

2010

Gender identity disorder controversies : male to female transgender/sexual focuses

Tuyet Noriega
University of Northern Iowa

Let us know how access to this document benefits you

Copyright ©2010 Tuyet Noriega

Follow this and additional works at: <https://scholarworks.uni.edu/grp>



Part of the [Counseling Commons](#), [Education Commons](#), and the [Gender and Sexuality Commons](#)

Recommended Citation

Noriega, Tuyet, "Gender identity disorder controversies : male to female transgender/sexual focuses" (2010). *Graduate Research Papers*. 1454.

<https://scholarworks.uni.edu/grp/1454>

This Open Access Graduate Research Paper is brought to you for free and open access by the Student Work at UNI ScholarWorks. It has been accepted for inclusion in Graduate Research Papers by an authorized administrator of UNI ScholarWorks. For more information, please contact scholarworks@uni.edu.

Offensive Materials Statement: Materials located in UNI ScholarWorks come from a broad range of sources and time periods. Some of these materials may contain offensive stereotypes, ideas, visuals, or language.

Gender identity disorder controversies : male to female transgender/sexual focuses

Abstract

This literature review discusses Gender Identity disorder disputes and influences from research. Choosing a sex (male or female) is not something people consciously decide. However, there are individuals who do need to decide a sex that is not his or her chosen identity. When an individual chooses to dress as the opposite sex this creates discussion of nature versus nurture, and other dilemmas experienced by society and GID individuals. Most transgender individuals seek some form of medical or mental assistance; therefore, it is necessary for mental health counselors, doctors, and social workers to be aware of Gender Identity Disorder indicators. GID clients usually seek emotional, social, and medical reliance in order to create a better quality of life.

The focus of this literature review was to understand different studies perspectives , and the dilemmas transgender/sexual individuals' experience. The information discussed in this literature review range from civil rights, spiritual aspects, and counseling considerations. Transgender/sexual quality of life is evaluated from a mental health counseling perspective and information for a counselor's awareness is discussed for counseling suggestions from research studied.

GENDER IDENTITY DISORDER CONTROVERSIES: MALE TO FEMALE
TRANSGENDER/SEXUAL FOCUSES

A Research Paper

Submitted

in Partial Fulfillment

of the Requirements for the Degree

Masters of Arts in Mental Health Counseling

Tuyet Noriega

University of Northern Iowa

May 8th 2010 which degree is conferred

GENDER IDENTITY DISORDER CONTROVERSIES: MALE TO FEMALE
TRANSGENDER/SEXUAL FOCUSES

A Research Paper

Submitted

in Partial Fulfillment

of the Requirements for the Degree

Masters of Arts in Mental Health Counseling

Approved:

Dr. Jan Bartlett, Advisor

Dr. Jan Bartlett, Department Chair of Educational
Leadership, Counseling, Postsecondary Education

Tuyet Noriega

University of Northern Iowa

May 8th, 2010 which degree is conferred

Running head: GENDER IDENTITY DISORDER CONTROVERSIES

Gender Identity Disorder Controversies:

Male to Female Transgender/sexual Focus

Tuyet Noriega

University of Northern Iowa

Abstract

This literature review discusses Gender Identity disorder disputes and influences from research. Choosing a sex (male or female) is not something people consciously decide. However, there are individuals who do need to decide a sex that is not his or her chosen identity. When an individual chooses to dress as the opposite sex this creates discussion of nature versus nurture, and other dilemmas experienced by society and GID individuals. Most transgender individuals seek some form of medical or mental assistance; therefore, it is necessary for mental health counselors, doctors, and social workers to be aware of Gender Identity Disorder indicators. GID clients usually seek emotional, social, and medical reliance in order to create a better quality of life.

The focus of this literature review was to understand different studies perspectives and the dilemmas transgender/sexual individuals' experience. The information discussed in this literature review range from civil rights, spiritual aspects, and counseling considerations. Transgender/sexual quality of life is evaluated from a mental health counseling perspective and information for a counselor's awareness is discussed for counseling suggestions from research studied.

Gender Identity Disorder Controversies: Male to Female Transgender/sexual Focus

Gender Identity Dysphoria (GID) is dissimilarities in how a person's physical

genetic compositions in comparison to what sex he or she relates (Diamond, 2000).

There are many males who feel trapped inside a body he cannot identify with. A person with GID might presume he is the opposite sex thus causing distress within his genetic sex orientation in which he was born (Diamond, 2000). There are many controversies with Gender Identity disorder such as when to diagnosis, etiology, religion, ethics, and counseling techniques. All of these topics were found within articles and will be discussed in detail.

