

The Influence of Gender Dysphoria in Social Aspects

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Abstract:

Gender dysphoria(GD) is a mental illness that causes distress when the gender identity(GI) of people differs with their physical gender. This article gives a review of GD in social aspects which discusses the internal process and external process as the source of stress and associates the social interactions of individuals with GD in the social context. The social function of people with GD could be affected by misgendering, gendered assumptions and intrusive thoughts about preoccupation with how others perceive them. Discrimination and exclusion was confronted by people with GD and linked to the minority stress model to describe different sources of stress. That will trigger negative mental health outcomes while social support connects to positive mental consequences in individuals with GD. The result of this research provides an understanding of people with GD through the analysis of the interaction in social context and the problems of their situations in society have been described through the data and studies, such as discrimination and stigma. The further research can focus on the solutions that can change their situations and help them in various ways.

Keywords: Gender dysphoria, Gender identity, Social context, Social support

1. Introduction

Transgender can be described as the perceived gender of people does not match their assigned gender. GD can be defined as the expressed gender of people which have an incongruence with their gender at birth and causes distress or impairment. According to a current study, the percentage of children, adolescents, and adults who self-report a transgender identity is between 0.5 and 1.3% [1]. Another research In Netherlands test the prevalence of GD and the result shows that prevalence in adult natal men was 0.6% and adult natal females was 0.2%, whereas individuals born with female and male expressed equal identification with both genders or „ambivalent gender identity“ was 3.2% and 4.6% respectively [2].

Interventions for GD include exploring GI by providing psychological support or seeking medical support to achieve social transition into the person's affirmed GI. Medical intervention brings biological affirmation consistent with GI using hormone therapy or gender-affirming surgery [3].

Some researchers suggest that a higher rate of issues about mental health in transgender community were associated with gender minority stress or the diverse events such as stigma and discrimination, both of which lead to poor mental health [4]. This is supported by research in the transgender people that has discovered connections between mental health conditions and the level of social

stigma faced by individuals because of the GI of those people [5].

The minority stress model was used to demonstrate the particular gender minority stresses that trans people face [6]. According to the MSM, distress is induced not only by real prejudiced occurrences which is a distal stressor, but also by the experience of an individual in the majority cisnormativity culture, which generates internal stressors which are also named proximal stressor. Currently, A study points out that GD was suggested as a potential proximal stressor [7].

Distal stressors are real prejudicial occurrences, such as victimization, discrimination, and rejection, caused by membership in a stigmatized group. Transgender people face prejudice in many areas, including health care, housing, work, and education [8]. The data from 2015 US Transgender Survey suggested that there are 46% of transgender people have faced verbal harassment, 9% experienced physical assault for being transgender, and around 50% have been sexually victimized [9].

Proximal stressors are the internalization of discriminatory and victimizing events that trans people face both directly and indirectly [4]. Recent models of gender minority stress include proximal stressors such as predicted stigma, internalized transphobia, and GI concealment [6]. Anticipated stigma refers to the anxiety and dread of rejection or prejudice that arises from being exposed to a distal stressor [4].

2. Key Concept

The DSM-5 revised the diagnosis of gender identity disorder and changed the term to gender dysphoria [10]. GD is characterized as the distress of individuals caused by an incongruence between their biological sex and gender role and identity. Many people with GD suffer distress because the desired medical therapies are not accessible. GD is more descriptive than the earlier gender identity disorder, emphasizing dysphoria as the clinical condition.

People with GD show significant discrepancy between their gender and expressed gender. This distinction is the essential component in the diagnostic, and the signs of distress about the incongruence are required. Individuals with GD might have an intense desire for the sex features of another gender or to be treated as that gender. As a result, people with such issues experience distress and impairment in essential areas of life functioning, such as refusing to attend social occasions where gendered clothing is necessary. Alternative gender identities can be possible within experienced gender. Consequently, the distress can be a desire to be of the other gender or an alternative gender that differs from the individual's assigned gender.

GI refers to a feeling of relatedness to a gender and displays the basic elements of one's personality. It has a significant influence on life. GD can be explained as an issue in GI that there is a conflict between people's gender role and their born sex. Individuals with GD experienced varying levels of discrimination and trauma because their gender expressions were inconsistent with societal norms [11].

Psychological well-being plays an essential element in the measure of mental health. Initially, well-being or happiness came from philosophy and now be considered as a social issue linked to the quality of life. The concept of psychological well-being can be explained to the psychological state in terms of emotional and aspects of people. Satisfaction with life is linked with the analysis of the life quality of people and determines their psychological well-being. High satisfaction with life correlates to fewer diseases and greater happiness with a healthy mental state [12].

