

What are the difficulties that people with gender identity disorder cope with in their life stages?: FTMs' narratives and their time perspective

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SUMMARY

The study of gender identity disorders in Japan has neglected psychosocial aspects of the clients' development. People with GID must undergo several physical and social changes, such as hormone treatment, sex reassignment surgery (SRS) and name change. In order to reorganize their identity and social adaptation, counseling process, as well as physical treatments, is necessary to improve QOL people with GID. The aim of present study is to reveal problems and difficulties of life of people with GID, especially those whose physical sex were female and gender identity have been male (Female-To-Male: FTM). Sequential interviews and questionnaires were given to four FTM individuals. The questionnaire was based on the Ladder Scale Method by Kilpatrick & Cantril (1960), with modification to adapt the needs of this investigation. The results have shown that the participants' levels of happiness in the new life stage were not as high as those they had expected before. After going through SRS or hormone treatment, the participants expected that the responses they had received from surrounding people would have been more positive. Self-acceptance and self-satisfaction of FTM people depended on their own wish and goals, such as hormone treatment or SRS. People who have finished some kind of treatment still need psychological assistance to solve or transform their own physical, psychological, and problems. It is crucial to establish psychological support systems for people with GID at all stages of life to achieve happiness and comfortable relationship with themselves.

Background

Definition: Gender Identity Disorder

Gender identity disorder is a condition in which a person has been assigned one gender (usually at birth on the basis of their sex), but identifies as belonging to another gender, or does not conform with the gender role their respective society prescribes to them.

Two kinds of Gender Identity Disorder (GID)

◆ Female-to-Male : sex•••Female
gender•••Male

◆ Male-to-Female : sex•••Male
gender•••Female

Treatment of gender identity disorder

Three steps of treatment decided in 1997 and revised in 2002 and 2006 by *the Japanese Society of Psychiatry and Neurology*

Stage 1: “Psychotherapy” (mostly diagnosis only)

Stage 2: Hormone treatment

(plus mastectomy in case of female-to-male)

Stage 3: Sex (gender) reassignment surgery (SRS)

*Female-to-male: female internal genital organ removal, and construction of penis

*Male-to-female : extraction of testicles, breast enlargement operation, construction of vagina



Purpose

Important life-stage events

People with gender identity disorder have 8 important life-stage events.

- (1) “psychotherapy” (diagnosis for (3) , (4), (5) & (6))
- (2) come-out
- (3) change given name
- (4) change of legal family registry of sex
- (5) hormone therapy
- (6) sex reassignment surgery
- (7) life style (workplace adaptation)
- (8) partner/ lover relationship

Coping and time perspective

People with gender identity disorder must cope with unique difficulties and establish these two factors for quality of life (QOL):

- (1) Self acceptance
- (2) Self satisfaction

These two QOL factors seem dependent on the individual's life history.

In this study "Time perspective" is defined as the temporal change of these factors.

Purpose: Four research questions

Question 1: Whether the scores at the future target point are higher or lower than the scores predicted by people with GID in the present.

Question 2: How they reevaluated the past from the present.

Question 3: How they predict their scores in the intermediate future such as 5 and 10 years later.

Question 4: How they experience each of eight important life-stage events.



Method

Method

1. Participants: Four female-to-male adults (see Table 1).
2. Semi-structured interview was conducted longitudinally by a researcher with participants' at each life-stage.
3. Each interview was followed by the questionnaire on time perspectives: (1) self acceptance and (2) self satisfaction by the Ladder Scale Method (Kilpatrick & Cantril (1960) with a range of 0 to 100 points.

