

Gender Dysphoria: An Overview

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Abstract

Gender dysphoria is a psychological condition characterized by distress or discomfort experienced by individuals whose gender identity differs from their assigned sex at birth. It aims to offer a foundational understanding of this complex issue. It is a multifaceted and clinically recognized condition that occurs when an individual's emotional and psychological gender identity does not align with their assigned sex at birth. It's important to note that not all individuals with diverse gender identities experience gender dysphoria, but those who do may encounter significant distress, leading to the need for understanding and appropriate care. This paper will provide a concise overview of gender dysphoria, including its prevalence, diagnostic criteria, associated challenges, and potential treatment options.

Keywords: Gender, Dysphoria, Psychological challenges, Diverse

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Introduction

Gender dysphoria is also known and called Gender Identity Disorder. It is the feeling when you're not comfortable with the gender you are assigned with according to the anatomy of chromosomes, and have deep feelings of strangeness, discomfort and no feelings of belongingness with your own self. According to DSM-5 "marked incongruence between their experienced or expressed gender and the one they were assigned." Eg., when you were born you were assigned the gender of a male but you feel deeply like a female from inside. This conflict can lead to severe anxiety, discomfort, depression and many more mental health conditions.

Sometimes people who experience this turmoil are not able to be in agreement with their expressed gender because of rigid societal roles, traditions, it can also lead to relationship issues between family and friends. Also, further rejection from society, unable to accept themselves which can lead to deep sense of shame and guilt which can later on develop into various mental health conditions like depression, anxiety, symptoms of substance abuse, negative well-being, poor self-esteem and even suicidality. In this paper we will know about the history, prevalence, causes, symptoms and briefly the treatment needed with a case study for Gender Dysphoria (Bryant & Beemyn, n.d.; Garg et al., 2022; Gender Dysphoria, 2022).

History of Gender Dysphoria

In DSM- 1 & 2 (Diagnostic and Statistical Manual of Mental Disorders) which were published in 1952 and 1968, there was no diagnosis for gender identity. In 1975, the 9th revision of the International Classification of Diseases (ICD)-921 and, in the DSM-III in 1980, the diagnosis, 'Transsexualism' appeared for the first time under the category of Sexual Deviations. The main characteristics that helped in the diagnosis for this were: (a) discomfort about one's assigned sex; (b) 'cross-dressing,' in real-life or fantasy/in imagination, as the desired sex, but not with goal of sexual excitement; (c) the desire to eliminate one's primary and secondary sex

characteristics and to attain those of the other sex. “Gender Identity Disorder of Childhood” (GIDC) was also included in DSM- III.

In DSM-IV, the diagnoses of Transsexualism and GIDAANT (Of Adolescence and Adulthood Nontranssexual Type) were discontinued, but GIDC (Childhood) and GIDAA were retained and placed under a new category, Sexual and Gender Identity Disorders, that also included the unrelated sexual dysfunctions and paraphilias. Later, the diagnosis was retained by DSM-5, but its name was changed to Gender Dysphoria (GD), at the same time the word “disorder” was removed from its name to stop the stigmatisation and shifting the focus to dysphoria as the target symptom for intervention and treatment. GD was also moved out of the category that included sexual dysfunctions and paraphilias (because both have nothing in common), and into a separate category, also named Gender Dysphoria (Bryant & Beemyn, n.d.; Byne et al., 2018.).

Prevalence in Gender Dysphoria

The prevalence rates range from 0.005% to 0.014% in adult males and from 0.002% to 0.003% in adult females (Rao & Aparna, 2017). The number of people seeking treatment suggest that female-to-male transsexualism has a prevalence of 2.6/100,000 and male-to-female transsexualism has a prevalence of 6.8/100,000 among adults. Surveys based on population suggest that about 0,05% of adults in the general population identify as Transgenders (Gender Dysphoria in Adolescence: Current Perspectives - PMC, 2018).

A study conducted in Kolkata to see the prevalence of Gender Dysphoria in between 2010-2015. Out of the total 73 patients, 55 (75.34%) patients were male-to-female and remaining 18 (24.66%) were female-to-male. Around 11% of GD subjects had practiced cross-dressing. The median age of starting of GD was 9 years, the mean at the presentation was quite late, approx mid 20s due to lack of social and informative support. The study stated that it was difficult for transgenders to express themselves and their sexual identity in their family or in society, only 10.96% of this GD subjects had family support which lead to delayed presentation and delayed endocrine consultation (Sanyal, n.d.).

Causes of Gender Dysphoria

In humans, statistical sex differences in brain structure are well documented, and findings of periods for sexual differentiation of the brain appear to be same as seen in other mammals. This is one of the well-established biological links- Individuals born with Androgen Insensitivity Syndrome (when a person who is genetically male (XY chromosome) is resistant to male hormones, called androgens, which results in the person having some of the physical traits of a woman, but the genotype of a man, this can happen with females too, where they can have excessive body hair, appear to be female at birth but have no uterus or ovaries), they are usually brought up and treated as girls, even though they often cross-dress and have an instinctive sense of belonging to the opposite sex. These changes are more evident during puberty, the same with females is noticed.

