ON THE DEFINITION OF GENDER IDENTITY DISORDER IN ADOLESCENCE

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Abstract

In recent years, there has been an increased interest in the gender identity of adolescents and the role that it plays in the mental health and behavior of children. Gender identity can be defined as a set of knowledge covering an assessment of a person's compatibility with his sex and motivation in order to correspond to his gender. This is a multidimensional term through which we can investigate gender identity disorders. One of the aspects of gender identity, which is of central importance for theory and research, is the typicality of the same gender or independent similarity of people with their gender team. Caring about this aspect of gender identity reflects the scientific interest in expressions of the sense of masculinity or femininity of people in the context of their mental health and social behavior. These terms are rarely used today because of obscurity in the meaning, but the concept that relates to compatibility with the gender is important and relevant. The main goal of our review is the assessment of gender roles or gender identities of adolescents. Nevertheless, the conceptualization of gender identity has recently expanded to enable additional dimensions, such as similarity with another sex and satisfaction with its gender. These additional aspects of gender identity are important in themselves, but they also interact with the indicators of the typical perception of the gender in order to positively influence adolescents' welfare. For example, children who feel different from same-sex peers are faced with difficulties in communication, first of all, if they also experience strong pressure on gender correspondence or feel like another sex. Thus, it is important to study various aspects of gender identity in combination with each other. The concepts of "gender role" and "gender identity" are closely related to each other. At the same time, gender identity is the subjective experience of the gender role, and the gender role is the social expression of gender identity. The assimilation of gender roles forms the psychological development of sex, which is characterized by the skill of certain attributes of behavior and emotional reactions. The concepts of "gender identity" and "gender identity disorder" are used in the research of many authors as a scientific term. In the interests of scientific and practical application of terms and concepts that illuminate the problem of self-awareness and gender identity disorder, a detailed study of the theory of gender identity is required.

Keywords and phrases: Gender identity, gender identity disorder, adolescents, factor, adaptation mechanisms

ԴԵՌԱՀԱՍՈՒԹՅԱՆ ՏԱՐԻՔՈՒՄ ՍԵՌԱԴԵՐԱՅԻՆ ՆՈՒՅՆԱԿԱՆԱՑՄԱՆ ԴԵՍՏՐՈՒԿՑԻԱՅԻ ՍԱՀՄԱՆՄԱՆ ՇՈՒՐՋ

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Համառոտագիր

Վերջին տարիներին մեծ հետաքրքրություն է առաջացել դեռահասների գենդերային ինքնության և այն դերի նկատմամբ, որով պայմանավորվում է երեխաների հոգեկան առողջությունն ու վարքը: Գենդերային ինքնությունը կարող է սահմանվել որպես գիտելիքի մի ամբողջություն, որն ընդգրկում է անձի համատեղելիության գնահատումը նրա սեռի հետ և սեփական սեռին համապատասխանելու մոտիվացիան: Այն բազմագործոն երևույթ է, որի միջոցով հնարավոր է ուսումնասիրել գենդերային ինքնության դեստրուկցիան: Գենդերային ինքնության դրսևորումներից մեկը, որը կարևոր նշանակություն ունի տեսության և պրակտիկ հետազոտությունների համար, սեռային պատկանելիության նույնականությունն է կամ սեփական գենդերային խմբի հետ անձի նմանությունը: Գենդերային ինքնության այս գործոնի ուսումնասիրումն արտացոլում է գիտական հետաքրքրությունը մարդկանց տղամարդկային կամ կանացի զգացմունքների արտահայտությունների նկատմամբ՝ հոգեկան առողջության և սոցիալական վարքի համատեքստում: Այս եզրույթները, թերևս, այսօր հազվադեպ են օգտագործվում իմաստի ոչ հստակ լինելու պատճառով, բայց գաղափարը, որը վերաբերում է սեռային համատեղելիությանը, շարունակում է մնալ արդիական և կարևոր: Մեր ուսումնասիրման հիմնական նպատակն է սահմանել դեռահասների գենդերային ինքնության և սեռադերային ինքնության դեստրուկցիայի տարբեր գործոնները: Հարկ է նշել նաև, որ սեռադերային ինքնության հայեցակարգը վերջերս ընդլայնվել է՝ ներառելով լրացուցիչ գործոններ, ինչպիսիք են նմանությունը մեկ այլ սեռի հետ և սեփական սեռային պատկանելիության հանդեպ գոհունակության աստիճանը: Դեռահասները, ովքեր տարբերվում են նույն սեռի հասակակիցներից, առաջին հերթին բախվում են հաղորդակցման դժվարություններին, եթե նրանք բախվում են սեռադերային համապատասխանության ուժեղ ճնշմանը: Այսպիսով, կարևոր է ուսումնասիրել սեռադերային ինքնության տարբեր գործոններ՝ միմյանց հետ համատեղ: «Գենդերային դերի» եւ «գենդերային ինքնության» հասկացությունները սերտորեն կապված են միմյանց հետ: Միևնույն ժամանակ, գենդերային ինքնությունը գենդերային դերի

