

# **How do people with gender identity disorder cope with difficulty in their life stages?**

**Noboru NAGASAKA**

**Takehiko ITO**

**Hiromi SAKAZUME**

**(Wako University)**

# 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 testicle, breast enlargement operation, construction of vagina

# Purpose

# Important life-stage events

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

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

# Coping and time perspective

People with gender identity disorder must cope with unique difficulties and establish the two items of quality of life (QOL):

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

These two QOL items seems dependent on the individual life history.

“Time perspective” is defined as temporal change of these two items in this study.

# Purpose: Four research questions

**Question 1:** whether the next scores at the target point become higher or lower than predicted scores after people with GID predicted the future from the present,

**Question 2:** How their reevaluate the past from the present

**Question 3:** How they predict the intermediate range of the future such as 5 and 10 years later.

**Question 4:** How they experience each of 8 important life-stage events



# Method

# Method

1. Subjects: 4 female-to-male adults (see Table 1).
2. Semi-structured interview was done longitudinally by a researcher in the subjects' 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 range from 0 to 100 points.

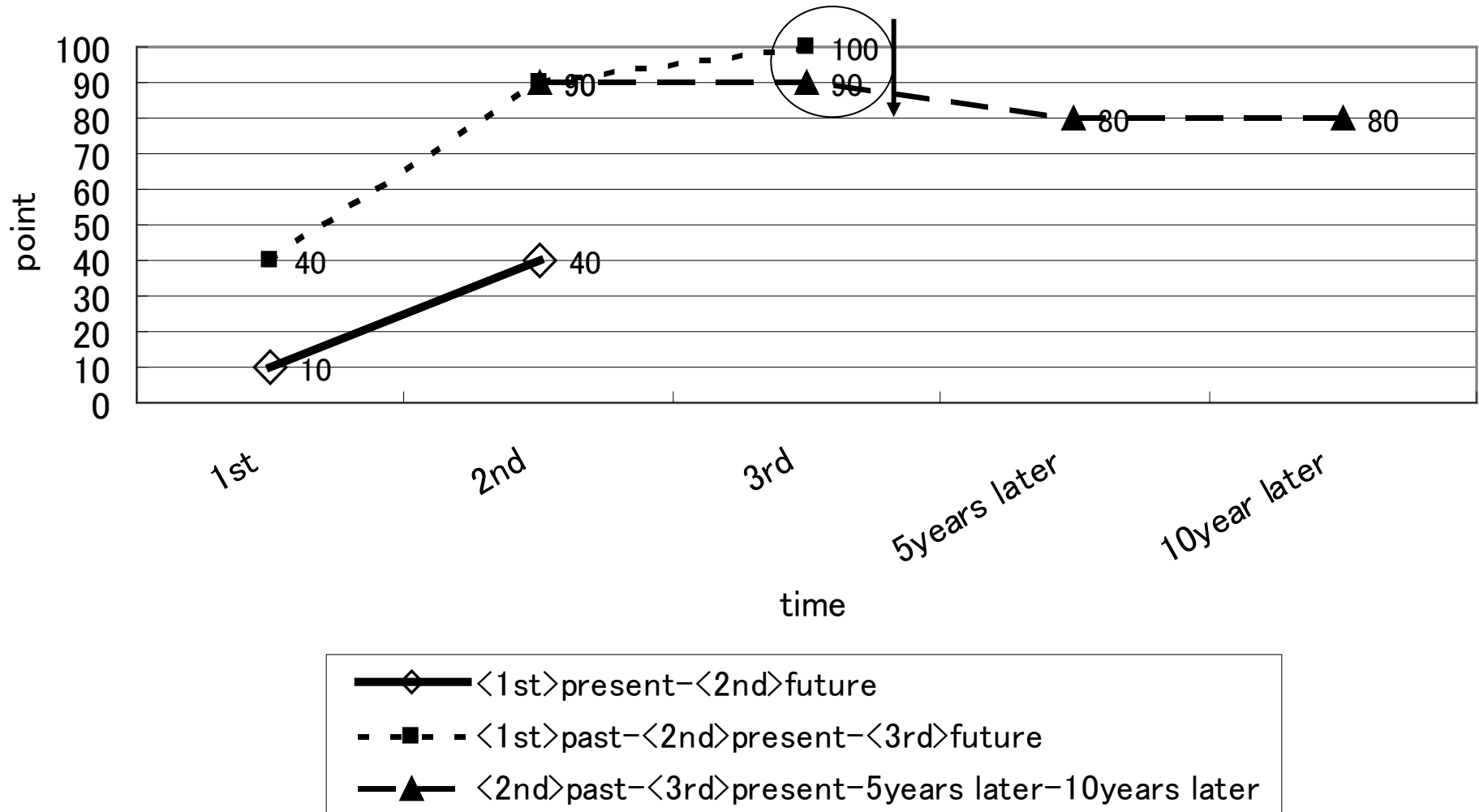
# Table.1 Profiles of 4 FTM subjects

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

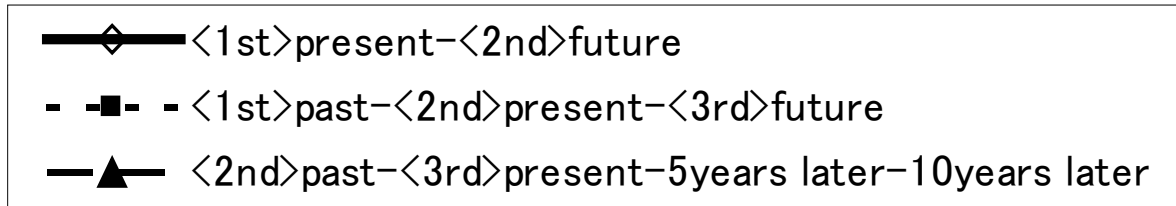
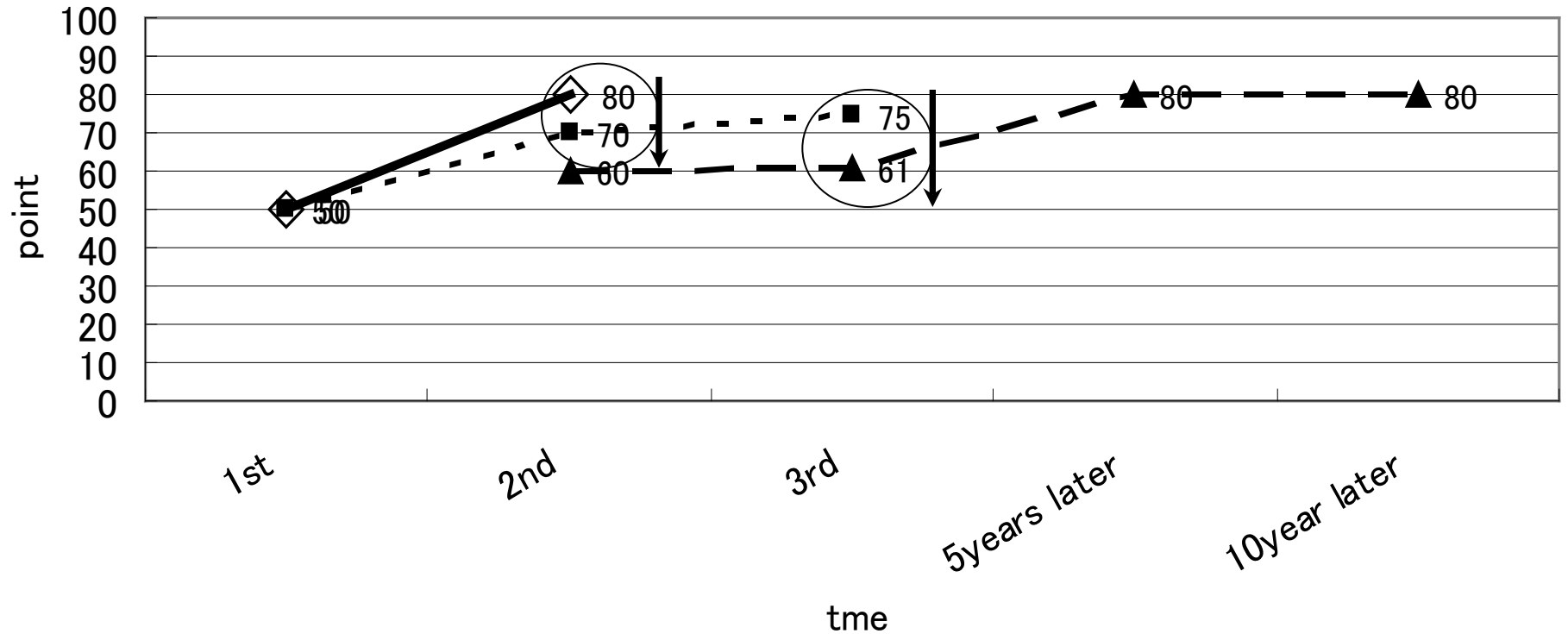
# Figure 1

## Time perspective of self satisfaction in Case-Q



# Figure 2

## Time perspective of self satisfaction in Case-V



# Comments on Fig. 1 & Fig.2

● Self satisfaction in Case-Q and Case-V

## 1. Case-Q

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

## 2. Case-V

#2 Although he had finished change of official 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 such as sexual behavior with his girlfriend, because had not yet come out to her.