People with GD from birth experience conflict because of incongruence of gender, which can lead to social, legal, and personal problems that may affect their subjective well-being. In a cross sectional study conducted in the USA, 44.1%, 33.2% and 40.1% of a gender dysphoric population experience clinical depression, anxiety disorders and high levels of psychological stress respectively [5].

Psychological resilience refers to a person's low vulnerability to traumatic events, as well as their ability to endure

stressful and adverse circumstances [13]. Resilience was previously described more narrowly as a personal trait associated with the processing of a single, short-term trauma. More recently, it has been conceptualized as a dynamic construct in which the interactions of many factors and systems contribute to resilience in the face of adversity [13].

In terms of biology, GD is a condition in which an individual's gender and biological sex do not correspond. Transsexuals are those who want or have undergone a social transition from male to female (MtF) or female to male (FtM) [10]. MRI studies suggest that MtF, FtM, females, and males have diverse brain morphologies, which may be due to abnormal developmental effects caused by sex hormones in specific regions of the cortex and subcortical structures [14].

The new research, which focuses on the social context of GD, contributes significantly to the understanding of this disorder. In the social context, the minority stress model can be used to explain GD. First, external triggers of social interactions for GD include misgendering, microaggressions, and negotiating [7]. Second, individuals with GD display internal processes including gender identity rumination and preoccupation on other people's thoughts [7]. The findings demonstrate that GD can operate as a proximal stressor, and the social environment is critical to those experiences even if GD develops to be an internal process.

3. Social Aspects

This article will focus on the social functioning of people with GD and the interpretation of behaviors in social context. The clinic definition in DSM-5 criteria states that social role can be incorporated with the diagnosis of GD [10]. This has been provided in both adult and children criteria, indicating a strong desire to be treated as a different gender or an alternate gender. Recent gender congruence scales, focusing on addressing gendered social interactions with others instead of gender roles. The debate over GD has also led to the suggestion which the distress associated with the diagnosis could be explained in a societal context. Additionally, it has been proposed that distress comes from both gender incongruence and social expectations [15].

One study conducted an online survey to show how external processing, internal processing, social functioning and transition are associated with social interaction and individuals with GD [7]. The social context of gender dysphoria centered on external triggers as a result of social interactions. Participants in research often acknowledged being affected by misgendering when they were addressed with

improper names or pronouns [7]. Further study discovered that GD is caused by social interactions that not only face to face communication, it may also be triggered by online interactions [7]. Misgendering was also demonstrated by the usage of gendered language. People with GD, for example, were triggered when they were addressed in gendered vocabularies. Gender expression varies by language, making it hard to communicate with others without being misgendered.

Beyond linguistic stressors, the study found that other people's gendered preconceptions about the way they behave and interact with others exacerbated experiences of GD [7]. Many individuals said that GD was prompted by explicit interactions and others using gendered language and questioning [7]. GD can be caused by disapproving stares, lengthy glances, or being scrutinized more closely. A prevalent experience among research participants was that GD was more easily evoked by others at clearly gendered places such as bathrooms [7]. In general, external triggers relate to people with GD who are sensitive to social situations and interactions with others.

In terms of proximal stressors, GD can be reflected as internal processing regarding social interactions. GGD frequently manifests as intrusive thoughts, Persistence and excessive concern with how others interpret or think about one's gender. Internal processes are defined as a preoccupation with other people's views of their gender. For example, a person in research stated that feeling uncomfortable about how other people perceive parts of the body and that person also demonstrates the unwillingness of other people to be aware of those parts of the body (White agender individual, 23) [7]. The persistent concern about how others perceive them, culminating in a self-critical examination of their own body and worry that it may expose their true nature. Similarly, concern about other people's perceptions of gender can predict how persons with GD are treated based on how they interpret gender. Internal processing of GD was characterized by participants who focused on how others viewed their gender [7]. This processing centered on both the interpretation of previous social interactions and the prediction of future experiences.

In terms of interruption of social functioning, the study shows that limiting social interactions is a way to avoid triggering dysphoria [7]. The fear of discovery in trans identity could be one reason for limiting their social interactions. Gender became a subject of conversation or a conspicuous feature of the social setting, disrupting social functioning. Individuals with GD often avoid interacting with strangers. It also stated how dating and relationships were hard to handle since they triggered a new degree of dysphoria. Gendered locations, such as bathrooms, are

avoided in favor of safer environments, such as „queer friendly spaces and bars.“ And this indicates that avoiding new circumstances where people are unsure how gender will be read or avoiding being in public, in general, might explain why persons with GD decrease their frequency of social interactions. Individuals were entirely shut off from the social environment, resulting in an extreme absence in social functioning.

