Gender Identity Disorder

To what extent is medical treatment being given to those who suffer with Gender Identity Disorder in the United Kingdom?

Candidate 6- Featherstone Sixth Form

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EPQ-Gender Identity Disorder

1) Introduction- What is Gender Identity disorder and the symptoms that are presented?

As one of the highly misunderstood minorities, Gender Identity Disorder sufferers have come a long way since the illness was officially recognised in publications such as ICD-10 CM and DSM-IV TR in terms of the progression in treatment. However with the increasing rate of people seeking treatment for Gender Identity Disorder, this report proposes to answer the question of the extent to which quality treatment is being given in the UK.

Gender Identity disorder is the formal diagnosis by psychologists and physicians for one feeling a mismatch between their anatomy and gender identity,in turn forcing them to identify more with the opposite sex.[i] Gender identity is the personal sense of which gender you belong to and is extremely important for most as it is defines part of your identity.The term gender dysphoria, a major symptom of GID, is feeling of being trapped in the wrong body. It is vital to mention that GID has no bearing on sexuality and therefore GID sufferers could be either hetrosexual, homosexual or bisexual.[ii]As a complex disorder GIDrequires a lot of clarification especially when it comes to using terms such as transexualism, transvestite and gender dysphoria. Due to the lack of clarification the three terms are commonly linked to much confusion. Transexualism is the extreme form of gender identity disorder whereby the person, gender identitfies themselves as the opposite sex and can therefore be referred to as trans man (female to male) or trans woman (male to female). Gender identity disorder affects both males and females with a higher prevalence of males to females (MtF) than females to males (FtM) by approximately 5 to 1 (The Gender Identity Research & Education Society, 2011). However being a transvestite, also referred to as cross-dressing, is one who sometimes dresses as the oppositie sex but may not necessarily be gender dysphoric.

Symptoms

There are no physical symptoms of GID however sufferers do experience a range of different feelings and behavioural patterns which are arguably just as much distressing if not worse. Nevertheless symptoms do vary between those that are presented with a child and those that are presented with adoloscents or adults.

Children with GID may exhibit persistance in symptoms such as:

- insisting that they are of the opposite sex
- dislike or refusal to wear clothes that are traditionally worn by their biological sex and desire to wear clothes that are typically worn by the opposite sex.
- dislike or refusal to partake in activities and games that are typically meant for their sex, and wanting to take part in activities and games that are typically meant for the opposite sex
- disliking or refusing to pass urine as their sex usually does, for example a boy may want to sit down to pass urine and a girl may want to stand up
- Insisting or hoping that their genitals will change, for example a boy may want to be rid of his penis, and a girl may want to grow a penis
- Feeling extreme distress at the physical changes of puberty and the idea of becoming more of their biological sex.

In adolescents and adults the symptoms differ simply due to the fact that they have a greater understanding of GID and may possibly experience the symptoms in a much more intense way. Such symptoms can be very difficult for them to handle and in some cases lead to depression or even suicidal tendencies. Among the teenage and adult sufferers, some who have been gender dysphoric since their childhood, have much more clarity about their gender identity and therefore know exactly what type of treatment plan is best for them. It is however important to mention that not all GID sufferers have been gender dysphoric since their childhood as some only encounter this revelation during adulthood. Teenagers and adults may feel:

- Absolutely certain that their gender identity is not consistent with their biological sex
- Comfortable only when in the gender role of their desired gender identity
- A strong desire to hide or be rid of any physical signs of their biological sex, such as breasts, body hair and muscle definition
- A strong desire to change or be rid of the genitalia of their biological sex

Due to such symptoms most GID sufferers seek some sort of treatment in order to alleviate the discomfort they have with themselves. According to Mind, the mental health charity, 1 in 30,000 men and 1 in 100,000 women seek the extreme measures of gender reassignment surgery. However many feel they are unable to reveal their true identity and seek treatment therefore such statistics will never be a true reflection of how many people suffer from GID.

2) Explanations for Gender Identity disorder

Despite the fact that GID has made major developments in terms of being officially recognised, the diagnosing procedure and also the quality of treatment given, the causes of GID still remains a controversial debate between the biologists and psychologists. The idea of the unknown compromises the level of treatment thus leaving GID sufferers in more distress than ever. Both biological and psychological explanations have surfaced which could lead to the possible explanation of why some develop GID.