# Q1: Prediction from present to future

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

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

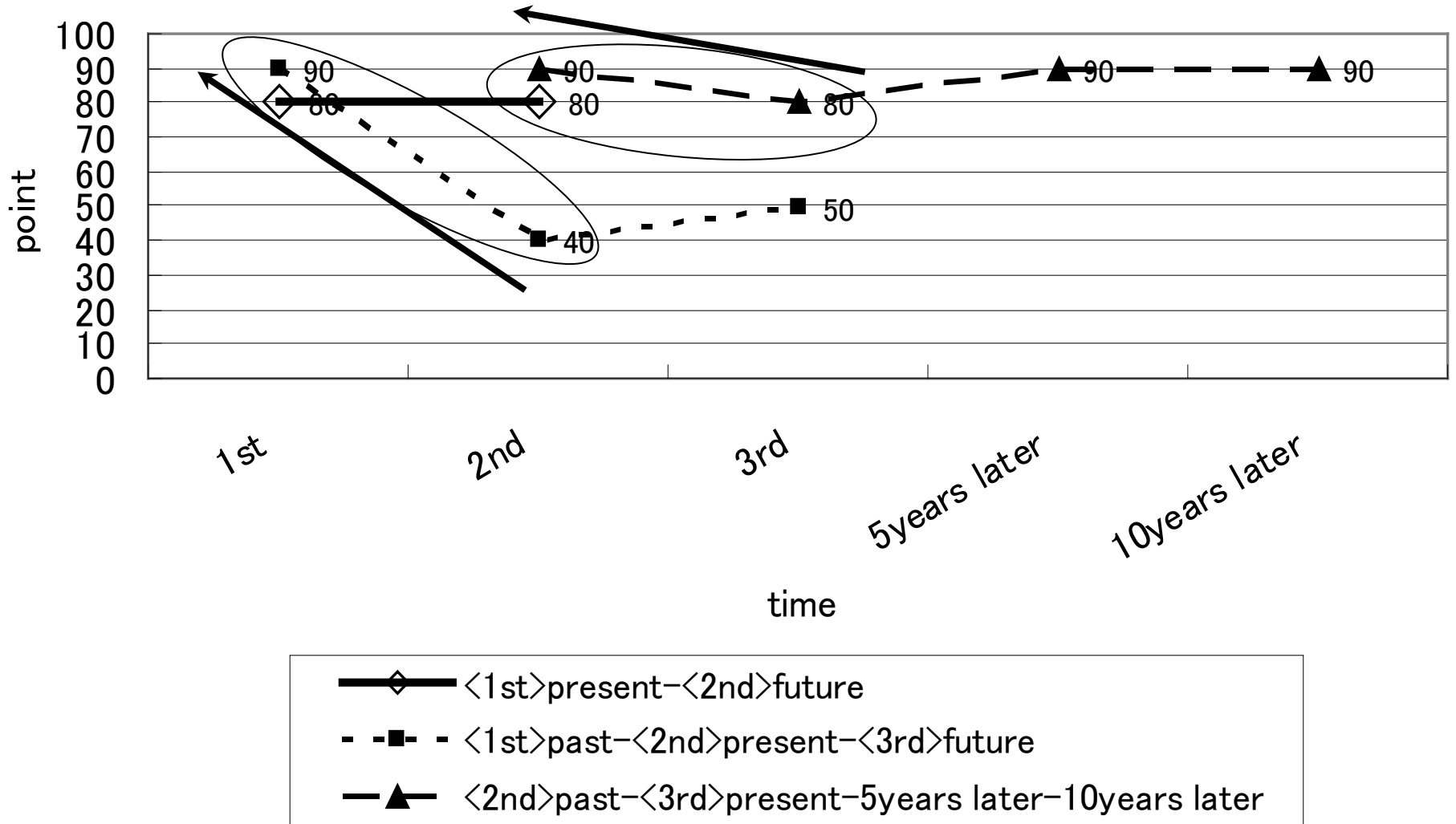
However, they didn't evaluate the present QOL as high as the predicted scores.

