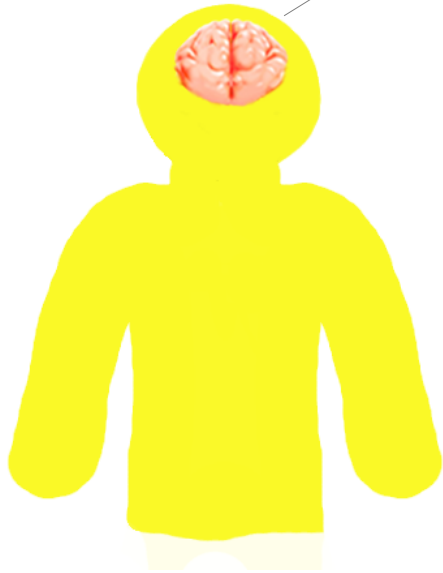


Gender Dysphoria

There can be a **mismatch of brain and body** due to development before birth, **making for a permanent signal** that **parts of the body should be different**, that **hormone levels should be different**, and that **people should be seen and addressed differently**. **This mismatch can be along a spectrum**. The current international criteria for gender dysphoria, accepted by medical councils worldwide, reflect this.



permanent installation of a body map making for a permanent signal that parts of the body should be different

- a signal of phantom parts
- a signal that parts should not be there or they should have another form
- much stronger than only general unease with the body, like a permanent warning lamp
- only proven remedy after centuries of trials (including human rights violations like suppression therapies and lobotomies etc.) is to adapt the body

permanent preference of hormones

- a signal of a fever like impression on the wrong hormone
- symptoms of not wanting to be in the body up to strong disassociation
- all of those go back after switching to hormones of the gender people identify with

social preferences

- needing to be seen and addressed as the gender people identify with

Since this development is permanent and a mismatch only affects those who have it, it can not spread randomly. But those who have this condition need the accepted treatment, which is transition as far as each person needs. It can be one of the most straining conditions present because people get a signal that things are wrong on a number of levels. A very high rate of self harm before treatment reflects this. After treatment people are able to function like other members of society.

A body map is visible when every person has development not associated with the gender they identify with :

- symptoms like facial hair should not be there for women (i.e. what women with hirsutism / strong facial and body hair growth report)
- and that breasts etc. should not be there for men (what men with gynecomastia / breast growth report)

There is a permanent preference of hormones, it is not possible to take hormones randomly :

A.Vitale 2003 :

"This becomes evident in the fact that within days or weeks ..., dysphoric individuals exhibit markedly lower anxiety. This procedure is so reliable that it is the second step in the triadic treatment plan described in the (HBIGDA) Standards of Care. (W. Meyer, et al.,2001). Hormonal treatment is considered both a verifier of gender dysphoria and a treatment. Further, as treatment continues, the resulting cross-sex feminization or masculinization typically reduces and eventually eliminates the anxiety entirely (W. Meyer, et al.,2001)."

Treatment for adolescents starts with blockers first. They prevent changes that could lock trans persons into a cycle of anxiety due to body changes that may later be hard to reverse. Before puberty treatment is only social (changes to presentation etc.).

The opposite is also true. People who do not have this condition and are given cross-hormonal treatment are likely to have increased issues as described. **It is not possible to "make a person trans"**.

Further examples: one treatment for prostate cancer are estrogen injections in men to suppress production of testosterone, there is a feedback loop in the body. A known side effect can be serious depressions. And a small number of persons found out this way that they are trans. Instead of being depressed, an already existing depression lifted and they never felt better in their life.

<https://www.nytimes.com/2018/10/22/health/transgender-trump-biology.html>

Some of the most compelling evidence for the idea of gender identity being hard-wired into the brain comes from medical reports on people who were born in the 1950s and 1960s with birth defects involving their genitals. Doctors thought the humane solution, to spare such children from being ostracized, was to perform surgery to make them one sex or the other.

Since it is easier for surgeons ..., most of these babies were made female. Their parents were advised to raise them as girls and never to tell them about their condition at birth. **The general belief was that their upbringing — a triumph of nurture over nature — would make them truly female.**

The idea was a failure. As they matured, many had a clear sense that they were male. According to a study of 16 of them, more than half wound up identifying as male.