Biological Explanations/theories

Until roughly ten years ago the causations of GID were deemed to be psychological and the prospect that biology could explain the cause of GID was almost unheard of. The lack of research conducted to delve into biological explanation stunted people's understanding of the disorder and therefore decreased the number of options for treatment available. With the likes of Harry Benjamin (1964) who became first to theorise biological components to transexualism, more and more studies were pursued in the hope of coming closer to the truth about GID thus bettering GID treatment.

Brain differentiation

Brain sex theory

In most ways transsexuals only differ slightly to those who are of their same biological sex. One of many studies, research by Zhou, et al. 1995, identified inherent differences between transsexuals and their same sex counterparts. The difference is located in the central subdivision of the bed nucleus of the stria terminalis (BSTc). BSTc is sexually dimorphic which in lay terms defines the differences between individuals of different sex and therefore acts as a good method of uncovering biological links. On average BSTc contains twice the number of neurons in males than it does in females. The study analysed the BSTc of a sample of six trans-women who had a much closer number of neurones in the BSTc to that of females. This became the first study to exhibit specific differences between the brains of transsexuals and that of the people within their biological sex.

Criticisms

Despite the evidence, the theory did come under criticisms. A study by Chung et.al 2002 challenged the theory claiming that the differences in BSTc do not develop until adulthood. Such a claim is inconsistent with the fact that many children are diagnosed with GID. Chung et al also argued that pre-natal hormonal influences may still be dormant even until adulthood and could explain the differences in the number of neurons. Therefore the study is still at large simply a theory and thus cannot be defined at the cause of GID.

Androgen recptor length associated with male to female transexualism

Despite the fact that this is simply a case study, it has been said that it is a rather compelling one. In 2009 an experiment was conducted to uncover whether the androgen receptor length was associated with male to female transexualism. Specifically its aim was to "demonstrate genetic component to transexualism by investigating gene variants of androgen receptor (AR) which affects action of testosterone and two other genes including one for oestrogen recepor ". The experiment consisted of 112 male-female transexuals and 258 non-transexuals to obtain samples of the androgen receptor. The results showed androgen receptors being longer in trans-women than in the non transexuals. This meant that the androgen receptor would have failed to masculinise the brain of a trans-man during

foetal development as the long version of the gene results in weaker testosterone signal thus insinuating that gender identity may be partly mediated.[iii]

Significance of bioloogical explanation of treatment

As displayed above there are many theories and case studies that have been conducted to further understand the possible role biology plays in causing GID. Despite the fact the they have been challenged, the mere fact that there are possible biological explanations for why GID occurs may give people enough incentive to persist in researching and thus find more compelling arguments. The biological explanation have a major impact on treatment because if they were to be proved, medically treatment could improve significantly. The fact that we are unable to find specific and concrete biological causes means that the confusion remains among suferers and in turn decreasing their physical, mental and social welbeing. Unfortunately for this reason, treatment is being severely compromised and therefore reduces the extent to which treatment is being given.

Psychological explanation/theories

'As important as envrionmental factors may be, to date they have not given any more conclusive answers for causation than heriditary influences have'[iv]

Debating the other side of the spectrum, psychologists find themselves fighting for the idea of everyone being born 'gender neutral' and that gender identity only develops after a child experiences the environement around them. In Freudian psychology the third stage of the pyschosexual development, known as the phallic stage, is the tender age at which children begin to learn the differences between men and women and also develop the gender idenity. Usually this stage takes place when a child is between the years of three to six[v]. If any traumatic events were to happen during these stages then a child may develop the GID. Like biological causes, enhancing the understanding the psychological reasons of GID will most certainly increase the extent to which the UK can provide treatment for transgenders.

Evoluntionary and behavioural explanantions

As one of many theories, psycholgists claim and strongly support the concept of gender identity stemming from a child impriniting on a parent. To clarify, the use of the term 'imprinting' in this context refers to a child looking up to a specific parent as a role model. In doing so a child would develop similar mannerisms which could then influnence their gender idenity. Stereotypically girls would look up to the mother as a role model and boys would look up to their dads as role models. However if, for example, a single mother was raising her son, he would 'imprint' onto the mother and therefore develop characteristics of the female gender because that is what he is mostly exposed to. Researchers conducted interviews with GID sufferers and found that the male to female transexuals have an overly close relationship with their mothers supporting such a theory. The situation also applies when a girl is being raised by a single dad and therefore leads to her being more masculine

and identifying herself with a man. Failure or inappropriate imprinting may be the cause problems with a child establishing their gender identity.