They more focused on their next future life stage rather than became satisfactory to their present status.



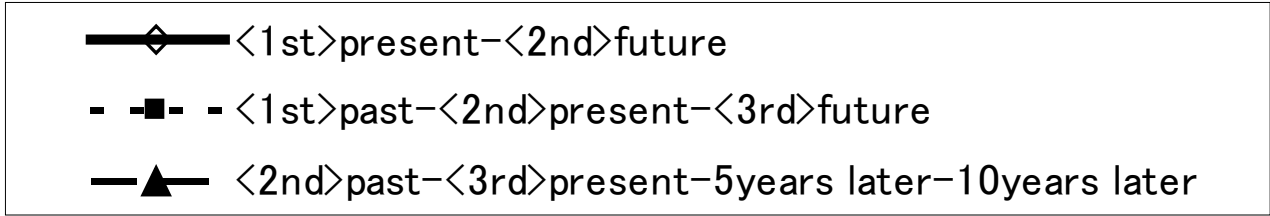
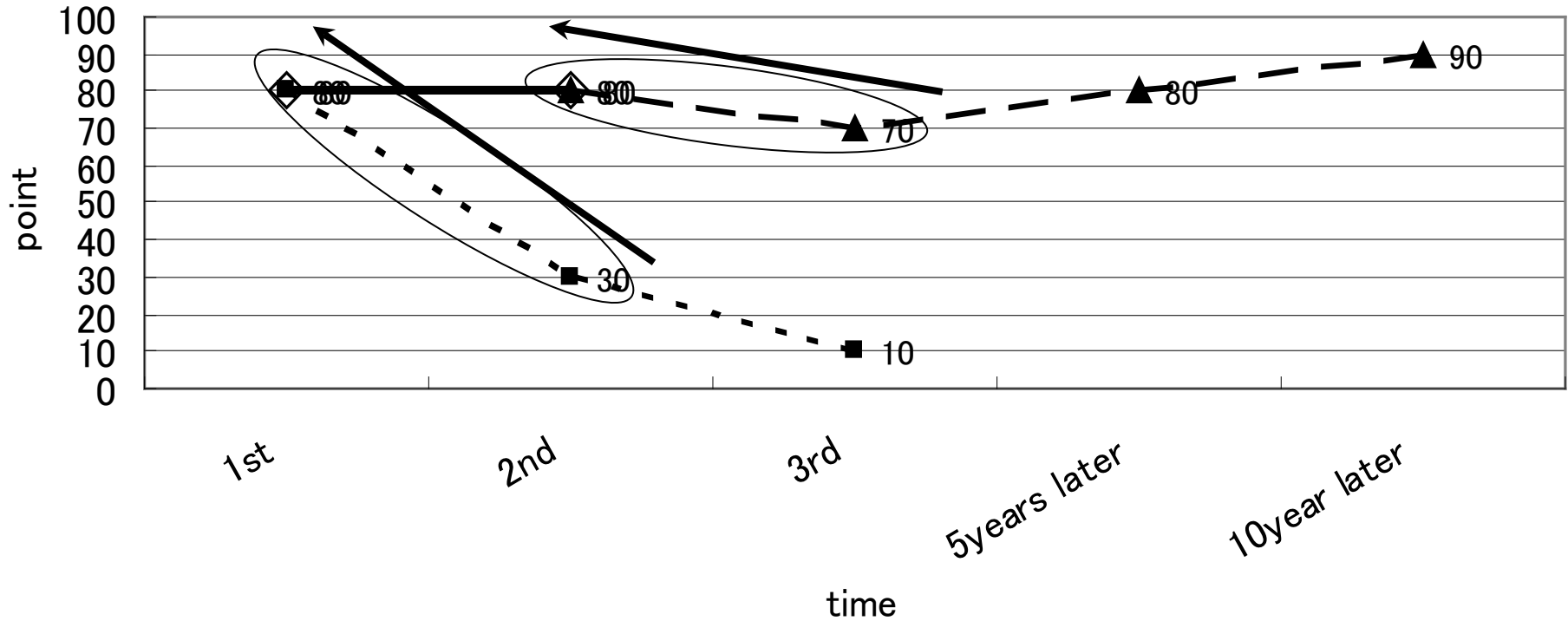
# Figure 3