Gender Dysphoria has been found to have a higher prevalence in people with psychiatric illnesses such as autism spectrum disorder and schizophrenia. The link between both seems to be neuroanatomical and requires more research.

There is also growing evidence that childhood abuse, physical or sexual abuse maltreatment and neglect, can be associated with it. Individuals reporting higher body dissatisfaction, incongruence and GD have a worse prognosis for mental health. It also may be influenced during childhood because of the interaction of children’s temperament and parents’ qualities and their dynamic relationship ((Byne et al., 2018; Garg et al., 2022).

Symptoms for Gender Dysphoria

Gender Dysphoria in children is seen as repeated verbalization of their preference to be the other gender also behaviours that indicate a strong desire to identify with the other gender, such as strict gender roles that may make or believe, play or a profound part for the dislike towards their sexual anatomy. In both children and adults, feelings of dysphoria must continue for at least six months, to give the diagnosis. Gender dysphoria may start during childhood and continue into adolescence and adulthood, Or the person may have periods or phases in which they no longer experience gender dysphoria. The person might also experience gender

dysphoria around the time of puberty or much later in life ((Bryant & Beemyn, n.d; Gender Dysphoria - Symptoms and Causes, 2022).

Diagnostic Criteria for Gender Dysphoria in Adolescents and Adults according to the DSM-5

An incongruence between an individual's experienced-expressed gender and assigned sex which has been present after, during or the onset of puberty, at least for 6 months. A conflict between one's experienced-expressed gender and primary and/or secondary sex characteristics. There is a strong desire to be of different gender and get rid of one's primary and/or secondary sex characteristics because of the incongruence (or a desire to prevent the development of the anticipated secondary sex characteristics in young adolescents) and the desire for the primary and/or secondary sex characteristics of another gender. There is a desire to be treated as the other gender different from the assigned gender. A strong belief that the person has the typical feelings and reactions of a gender different from one's assigned gender. These feelings and conditions are associated with distress or impairment (maladaptiveness) in social, occupational, or other important areas of functioning that are clinically significant (Byne et al., 2018).

Mental Health Assessment And Treatment

A careful evaluation has been done for the history and psychological outcome of gender-related stigma and abuse, from childhood on, which has shown high rates of violence and bullying experienced by these individuals, also high rates of discrimination, unemployment, homelessness, sex work, and HIV infection. High number of depression, anxiety, and substance use disorders, as well as suicidal ideation and completed suicide are seen. In addition to these mental health issues, the transgender/ gender dysphoric population also display sexually transmitted infections though most are linked to financial issues for care and avoidance of healthcare due to stigma and discrimination in healthcare settings, in addition, most of the times medical professionals are poorly trained to meet their needs (Byne et al., 2018).

The goal of the treatment is not to change how the person feels about their gender rather making them feel comfortable with themselves and achieve the desired comfort. "Talk" therapy with a specialist is a remedy for gender dysphoria. Generally people decide to take steps to bring their physical appearance in line with their desired gender, they also might change the way they dress or choose a different name. There are various treatments included according to the client's need, like - Puberty blockers (to suppress physical changes of puberty), Hormones (to develop the traits of the desired gender) and Surgery (some people choose to have sex-reassignment surgery after hormone treatment, previously called sex-change operation) (Byne et al., 2018; Collins, 2021).

Case study- A case Report of Gender Dysphoria

The study talks about a female, referred as Ms. T, assigned female at birth, she was distressed by being assigned a female gender and since childhood felt stuck being in her body and had a strong desire to be a male, and felt attracted towards women. While she was in a sexual relationship with a woman but she considered herself as the male partner rather than a lesbian. Later, when her partner left her, preferring male partners more, she developed various mental health issues like - depression with worthlessness, helplessness, and hopelessness. There were high intentionality of suicidal ideations. She expressed a strong desire to get rid of her assigned female sex. Also, there was also the expression of strong feelings of hatred and distaste over her lover and her male partner. She was diagnosed with the above mentioned issues and hospitalised for some time too, she was helped through, talk therapy and supportive psychotherapy targeting her morbid jealousy and grief (Rao & Aparna, 2017).

Another case, was witnessed by me through a tv show, "Splitsvilla" on MTV channel, there was male contestant on the show, named 'Gaurav', who after a few months came to another show, "India's Top Model", but he entered as a female, naming 'Gauri', he revealed of facing the conflict and later had the sex-reassignment surgery, through which his parents showed their support.

Conclusion

From this paper we talked and understood what Gender Dysphoria is, what its causes, symptoms and treatments are. A transgender man who is biologically female may identify himself as heterosexual and still be

sexually attracted to women and vice versa (Garg et al., 2022). There are various causes for developing Gender dysphoria, it can be because of biological issues, childhood experiences, it can be linked to other mental illnesses like schizophrenia. There are various symptoms to identify it and various treatments present and more being researched.

Parents of people/children with Gender Dysphoria may face special challenges that are shaped by various factors, such as ethnicity, religious background, social class and the norms of the community and society. More awareness needs to be created rather than forcing people to live in the fixed, strict gender roles, where they don't even feel comfortable with themselves and their own body, which only leads to more mental health issues. This may help our society to understand and reduce the burden of mental health problems created due to this stigma.

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