Criticisms

Despite the fact that this theory does create a world of new thoughts and links with the environmental factors and the development of GID, like several other psychological theories, it lacks solid evidence. For example when it was mentioned that interviews were conducted whereby they found that male to female transexuals were overly close with their mother; but who defines the extent to which someone is overly close? The main problem with theories such as these is that testing them is very difficult, and without sufficient research the theory cannot be solidified and thus cannot be used as a causation of GID.

Trauma and its effects on GID

It is undeniable that a traumatic event can dictate one's life and even their identity. As indicated above it is vital that children are in a stable environment when developing their gender identity. And a traumatic event could cause major vulnerability thus disrupting their phallic stage of psychosexual development. A study was performed by Coastes et al.(1991) and produced a case history on a boy who developed GID as a defense mechanism folllowing his mother's servere depression after an abortion. His case study suggested some evidence of how, due to the fact that the boy was in an unstable environment with a maladaptive upbringing, GID became almost a coping mechanism. The traumatic event happened during the tender age of three at which children develop their gender identity and thus creates a link with the possibility that trauma was the cause of his GID. Coastes et al claimed that the cross gender fantasy was a means of calming his anxiety but also how at this stage children can become confused which therefore leads to this mismatch of their gender idenity.

Criticisms

Studies from psychologists such as Coastes et al do provide options for pyschological explanations but like most, it was challenged by that of Cole et al (1997). A survery was conducted during his study consisting of 435 individuals with GID which analysed the range of psychiatric condition to see whether trauma had affected a greater number of people with GID. It was found that the scope of psychiatric conditions displayed was no greater than the 'normal' population thus GID may in fact be unrelated to childhood trauma and therefore be inaccurate in deeming it as a cause.

Psychologists, biologists and many other researchers are making much needed progress in discovering the cause of GID. By looking at the theories professionals have come up with, it is clear that they are getting closer to the truth behind GID but the fact that they still have a long way to go means that treatment will still suffer in quality and options. With no definite cause, new innovative treatment methods are far from being discovered and thus the extent to which the UK can actually provide the best treatment possible is limited. However knowing the cause of GID is not only about improving medical treatment. The idea of the unknown is extremely distressing and simply knowing why transgendered people are the

way they are can be very comforting. Knowing why some develop GID is now a simple mechanism for comforting gender dysphorics.

3) Changes made in diagnosis and treatment

As only recently it has been recognised by the public as a serious yet controversial issue, changes in treatment are limited as it was only officially recognised in the 1980s. Nevertheless it would be inaccurate to state that changes are non existant. The lack of treatment available for those who developed GID in the 1990s exemplifies how far treatment plans have come when comparing the options available today.The poor treatment was mostly due to the lack of knowledge about GID. Through the years, treatments such as gender reasignment surgery made its appearance but came at a high price and was not made available for everyone . Despite this, its scarcity meant that it was difficult to access for most and thus the extent of treatment being given was poor.

In the second half of the 20th century, awareness of the phenomenon of gender dysphoria increased with health professionals beginning to provide assistance to alleviate gender dysphoria through hormone therapy and surgery and the transitioning of their new gender identity. Physicians took the clinical approach of using criteria to identify appropriate candidates for hormone therapy and gender reassignment surgery. At this point the main aim became to facilitate a physical change a transgendered person. This approach was extensively evaluated and its effectiveness became evident. Satisfaction rates across studies ranged from 87% of male-to-female patients to 97% of female-to-male patients (Green & Fleming,1990), and regrets were extremely rare with 1-1.5% of male-to-female patients and less than 1% of female-to-male patients (Pfafflin,1993). Indeed, hormone therapy and surgery have been found to be medically necessary to alleviate gender dysphoria in many people (The World Professional Association for Transgender Health, 2008[vi]).

Nevertheless as the field matured, health professionals began to understand that GID surpassed the aesthetics aspects of looking like the opposite sex and delved into the emotional side of feeling like them too. The evolution of GID treatment resulted in the introduction of psychotherapy to help GID sufferers establish a way to express their gender identity. Physicians gained a much greater understanding with time about the medical aspects of the disorder but also the psychological side and how comforting sufferers is significant. In doing so health professionals realised that some may choose between hormone therapy, surgery or psychotherapy and depending on the individuality of the patient, treatment must be tailored to the patient[vii].