"... failing with so many is catastrophic," Dr. Safer said in an email.

Of all the information on gender identity, he said that to medical experts, the studies on those cases provide the strongest evidence that gender identity has deep biological roots.

<https://www.ncbi.nlm.nih.gov/pubmed/19403051>

During the intrauterine period the fetal brain develops in the male direction through a direct action of testosterone on the developing nerve cells, or in the female direction through the absence of this hormone surge. In this way, our gender identity (the conviction of belonging to the male or female gender) and ... orientation are programmed into our brain structures when we are still in the womb. However, since ... differentiation of the genitals takes place in the first two months of pregnancy and ... differentiation of the brain starts in the second half of pregnancy, these two processes can be influenced independently, which may result in transsexuality. This also means that in the event of ambiguous sex at birth, the degree of masculinization of the genitals may not reflect the degree of masculinization of the brain. There is no proof that social environment after birth has an effect on gender identity or ... orientation.

<https://pubmed.ncbi.nlm.nih.gov/19473181>

A 2010 meta-study, based on 28 previous long-term studies of ... men and women, found that the overall psychological functioning of ... people after transition was similar to that of the general population and significantly better than that of untreated ... people.

Before treatment :

<https://williamsinstitute.law.ucla.edu/wp-content/uploads/Transgender-Suicide-Sept-2019.pdf>

40.4 percent reported attempting suicide at some point in their lifetimes

Respondents with disabilities ...more likely to have attempted suicide in their lifetime (54%)

J.Serrano

Sometimes people discount the fact that trans people feel any actual pain related to their gender. Of course, it is easy for them to dismiss gender dissonance: It's invisible and (perhaps more relevantly) they themselves are unable to relate to it. These same people, however, do understand that being stuck in a bad relationship or in an unfulfilling job can make a person miserable and lead to a depression so intense that it spills over into all other areas of that person's life.

These types of pain can be tolerated temporarily, but in the long run, if things do not change, that stress and sadness can ruin a person. Well, if that much despair can be generated by a forty-hour-a-week job, then just imagine how despondent and distressed one might become if one was forced to live in a gender that felt wrong for twenty-four hours a day, seven days a week.

Unlike most forms of sadness that I've experienced, which inevitably ease with time, my gender dissonance only got worse with each passing day. And by the time I made the decision to transition, my gender dissonance had gotten so bad that it completely consumed me; it hurt more than any pain, physical or emotional, that I had ever experienced.

It can be dangerous to wait that long due to possible bouts of dysphoria that can lead to self harm, having treatment earlier is preferable.

<https://www.timesunion.com/local/article/Transgender-By-the-numbers-2342726.php>

There are nearly 700,000 transgender individuals in the U.S., or 0.3% of the adult population.

<http://www.ncbi.nlm.nih.gov/pubmed/24872188>

An analysis of all applications for reassignment surgery in Sweden, 1960-2010: **prevalence with a regret rate of 2.2 percent.**

For comparison Lasik has a regret rate of 5.5 percent.

The majority, which are thousands, is satisfied with having treatment.

<https://doi.org/10.1007/s11606-015-3529-6> Padula, W. V., Heru, S. & Campbell, J. D. (2016).

Societal implications of health insurance coverage for medically necessary services in the U.S. transgender population: A cost-effectiveness analysis.

Journal of General Internal Medicine, 31(4), 394-401.

The budget impact of this coverage is approximately \$0.016 per member per month. Although the cost for transitions is \$10,000–22,000 and the cost of provider coverage is \$2175/year, these additional expenses hold good value for reducing the risk of negative endpoints —HIV, depression, suicidality, and drug abuse. Results were robust to uncertainty. The probabilistic sensitivity analysis showed that provider coverage was cost-effective in 85 % of simulations.

Conclusions:

Health insurance coverage for the U.S. transgender population is affordable and cost-effective, and has a low budget impact on U.S. society. Organizations ... should consider these results when examining policies regarding coverage exclusions.