Table.1 Profiles of 4 FTM participants

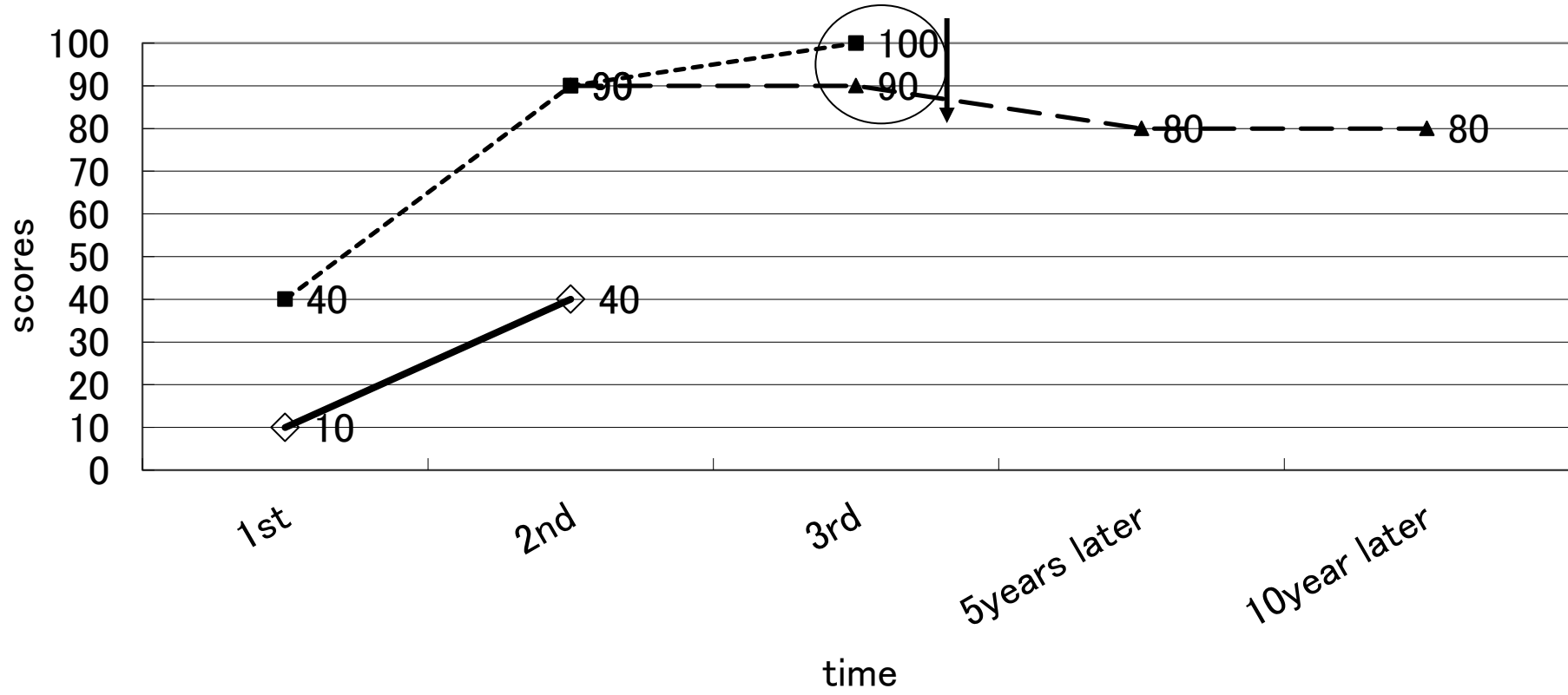
	Case-P	Case-Q	Case-V	Case-X
Age	30's	20's	20's	20's
Occupation	Student of technical college	Part-time worker	Graduate student	Student of technical college
Body Size	Small	Large	Small	Small
Partner	Female	Female	Female	Female
Life stage	Waiting operation of insertion a silicon into penis	After psychotherapy	Trying to change official family registry of sex. Preparing for SRS	Before psychotherapy
Completed life events at the first interview	Mastectomy, SRS; renaming given name, and change of official family registry	First medical certificate	Mastectomy, female internal genital organ removal, renaming given name	Nothing
Final destination	Operation of insertion a silicon into penis	Renaming given name, all operation (mastectomy, SRS), change of official family registry	SRS (Construction of penis)	Renaming given name, all operation (mastectomy, SRS), change of official family registry



Results & Discussion

Figure 1

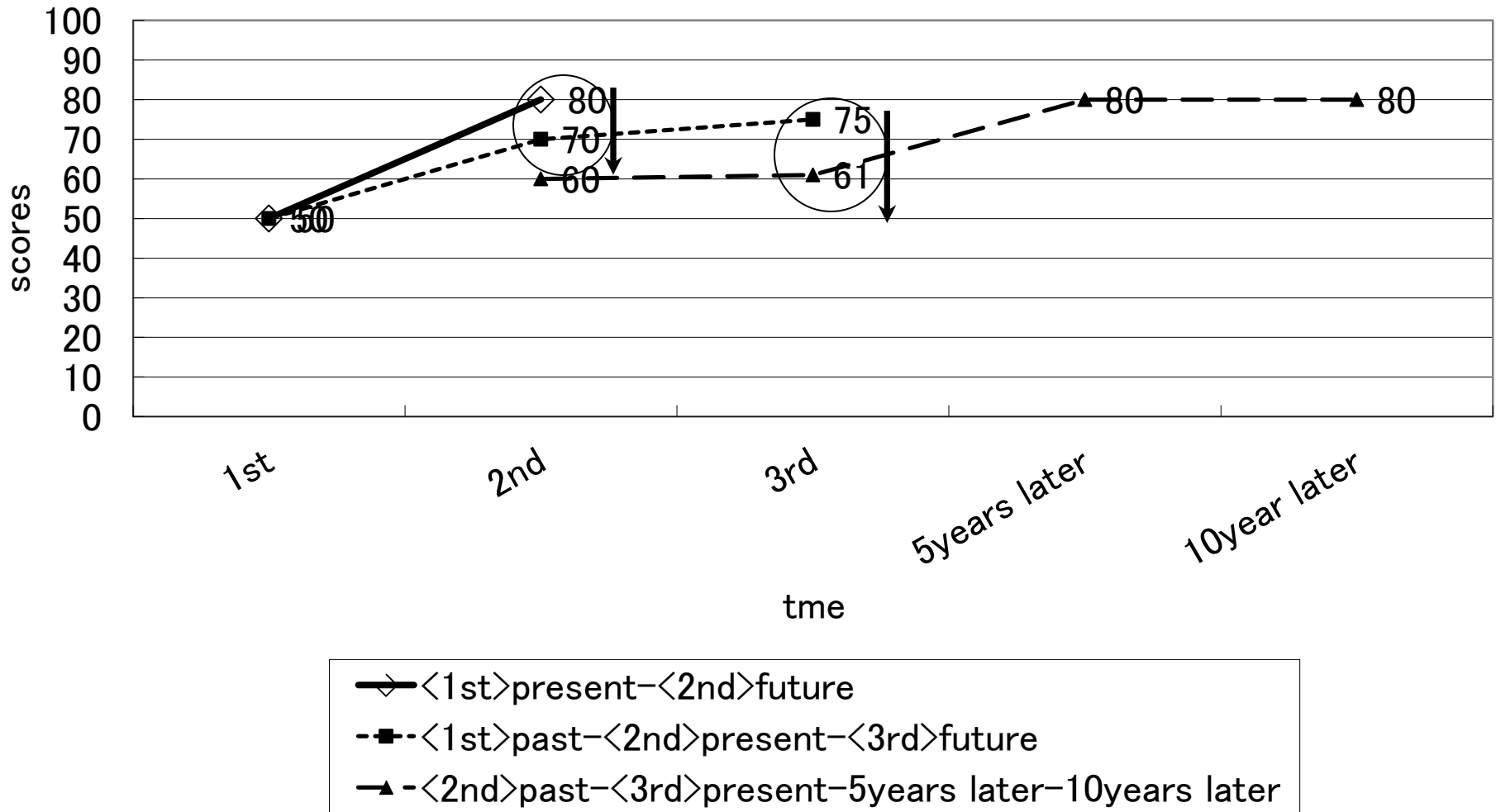
Time perspective of self satisfaction in Case-Q