սուբյեկտիվ փորձն է, իսկ գենդերային դերը գենդերային ինքնության սոցիալական արտահայտությունն է: Գենդերային դերերի հարմարման գործընթացը կազմում է դեռահասի գենդերային հոգեբանական զարգացումը, որը բնութագրվում է վարքի որոշակի հատկանիշների և հուզական հակազդումների հմտությամբ: «Գենդերալի ինքնության» և «գենդերային ինքնության դեստրոիկցիայի» հասկացությունները օգտագործվում են բազմաթիվ հեղինակների կողմից որպես գիտական եզրույթներ: Եզրույթների և հասկացությունների գիտական և գործնական կիրառման նպատակով հոդվածում լուսաբանվում են ինքնագիտակցության և սեռադերային ինքնության դեստրուկցիայի խնդիրները, ինչը պահանջում է այս սեռադերային ինքնության տեսության մանրամասն ուսումնասիրություն:

Բանալի բառեր և բառակապակցություններ. սեռադերային ինքնություն, սեռադերաին ինքնության դեստրուկցիա, դեռահասներ, գործոն, հարմարման մեխանիզմներ:

ОБ ОПРЕДЕЛЕНИИ ДЕСТРУКЦИИ ПОЛОРОЛЕВОЙ ИДЕНТИЧНОСТИ В ПОДРОСТКОВОМ ВОЗРАСТЕ

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Аннотация

В последние годы наблюдается повышенный интерес к гендерной идентичности подростков и той роли, которую она играет в психическом здоровье и поведении детей. Гендерная идентичность может быть определена как набор познаний, охватывающих оценку совместимости человека со своим полом, и мотивацию, чтобы соответствовать своей половой принадлежности. Это многомерная конструкция, посредством которой возможно изучение деструкции полоролевой идентичности. Одним из аспектов гендерной идентичности, имеющей центральное значение для теории и исследований, является типичность одинакового пола или самостоятельное сходство людей с их гендерным коллективом. Забота об этом аспекте гендерной идентичности отражает научный интерес к выражениям чувства мужественности или женственности людей в контексте их психического здоровья и социального поведения. Эти термины редко используются сегодня из -за неясности смысла, но понятие, которое относится к совместимости с полом, является важным и актуальным. Основной целью нашего обзора является оценка изучения полоролевой или гендерной идентичности подростков. Следует отметить, что, концептуализация гендерной идентичности в последнее время расширилась, чтобы включить дополнительные измерения, такие как сходство с другим полом и удовлетворенность своим полом от рождения. Эти дополнительные аспекты гендерной идентичности важны сами по себе, но они также взаимодействуют с показателями типичности восприятия пола с целью позитивного влияния на благосостояние подростков. Например, дети, которые чувствуют себя отличающимися от однополых сверстников, сталкиваются с трудностями в общении, прежде всего, если они испытывают сильное давление на гендерное соответствие или чувствуют себя похожими на другой пол. Таким образом, важно изучать различные аспекты полоролевой или гендерной идентичности в сочетании друг с другом. Концепции «гендерной роли» и «гендерной идентичности» тесно связаны друг с другом. В то же время гендерная идентичность является субъективным опытом гендерной роли, а гендерная роль является социальным выражением гендерной идентичности. С ассимиляцией гендерных ролей образуется психологическое развитие пола, которое характеризуется мастерством определенных атрибутов поведения и эмоциональных реакций. Концепции «полоролевой идентичности» и «деструкции полоролевой идентичности» используются в исследованиях многих авторов в качестве научных терминов. В целях

научно-практического применения терминов и понятий, которые освещают проблему самосознания и деструкции гендерной идентичности, требуется подробное изучение теории вопроса гендерной идентичности.

Ключевые слова и словосочетания: полоролевая идентичность, деструкция полоролевой идентичности, подростки, фактор, адаптивные механизмы.

