

CHANGES IN GENDER IDENTITY DIAGNOSES IN THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS

The psychiatric categorization of gender-variant behavior and identity has evolved since the introduction of gender identity disorder (GID) of children (GIDC) and transsexualism in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) (Am. Psychiatr. Assoc. 1980). The DSM-IV (Am. Psychiatr. Assoc. 1994) eliminated the nontranssexual type subcategory of GID [added to the DSM-III-R (Am. Psychiatr. Assoc. 1987)] and combined diagnoses of GIDC and transsexualism into GID. Because of critiques regarding the limitations and stigmatization of GID (see Cohen-Kettenis & Pfäfflin 2010), the DSM-5 (Am. Psychiatr. Assoc. 2013) introduced gender dysphoria in its place (with separate criteria for children and adolescents/adults).

Among other improvements, the adoption of gender dysphoria reflected (a) a shift away from inherently pathologizing the incongruence between one's natal sex and gender identity toward a focus on the distress associated with this discordance, and (b) recognition of a gender spectrum with many gender identities and expressions (see Zucker 2014). Despite advances, many argue that diagnoses unduly label and pathologize legitimate and natural gender expressions (Drescher 2014). Others voice concerns that the loss of a gender identity diagnosis altogether might restrict or eliminate insurance coverage of affirming medical services, including body modification and hormone treatment.

SUPPORTING YOUTH THROUGH COMING OUT

Coming out is associated with positive adjustment for adults, yet for youth, coming out is often a risk factor for discrimination and victimization. Can coming out be healthy, despite the risks?

It is developmentally normal for youth to develop an understanding of sexual orientation and identity. Today's youth come out at younger ages than ever before. Prior cohorts came out as adults and young adults, often after they were financially and legally independent, and at a different stage of life experience and maturity.

When a young person is ready to come out, many adults may think, "Can't you wait...?" Yet they never ask a heterosexual youth to wait to be straight. Adults worry for the well-being and safety of youths who come out.

The role of adults is to support youth to think carefully about how they come out. Rather than come out through social media or to many people at once, youth should be encouraged to identify one or two supportive friends, adults, or family members to whom they can come out. Beginning with people they trust, they can build a network of support, which can be leveraged if they experience rejection as they come out to others.

SUMMARY POINTS

1. Contemporary youth come out as LGBT at younger ages than in prior cohorts of youth.
2. Younger ages of coming out intersect with a developmental period characterized by concerns with self-consciousness, conformity, and peer regulation.
3. Coming out is typically stressful for LGBT youth but is also associated with positive mental health, especially over the long run.
4. LGBT mental health must be understood in the context of other salient personal identities: gender, ethnic, cultural, and religious.
5. Significant advances in knowledge of policies and practices have created supportive school environments and contributed to positive mental health for LGBT youth.

FUTURE ISSUES

1. Significant gaps remain in knowledge of clinically proven models for reducing mental health problems and promoting mental health in LGBT youth.
2. Serious gaps remain in knowledge regarding mental health for transgender youth.
3. Strong evidence indicates that bisexual youth have higher rates of compromised mental health, and more research and theory are needed to understand these patterns.
4. Intersectional approaches are needed to better understand the interplay of sexual orientation and gender identity with race and ethnicity, social class, gender, and culture.