## Time perspective of self acceptance in Case-P



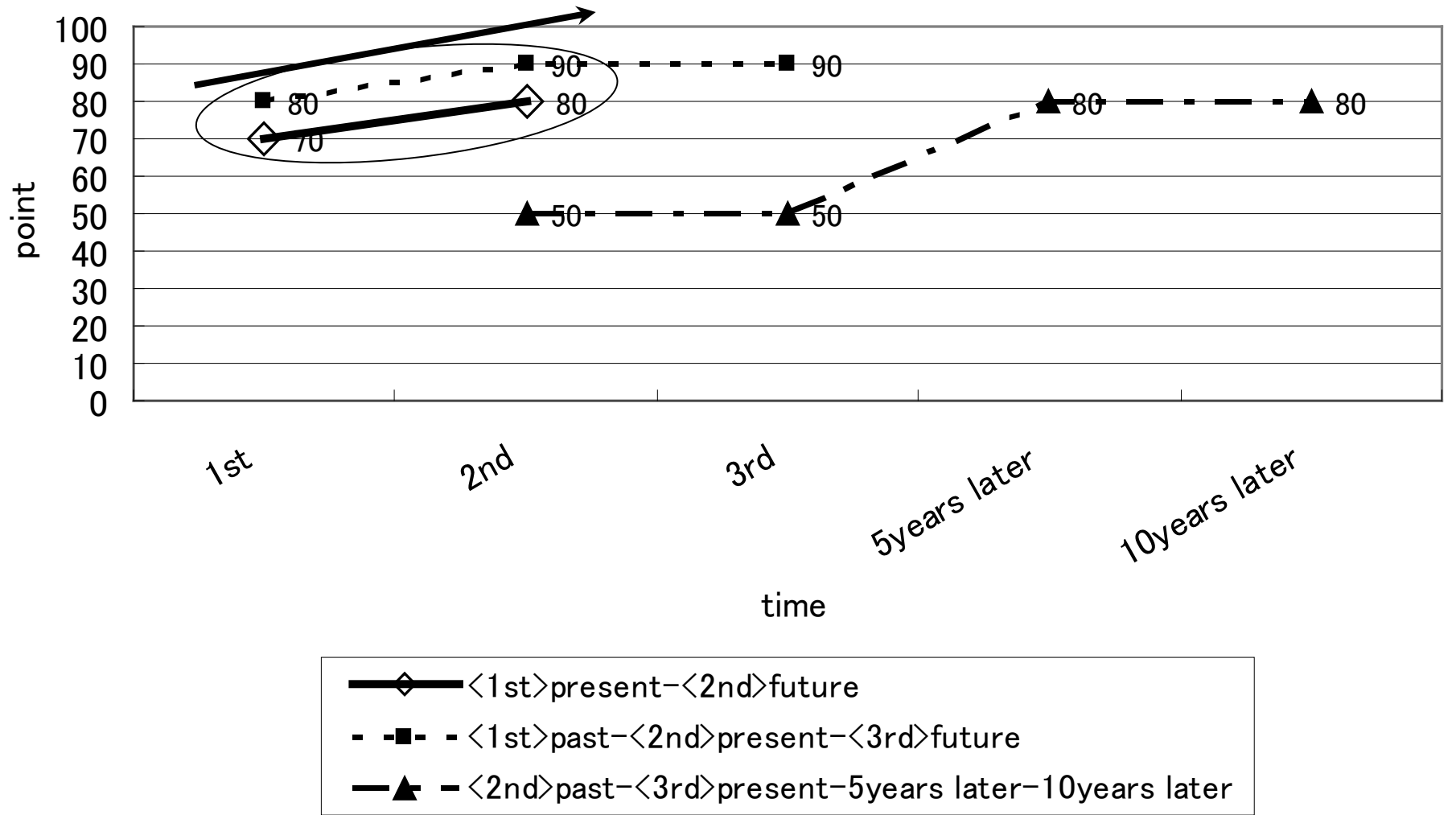
# Figure 4

## Time perspective of self satisfaction in Case-P



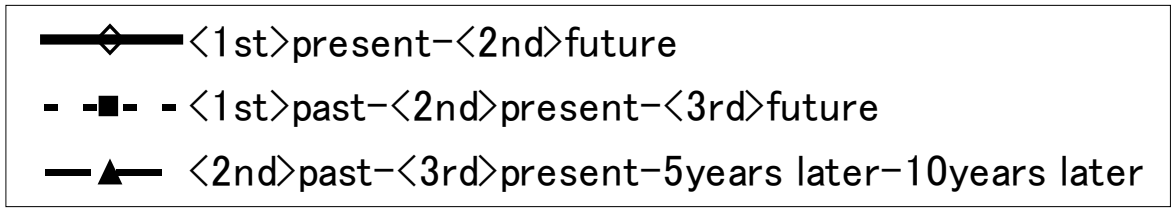
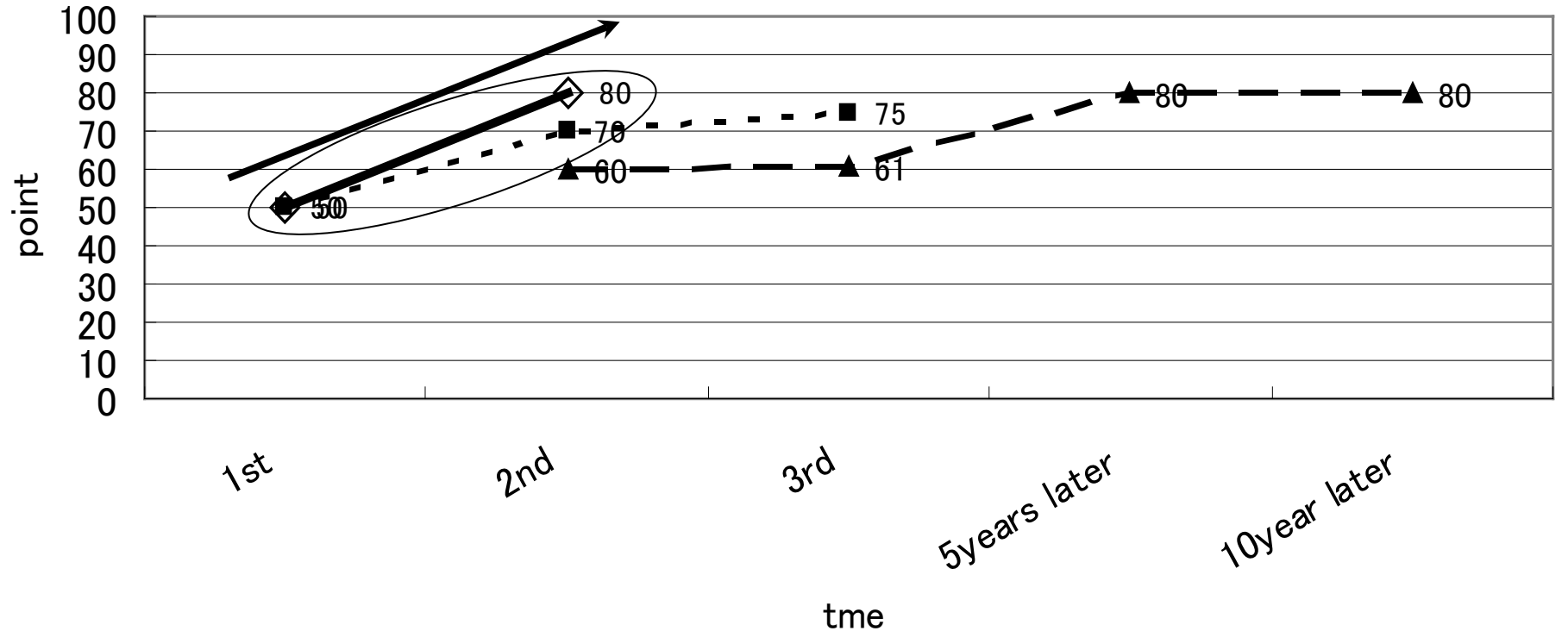
# Figure 5

## Time perspective of self acceptance in Case-V



# Figure 6

## Time perspective of 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 one of the subjects got in trouble with failure of the operation, he evaluated the past status higher than the miserable present.