Introduction

Normal and "abnormal" sexual interests and behaviors are defined and differentiated by the broader society and individual cultures in which individuals are embedded. Although paraphilias have been generally defined as "any powerful and persistent sexual interests other than sexual interest in copulatory or precopulatory behavior with phenotypically normal, consenting adult human partners," distinctions between normative and abnormal interests are not always clear. What may be unusual in one circumstance may be considered typical in another. Furthermore, as noted earlier, there are often different societal standards for boys and girls. Although the scientific literature covers sexual development and developmental milestones, very little focus is given to abnormal, or atypical sexual cognitions, urges, fantasies, or behaviors among girls **[18; 19; 20]**.

Main Definitions

There are some factors defining adolescents' current gender identity. They mainly refer to social adaptation mechanisms and are expressed in the following issues:

- Gender self-categorization
- Felt same-gender typicality
- Felt other-gender typicality
- Gender contentedness
- Felt pressure for gender differentiation
- Intergroup bias
- Gender centrality
- Gender frustration

When discussing their development, it is useful to divide the dimensions of gender identity into two categories—those that rest on children's perceptions of differences between the genders and those that rest on children's perceptions of differences among children of a given gender. These may be called, respectively, between-genderand within-gender forms of gender identity. Here we elaborate thisdistinction and discuss some issues relevant to the development of each type **[3; 14; 121]**.

Three forms of gender identity rest on children's perceptions ofdifferences between the genders – gender contentedness, felt pressure for gender differentiation, and intergroup bias. These between-gender forms of gender identity are seen as early as the preschool years and may be outgrowths of the intergroup cognitions noted earlier (exaggeration of differences between the genders, treatment of the in-group, devaluation and homogenization of the out-group). These cognitions and the forms of identity they inspire

are fairly normative for preschoolers and may serve an evolutionary function by orienting children to the same-sex peer group as the collective after which they must pattern their behavior for eventual reproductive success (and related gender-differentiated behaviors). That is, they may promote the marked sex-segregation that characterizes children's social groups over the next decade and facilitates their acquisition of gender-typed behaviors. Intergroup bias and felt pressure for gender differentiation tend to decline over the school years. However, gender contentedness tends to remain high **[4; 7; 13]**.

Although all three between-gender forms of gender identity may have common roots in intergroup cognitions and fulfill similar early functions, other factors also contribute to the development of each,as described below. The result is that different children develop different patterns of these forms of gender identity, leading to the modest correlations among them **[5; 16; 17]**.

Felt same-gender typicality and felt other-gender typicality rest on children's perceptions of differences among children of a givengender and thus may be considered within-gender forms of gender identity. Preschoolers sometimes gauge (and comment on) their similarity to persons of a given gender, perhaps noticing an obvious commonality, but it is probably not until children move into the school years that they possess the cognitive abilities (e.g., social comparison, comparison to a prototype) necessary to appraise their overall similarity to a gender collective. Felt same-gender typicality tends to increase through preadolescence, but felt other-gender typicality follows no clear age trend **[1; 6; 8; 22]**.

In an attempt to provide some objectivity to normal and abnormal sexual development, the Diagnostic and Statistical Manual of Mental Disorders describes a number of paraphilias. The paraphilic disorders have been listed under the *Sexual and Gender Identity Disorders* section in DSM-IV, and will likely be presented in a separate section in DSM-V. There are a few key points worth mentioning in general about previous and proposed descriptions of paraphilic disorders in regard to girls. First, although there is no explicit age criterion for any of the disorders, it is presumed that individuals should be old enough to be aware of their manifest fantasies, urges, or behaviors. Second, there are no symptomatic differences described between girls and boys for any of the paraphilic disorders. However, it seems likely, even in the absence of epidemiological data, that some disorders (e.g., frotteuristic disorder) are predominately unique to boys. Moreover, masculine pronouns have been used to describe two diagnostic categories (i.e., frotteurism, exhibitionism), which reinforces the notion that girls do not exhibit these disorders. Finally, although there is some movement toward classifying people on continua of severity or functional impairment rather than in diagnostic categories, it is unlikely that the resulting profiles will be compared against normed age or sex criteria. Overall, some have suggested that the proposed diagnoses for paraphilia in DSM-V will actually reverse some of the improvements since the publication of the first and second editions of the DSM **[120; 21; 23]**.