Statistics of Gender Identity Disorder

Onset of GID

Childhood onset. A child who feels as though he or she is trapped in the wrong biological body experiences great confusion. Boys with gender identity problems pretend not to have a penis; they want it removed, and they wish they had a vagina (Diamond, 2000). When a child expresses his feelings of disgust from his current genitals he may make efforts to conceal unwanted sexual organs (Diamond, 2000). Sometimes a child will suggest a more feminine name (Diamond, 2000). Children may express fantasies of being the other sex in child play activities (Erickson, 2006). Children who identify as the opposite sex may prefer stereotypical pastimes that exemplify the preferred sex (Erickson, 2006). Sometimes the child may even withdraw from social interaction because the child feels rejected. It is important to note most children who experience Gender Identity Disorder (GID) do not continue to experience it throughout life (Drummond, Peterson-Badali, Bradley, Zucker, 2008). About 12 to 20 percent of little boys experience DSMIV diagnoses of GID which is higher than adult GID (Drummond *et al.*, 2008). Males whom

were in adulthood diagnosed with GID reported childhood cross-dressing (Drummond *et al.*, 2008).

Adulthood onset. 1 in 11,000 biological males are diagnosed with GID (Drummond *et al.*, 2008). In adult biological males there may be an experience throughout lifespan of receiving satisfaction from wearing female clothing (Milrod, 2000). Due to the inconsistencies with children experiencing identity disorder, most children are not officially diagnosis with GID until adulthood. This is to ensure misdiagnosis. “Experts believe there are about 400,000 transgendered persons, less than one-half of one percent of the population, in America” (Kennedy, 2008, p. 56).

Etiology

The hypothalamic area of the brain. There was a study done for GID individuals and many sexually dimorphic nuclei were found in the hypothalamic area of the brain (Swaab, Chung, Kruijver, Hofman, Ishunina, 2001; Allen, Gorski, 1990). This explains the association of not having the correct sexual organs of the gender preferred by the client. Having too much sexually dimorphic nuclei in the brain seems to imply this disorder is biological.

“Sexually dimorphic limbic nucleus called the central subdivision of the bed nucleus of the stria terminalis which appears to become fully volumetrically sexually differentiated in the human brain by early childhood” (Swaab, Chung, Kruijver, Hofman, Ishunina, 2001, p. 94).

When the fetus is in the womb any trauma or extreme stress to the mother can cause the

body to give off chemicals creating abnormalities in the development stages of the fetus (Swaab, et al, 2001). When the brain in the fetus is developing, it is as though wires are plugged into the wrong places, thus suggesting intuition of his deformity at an early age (Swaab, et al, 2001). This provides a partial explanation of people developing GID from a scientific perspective.

Development of the brain. While the fetus is developing inside the womb, the brain is also configuring (Swaab, et al, 2001). Hormones greatly influence GID development during critical periods in the development of sexual differentiation (Swaab, et al, 2001). Some of the hormonal imbalances explained by Swaab, et al. (2001) are medication, an enhanced or unstable environment, stress, and/ or trauma to the mother during pregnancy.

Biological elements. GID does not affect a specific stereotype of parenting techniques (Green, Young, 2001). Nurturing and social environments do not enhance or deescalate Gender Identity Disorder. GID is something people are born with such as birthmark and it will not go away by treatment. "The findings of a specific sex-reversed brain organization in trans people provide evidence consistent with the concept of a biological element in the etiology of transexualism. The evidence for an innate biological predisposition with left-handedness" (Green, et. al., 2001, p. 567).

Gender identity confusion in other mammals. In other mammals scientists have found similar chemical imbalances in the brain which also cause gender confusion in other mammals. "This nucleus has also been found to be sexually dimorphic in other mammalian and avian species. In human males the volume of this nucleus is almost

twice as large as in females and its number of neurons is almost double” (Swaab, et al, 2001).

Religious and Ethical Debates

Civil Rights

Discrimination of people with differences. There is a great deal of discrimination in society particularly individuals not in the majority. It appears there is a large amount of ambiguity of knowledge to the general public about transgender individuals.

No Federal protection. There is no federal protection for transgenders. Equal Employment Opportunity Commission does not have any explicit laws to protect transgender employment (Kennedy, 2008). One story of this was in 2005 when a man, John, legally changed his name to Julie (Kennedy, 2008). The professor was fired when she began dressing as a woman to work

Hate Crimes are large. There are no hate crime laws to protect transgender individuals. Due to no hate crime laws many transgender individuals cannot stay employed (Kennedy, 2008). “Individuals are at great risk of hate crimes and discrimination in housing and employment searches” (Kennedy, 2008, p.54). In many jurisdictions it is not illegal to refuse employment to a transgender individual.

