GENDER IDENTITY DISORDER (GID) OR GENDER DYSPHORIA AND MENTAL HEALTH

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ABSTRACT

The problem of gender identity disorder or gender dysphoria is a major social problem in most parts of the world and has become a source of global concern because of the prevalence rate and the challenges faced by those with the disorder. Even more challenging is the issue of classification and categorization in most developing nations of the world as a result of the failure of most people with the disorder not making themselves available for clinical examinations and diagnosis irrespective of the fact that the noticeable symptoms and signs may meet the diagnostics criteria spelt out in the Diagnostic Statistical Manual of Mental Disorder (version iv and v). This paper therefore sets out to address the problem of gender identity disorder (GID) otherwise known as gender dysphoria and the negative experiences of stigmatization, social isolation and rejection suffered by such persons with the disorder.

Keywords: Gender, Social problem, Dysphoria, Health, Challenges & Mental

INTRODUCTION

Gender dysphoria (formerly Gender Identity Disorder) is classified as a disorder of the ICD-10 CM and DSM-5 (called **gender dysphoria).** Some transgender people and researchers support declassification of GID because they say the diagnosis pathologizes gender variance, reinforces the binary model of gender, and can result in stigmatization of transgender individuals. The official reclassification as gender dysphoria in the DSM-5 may help resolve some of these issues, because the term **gender dysphoria** applies only to the discontent experienced by some persons resulting from gender identity issues.

The American Psychiatric Association, publisher of the DSM-5, states that "gender nonconformity is not in itself a mental disorder. The critical element of gender dysphoria is the presence of clinically significant distress associated with the condition."

Gender dysphoria occurs when there is a persistent sense of mismatch between one's experienced gender and assigned gender. Gender dysphoria (formerly gender Identity Disorder) is defined by strong, persistent feelings of identification with the opposite gender and discomfort with one's own assigned sex that results in significant distress or impairment.

Gender dysphoria or gender identity disorder (GID) is the dysphoria (distress) a person experiences as a result of the sex and gender they were assigned at birth. Some evidence can suggest that people who identify with a gender different *from* the one they were assigned at birth may do so not just due to psychological behavioural causes, but also biological ones related to their genetics, the makeup of their brains, or exposure to hormones before birth.

Causes of Gender Dysphoria

There is no clearly understood or universally agreed-upon cause for gender entity disorder. However, most experts agree that there may be a strong biological basis for the disorder.

During pregnancy the newly formed male testes release significant quantities of male hormones during the third month of pregnancy, further enhancing male differentiation, his sudden surge of hormones occurs again in males sometime between the second and twelfth week after birth. It is important to note that there is no corresponding feminizing hormonal surge sequence observed in females at this age.

These facts provide the biological basis for gender identity disorder. Male hormonal surges must occur not only in sufficient amounts, but also during a short window of time to cause masculinization of the developing infant. If there is insufficient androgen, the hormone primarily responsible for masculinization, or the surge comes too early or too late, the developing infant may be incompletely masculinized.Disruptions of hormonal surges may come from a variety of sources. A partial list includes a disorder in the mother's endocrine system, common maternal stress, or maternal medications or some other toxic substances yet to be identified.

In addition to biological factors, environmental conditions, such as socialization, seem to contribute to gender identity disorder. Social learning theory, for example, proposes that a combination of observational learning and different levels and forms of reinforcement by parents, family, and friends determine a child's sense of gender, which, in turn, leads to what society considers sex-appropriate or inappropriate behaviour.

Signs and Symptoms of Gender Dysphoria

The onset of puberty increases the difficulties for people with gender identity disorder. The subsequent development of unwanted secondary sex characteristics, especially in males, increases a person's anxiety and frustrations, an effort to cope with their feelings, some men with gender identity disorder may engage in stereo-typical, or even super-masculine, activities.

This anxious state is characterized by feelings of confusion, shame, guilt, and fear. These individuals are confused over their inability to handle their problem. They feel shame over their inability to control what society considers "perverse" activities. Even though cross-dressing and cross-gender fantasies provide relief, the respite is temporary. These activities often leave individuals with a profound shame over their thoughts and activities. Closely associated with shame is guilt, particularly about being dishonest with family and friends. Sometimes people with gender identity disorder get married and have children without telling their spouse about their disorder. Typically, it is kept secret because they have the mistaken conviction that participation in marriage and parenting will eliminate or cure their gender identity problems.

The fear of being discovered further raises their anxiety. With some justification, people with gender identity disorder fear being labelled "sick," and being rejected and abandoned by people they love.If an individual's gender identity disorder is profound, a lifestyle change such as occasional cross-dressing may be insufficient. In such a case, gender expression may move from a lifestyle problem to a life-threatening imperative. The result can be extreme depression that requires medical treatment. If sufficiently severe, the imperative may result in gender reassignment surgery. If an individual lacks the psychological commitment to undertake surgery, the result may be suicide.

Adults with GID are at increased risk for stress, isolation, anxiety, depression, poor self-esteem and suicide. Studies indicate that transgender people have an extremely high rate of suicide attempts; one study of 6,450 transgender people in the United States found 41% had attempted suicide, compared to a national average of 1.6%.

It was also found that suicide attempts were less common among transgender people who said their family ties had remained strong after they came out, but even transgender people at comparatively low risk were still much more likely to have attempted suicide than the general population.

Symptoms of GID in children may include any of the following: disgust at their own genitalia; social isolation from their peers; anxiety; loneliness and depression. According to the American Psychological Association, transgender children are more likely to experience harassment and violence in school, foster care, residential treatment centres, homeless centres and juvenile justice programs than other children.