The psychotherapy treatment literature on adolescents with GID has been very poorly developed and is limited to a few case reports. In general, the prognosis for adolescents in resolving the GID is more guarded than it is for children. This state of affairs is similar to

that of other child psychiatric disorders – the longer a disorder persists, the less is the likelihood that it will remit, with or without treatment. From a clinical management point of view, two key issues need to be considered: (1) Some adolescents with GID are not particularly good candidates for psychotherapy because of comorbid disorders and general life circumstances, and (2) some adolescents with GID have little interest in psychologically oriented treatment and are quite adamant about proceeding with hormonal and surgical sex reassignment **[17; 24; 24]**.

Before recommending hormonal and surgical interventions, many clinicians encourage adolescents with GID to consider alternatives to this invasive and expensive treatment. One area of inquiry can, therefore, explore the meaning behind the adolescent's desire for sex reassignment and whether there are viable alternative lifestyle adaptations. The most common area of exploration in this regard pertains to the patient's sexual orientation. Some adolescents with GID recall that they always felt uncomfortable growing up as boys or as girls but that the idea of "sex change" did not occur until they became aware of homoerotic attractions. For some of these youngsters, the idea that they might be gay or homosexual is abhorrent (internalized homophobia) **[21; 23]**.

For some such adolescents, psycho-educational work can explore their attitudes and feelings about homosexuality. Youth support groups or group therapy may provide an opportunity for youngsters to meet gay adolescents and can be a useful intervention. In some cases, the gender dysphoria may resolve, and a homosexual adaptation ensues **[11; 12]**.

For adolescents with persistent gender dysphoria, there is considerable evidence that it often interferes with general social adaptation, including general psychiatric impairment, conflicted family relations, and dropping out of school. For these youngsters, therefore, the treating clinician can consider two main options: (1) supportive management until the adolescent turns 18 and can be referred to an adult gender identity clinic or (2) "early" institution of contra-sex hormonal treatment **[2]**.

An option for treatment of gender-dysphoric adolescents is to prescribe puberty-blocking luteinizing hormone-release agonists that facilitate more successful passing as the opposite sex. Such medication can suppress the development of secondary sex characteristics, such as facial hair growth and voice deepening in adolescent boys, which make it more difficult to pass in the female social role. Cohen-Kettenis and van Goozen reported that early cross-sex hormone treatment for adolescents younger than 18 years facilitated the complex psychosexual and psychosocial transition to living as a member of the opposite sex and resulted in a lessening of the gender dysphoria (see also Smith et al). Although such early hormonal treatment remains controversial, it may be the treatment of choice once the clinician is confident that other options have been exhausted **[15; 21; 24]**.

A longstanding, central hypothesis of most theories of gender development is that children who feel compatible with their gender – who are content with their gender and feel similar to others of their gender – experience better personal and social adjustment (e.g., self-esteem, peer acceptance) than children less comfortable with their gender. Presumably, the latter children fear ostracism, denial of privileges, or loss of protection from peers or simply feel inadequate as group members. Thus, children who are dissatisfied with their

gender or view themselves as gender-atypical are expected to suffer anxiety, sadness, low self-esteem, social withdrawal, self-deprecation, and other forms of distress; this in turn may lead them to experience peer rejection or victimization **[21; 123]**.

These hypotheses remain popular and receive support. However, we shall see that neither high gender contentedness nor high felt same-gender typicality is always an unmitigated blessing. For example, if children endorse stereotypes specifying that their gender is superior to the other, then high gender contentedness fosters narcissism; and if children view themselves as very dissimilar to the *other* gender, then high felt same-gender typicality is associated with gender-polarizing cognition (e.g., sexist stereotypes, in-group favoritism). Moreover, neither low gender contentedness nor low felt same-gender typicality inevitably causes children distress: it is mainly when children feel pressure for gender conformity thatfelt incompatibility with their gender causes them problems.

Such qualifications indicate that the effects of felt same-gendercompatibility depend on other factors in a child's psyche. Here we describe four *interaction hypotheses* that help organize the data welater review concerning the ways that children's gender identity affects their personal and social adjustment **[21]**.

First is Bem's *androgyny hypothesis*. In her influential theory of psychological androgyny, Bem proposed that felt same-gender typicality interacts with felt other-gender typicality to affect mental health. She suggested that high felt same-gender similarity is healthy only if people also view themselves as similar to the other gender. She argued that persons who view themselves as similar only to their own gender have internalized their culture's pressure for gender conformity and possess the harmful gender schema she described. This was expected to cause them frustration, unhappiness, gender-polarizing cognition, rigidity in gendered behavior and thought, and relationship difficulties. Although Bem believed that people who view themselves as similar to both genders lack this crippling gender straitjacket, she did not suggest they deliberately strive to be similar to persons of both genders (i.e., to be both "masculine" and "feminine"). Instead, she believed that androgynous persons are equipped to acquire qualities of both genders because gender is simply *irrelevant* to their identity and life choices **[15]**.