4) Treatment provided in the UK

Treatment in the UK has most certainly progressed over time since first recognised and the options available are now in a much wider range. The official statistics stand at 1 in 4000 people receiving medical treatment and with a rising figure there comes a much higher demand of quality treatment. Medical professionals have created strict criteria which the patients must fit in order to move further along with the treatment. Some GID sufferers' aim

is to undertake the extreme treatment of gender reassignment surgery and thus must go through a long and rigorous process. Many have such an urgency to quickly undertake treatment but the medical care system in the UK must be 100% sure that they are doing what is right for the patient in the long run and not trying to fix a short term problem. The treatments set out for GID patients are in stages where if the sufferer wants to further their treatment, they can do so. It has been made evident that all patients are different and not everyone aspires to undertake extreme treatment.

1st stage- Initial assessment and psychotherapy

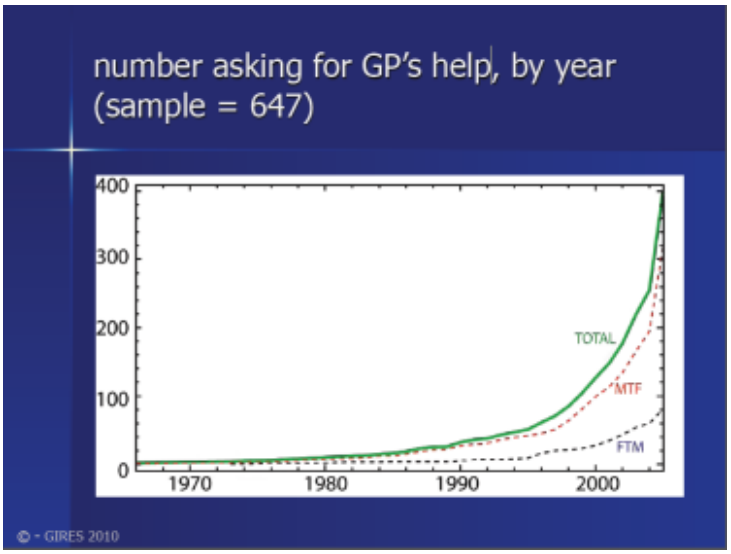
Prior to any medical treatment, an initial assessment must be done to ensure that firstly the request is not a symptom of a mental health problem and secondly to acknowledge how the disorder impacts the patient's life. They must first talk to their general practitioner who will provide them with a referral to the local mental health services for a psychological assessment. It is often that two assessments are made independently by different members of the team which may include a mental health professional, who is trained in dealing with gender dysphoria or an endocrinologist, a specialist in hormone conditions. Using different members will ensure that a consistent view is formed and provides a solid basis for providing treatment.

Some patients find that support and advice from a clinic is all they need to feel comfortable in their gender identity hence why psychotherapy is offered to all. Some use it as a way to unload their problems and express their distress and others use it as a way to pursue more extensive treatment. The main aim of psychotherapy is to help transition patients into society with their new gender identity and whether that is with using a name congruent with gender identity or dressing up in clothing of their desired gender, the professionals are there to help ease the process. Dealing with such issues and providing answers for patients can begin to decrease their discomfort and thus may just as well be more than enough treatment. Mental health professionals also ensure that they do not impose a binary view of gender and give patients the freedom to explore different options of expressing their gender.

However psychotherapy often goes beyond the care of the patient but also to the families. It would be unfair to say that families do not harbour their own concerns. It is therefore significant that counselling is offered to parents and guardians to help them adjust to the new life of their child. Psychotherapy has enabled families to feel involved in the decisions but also ensure that sufferers are getting as much family support because one of the main issues is the lack of understanding and even tolerance for the disorder. In providing psychotherapy mental health professionals can strive to maintain a therapeutic relationship with patients and their families ensuring that decisions about gender expression and the treatment are thoughtfully and recurrently considered.

Problems with initial assessment and

Figure 1: Graph showing rise in transgendered people asking for help



The initial assessment is based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria which patients must fit to the letter in order to be diagnosed with GID. The strict guidelines of the criteria means some patients are put through unnecessary physically invasive examinations to ''rule out'' intersex conditions. Furthermore if the patient is found to have GID then referrals are made to for them to begin treatment at a GID clinic. However due to the rarity of the disorder, the number of clinics in the UK is small and therefore access to them does in fact hinder the treatment being given. Looking at figure one it is evident that the number of patients asking for GP's help is dramatically increasing and therefore the UK medical system is being put under much pressure. Lack of clinics also means a lack of medical professionals who are trained in "assessment and treatment of gender dysphoria"[viii]. Despite the fact that medical professionals recommend sufferers use peer support, online and offline, medical treatment given by professionals still stands far away for most patients.