Identity issues may manifest in a variety of different ways. For example, some people with normal genitals and secondary sex characteristics of one gender privately identify more with the other gender. Some may dress in clothes associated with the gender with which they identify, and some may seek hormone treatment or surgery as part of a transition to living full-time in the experienced gender. A person identified as a boy may feel and act like a girl.

Prevalence of Gender Dysphoria

Estimates of the prevalence of gender dysphoria or GID range from a lower bound of 1:2000 (or about 0.05%) in the Netherlands and Belgium to 0.5% of Massachusetts adults to 1.2% of New Zealand high-school students. These numbers are based on those who identify as transgender. It is estimated that out 0.005% to 0.014% of males and 0.002% to 0.003% of females would be diagnosed with gender dysphoria, based on current diagnostic criteria. Research indicates people who transition in adulthood are up to three times more likely to male assigned at birth, but that among people transitioning in childhood the sex ratio is close to 1:1.

DIAGNOSIS

A mental health professional makes a diagnosis of gender identity disorder by taking a careful personal history. He or she obtains the age of the patient and determines whether the patient's sexual attraction is to males, females, both, or either. Laboratory tests are neither available nor required to make a diagnosis of gender identity disorder.

However, it is very important not to overlook a physical illness such as a tumour that might mimic or contribute to a psychological disorder. If there is any question that a physical problem might be the underlying cause of an apparent gender identity disorder, a mental health professional should recommend a complete physical examination by a medical doctor. Laboratory tests might be necessary as components of the physical evaluation.

According to the clinician's handbook for diagnosing mental disorders, the Diagnostic and Statistical Manual of Mental Disorders, fourth edition text revised (DSM-IV-TR), the following criteria must be met to establish a diagnosis of gender identity disorder. More specific descriptions and examples of the first two criteria follow the list.

- A Strong and persistent cross-gender identification.
- Persistent discomfort with his or her sex or having a sense of inappropriateness in the gender role of one's birth sex.

- The disturbance is not concurrent with a physical intersex condition, such as hermaphroditism in which a person is born with the genitalia of both male and female.
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Treatments

Treatment for a person diagnosed with GID may include psychotherapy or to support the individual's preferred gender through hormone therapy, gender expression and role, or surgery. This may include psychological counselling, resulting in lifestyle changes, or physical changes, resulting from medical interventions such as hormonal treatment, genital surgery, electrolysis or laser hair removal, chest/breast surgery, or other reconstructive surgeries.

The goal of treatment may simply be to reduce problems resulting from the person's transgender status, for example, counselling the patient in order to reduce guilt associated with cross-dressing, or counselling a spouse to help them adjust to the patient's situation.

Hormone treatment or surgery for GID is somewhat controversial because of the irreversibility of physical changes. Guidelines have been established to aid clinicians. The World Professional Association for Transgender Health (WPATH) Standards of Care are used by some clinicians as treatment guidelines.

Prepubescent Children

Professionals who treat gender identity disorder in children have begun to refer and prescribe hormones, known as a puberty blocker, to delay the onset of puberty until a child is believed to be old enough to make an informed decision whether hormonal gender reassignment leading to surgical gender reassignment will be in that person's best interest.

Psychological Treatments

Until the 1970s, psychotherapy was the primary treatment for GID, and generally was directed to helping the person adjust to the gender of the physical characteristics present at birth. Psychotherapy is any therapeutic interaction that aims to treat a psychological problem.

Though some clinicians still use only psychotherapy to treat GID, it may now be used in addition to biological interventions as treatment for GID. Psychotherapeutic treatment of GID involves helping the patient to adapt. Attempts to "cure" GID by changing the patient's gender identity to reflect birth characteristics have been ineffective.

Biological Treatments

Biological treatments physically alter primary and secondary sex characteristics to reduce the discrepancy between an individual's physical body and gender identity. Biological treatments for GID without any form of psychotherapy are quite uncommon. Researchers have found that if individuals bypass psychotherapy in their GID treatment, they often feel lost and confused when their biological treatments are complete.

Psychotherapy, hormone replacement therapy, and sex reassignment surgery together can be effective treating GID when the WPATH standards of care are followed. The overall level of patient satisfaction with both psychological and physiological treatments is very high.

One common form of treatment for gender identity disorder is psychotherapy. The earlier the intervention, the greater likelihood of success. Early intervention can lead to reduced levels of transsexual behaviour later in life. The initial aim of treatment is to help individuals function in their biologic sex roles to the greatest degree possible. Adults who have had severe gender identity disorder for many years sometimes request reassignment of

their sex, or sex-change surgery. Before undertaking such surgery, they usually undergo hormone therapy to suppress same-sex characteristics and to accentuate other-sex characteristics. For instance, the female hormonestrogen is given to males to make breasts grow, reduce facial air, and widen hips. The male hormone testosterone is administered to females to suppress menstruation, deepen the voice, and increase body hair. Following the hormone treatments, pre-operative candidates are usually required to live in le cross-gender role for approximately a year before surgery is performed.

Prevention

Providing gender-appropriate clothing and toys in infancy and early childhood helpful in preventing or mitigating gender identity disorder. Avoiding derogatory comments about a child's toy, clothing, or activity preference reduces the potential for inadvertent psychic harm.

Most individuals with gender identity disorder require and appreciate support from several sources. Families, as well as the person with the disorder, need and predate both information and support. Local and national support groups and informational services exist, and health care providers and mental health professionals can provide referrals.

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