Activist movements. There recently has been more awareness of GID in media thus helping to stop hate crimes (Kennedy, 2008). Advocates have created a public awareness remembrance day, November 20, for transgendered murder victims (Kennedy, 2008). Activists have fought hard for “13 states [to] have laws prohibiting employers and landlords from discriminating against transgendered people” (Kennedy, 2008, p. 56).

Many corporations are following suit and creating gender identity nondiscrimination guidelines (Kennedy, 2008).

Controversy of Mental Disorder

Reason's GID should not be in the DSMIV. Zucker (2002) stated that he did not believe Gender Identity Disorder should be listed in the DSM IV because it is not a mental disorder and the statistics indicate children fall into this pandemonium. Zucker (2002) suggests the disorder is vague, while Bukowski (2000) suggests the disorder is a strong label for preference of gender. Although it seems there is disagreement in opinions, there does seem to be a low percentage of gender identity disorders diagnosed.

Other symptoms. Zients (2003) stated that GID is not a disorder of mentally unstable people but a neuro-developmental condition of the brain. Other symptoms can form such as depression, suicidal thoughts, and antisocial tendencies (Erickson, 2006). These symptoms arise due to failure to identify with ones self, and society. GID individuals feel as though they are distorted thus causing some of these other symptoms to arise. It is important to recognize other symptoms that might cause bodily harm.

Religions For and Against Transgender persons

Religion used to reject individuals. In the past religion has been used as a reason to persecute people (Kennedy, 2008). A transgendered ex-Methodist pastor, Creech, concluded church teachings and passages were fear-based and motivated by hate (Kennedy, 2008). In an interview Creech concluded even the most tolerant congregations will find controversies in a male clothed in a female dress (Kennedy, 2008). His wife and Creech were asked to leave the church.

Bishop allows transsexual pastor to keep job. Even though there are controversies in transgenders preaching, it is sometimes allowed. One pastor, Phoenix, legally changed gender identities and the bishop allowed her to legally preach as a woman (Kennedy, 2008).

Laws to not allow transgender persons to preach. Since Phoenix was allowed to continue preaching, nine Judicial council members met to decide if church laws were broken (Kennedy, 2008). The nine members could not find any topics of transgendered ministers thus are now trying to make a law banding all transgenders from being permitted to preach (Kennedy, 2008).

Challenges ahead in for religious groups. There is more awareness in society about transgenders thus church communities with have to decipher whether the church will aspect transgender individuals. This is a growing question for religious communities because there are more transgendered persons coming out and discussing GID.

Counseling Issues for Transgenders

Onset of GID

Childhood onset. The earlier the onset the likelihood for a counselor is he or she will work with the client about confusion of Identity. The counselor's role is to help the child's quality of life by assisting the child to feel comfortable is his skin. It is important for the counselor to understand there may not be a permanent diagnosis for the child.

Adulthood onset. When the onset is later in life and is not continuous through life, the client usually receives satisfaction from wearing clothing but not from sex-reassignment (Milrod, 2000). Although, no sex-reassignment may be preformed it is

imperative the counselor recognize a chronic course for the client (Milrod, 2000).

Other symptoms. Zients (2003) stated that GID is not a disorder of mentally unstable people but a neuro-developmental condition of the brain. Other symptoms can form such as depression, suicidal thoughts, and antisocial tendencies (Erickson, 2006). These symptoms arise due to failure to identify with ones self, and society. GID individuals feel as though they are distorted thus causing some of these other symptoms to arise. It is important to recognize other symptoms that might cause bodily harm.

Lack of Trust in Clinicians

Involuntary Isolation. “Involuntary isolation that many gender-dysphoric individuals have been subjected to since childhood may contribute to the reluctance to open up to a stranger, even if the person is in the helping profession” (Milrod, 2000, p. 2). Clients sometimes are excluded from socialization due to not being in the majority. If the counselor harbors and unconsciously communicates to the client he should act as a male (go into remission), this will leave the client perceiving the counselor as an enemy. Transgender individuals already have a fear of rejection thus enhancing trepidation of a counselor (Milrod, 2000). “A lack of trust in Clinicians [is frequent but] ...not surprising... Shaming experiences with uncomprehending therapists and psychiatrists who despite their impeccable credentials failed to engage in empathic dialogue with their suffering clients” (Milrod, 2000, p. 2).

Female therapist preference. Many Male to female transgender individuals prefer female counselors (Milrod, 2000). The preference is because the client wants an optimal role model. It is important for the counselor to not impose her personal translation of her

definition of a female (Milrod, 2000).