- ◇— <1st>present—<2nd>future
- - <1st>past—<2nd>present—<3rd>future
- ▲- - <2nd>past—<3rd>present—5years later—10years later

Figure 2

Time perspective self satisfaction in Case-V



Comments on Fig. 1 & Fig.2

◆ Self satisfaction in Case-Q and Case-V

1. Case-Q

#1 He received a hormone injection but the effect had not appeared as he expected.

2. Case-V

#2 Although he had finished change of legal family registry of sex, he was fearful that he might have failed to hide his former sex to the company he was to work

#3 He had problems during sexual intercourse with his girlfriend, because he had not yet revealed about himself.

Q1: Prediction from present to future

From Cases Q & V (See Fig. 1 & Fig. 2)

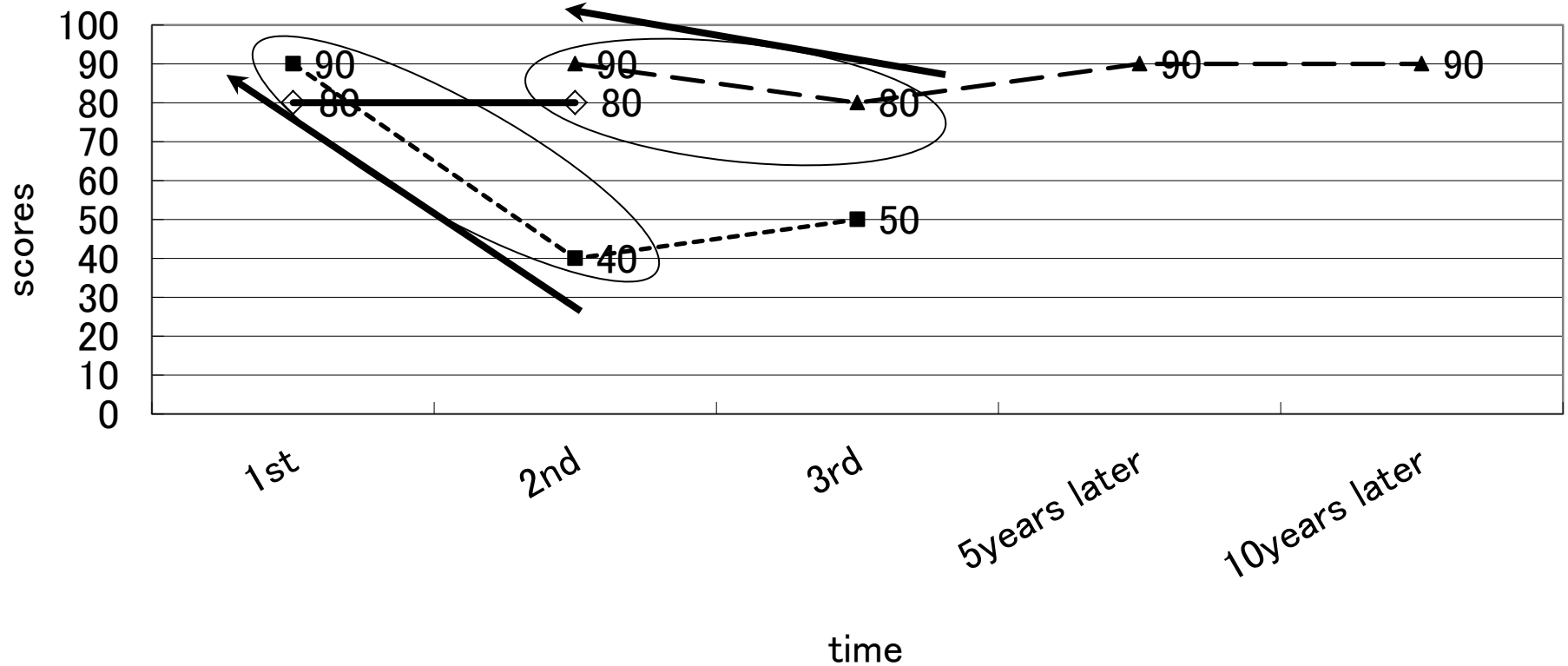
Participants often predicted the QOL items of the future higher than those of the present.