2nd stage - 'Real life experience' and Hormone therapy

For some, psychotherapy is simply just not enough. Many find themselves in search of hormone therapy which will allow them look more like their desired gender. However in order to receive hormone therapy, sufferers must endure a painfully long procedure which could last up to two years. Recently an article written by Brandice Alexander exemplified how 'Gender identity disorder sufferers need better care'. Concerned doctors such as Dr Holt have also quoted that there has been an increase in buying hormones from the internet which some feel is a quick fix however such medication can have serious side effects.[ix]

Following a patient's diagnosis, medical professionals recommend patients to embark on a 'real-life experience'. This preliminary stage consists of patients living in society as their desired gender. According to Harry Benjamin, if patients prosper in the preferred gender, they are confirmed as transsexual. It assists both the patient and the mental health professional in their judgments about how to proceed with further treatment and be confident in doing so.

Whilst undergoing the 'real-life experience', hormone therapy can be offered to ease the transitioning of finally living as their desired gender. For children who have not yet reached puberty, endocrine treatment is not recommended and therefore not offered. On the word of The Endocrine Society 75-80% of children who were diagnosed with gender dysphoria before they reached puberty did not have the condition after puberty. Children up to 16 may be offered GnRH analogues which are synthetic hormones that suppress the

production of naturally occurring hormones such as oestrogen or testosterone. Many young sufferers become extremely distraught at the idea of becoming more permanently like their biological sex and so the GnRH analogues help inhibit puberty. Those who have been on GnRH analogues for several years and are over 16 may be illegible to cross-sex hormones which are hormones of the opposite sex.

In Trans women, oestrogen hormones has subtle feminising effects some of which include:

- Fat being distributed on the hips.
- The size of the penis and testicles being slightly reduced.
- Muscle bulk and power may be reduced.
- Breasts may feel tender and lumpy and may sometimes increase modestly in size.

For transmen, the testosterone would have a masculinising effect, some of which include:

- Promoting beard and body hair growth.
- Libido may be heightened.
- Muscle bulk increases.
- The voice deepens, but not usually to the pitch of other men.

Using hormones is extremely beneficial for patients as it helps them deal with their gender dysphoria and can bring a much higher quality of life.

<u>Problems with hormone therapy</u>

One of the main issues with undertaking hormone therapy is the age restrictions that come with it. As mentioned before, doctors cannot be sure if a child before puberty, presenting signs of GID, will actually develop the disorder in the future. In this case, any sort of medical treatment is postponed till the patient has at least hit puberty. Once a child has started puberty GnRH analogues can be provided. Proponents of the use of puberty blockers argue that much of the mental and emotional distress caused by GID and body dysphoria can be mitigated with medications that ease a child into gender reassignment. On the contrary, opponents of puberty blockers state that they could possibly prevent a child from resolving such feelings with time; assuming that problem can be resolved. Furthermore they argue that transgender identities and the use of puberty blockers are being encouraged by society and they are not yet mature enough to make decisions regarding their gender identity. For this reason many physicians refrain from giving puberty blockers because of the uncertainty about how sure children are with pursing treatment. And because of this, it can be argued by some that treatment is not being given simply because of a generalisation of all children.

Figure 2: Table showing the risk level of certain illnesses with feminising and masculinising hormones

Risk Level	Feminizing hormones	Masculinizing hormones
Likely increased risk	Venous thromboembolic disease[A] Gallstones Elevated liver enzymes Weight gain Hypertriglyceridemia	Polycythemia Weight gain Acne Androgenic alopecia (balding) Sleep apnea
Likely increased risk with presence of additional risk factors[B]	Cardiovascular disease	
Possible increased risk	Hypertension Hyperprolactinemia or prolactinoma[A]	Elevated liver enzymes Hyperlipidemia
Possible increased risk with presence of additional risk factors[B]	Type 2 diabetes[A]	Destabilization of certain psychiatric disorders[C] Cardiovascular disease Hypertension Type 2 diabetes
No increased risk or inconclusive	Breast cancer	Loss of bone density Breast cancer Cervical cancer Ovarian cancer Uterine cancer

Another problem with cross-sex hormones is the risks that it involves which again prevents many physicians from prescribing them. The risks are dependant of the person, as every patient is different, and the dosage that they take. As exemplified in figure two the risks vary from those that are a likely hood to almost impossible. Despite some risks being highly unlikely, physicians' overly cautious approach may in fact be preventing them to better the quality of a patient's life.

