ABSTRACT: Gender Identity Disorder and DSM-V

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Developmental Sexuality
Five Pillars of Sexuality:
- Early attachments as the basis for later intimacy and love relationships (Mother-Infant relationship as the prototype of all future relationships)
- Sexual Identity (genital) at birth and the child’s congenital Level of Arousal
- Gender Self-Identity and role as a continuum
- Sexual Orientation as a continuum
- Love Relationships

Diagnostic Issues for Gender Dysphoria

- Is it a Symptom?
- Is it a Trait?
- Is it a State?
- Is it a Disorder?
  - Of Self?
  - Of Gender?
- Is it a Syndrome?
  - Part of a larger complex, e.g., transgendered?

As of May 3, 2011 the work group for DSM-V on Gender Identity Disorders has gone through two iterations changing the name of diagnosis...

FROM:
- Gender Identity Disorder
- DSM-III, DSM-III-R
- DSM-IV, DSM-IV-TR

TO:
- Gender Incongruence
- Gender Dysphoria
- DSM-V work group 2010
- DSM-V work group 2011

These changes do little to address the substantive issues other than keeping open the possibility that assigning a medical diagnosis will make reimbursement for medical procedures possible for some Transgendered patients who wish to have insurance pay for their hormones and medical procedures for their anticipated surgeries. So in DSM-V Gender Dysphoria will be medical diagnosis and a psychiatric diagnosis and this will not resolve the inherent problems in medicalizing a non-medical condition. It may turn out that gender dysphoria is similar to homophobia and reflects dysphoria in the family versus the child, that is transgenderphobia.