However, they didn't evaluate the present QOL as high as the predicted scores.

They more focused on their next future life stage rather than being satisfied with their present status.

Figure 3

Time perspective of self acceptance in Case-P



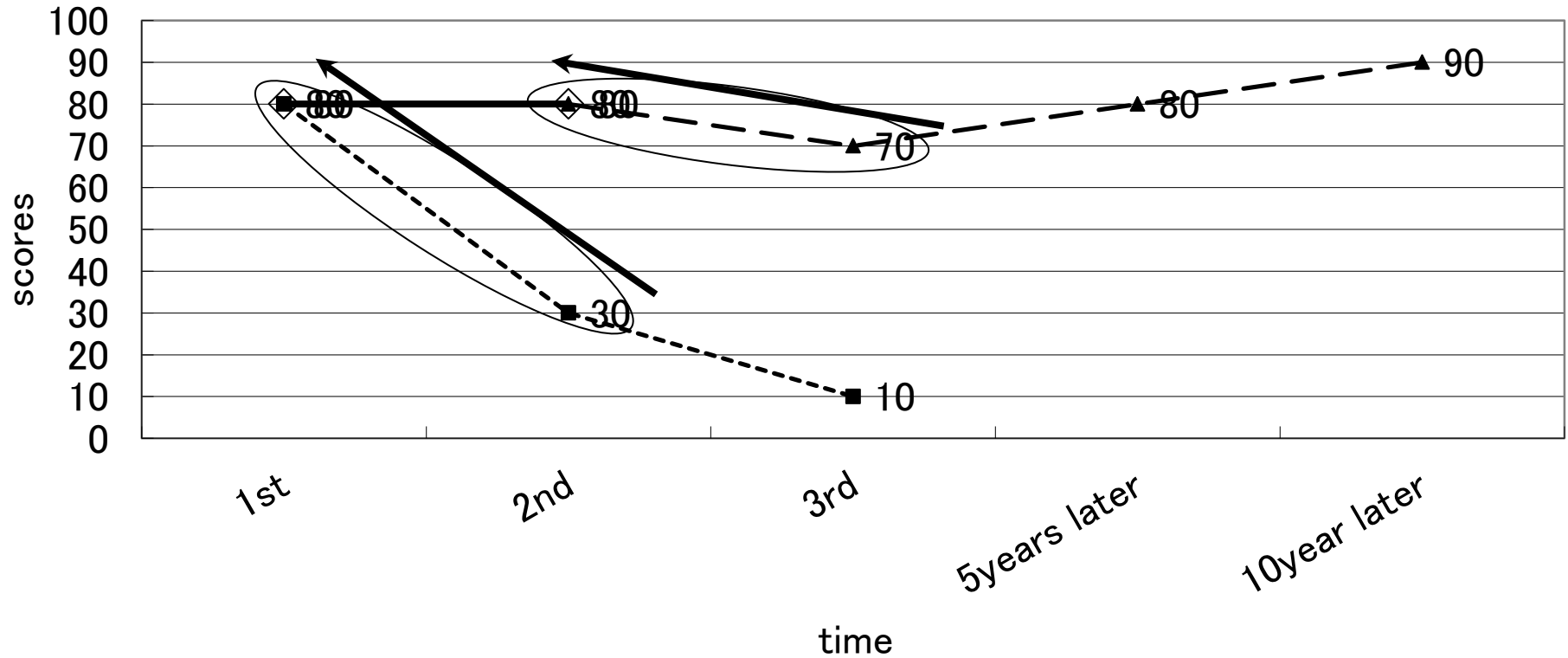
—◇— <1st>present—<2nd>future

-■- - <1st>past—<2nd>present—<3rd>future

-▲- - <2nd>past—<3rd>present—5years later—10years later

Figure 4

Time perspective of self satisfaction in Case-P



- ◇— <1st>present—<2nd>future
- <1st>past—<2nd>present—<3rd>future
- ▲- <2nd>past—<3rd>present—5years later—10years later