3rd stage- Gender Reassignment surgery

Despite the initial assessments, real life experience and hormone therapy being available it seems an increasing number of GID sufferers are found to be seeking gender reassignment surgery. By 2010 complete number of people who had undergone full gender reassignment in UK stood at 2436 with the average age of surgery being 42[x]. The procedures for both trans women and trans men are extremely complicated and require multiple surgeries. Despite being an extremely beneficial and painful treatment, many patients feel that the pros way-out the cons.

Gender reassignment for trans women require the following procedures:

- mamoplasty (Breast augmentation)
- Process of the vaginoplasty (removing of penis and creating of vagina)

It is however slightly more difficult and less common for gender reassignment surgery to be undertaken by trans male, mainly due to the fact that there is a higher ratio of trans women. The multiple surgeries include:

- mastectomy (removal of breasts)
- phalloplasty (creating a penis)

Having mentioned the procedure of each excruciating surgery, it is clear that decisions such as these are not taken lightly and those that do pursue this treatment are determined to live as their desired gender.

Problems with Gender reassignment surgery

Because of how invasive and permanent the procedure is, the medical system ensures that the patient is ready, both mentally and physically. In doing so the time in which sufferers have to wait is arguably much too long. Patients have waited as long as three years to simply be considered for the surgery. Due to private medical care being extremely expensive, more and more patients are turning to the NHS whereby they can be granted their surgery under the NHS budget. Nevertheless many are turned away for a number of reasons and resort to surgeries abroad which are cheap however often come with complications. For example, Adele a trans woman, was denied surgery from the NHS for repairing her male pattern baldness and lack of womanly figure. Forced to undergo a cheap surgery in Thailand, Adele was left with burst cheek implants resulting in silicone poisoning. The mere fact that the UK could not provide her with the treatment she needed, led her to a long road of surgical complications. The long wait plus the fact that some are not fortunate enough for their surgery to be paid for means that sufferer are being forced out of the country to treat themselves.

5) Conclusion

Some professionals argue that the level of treatment being given is not up to the standard it should be considering the UK is a relatively stable country. The fact that the challenges we faced 20 years ago are still very much alive today exemplifies the lack of improvement in medical treatment. With the causes of GID still unknown, the extent to which the UK can provide medical treatment will remain at the same standard. Further research into the biological and psychological causes of GID or even delving into a mix of both will most certainly allow the UK to provide more options for treatment. Professionals in the UK are aware of how greater knowledge via media and internet and less media hostility could possibly help highlight the need for better treatment. Furthermore it is fair to say that because of the rarity of the disorder leading to the lack of clinics results in difficulty accessing treatment. Having already mentioned the criticisms each treatment faces, it would be fair to say the one most difficult for patients is the lengthy process. However it is argued that the lengthy process is in the benefit of the patient in the long run making sure they have a smooth transition before opting for extreme treatment. However it would be wrong to say that the UK is failing at providing treatment for GID sufferers. According to the Audit and information Analysis unit's (AIAU) survery of patient satisfaction with transgender services 2008, 26% obtained a referral to a Gender Identity clinic through a psychiatrist, 19% through a GP referral and in total 98% of those who gender reassingment surgery felt it was an extremely beneficial experience and were happy with their outcomes. Analysis of the patients' feedback does exhibit positive reviews about the treatment being provided in the UK. And with the facts that they do have about GID and the resources that are available, treatment is much more advanced especially in comparison to other countries. Inspite of having obtacles standing in the way of bettering the UK's treatment plans, what is being provided is sufficient and enabling many sufferers to alleviate gender dysphoria. With the progressing of diagnosis and ranging options for treatment, it would be fair to say that the level of treatment being provided is of a good standard however could seek improvement to bring to an excellent one.

[i] Cardwell, Clark, Meldrum, Wadely, 2009, p.191

[ii] http://www.nhs.uk/Conditions/Gender-dysphoria/Pages/Definition.aspx

[iii] Lawton, Russell, Jarvis, 2009 p.122

[iv] http://www.aclu.org/images/asset_upload_file236_30367.pdf

[v] http://en.wikipedia.org/wiki/Psychosexual_development#Phallic_stage

[vi] http://www.gires.org.uk/medpros.php

[vii] World Professional Association for Transgender Health – Standards of Care

[viii] World Professional Association for Transgender Health – Standards of Care

[ix] http://www.bbc.co.uk/newsbeat/10835408

[x] http://www.channel4.com/programmes/embarrassing-bodies/episode-guide/series-4/episode-114

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