UNDERSTANDING YOUR DIAGNOSIS

Gender Dysphoria

Also called Gender Dysphoria

This diagnosis names the distress of living in a body or a role that does not fit you. It is not a diagnosis of who you are.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 200 US adults	Childhood or at puberty	Yes - affirming care helps	1.6 million trans Americans

What this is

- Being transgender or gender diverse is not a mental illness. Your identity is not a symptom, and it does not need curing.
- This diagnosis names the distress that can come from living in a body or a role that does not match who you know you are.
- It largely exists for a practical reason: a written diagnosis is what unlocks care and gets insurance to pay for it.
- The world's other main manual, **ICD-11**, renamed this gender incongruence and moved it out of the mental disorders chapter.

What it can look and feel like

- There is a steady gap between the gender you know yourself to be and the one you were assigned at birth.
- Certain parts of your body feel wrong to you: your chest, your voice, facial hair, periods, or your body shape.
- The wrong name or pronouns land hard, and hearing the right ones is a physical relief you can feel in your shoulders.
- Puberty made everything sharper, turning something you could live around into something you could not live with.
- You avoid mirrors, photos, swimming, changing rooms, or doctors, because those moments force the mismatch into view.
- Low mood, anxiety, or self-harm can sit on top, usually coming from how you are treated rather than from who you are.
- You feel most like yourself in the name, clothes, and role that fit, even if you have only tried it in private so far.

What is happening in your brain and body

- Gender identity is partly built in. Twin studies suggest genes account for roughly **30 to 60 percent** of it.
- Hormones before birth shape gendered behavior, which is one reason identity is not something anybody picks or is taught.
- There is no blood test or scan for gender identity. You are the only reliable source of information about who you are.
- Hormone treatment makes real physical changes, and studies show distress and low mood ease a lot alongside them.
- If you take hormones, your team checks bone strength, blood counts, cholesterol, and clot risk. That is routine safety care.

What can make it more likely

- Nobody chooses this, and no parent causes it. It is not the result of trauma, upbringing, the internet, or your friends.
- Most extra depression and anxiety comes from minority stress: the daily wear of stigma, rejection, and discrimination.
- Family acceptance is the strongest protective factor there is. It lowers rates of depression and suicide attempts sharply.
- Using your name and pronouns in even one setting is linked to much lower suicidal thinking among young people.

What to expect

- Distress usually eases with support and affirming care. Many people go on to live full, ordinary, unremarkable lives.
- Social steps often come first and are reversible: name, pronouns, clothes, hair, documents. You set the pace yourself.
- There is no single required path. Some people want hormones or surgery, some want neither, and you can change your mind.
- Care follows **WPATH SOC-8**, international standards built on informed consent rather than on gatekeeping.

What helps

Treatment works. Most people get better.

Talking therapies

- **Gender-affirming therapy** explores who you are with no set destination. It never tries to change your gender identity.
- So-called conversion or reparative therapy does not work, causes real harm, and is rejected by every major medical body.
- **Cognitive behavioral therapy** and **DBT** help with low mood, anxiety, and self-harm, and build ways to ride out hard days.
- Family therapy that moves parents from rejection toward acceptance is one of the highest-value things a young person can get.
- Peer groups, online or in person, cut isolation fast. Being around people who already understand changes the weather.

Medicines

- **Puberty blockers** pause puberty in young teens and buy time to decide. Their effects are largely reversible when stopped.
- **Estrogen**, usually with a blocker medicine, brings softer skin, breast growth, and body changes over months to years.
- **Testosterone** deepens the voice, grows facial and body hair, stops periods, and shifts fat and muscle over time.
- Ask about fertility options before you start, since these treatments can affect having biological children later on.
- Doses are always set with your prescriber, with blood tests along the way to keep everything in a safe range.

Everyday things that help

- Social transition is treatment, not a rehearsal. Name, pronouns, clothes, hair, and documents genuinely reduce distress.
- Voice therapy, hair removal, chest garments, and prosthetics handle things that hormones on their own will not change.
- If you bind or tuck, learn the safe way: proper products, regular breaks, and never tape or elastic bandages.
- Find your people. Trans-led community groups, and PFLAG for your family, both make the harder days easier to carry.
- Keep a list of clinics, therapists, and pharmacies known to be affirming. A good list saves many hard conversations.

Get help right away if

- If you think about ending your life, call or text **988** now, or go to the nearest emergency room.
- Trans Lifeline is peer-run by trans people at 877-565-8860, and The Trevor Project supports LGBTQ+ youth.
- New chest pain, trouble breathing, or swelling in one leg while on estrogen needs emergency care now.

Questions to ask your care team

- *What are my options, and what does each one change or not change?*
- *Do I need a letter or a referral, and can you help me get one?*
- *What will my insurance cover, and what will this cost me?*
- *Can you help me find affirming care if I move or travel?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.