Counselor Counter-transference

The ideal female. The idea of a female is embedded in society, but it is vital counselors abstain from a directive translation of an ideal female (Milrod, 2000). This is done to protect the client so she can find her own attributions as a female. This helps the transition of feeling like a woman. It is imperative the counselor refrain from stereotyping her own attributions and not allow sessions to be about how to act as a female (Milrod, 2000). The counselor should allow the client to explore these questions and find her own femininity.

The counselor's preferences. Ideology is important for the client to self explore.

“It is important to note the therapists own ideas of preference versus orientation, etiologies of essentialism versus social constructionism and how they affect the conceptualization and subsequent communication with the client” (Milrod, 2000).

The counselor needs to explore her ideologies before hand in order to not allow counter-transference to occur. The counselor is to not interfere with a client's choice of gender expression, even if the role seems unconventional to the societal norms (Milrod, 2000). Trying out many gender expressions is a healthy development process for the client to experience and should be discussed without bias by the counselor (Milrod, 2000).

Allowing the client to mourn. Counselors need to allow clients to mourn. It is part of the developmental process of losing part of self, even if it is part of the clients

self he does not want (Milrod, 2000). Mourning may also occur due to years of living a life different from the clients essential needs; this allows a safe environment for the client to mature as an individual (Milrod, 2000). Counselors may also note a regression in behavior, it is vital in the transition process, because the development as a new person did not happen in childhood (Milrod, 2000).

Triangulations. A transgendered person may unload her anxiety onto the counselor causing the counselor to be involved with triangulation (Milrod, 2000). The counselor needs to remain as objective as possible and also maintain a therapeutic alliance with both the spouse and the client (Milrod, 2000).

There is little discussed about the family transition. Families should also seek counseling. It helps the transition of the client and the family system.

Conclusion

GID may not be a very common diagnosis, and there is still a lack of knowledge in what causes it. Social acceptance may still be a leading reason to why there are not a greater number of diagnoses. Creating awareness and developing environments in which people feel they might be experiencing Gender Identity Disorder is a must in order to prevent suicide, isolation, depression and anxiety in clients who already feel alienated.

There are many controversies to why GID is caused. It is important to remember that there many unique and very different people, and it is greatly important to understand the difference in individuals. Intersex, transgender, and transsexuals all are different classifications of people who cope with GID.

There is little research of individuals with Gender Identity Disorder and this impedes little understanding of how and what the causation is. Perhaps this explains the diverse opinions and controversies. Understanding the differences of opinions and what resources used to uphold researchers defenses is vital to value the transgender/sexual quality of life.

Reference:

- Allen, L.S., Gorski, R.A. (1990). Sex Difference in the bed nucleus of the stria terminalis of the human brain. *Journal Comparative Neurology* 302:697-706.
- Bartlett, N.H, Vasey, P.L., Bukowski, W.M. (2000). Is Gender Identity Disorder In Children a Mental Disorder? *Sex Role: A Journal of Research*. Retrieved on March 2008 from [Http:// www.findarticles.com/p/articles/mi_m2294](http://www.findarticles.com/p/articles/mi_m2294)
- Diamond, M. (2000). Self-testing among transsexuals: A check on sexual identity. *Journal of Psychology and Human Sexuality*, 8, 61-82.
- Drummond, D. D., Peterson-Badali, M., Bradley, S. J., Zucker, K.J. (2008). A Follow-Up Study of Girls with Gender Identity Disorder. *Development Psychology*, 44:1: 34-45.
- Erickson, M.T. (2006). Clinical Management of Gender Identity Disorders in Children and Adults. *American Psychological Assessment*, 36, 1008-2001.
- Green R., Young, R. (2001). Hand Preference, Sexual Preference, and Transsexualism. *Archives of Sexual Behavior*, 30:565-574.
- Kennedy, J.W. (2008). The Transgender: Evangelicals Hope to Respond with Both Moral Authority and Biblical Compassion to Gender Identity Disorder. *Christianity Today*, 54-58.
- Milrod, Christine. (2000). Southern California Transgender Counseling: Issues of Counter transference in Therapy with Transgender Clients. Los Angeles: SCTC.
- Swaab, D.F., Chung, W.J., Kruijver, F.M., Hofman, M.A., Ishunina, T.A. (2001).

Structural and functional differences in the human hypothalamus. *Hormones and Behavior*, 40:93-98.

Zients, A.B. (2003). A boy who thought he needed to be a girl. *The Psychoanalytic Study of the Child*, 58, 19-34.

Zucker, K. (2002). A factual correction to Bartlett, Vasey, and Bukowski's (2000): 'Is gender identity disorder in children a mental disorder?' *Sex Roles*, 46, 263-264.