The social context for GD changes throughout transition and is noted by individuals with GD when other individuals made medical transition a prerequisite for recognizing their gender. One example from the participant in the study describes that “I don't plan on going swimming again until I get top surgery.” [7]. GD also affects sexual relationships before medical transition. And it described that GD was reduced when some individuals with GD received medical transition and their gender dysphoria no longer existed.

According to research conducted in several countries, transgenders face regular violence and discrimination because of their GI [4]. Transgender people suffer more prejudice than their siblings or the general population, according to one study [16]. Turkey has the highest rate of hate killings against transgender people in Europe [17]. The minority stress model defines experienced discrimination, violence, and exclusion as distal stress drivers, whereas perceived discrimination and expectation of discrimination are proximal stress factors. A positive correlation was established between transgender people's experiences with discrimination and suicide attempts and the occurrence of depressive symptoms [5].

One research by mental health professionals discusses the significance of perceived discrimination and its possible mental implications for individuals with GD [11]. The fight against discrimination, which affects a large number of people in communities and this should be carried out at the societal level. Current research has shown that the negative impacts of stress caused by discrimination against individuals might vary, and certain components may even have protective effects [11]. The results of the present research show that high levels of social support, particularly from peers, are related with higher psychological resilience and can influence how people respond to stress caused by current or expected discrimination [11].

Individuals with GD show a positive relationship between self-esteem and quality of life and social support, despite the fact that they often get little social support. People with gGD, for example, reported receiving less social support from their family compared with their siblings, particularly their sisters [16]. In fact, outright rejection by family members is common, especially when people first reveal their GI [18]. Additionally, friends may also

provide little support. For example, one study found that those undergoing treatment have a tendency for avoiding new relationships [19]. As a result, individuals may confront an extremely difficult new life with limited support available after treatment.

One study compared perceived social support between people with and without GD [20]. Individuals with GD reported much lower perceived social support than those without GD. Furthermore, trans women reflected less perceived social support overall and from their families than women without GD. However, trans men showed little distinct difference from trans women or men without GD. An additional finding is that people with GD had a considerably higher degree of psychopathology and poor quality of life and life satisfaction than people without GD [20]. This might indicate that perceived social support predicts quality of life and well-being in life.

The reason for trans women receiving less social support than women without GD but not males without GD can be explained by typical gender disparities in seeking and using social support. Men have less possibility than women to seek social support, which is related to masculine socialization and the idea that seeking social support is a feminine behavior [21]. Trans women who socialized as male since childhood may have less established support networks and they are more constrained to seek support than women who do not experience GD and have always been socialized as female. Furthermore, common perceptions towards femininity in males are far less tolerant than attitudes towards masculinity in women [22].

Relationship transitions among families of origin may be more complicated than those between friends and partners [20]. Families of origin might have known the individual in their assigned sex at birth for a longer time, making it more difficult to change and remain supportive. Parents, in particular, may feel guilty for the GD of their child, which can interfere with a totally supportive relationship. In contrast, people are more expected to pick families based on the availability of support and affection, which is not always guaranteed within families of origin, and therefore to display more acceptance. This concept has been supported by the result of trans women receiving less support from family members than they do from friends and significant others.

Social support might improve psychological well-being in people with GD in two possible ways. It might impact directly on well-being due to the intrinsic value. For example, one study states social support can be seen as the subjective sensation of acceptance, affection, and belonging [23]. According to Cohen's stress-buffering hypothesis [24], it may also operate as an indirect buffer against trauma events including discrimination and victimization.

4. Conclusion

This article is to explore the role of social aspects in GD. The finding shows that understanding the social interaction of individuals with GD from external and internal processing in terms of social context. It suggests that misgendering in linguistics triggers the expectancy of behaviors from others and the intrusive thoughts of themselves would cause dysphoria which affect the social function of individuals with GD. Those things can be seen as an interruption of social function and lead to lack of social support from families and friends. Additionally, social support is important for individuals with GD because many of them face discrimination and some unfair treatments. Social support also may predict life satisfaction and life quality. Another finding states that men seek less social support than women and families of origin have more complicated relationships than friends and partners. Overall, the distress and impairment of individuals with GD has deep connection with social context. Finally, future research should incorporate GD and gender minority stress models to better understand the internal processes that arise as a result of unfair events. By emphasizing gender dysphoria in social context, the research proposes a theory that not only focuses on pathology and diagnosis but the social context. The article has important implications for the way people understand differences in mental health and risks for transgender and non-transgender people and for the way treatment and clinical practice are conceptualized.

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