Ryan

Gender Dysphoria

Abnormal Psychology

I. Abstract

Those diagnosed with gender dysphoria count themselves among the largely diverse transgender community. Gender dysphoria is a treatable disorder that occurs when an individual's gender identity doesn't match what was assigned to them at birth. While the causes of gender dysphoria are largely unknown, there are several theories out there, and there has been some research done to support gender dysphoria as a legitimate sexual differential disorder that affects the individuals' brain. Multiple treatment options are available for the disorder. One of the treatment options for gender dysphoria is all around more successful than the other, but it also tends to be viewed by the general public as controversial. Due to rejection, often by parents/guardians, friends and peers, the suicide rate for transgender people tends to be high, but those that choose the controversial treatment of transitioning, to become outwardly their perceived gender, are usually more content and happy with their lives in the end.

II. The Etiology(ies) of the disorder

It isn't entirely known what causes gender dysphoria. There are many theories among psychologists and scientists alike. Studies have been done, but there hasn't been enough evidence to point towards psychosocial factors in causing gender dysphoria (Gooren 2011). One such study on psychological factors contributing to gender dysphoria was done by psychologist John Money. In this study a young natal boy by the name of Bruce had a botched circumcision; Money convinced the parents to raise Bruce as a girl and they chose to rename Bruce to Brenda. Although Money claimed this transformation to be a success, years later Bruce and his family when interviewed remembered things differently than Money would have had the general public believe:

> As a child, Brenda's behaviour had occasionally been described as 'feminine', the two authors found, but more often she was portrayed as a 'tomboy', who preferred her brother's toys to her own and was more likely to imitate her father than her mother. Although she had never been told of her history, by around age ten a sense that she was not really a girl had begun to take shape. (McCredie, 2011 p. 95)

Bruce, who was born physically male, but raised to be female, rejected this in his teens when he finally began to transition back his birth sex. Deep down, Bruce knew his true gender and that couldn't be changed no matter the socialization (McCredie 2011). Tales so similar to this one are heard all too often within the transgender and intersex communities.

There has been a small study done, postmortem, on people who were assigned male at birth but living as women. When compared, certain parts of their brains were congruent to those of natal women. The parts of the brain that appeared congruent were the bed nucleus of the stria terminalis and the hypothalamic unicinate nucleus (Gooren 2011). On the other hand, some researchers believe that the prenatal hormones in the womb could also be the cause of gender dysphoria. The androgens released into the womb during pregnancy affect areas of the brain that determine gender (Van Vollenhoven & Els, 2013).

III. The Symptoms of the disorder

The symptoms suffered by adults and adolescents differ from those suffered by children, although all of these symptoms are related to gender. Symptoms in adolescents and adults tend to be centered on the secondary sex characteristics. These include an individual wanting to change their secondary sex characteristics and/or obtain the sex characteristics of their gender identity. In adolescents it is wanting to prevent the secondary sex characteristics from changing their body and obtaining those of their gender identity. In adults there's an incongruence between their gender identity and their secondary sex characteristics. For example, someone of the female birth sex who has secondary sex characteristics, but perceives themselves as a man. They want to be the gender they perceive themselves as and be treated as that gender. Gender dysphoria in adults and adolescents is often accompanied by distress and impairment which generally affects their social lives in some way. This distress and impairment varies by

individual, but often involves anxiety and/or depression. The core component is that individuals with gender dysphoria are not comfortable as the gender assigned to them at birth and often experience distress over it that affects their day to day lives. These symptoms must be ongoing for up to six months before these individuals can receive the diagnosis of gender dysphoria (American Psychiatric Association 2013).

Gender dysphoria in children manifests itself by how the child views him or herself. These children strongly express wanting to be or believing that they are the gender opposite of what they were assigned at birth. They often have a strong dislike of their anatomy. There's often a strong preference for cross-gendered clothing and toys. Playmates of their own perceived gender tend to be preferred rather than those of their gender assigned at birth. In fantasy games, they are likely to take on cross-gendered roles. They often have a desire for the primary and/or secondary characteristics of their perceived gender. Lastly, like adults and adolescents, there's usually some form of distress and impairment that affect their day to day lives. Like with adolescents and adults, these symptoms must have been occurring for up to six months before they can be diagnosed with gender dysphoria (American Psychiatric Association 2013).

IV. The Treatment Plan/Course

There are two different routes of treatment for gender dysphoria. One involves therapy that tries to cure the gender dysphoria and make the individual comfortable as their birth gender. On the other hand the other treatment involves eliminating the dysphoria by having the person live as their perceived gender (Gijs & Brewaeys, 2007).

This typically involves socially transitioning, but may or may not involve medically transitioning through the use of hormone therapy and reassignment surgeries. The latter of the two treatments tends to be considered more controversial among the general populace, however the former treatment doesn't often work well.