When another subject 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

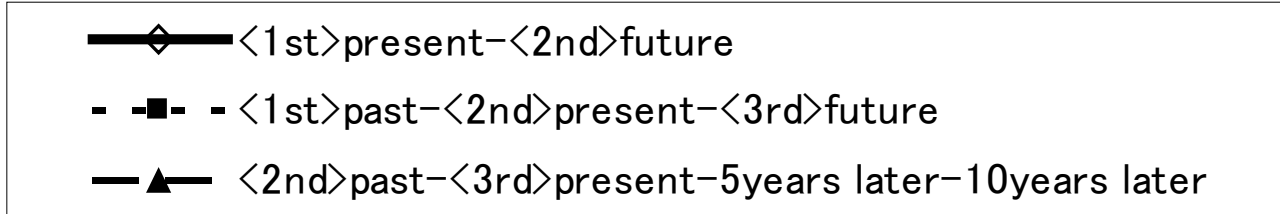
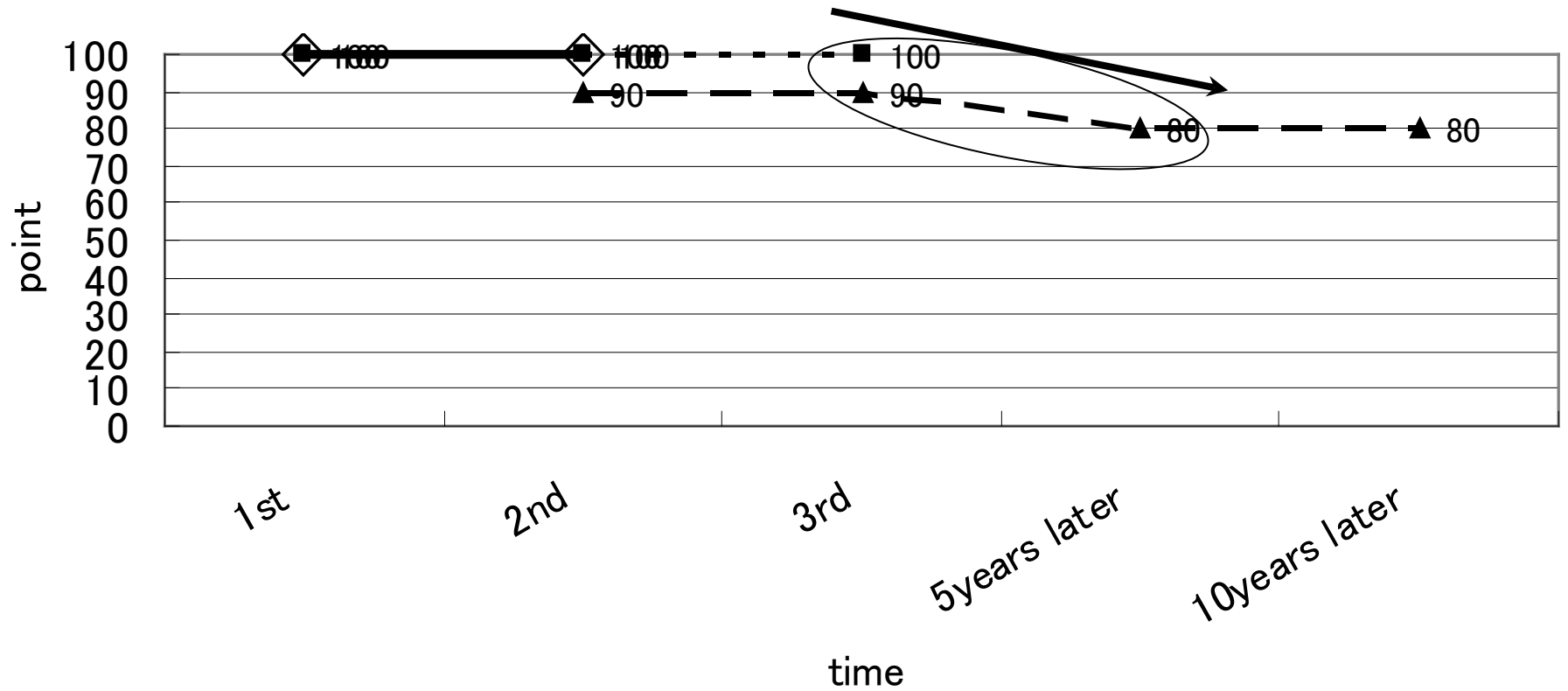
● self acceptance and self satisfaction in Case Q

Only case-Q predict lower score than third research.

It is interpreted from effect that he got hormone injection however effect was different from prediction that he had pessimistic view for treatment of future.