Figure 5

Time perspective of self acceptance in Case-V

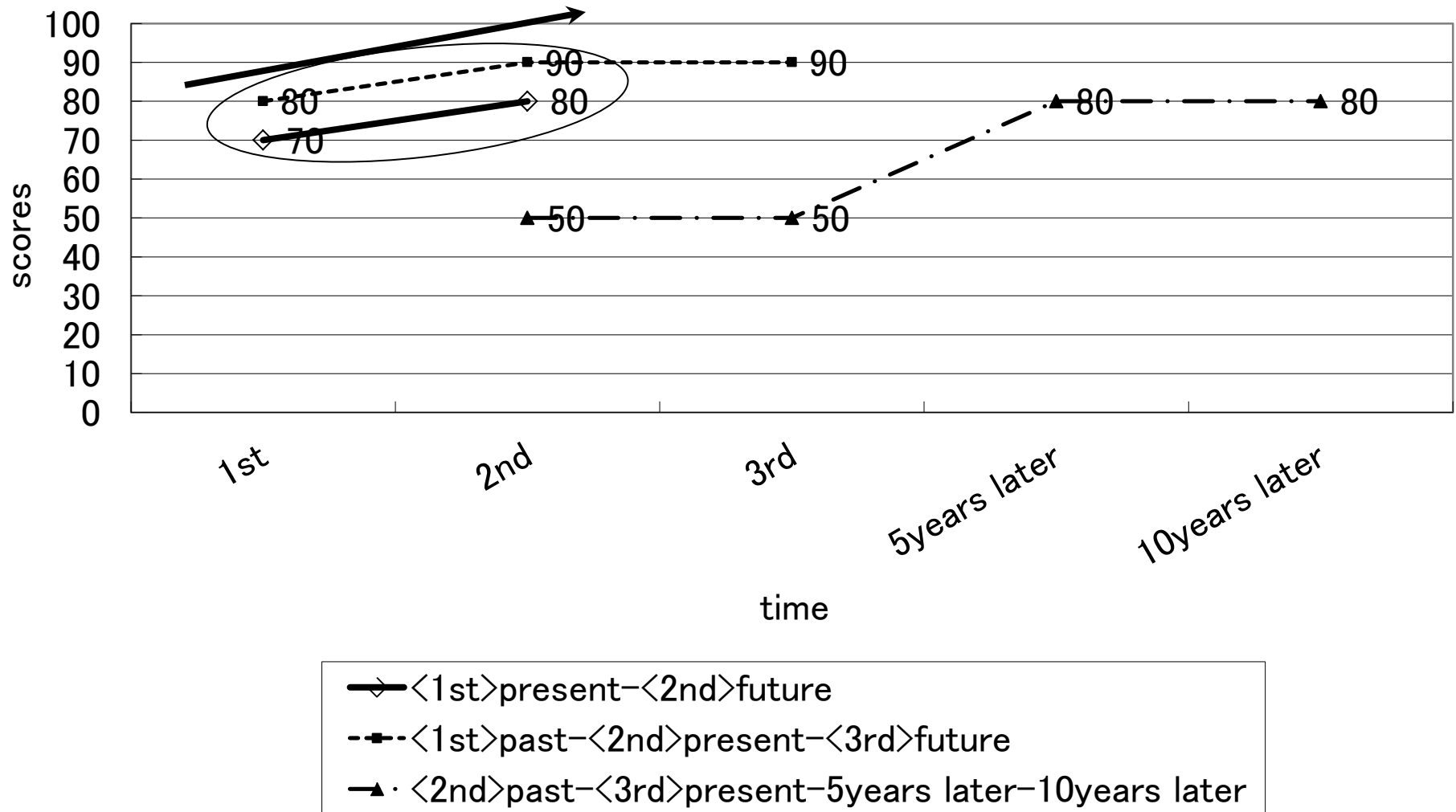
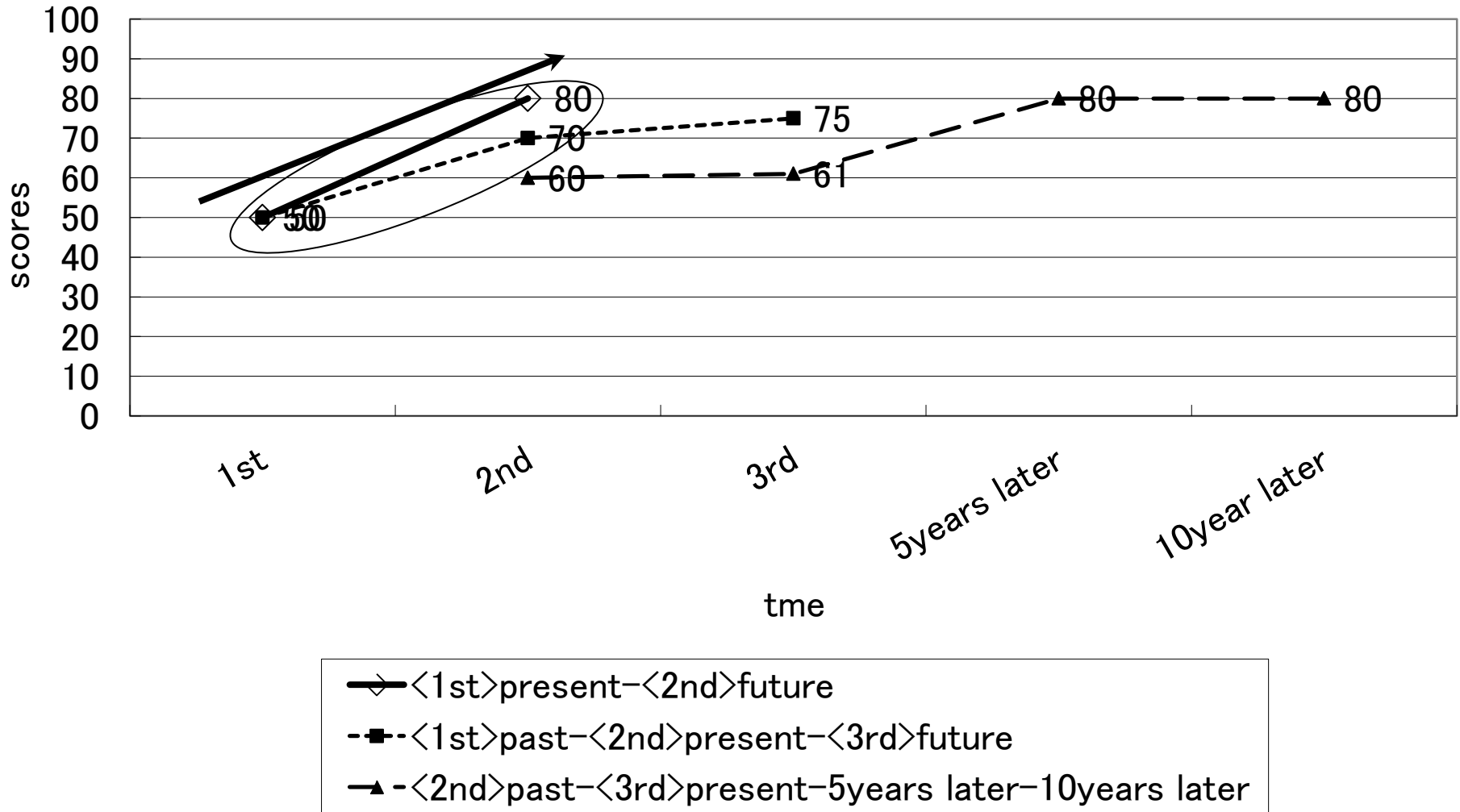


