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Gender Dysphoria: Controversy in Diagnosing Gender Identity Disorder by Mental Health Professionals

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Abstract— Gender dysphoria is a condition of mismatch distress between one's assigned gender identity and the psychological sexuality. It is different from sexual orientation which is romantic and sexual attraction towards the person of same sex, opposite sex, both sex and none. Etiology is attributed to the genetic factors, hormonal influences and environmental conditions while the actual cause remains unknown. Diagnosis is carried through HEADSS (home, education, anxiety, depression, drug use, sexuality, suicide, mental health) assessment. The distress condition is diagnosed after the symptoms are experienced for six months. The study focuses on the challenges faced by mental health professionals such as stigma Vs access to care, child diagnosis retention, transgender pre-pubescent treatment. The social and medical stigma creates a high risk for morbidity and mortality. It evokes other psychiatric disorders like depression, anxiety, mood and social disorders along with suicide ideations. Treatment involves hormone therapy and sexual reassignment surgery whereas the conditioning the behavior in the childhood is harmful and might increases the distress. The suffering condition should be properly recognized by the government and portrayed in media for the improvement of schemes and laws in the future for the provision of equal opportunity to the transgender community.

Index Terms — Intervention, Stigma, Retention of treatment in childhood.

I. INTRODUCTION

Gender Dysphoria is a condition of mismatch distress between one's assigned gender identity and their psychological sexuality. It is different from sexual orientation where a person is romantic or sexually attracted towards a person of same sex, opposite sex, bisexual or none (asexual). The Diagnostic Statistical Manual (DSM-5) in its fifth edition has renamed gender identity disorder as Gender Dysphoria in 2013 in the tenth edition. Where as in International Classification of Disorders (ICD-10) follows as Gender Identity Disorder (GID). The onset begins from the age of two to four. Etiology is attributed to the genetic factors, hormonal influences and environmental conditions while the actual cause remains unknown.

II. ETIOLOGY

The causes of gender dysphoria are currently unknown but certain factors are attributed to cause gender dysphoria in humans such as genetic factors, hormonal causes, environmental factors, exposure to estrogenic or progesterone drugs and intersex conditions.

Originally gender dysphoria is considered to be a psychological ailment. Recent studies suggest that gender dysphoria can be related with the gender identity development before birth. A persons gender identity is determined in the mother's womb only after the eighth week of pregnancy the gender of the child in the womb is determined by the X and Y chromosomes of the father. Abnormalities in the chromosomes can cause gender dysphoria.

Hormones induce the development of gender identity after the birth of the person. Gender dysphoria can also result due to the excess female hormones from the mother's system or the insensitivity of the fetus to the hormones.

The ambiance where the child is brought up along with the peer groups will also contribute gender identity disorders.

In intersex conditions the child is born with the genital organs of both the sexes where the child is left to determine its gender identity before confirming it through the surgery. In such conditions where a female child together with adrenal glands tend to produce high level of male hormones which leads to confusion in their gender identity at adolescence.

Exposure to progesterone in the womb raised the risk of having gender dysphoria but is still not proved by any research.

III. CHALLENGES IN DIAGNOSING GENDER DYSPHORIA

The American Psychiatric Association provides the diagnosis methods for gender dysphoria when the following symptoms are seen for a time period of six months,

- Conformation of the emotional and psychological gender identity in reality through behavioral and body language change different from their assigned gender identity.
- Preference to be with the friends of opposite sex.
- Preferring clothes, toys and games of opposite sex.
- Refusal in the usual way of urinating.
- Wish to get rid of the genital organs they have and have the genital organs they wish.

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- Condition of mismatch distress.

The onset of the symptoms begins from two to four years. Children with the age of five to twelve years are brought to diagnosis for gender dysphoria assuming it as a condition of abnormality. The best way to assess this is to conduct a **HEADSS** (home/education/employment/eating/exercise, activities/ relationships, drug use, sexuality/suicide/depression/mental health) assessment.
Controversies in diagnosing gender dysphoria are challenges faced by mental health professionals such as stigma Vs access to care, child diagnosis retention, and transgender pre-pubescent treatment.

- The social and medical stigma creates a high risk for morbidity and mortality. It evokes other psychiatric disorders like depression, anxiety, mood and social disorders along with suicide ideations. Stigma and the societal myth create a difference in perception about gender dysphoria among mental health professionals who provide service to the gender dysphoric clients. There is lack of health care service provided to transgender due to the stigma attached. The condition is often misunderstood to a psychological abnormality or a physical disorder instead of a condition of mismatch distress. This further creates a depressive environment to the person along with adjustment disorder with the fear of being accepted by the society.
- Once the symptoms of gender dysphoria are confirmed there are less chances for treatment to be continued. Since there are great chances for the conditioning the behavior patterns of the child as the condition of mismatch is not recognized by the society. This can lead to suppression of the symptoms timely but can pop up very soon in their early adulthood or in the later stage. In certain cases a child diagnosed with gender identity disorder in the childhood do not tend to be transgender in the adolescence but tend to be homosexual or bisexual in adolescence or adulthood.
- The treatment phase begins with accepting the fact that gender dysphoria is not a mental illness. Followed by assisting the person and their family about the gender transition interventions like sexual reassignment surgery, hormone therapy. Further it is followed by supportive therapies which follows 'wait and see' strategy. Research also suggest that pressurizing the person to accept the assigned gender identity tend harmful and increase distress whereas approaches that tend to accept the psychological identity are likely to be helpful and supporting.

IV. INTERVENTIONS

- The emphasis on distress is clear only after the renaming Gender Identity Disorder as Gender Dysphoria by Diagnostic Statistical Manual (DSM-5) in its fifth edition in 2013.
- It also adds to the significant impairments in social, economical and occupational aspects.
- Provision of health insurance reimbursement for transgender and intersex people during sexual reassignment surgery and hormone therapy.
- Transgender People (Protection of Rights) Bill 2018 needs to address their relationship with the health care system more satisfactorily.
- Proper recognition and portrayal of transgender in media.

V. DISCUSSIONS

The history of transgender people dates back to the history of human civilizations from the beginning of humanity, even though transsexualism is stigmatized to be a mental disorder or a condition of abnormality. This is the reason for the change in the name from gender identity disorder to gender dysphoria in the Diagnostic Statistical Manual Edition Five from 2013. Removal of Article 377 gives the recognition to human rights of transgender, lesbian and gay community which will soon be reflected in the diagnostic manual.

VI. SUGGESTIONS

Recognition of human rights of the transgender people through the enactment of Transgender People (Protection of Rights) Bill, 2018.
Provision of opportunities to lead a holistic life for the transgender community in all socio-economic aspects.
Eliminating the difference in perception about gender dysphoria and the transgender community among different mental health professionals. Avoiding the usage of derogatory terms such as "normal and abnormal people", "straight community, patient etc.

CONCLUSION

Provision of proper treatment through counseling and care planning without any stigma can help the person to accept his/her gender identity and associate with the society instead of conditioning the behavior which might be harmful and increasing distress.

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