In all cases it is highly recommended that individuals seek the help of a health care professional. Depending upon the urgency and symptoms shown by adolescents, hormone suppressants might be considered (Hembree et al., 2009). If a person is given the diagnosis of gender dysphoria it is generally up to that person on what treatments they would like to go with. Not everyone who has gender dysphoria decides to transition to the gender they perceive themselves as for a multitude of reasons. These reasons stem anywhere from their own values to fear of rejection.

Later on, if the individual has decided to transition to their perceived gender, they have the opportunity to start hormone replacement therapy and/or have sex reassignment surgeries done to align their body with their mind. These surgeries vary depending on what the individual wants and whether they're male to female or female to male (Gijs & Brewaeys, 2007). It is worth noting that adolescents and children, even with the permission from a guardian may not receive any reassignment surgeries until the age of 18 (Hembree et al., 2009). Though, adolescents may start hormone replacement therapy before the age of 18. This varies by state, however.

a. Therapies

People with gender dysphoria more often than not seek help from gender therapists or in the case of children sometimes pediatricians who have knowledge in gender issues. Therapy sessions equate to having an assessment done to determine whether or not a person has gender dysphoria (Hembree et al., 2009). Once established that the client does, with the guidance of the therapist, it is up to the client or the client's guardians on what form of treatment they wish to take. Clients can either pursue therapy to "cure" their gender dysphoria or treatment to eliminate their gender dysphoria. Again, the rate of success doesn't tend to be very high for those that try to cure their gender dysphoria (Gijs & Brewaeys, 2007).

b. Medications

Those who decide to transition have the choice to undergo hormone replacement therapy. Although, it varies per state, adolescents must wait until around the ages of 14 to 17 to begin hormone therapy, and must have parental consent. Endocrinologists will usually place adolescents on hormone blockers however, until they reach the age in which they can consent (Hembree et al., 2009). The hormone replacement therapy can be achieved through various means. Depending upon insurance, costs, and from which birth gender they're transitioning from, hormones can be taken via injections, pills, gels, creams and even pellets.

Female to males who wish to pursue hormone replacement therapy usually need to only take testosterone. Eventually the testosterone overcomes and lowers the estrogen levels considerably. Male to females on the other hand usually must take some form of

testosterone blockers alongside their estrogen. Before obtaining these hormones, endocrinologists are supposed to go over the risks and irreversible changes that accompany them. Sometimes however, someone may be unable to start hormone replacement therapy due current or previous medical related problems (Hembree et al., 2009). While taking these medications, individuals must have blood work done to check their hormone levels every 3 to 6 months, depending upon how long they've been on hormones.

c. Individual and/or Group Sessions

Group therapy sessions for people with gender dysphoria aren't generally lead by a therapist. Group sessions are more often than not created and run by individuals with gender dysphoria, themselves. These groups try to make their sessions a safe space for everyone involved. At the start of each session, members of the group introduce themselves and provide the pronouns they wish to go by. Generally the topics up for discussion revolve around living with gender dysphoria and society.

d. Self – help Organizations

There are a number of self – help organizations for people with gender dysphoria, among the surprisingly many support websites out there. Some of these organizations provide help to specific people, such as female to males or male to females (Jacques 2012). Recently, in the last year, one of the first suicide hotlines for trans people, or people with gender dysphoria opened its doors to the community (Kellaway 2014). This is a large step for the community, as most people who work suicide hotlines are not

trained on how to handle people calling in regards to suicidal thoughts brought on by gender dysphoria. With the help of this hotline, more lives may be saved.

V. The Prognosis of the disorder

In conclusion, the prognosis of this disorder can be good or bad depending upon how it's treated. Individuals who wait until adulthood to seek treatment sometimes develop another disorder, such as social anxiety, generalized anxiety and/or depression among other things. Sometimes these disorders are merely symptoms of gender dysphoria and go away in time after transitioning. Although some people decide to seek therapy to either cure their gender dysphoria or help themselves become more comfortable in their bodies, this form of therapy often isn't successful. On the other hand, those who seek treatment in adolescence and have supportive guardians tend to be healthier psychologically speaking (Mizock, Mougianis, & Meier).

When met with resistance from the people who are supposed to support them, many people with gender dysphoria can succumb to depression, anxiety, and even suicide. In 2009 between 19 to 25% of people with gender dysphoria were reported to have attempted suicide (Haas et al., 2010). Those rejected by their parents or guardians and/or bullied are more likely to self harm, develop body image issues, abuse substances, and even attempt suicide (Mizock, Mougianis, & Meier). Time and time again, those with supportive family and friends are more successful in regards to treating their gender dysphoria. Although it varies from person to person, just simply socially transitioning can help keep a person's gender dysphoria at bay. Without any treatment,

the person's risk of suicide increases. Those who chose to fully or even partially transition were more likely to feel happy and content with their lives, than those that chose not to or those who sought treatments to cure their gender dysphoria rather than eliminate it (Gijs & Brewaeys, 2007).

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