Figure 6

Time perspective self satisfaction in Case-V



Comments on Fig. 3, 4, 5 & 6

1. Case-P #4, #5, #6 & #7:

The present scores were lower than the predicted scores from the past. His operation of insertion of silicon into penis had turned out to be a failure and got confused in terms of his identity.

2. Case-V #8 & #9:

The present scores were higher than the predicted scores from the past. His treatment had not finish yet. He was hoping to have next operation (construction of penis)

Q2: Reevaluation of past from present

From Cases P & V (See Figs. 3, 4, 5 & 6)

When the SRS failed for one of the participants, he evaluated the past status higher than the present.

When another participant had hope and perspectives in his progress of life stages, he evaluated the past status lower than the hopeful present.

Prediction after 5 years and 10 years

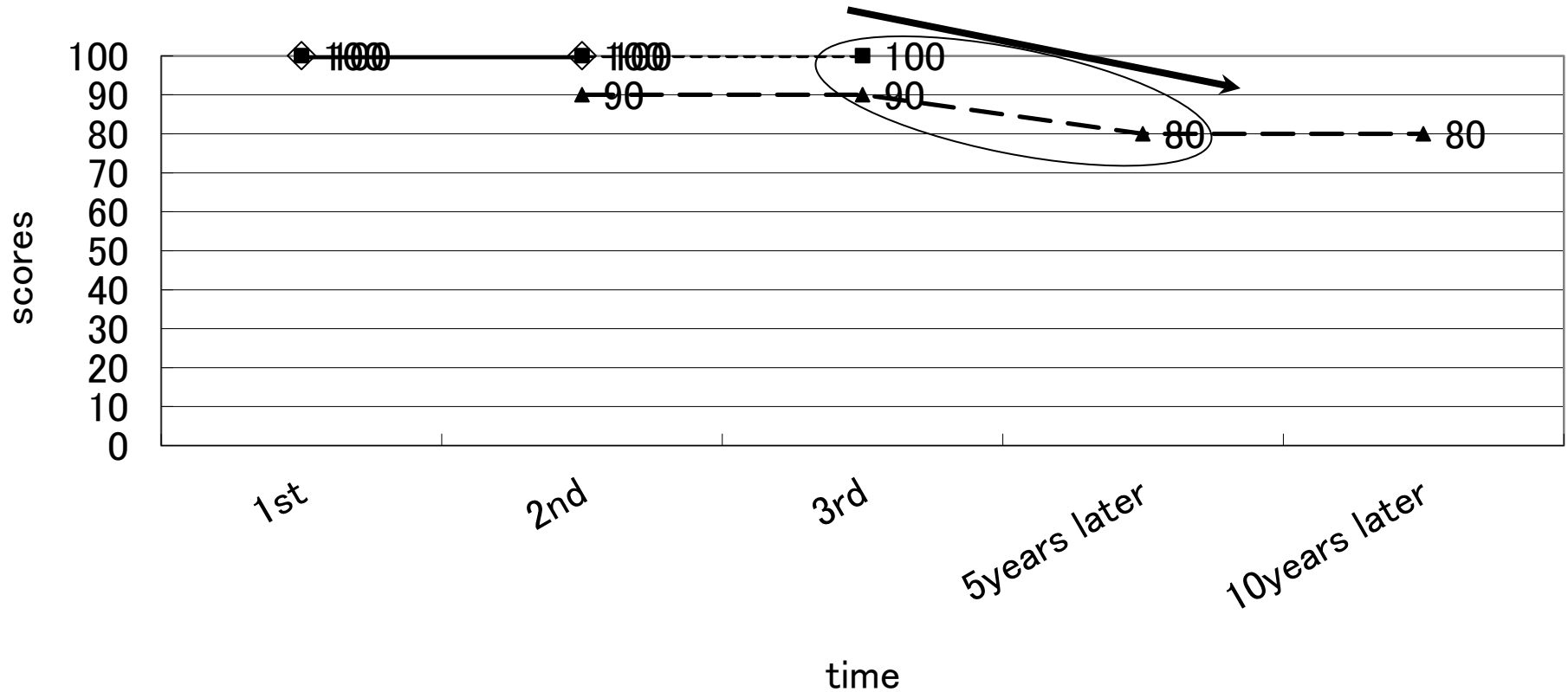
◆ self acceptance and self satisfaction in Case Q

Only case-Q predict lower score than third research.

This participant received hormone injection however the effect was different from prediction. As result he had pessimistic view for treatment of future.

Figure 7

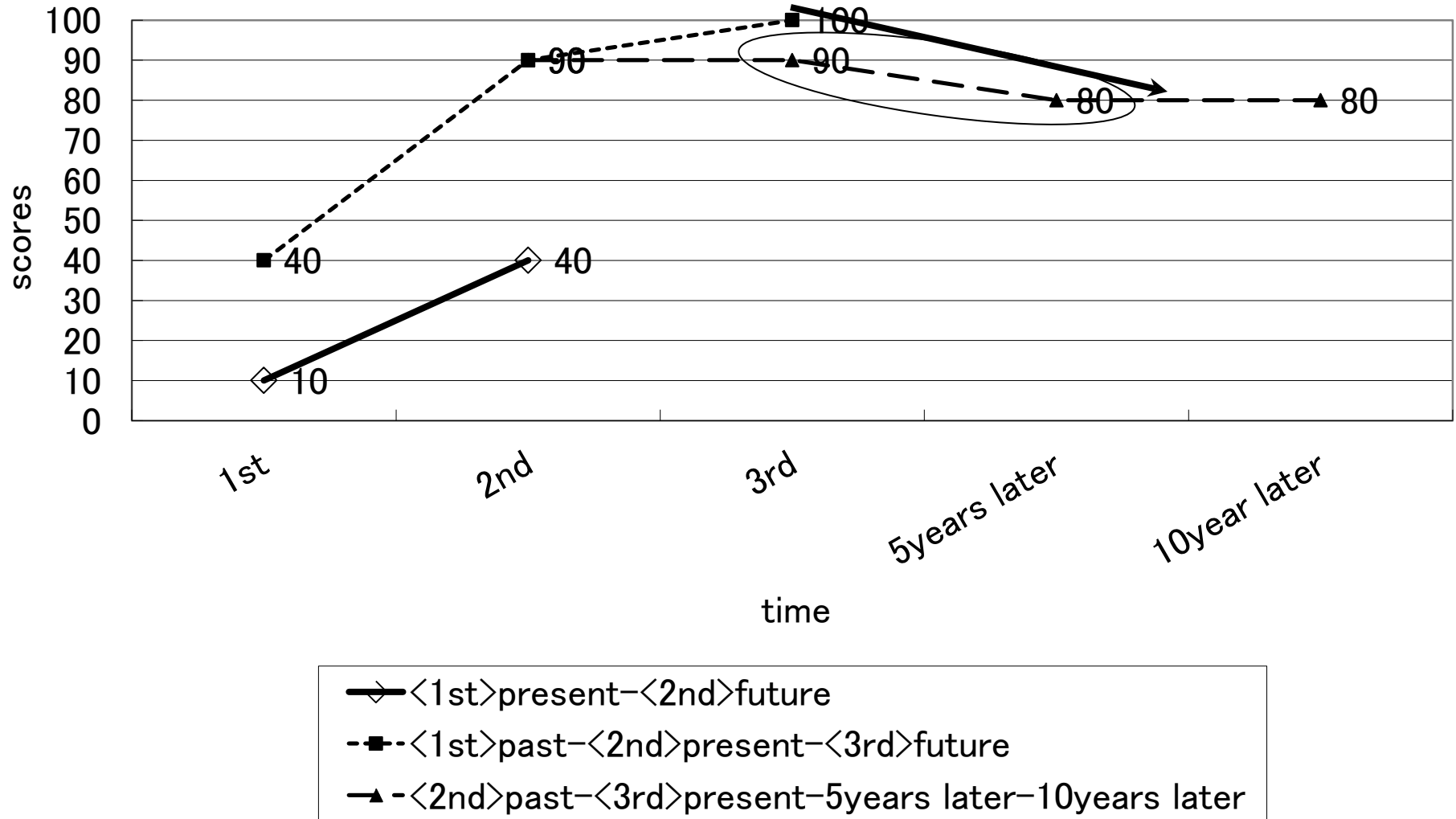
Time perspective of self acceptance in Case-Q