# Figure 7

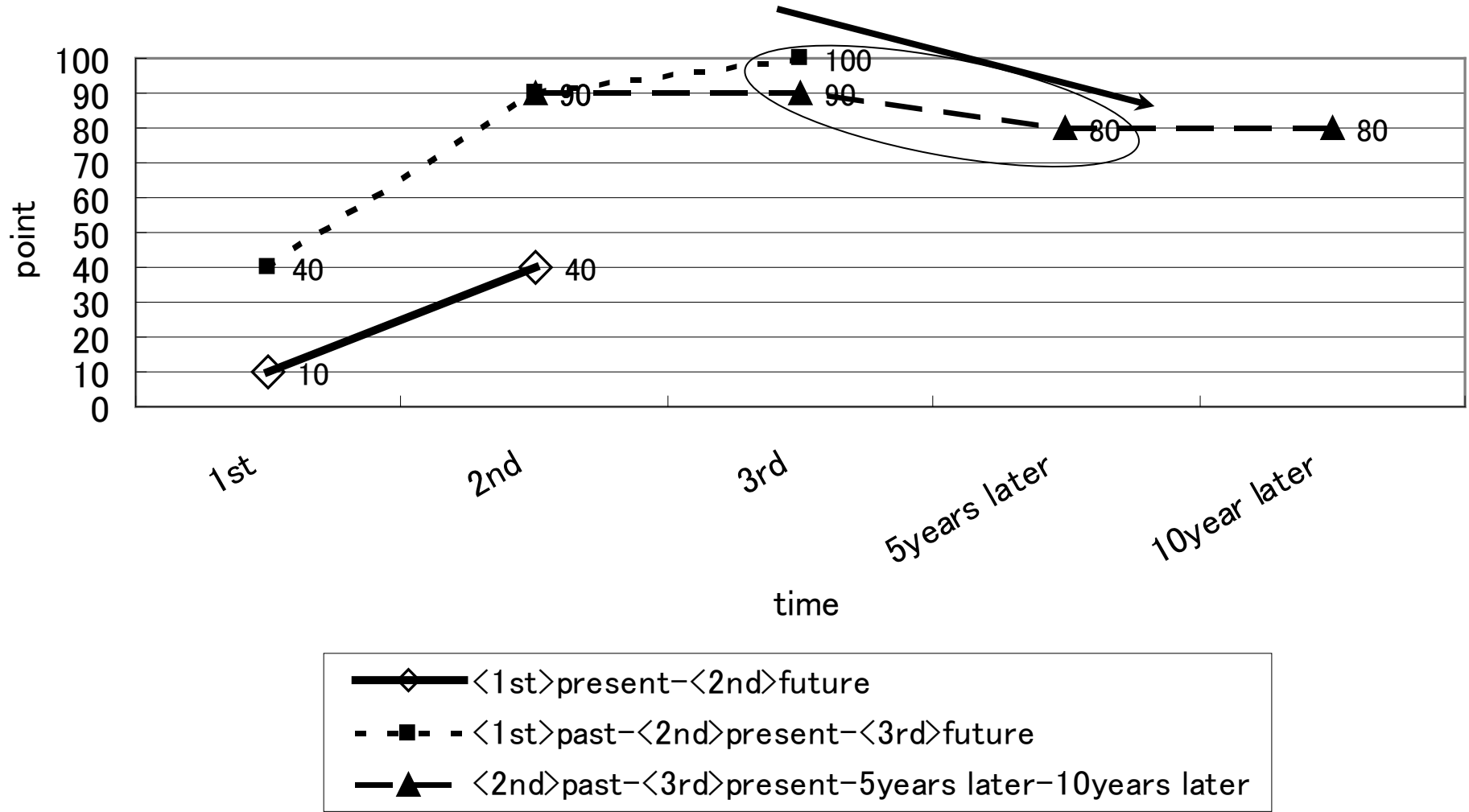
## Time perspective of self acceptance in Case-Q





# 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 stage evaluation at the time.

## Q4: Experience of 8 life-stage events

- This study found new knowledge on the psychological meanings of 8 important life stages for people with gender identity disorder.
- These 8 life stages specific to GID people 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 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. Getting physical treatment does not necessarily leads 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:

### Comparison with previous studies

The present study supports results of the previous studies that people with gender identity disorder have maladaptation problems at the time of getting a new job and in the workplace when they have finished renaming given name and official family register of sex.

The present longitudinal study have taken a new approach to people with GID studies from the point of their time perspective change according to the life stage events.<sup>35</sup>

# Conclusion 3:

## Limitations and perspectives

- Although this research was as short as one year exploratory longitudinal design with four participants, it has made it clear what kind of difficult point or problem 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 people would contribute to the study of psychology of GID.
- This kind of further studies on people with gender identity disorder 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.