cultures, who did not fit into the simple categories of male or female. In some cases these people were highly regarded and viewed as holy by virtue of their insight into both female and male worlds. It is important to remember that the idea of two opposite sexes may be a recent, Western idea.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., Text Revision). Washington, DC: Author.
- Bakker, A., van Kesteren, P. J., Gooren, L. J., & Bezemer, P. D. (1993). The prevalence of transsexualism in The Netherlands. *Acta Psychiatrica Scandinavica*, *87*, 237-238.



Cohen-Kettenis, P. T., Delemarre-van de Waal, H. A., & Gooren, L. J. G. (2008). The treatment of adolescent transsexuals: Changing insights. *Journal of Sexual Medicine*, 5, 1892-1897.

Cohen-Kettenis, P. T., & Gooren, L. J. G. (1999). Transsexualism: A review of etiology, diagnosis, and treatment. *Journal of Psychosomatic Research*, 46, 315-333.

Meyer, W., Bockting, W. O., Cohen-Kettenis, P., Coleman, E., DiCeglie, D., Devor, H., et al. (2001). The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, 6th version. *Journal of Psychology and Human Sexuality*, 13, 1 – 30.

Resources

- *Canadian Professional Association for Transgender Health (CPATH)*. CPATH is an interdisciplinary professional organization devoted to the health care of individuals with gender variant identities. www.cpath.ca
- *Gender Identity Clinic at the Centre for Addiction and Mental Health*. This Toronto-based clinic provides consultation and counselling services to individuals who wish to explore issues related to cross-dressing or transgendered expression. www.camh.net/Care_Treatment/Program_Descriptions/Mental_Health_Programs/Gender_Identity_Clinic/
- *Intersex Society of North America (ISNA)*. ISNA provides resources for clinicians, parents, and affected individuals regarding disorders of sex development (previously known as intersex conditions; this refers to individuals whose sex development differs from that of the average boy or girl). www.isna.org
- *Sherbourne Health Centre*. A Toronto-based health care centre that provides programs and health care services for the transgender community. www.sherbourne.on.ca/programs/transhealth.html
- *Trans Programming at the 519*. The 519 is a Toronto-based community centre that provides programs specific to the sexual-minority (lesbian, gay, bisexual, queer) and transgender communities. The trans programs provide a range of services for lower income, marginalized, and street active people. www.the519.org/programsservices/transprograms
- *Vancouver Coastal Health Transgender Health Program*. This Vancouver-based program helps transgender individuals find trans-positive health and social services. <http://transhealth.vch.ca>
- *World Professional Association for Transgender Health (WPATH; formerly known as the Harry Benjamin International Gender Dysphoria Association)*. WPATH is an international multidisciplinary professional association devoted to promoting evidence-based care for transgender health. WPATH provides ethical guidelines concerning the care of individuals with gender dysphoria as well as a membership directory and resource lists. www.wpath.org

Where can I get more information?

You can consult with a registered psychologist to find out if psychological interventions might be of help to you. Provincial, territorial and some municipal associations of psychology often maintain referral



services. For the names and coordinates of provincial and territorial associations of psychology, go to <http://www.cpa.ca/public/whatisapsychologist/PTassociations/>.

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Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: factsheets@cpa.ca

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