—◇— <1st>present—<2nd>future
-■- <1st>past—<2nd>present—<3rd>future
-▲- <2nd>past—<3rd>present—5years later—10years later

Figure 8

Time perspective of self satisfaction in Case-Q



Comments on Figs. 7 and 8

< Case-Q > #10 & #11:

Except for Case-Q, the other three subjects predicted QOL items of the 5- and 10-year-future higher than those of the present status. In case of Q, he evaluated his intermediate future a little lower than the present as in #10 and #11.

Q3: Predicted the intermediate range of the future (5 and 10 years later)

Except for Case Q, generally FTM subjects had hope for the intermediate future.

Case Q had pessimistic future time perspective, because his hormone injection treatment had not been as effective as he had expected. He was not confident on the success of his future treatment.

The future time perspective is dependent on the life stages evaluation at the time.

Q4: Experience of 8 life-stage events

- ◆ This study found new knowledge on the psychological meanings of eight important life stages for people with GID.
- ◆ These eight life stages specific to people with GID often have different meanings according to FTM individuals.

(1) The meaning of psychotherapy

Three of them (P, V, X) considered the “psychotherapy” only for getting a diagnosis. One (P) considered the “psychotherapy” to get explanation of his own identity. Although the purpose of “psychotherapy” differs among subjects, it is mainly considered as a step to further medical treatment and legal procedure.

(2) The meaning of coming-out

Two of them (P, V) thought were not willing to come out. The other two (Q, X) had come out positively to the surrounding people. Coming-out is associated with to the progress of medical treatment, because as the change of appearance has already proceeded, they should not necessarily hide their sex origin.

(3)The meaning of renaming given name

Name-change contributed to the improvement of their QOL, the subjects also wanted to change the official family registry of sex (P, V). Change of legal name and sex are strongly associated.

(4)The meaning of change of official family registry

Case-P changed his official family registry after the construction of penis operation and finally got sense of security.

Case-V changed an official family registry after the female internal genital organ removal. Although he had sense of security after change of an official family registry, his focus of interest immediately moved to surgery of construction of penis.

(5)The meaning of hormone therapy

Two of them (P, V) had succeeded in getting appearance-change, but they were not satisfied, including failing to get mental balance.

One of them (Q) started hormone medication during the present study session. He had hoped mental stability by getting hormone injection. On the contrary, he became emotionally more unstable than before.

(6)The meaning of sex reassignment surgery (SRS)

Two of them (P, V) had unpleasant experience because of lack of sufficient explanation before SRS.

They regarded SRS as a transitional stage e for operation of construction of penis, which had more important meaning for them.


(7)The meaning of working

Two of them (P, V) had anxiety about failing to conceal their original sex when getting their jobs. On the contrary, the other subjects (Q, X) did come out and their companies understand them. The results show importance of coming out at the time of getting a new job.

(8)The meaning of partner

One (P) had the problem of sexual behavior.

Two of them (Q, X) had already come out to their partners, which resulted in good cooperation, where there was no conflict in terms of gender identity disorder. When one (V) changed the partner, he had conflict in coming out to his girlfriend for fear of revealing his sex origin.



Conclusion

Conclusion 1: Summary

The present study has clarified:

1. Receiving physical treatment does not necessarily lead to mental well-being nor social adjustment.
2. Although FTM people have positive prediction in the future, their future time perspective such as self-acceptance and self satisfaction tend to become lower than expected when they have experience which caused their identity crisis.
3. Self acceptance and self satisfaction depend on what they desire and what they consider as goal of life.
4. "Physical treatment" and "partner" have the most important meanings among the eight life stages for FTM people.

Conclusion 2: Limitations and perspectives

- ◆ Although this research was a one year exploratory longitudinal design with four participants, it has made it clear what kind of difficult point or problems people with GID hold and how they cope with each period in terms of self acceptance and self satisfaction from the viewpoint of time perspective and its transition.
- ◆ Comparing this study with future studies on male-to-female, researchers would contribute to the study of psychology of GID.
- ◆ This kind of further studies on people with GID would be valuable to help them practically in the field of community psychology.
- ◆ When non-GIDs and GIDs are living in harmony and respect each other, that will contribute to establish realization of multi-cultural synthetic society.