

ORIGINAL RESEARCH—INTERSEX AND GENDER IDENTITY

Comparison of Masculine and Feminine Gender Roles in Iranian Patients with Gender Identity Disorder

Kaveh Alavi, MD, Mehرداد Eftekhari, MD, and Amir Hossein Jalali Nadoushan, MD

Mental Health Research Center, Department of Psychiatry, Iran University of Medical Sciences, Tehran, Iran

DOI: 10.1002/sm2.79

ABSTRACT

Introduction. Gender identity disorders (GID) are heterogeneous disorders that may be influenced by culture and social norms.

Aim. The aim of this study was to determine masculine and feminine gender roles in a group of Iranian patients with GID and compare these roles with two control groups.

Methods. Twelve male-to-female (MF) and 27 female-to-male (FM) individuals with GID referred to Tehran Psychiatric Institute in Tehran, I. R. Iran were evaluated by self-report inventories and were compared with two groups of healthy controls (81 men and 89 women). Diagnoses were established based on the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) criteria. Data analysis was done using analysis of variance and chi-squared test.

Main Outcome Measures. Masculine and feminine gender roles were assessed by two questionnaires: (i) Gender-Masculine (GM) and Gender-Feminine (GF) scales derived from the Minnesota Multiphasic Inventory-2 (MMPI-2); (ii) Bem Sex Role Inventory (BSRI).

Results. In the scales of masculinity, MF-GID individuals scored as male controls, but lower than female controls. FM-GID individuals scored similar to female controls and higher than male controls. In femininity scales, MF-GID individuals and control women seemed similar, and both scored higher than the other groups. FM-GID persons were considered less feminine than both controls in the GF scale of MMPI-2, but not in the BSRI. In both scales, FM-GID persons had higher scores than control women and MF-GID individuals.

Conclusion. Iranian FM-GID individuals were less feminine than normal men. However, MF-GID individuals were similar to normal women or more feminine. Cultural considerations remain to be investigated. **Alavi K, Eftekhari M and Jalali Nadoushan AH. Comparison of masculine and feminine gender roles in Iranian patients with gender identity disorder. Sex Med 2015;3:261–268.**

Key Words. Gender Identity Disorder; Masculinity; Femininity; Gender Roles

Introduction

There are many genetic resemblances between men and women, but the distinction between them is one of the basic principles of organized society for every human culture. In a society, it is

necessary for boys and girls to sense the specific skills of their own genders and to acquire sex-specific self-concepts and personality attributes to be masculine or feminine as defined by that society or particular culture [1]. Sex-typing is a process by which a society transmutes man and woman into

masculine and feminine [2]. On the other hand, gender identity is a person's sense about masculinity or femininity, which normally matches the person's anatomical sex [3]. A person with gender identity disorder (GID) has a persistent desire to be of the other sex, shows strong identification with the desired sex, behaves as the other sex, and is self-convicted that he or she possesses the typical feelings and emotions of the other sex [4]. Many studies have compared the personality and characteristics of individuals suffering from GID with normal individuals in order to have a better understanding of GID, a proper disorder diagnosis, and a clarification of its origin [5–8]. As men and women have different personality and characteristic gender-related traits, it is possible for individuals with GID to be different than normal people regarding these traits. GID patients who have an incongruous gender identity with their anatomical sex are known for their opposite gender roles. In simpler terms, it is predicted that biological men with GID (male-to-female GID; MF-GID) are more feminine and less masculine than the control men while biological women with GID (female-to-male GID; FM-GID) are more masculine and less feminine than the control women. This expectation could be more complicated when society accepts that strong pressure toward the behavior is congruent with anatomical sex [9]. Therefore, it could be possible that gender roles and gender identity are not compatible in GID patients, and that they could act based on both gender attributes. Another assumption is that GID patients have a much greater deviation from the gender with which they have identified than non-GID individuals and seem more unconventional. Based on that, it is anticipated that MF-GID subjects have more femininity and less masculinity, and similarly, FM-GID are more masculine and have less femininity compared with the biologically same sex control groups [9]. Another question related to this is if GID in women is the mirror reflex of the gender role pattern of men or not. Based on previous studies, clinical and psychological images differ significantly between MF- and FM-GID individuals [5,10–15].

Different methods have been used to compare gender roles in humans, including transsexuals. Some predated studies assumed that masculinity and femininity are two opposite ends of a one-dimensional spectrum. However, since the 1970s, a new approach has been formed to study masculinity and femininity as two separate dimensions. Bem provided a scale called Bem Sex Role Inven-

tory (BSRI) for this new measurement paradigm [16,17], but so far, only a few studies using this questionnaire have been conducted on patients with GID [9,18–25], and few studies have done a direct comparison between different groups of GID patients and control groups [9,22,26,27]. Based on these studies, GID patients showed the gender schema specifications based on their opposite sex, although MF-GID individuals may be more deviant from the desired sex than FM-GID ones [22,25]. It may be proposed that MF-GID patients are more unusual or unconventional. It is also more likely for FM-GID individuals than the MF-GID group to combine their previous gender roles with a new identity instead of denying them all. The latter feature is seen more in MF-GID individuals [9].

Another major issue in sex-typing and the concept of gender identity is the possible cultural differences in this phenomenon, based on cultural norms and expectations [34]. For example, in Poland [9], biologically male transsexuals are as masculine as control women, but less masculine than control men. In Spain [22], masculinity scores did not significantly differ among MF and FM transsexuals and control men and women. However, in both studies, MF transsexuals were as feminine as control women, and FM transsexuals were more feminine than control men. It remains unclear, then, if this discrepancy is observable in other countries and how these patterns are influenced by social factors, personality characteristics, and individual's attitude.

Aim

The aim of this study was to determine the gender roles in a group of patients with GID and to compare them with two male and female control groups.

Methods and Main Outcome Measures

Participants

This study was composed of a population of men and women with GID referred to Tehran Psychiatric Institute (Tehran, I. R. Iran) in 2009–2010. Tehran Psychiatric Institute is one of the greatest psychiatric institutes in Iran. Traditionally, a majority of GID patients refer to it for diagnosing their problems and approaching proper management, and many other GID patients are referred to it by the Iranian Legal Medical Organization for

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