



The SAGE Encyclopedia of Trans Studies

ICD

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The International Classification of Diseases (ICD, in full the International Classification of Diseases and Related Health Problems) is a diagnostic tool published and periodically revised by the World Health Organization (WHO). ICD is the most comprehensive and widely used diagnostic manual, freely available on the Internet, and used for multiple purposes connected with the delivery of health services worldwide. ICD-11, the first revision since 1992, was approved by the World Health Assembly (WHA), WHO's governing body, in May 2019.

Many trans people (persons identifying in a gender other than that generally expected on the basis of their birth-assigned sex and therefore experiencing a gender incongruence) seek gender-affirming health care. In most health care systems worldwide, a diagnosis provides a degree of access to those types of health care. Relevant trans diagnoses have been a relatively recent development in ICD.

History of Gender Diversity Diagnoses in ICD

Early ICD Revisions

Trans-related diagnostic categories were absent from early revisions of ICD. ICD-8 (1965) introduced a diagnostic category called transvestitism, classified as a sexual deviation, itself in a chapter on neuroses, personality disorders and other nonpsychotic mental disorders. By 1975, the same chapter in ICD-9, in a similarly named section called sexual deviations and disorders, had introduced a diagnosis called transsexualism, clearly distinguished from a slightly renamed transvestism diagnosis. Transsexualism itself was divided into several subcategories, according to the sexual orientation of the person being diagnosed (homosexual, heterosexual, asexual, or unspecified).

ICD-10

It was in 1992 with ICD-10 that WHO recognized that a person's gender incongruence is largely unrelated to sexual orientation or behavior. ICD-10 created a group of gender identity disorder diagnoses, located within a block of diagnoses called disorders of adult personality and development, themselves in a chapter on mental and behavioral disorders. The key gender identity disorder diagnosis was transsexualism, defined as wishing to live and be recognized as being of the "opposite" sex, usually with feelings of discomfort or inappropriateness about one's sexual anatomy, and a desire for hormonal or surgical treatments to change one's body. Other diagnostic categories were dual role transvestism (for individuals seeking temporary experiences of being the "opposite sex" without wanting medical treatment) and two residual categories of gender identity disorder (unspecified and other) for use when the other two categories did not fit. Importantly, ICD-10 also introduced a diagnostic category for children below puberty (gender identity disorder of childhood), this despite the name of the block in which all these diagnoses were located.

ICD-10 remained in use for 27 years. Collaborative research by WHO and the World Psychiatry Association indicated that by 2011, ICD-10 was used on a daily basis worldwide by more psychiatrists than any other diagnostic manual, including the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association. Over these three decades, the social, scientific, and medical understanding of the trans experience grew substantially. Successive revisions of DSM to some extent reflected that growing understanding. In 2013, while WHO was engaged in revising ICD, the American Psychiatric Association published DSM-5, in which the gender identity disorder diagnoses (which pathologized gender incongruence) were replaced with Gender Dysphoria (which rather pathologized the distress and discomfort that might be associated with that incongruence). Meanwhile, ICD-10 remained largely unchanged, conceptualizing the trans experience as disorder threefold—a gender identity disorder, one of the disorders of adult personality and behavior—in a chapter on mental and behavioral disorders.

ICD-11

ICD-11 was approved by the WHA in May 2019. The revised manual contains substantial changes in

the way in which the trans experience is conceptualized. First, the relevant diagnoses are relocated from the mental disorders chapter to a new chapter on conditions related to sexual health (consistent with a broad WHO definition of sexual health). Second, the gender identity disorders are renamed as gender incongruence—specifically, gender incongruence of adolescence and adulthood (GIAA); gender incongruence of childhood (GIC), for children below puberty; and gender incongruence (unspecified), a residual category. Third, the gender incongruence diagnoses are described in a way that explicitly refers to an incongruence between experienced gender and assigned sex and therefore extends to those who identify outside the gender binary. This stands in contrast to the old ICD-10 diagnosis of transsexualism (with its reference to individuals wishing to live and be accepted as “the opposite sex”).

A fourth development concerns the GIC diagnosis, for which the diagnostic description makes clear that a child’s atypical gendered behavior and preferences are not in themselves sufficient for a diagnosis. A corresponding observation was notably absent from ICD-10’s text on gender identity disorder of childhood.

Reactions to ICD-11

Clinicians, trans community members, and others have overall celebrated ICD-11’s move to “de-psychopathologize” the trans experience (at least for adolescents and adults), to remove the relevant diagnoses from the mental disorders section, and to reclassify gender incongruence as a condition related to sexual health. It is widely thought that this shift can reduce trans stigma and improve access to gender-affirming health care worldwide. There have been lobbying efforts aimed at a similar de-psychopathologization in DSM—moves that, if successful, would likely lead to the removal of trans diagnoses from the main text of DSM altogether (perhaps with relegation to a section on other conditions that may be a focus of clinical attention).

Reactions to the GIC diagnosis have been more mixed. Although many clinicians and researchers argue that the diagnosis is justified on clinical grounds, others, including trans community organizations worldwide, argue that young children below puberty who are exploring their sense of self, developing an identity, and becoming comfortable expressing that identity should not be regarded as having a medical condition.

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See also [DSM](#); [Gender Affirmative Model](#); [Gender Binaries](#); [Gender Dysphoria](#); [Medicine](#); [Nonbinary Genders](#); [Social Transition](#)

Further Readings

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