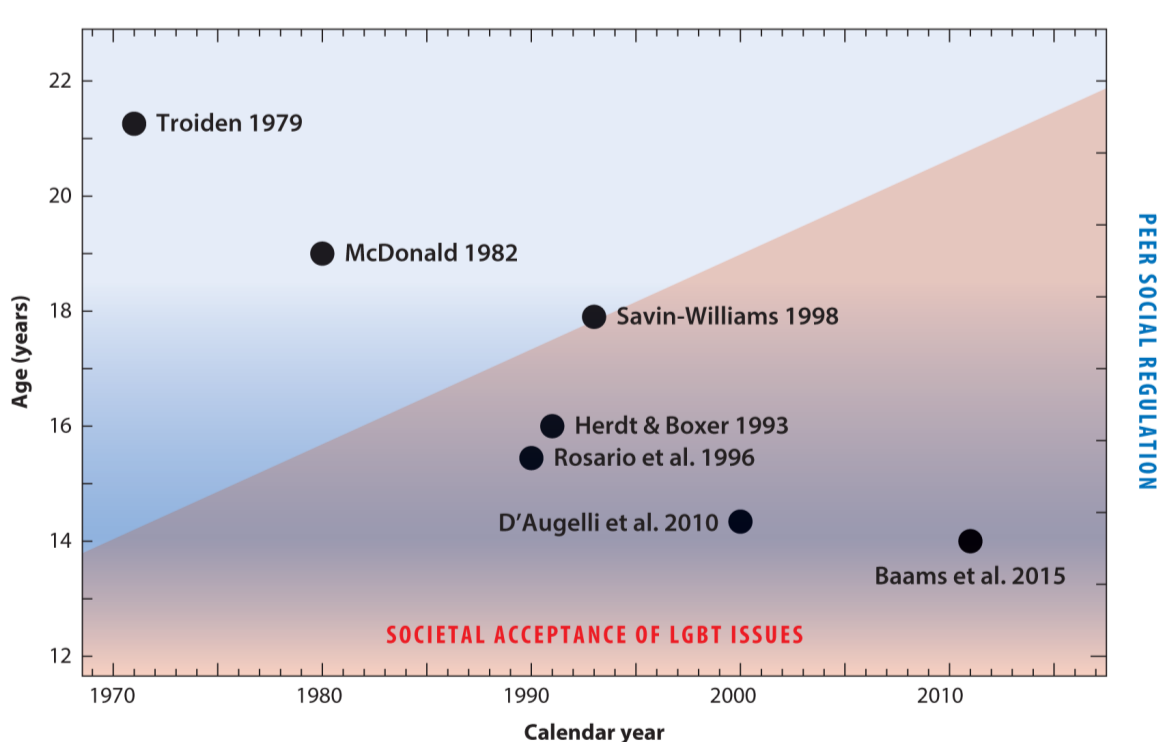


Figure 1.

Historical trends in societal attitudes, age trends in peer attitudes, and the decline in ages at which lesbian, gay, and bisexual (LGB) youth come out. Circles (with associated publication references) indicate approximate average ages of first disclosure in samples of LGB youth at the associated historical time when the studies were conducted.

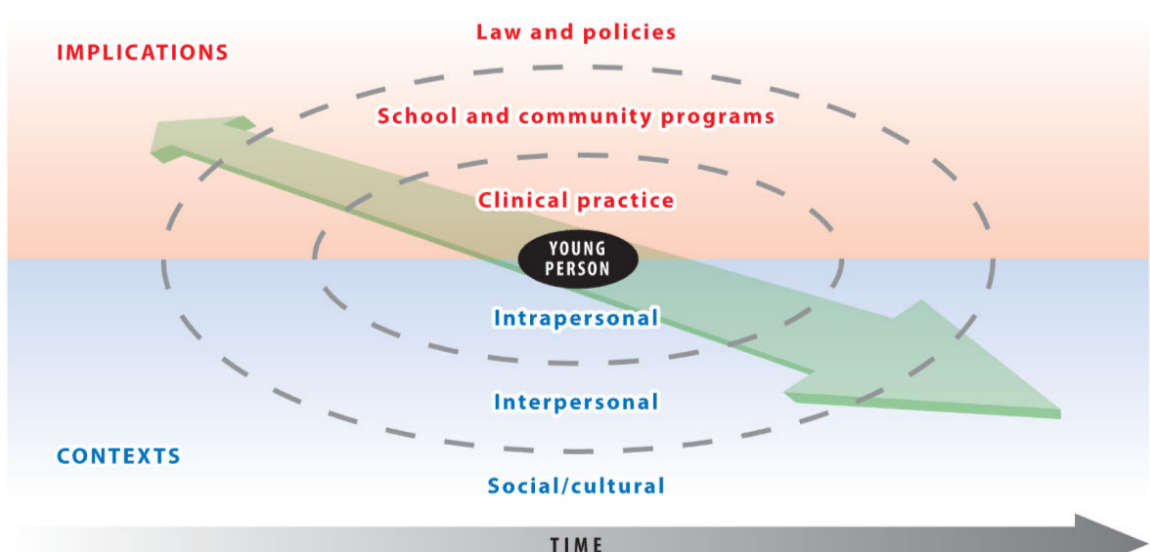


Figure 2.

Conceptual model of contextual influences on lesbian, gay, bisexual, and transgender (LGBT) youth mental health and associated implications for policies, programs, and practice. The arrow along the bottom of the figure indicates the historically changing nature of the contexts of youth's lives. Diagonal arrows acknowledge interactions across contexts, thus recognizing opportunities for promoting LGBT youth mental health at policy, community, and clinical practice levels.