There are problems with Bem's theorizing (e.g., people may regard themselves as more similar to their own genderthan to the other for reasons other than a crippling gender schema) and with her research methods (e.g., Bem relied on self-perceptions of communal traits to assess male typicality and female typicality, respectively). These limitations rendered much of the early research on her ideas hard to interpret. However, as we shall see, recent studies that overcome the limitations support Bem's belief that viewing the self as similar to both genders offers certainadvantages over viewing the self as similar to only one **[15]**.

A second interaction hypothesis is the *stereotype emulation hypothesis*, or the idea that gender identity motivates children to adopt attributes they have encoded as appropriate for their gender. Stereotype emulation is believed to contribute to children's adoption of gender-typed behavior, discussed later, but because many gender-typed attributes also capture aspects of children's adjustment (e.g., aggression, depression, sports efficacy,

nurturance), the hypothesis is relevant here as well. We shall see that the three between-gender forms of gender identity (gender contentedness, felt pressure for gender conformity, and intergroup bias) are especially likely to combine with children's gender stereotypes to affect their well-being, often in ways harmful to them or their interaction partners **[21; 23; 24]**.

Third is the gender *self-discrepancy hypothesis*, or the idea thatlow felt same-gender compatibility (low gender contentedness or low felt same-gender typicality) causes distress among children who possess a strong gender-differentiating cognition (e.g., felt pressure for gender differentiation, prescriptive stereotypes that mandate gender differences, entity theory of gender). Presumably, the combination of felt gender incompatibility with strong gender standards creates a painful gender self-discrepancy – a gap between the need to be gender-conforming and the realization that one is failing. Such gaps can create intense distress, frustration, loss of self-regulatory control, aggression, and other problems.

Fourth, is a *protective function hypothesis*, or the idea that strong felt same-gender compatibility protects children from the potentially harmful effects of certain cognitive, behavioral, and social risk factors. We shall see that felt same-gender typicality uniquely serves in this protective capacity, possibly by imparting a sense of security that helps children cope with stressors. Gender identity and gender typing. Gender identity has also been suggested to affect children's gender typing – their gender-differentiated recreational interests, academic pursuits, personality traits, choices of playmates, relationship styles, mannerisms, clothing choices, and so forth. Two pathways by which gender identity influences children's adoption of gender-typed attributes have received the most attention **[21]**.

Conclusion

Gender identity disorders (GID) are defined as disorders in which an individual exhibits marked and persistent identification with the opposite sex and persistent discomfort (dysphoria) with his or her own sex or sense of inappropriateness in the gender role of that sex. Prevalence estimates of GID are between 110,000 to 130,000. Sex ratios in adults are roughly equal but in childhood are 6 (males) to 1 (female). A brief description of the historical background and recent political challenges to the diagnosis of GID are provided. Based on current theory and research there is some support for a biological predisposition, which may reflect a general vulnerability to psychopathology, and psychosocial factors which shape that predisposition. Management includes child and family interventions, psychotherapy, and surgical and hormonal interventions. Outcome is variable, with relinquishment of GID for those children seen early with cooperative parents, and greater stability of GID in children seen later in childhood or adolescence. Surgical and hormonal reassignment in adults who meet criteria is generally successful. Evaluation of the various interventions, especially in childhood, is needed **[21; 23; 25]**.

In adolescents with GID, there are three broad clinical issues that require evaluation: (1) the phenomena pertaining to the GID itself, (2) sexual orientation, and (3) psychiatric comorbidity. Gender-dysphoric adolescents with a childhood onset of cross-gender

behavior typically have a homosexual orientation (i.e., they are attracted to members of their own “birth sex”). Some such adolescents may not report any sexual feelings, but follow-up typically reveals the emergence of same-sex attractions. Thus, the clinician must evaluate simultaneously two dimensions of the patient's psychosexual development: current gender identity and current sexual orientation **[23]**.

Thus, during the early elementary school years, for most children gender identity development involves a rebalancing of their gender identity portfolio – letting go of immature between-gender forms of gender identity (especially felt pressure for gender differentiation and intergroup bias) and adding the ability to formulate within-gender forms of gender identity. Nonetheless, throughout the school years considerable individual differences exist among children of each gender on all dimensions of gender identity **[21]**.

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