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REVIEW ARTICLE

Gender dysphoria: An overview

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Abstract Gender dysphoria, gender identity disorder or transsexualism is a psychological condition that requires care and multiple health professionals; endocrinologists, surgeons and psychiatrists are just some of the professionals needed to address these situations. The following article is a summary of what transsexuality means, its history and treatment, as more and more people request our services with a therapeutic approach.

Introduction

Gender identity defines the extent to which each person identifies themselves as male, female or a combination of the two. It is the internal reference, built over time, which allows individuals to organize a sense of self and behave socially according to the perception of their own sex and gender. Gender identity determines the way people experience their gender and contributes to their sense of identity, singularity and of belonging.[1]

Gender identity disorder is defined as the inconsistency between physical phenotype and gender. In other words, self-identification as a man or a woman. Experiencing this inconsistency is known as gender dysphoria. The most extreme form, where people adapt their phenotype to make it consistent with their gender identity, through the use of hormones and by undergoing surgery, is called transsexualism. Individuals who experience this condition are referred to as trans, that is trans men (woman to man) and trans women (man to woman).[2,3]

Stoller[4] established, in *Sex and Gender Vol. 1, the distinction between anatomical and physiological sex, being a man or woman and gender identity* that masculinity and femininity combine in an individual. He defined transsexualism as ''the conviction of a biologically normal subject of belonging to the opposite sex''. In an adult, nowadays this belief comes with a demand for endocrinological surgery in order to modify their anatomical appearance to that of the opposite sex.[4] Becerra[5] also expresses this idea in his definition of transsexualism. He points out that there is a conviction of transsexuals to belong to the opposite sex, with a constant dissatisfaction of their own primary and secondary sexual characters, with a deep sense of rejection and an expressed desire to surgically change them.[5]

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In general, they refer to transsexuals as women who feel ''trapped'' in a man's body, and vice versa. Regarding diagnostic classifications, starting with the Feighner et al. criteria, they consider that one of the five necessary criteria to make a transsexualism diagnosis is the strong desire to physically resemble the opposite sex through any available means: for example, how to dress, conduct patterns, hormone therapy and surgery.[6]

Transsexuals present a sexual orientation within the same range of possibilities as heterosexuals, in other words, by the same sex or the opposite sex, both or neither. Another classification of transsexualism is the one proposed by Gooren,[7] Herman-Jeglinska[8] and Landén[9] who make a distinction between early or primary and late or secondary. They explain that within early or primary transsexualism an inconformity is noticeable from an early age, effeminate or masculine behavior during their childhood, aversion for their bodies, a sense of belonging to the opposite sex, no fluctuations in gender dysphoria and same-sex sexual attraction. On the other hand, late or secondary transsexuals detect their condition approximately after 35 years of age, throughout their lives they have had transvestic episodes, and there is a high probability for them to feel regretful after their gender reassignment surgery, their sexual orientation fluctuates from heterosexuals to bisexuals, occasional homosexuals and homosexuals.[7–9]

History

Transsexualism is not a new phenomenon. It has existed for many years and in different cultures. In 1869, Westphal described a phenomenon he called ''conträre sexual empfinding'' which included some aspects of transsexualism. Later, in 1916, Marcuse described a type of psychosexual inversion which led toward sex change. In 1931, Abraham referred to the first patient who had an anatomic sex change performed. In 1894, Krafft-Ebing described a way of dressing according to the opposite sex, which he called ''paranoid sexual metamorphosis''. In 1966, Harry Benjamin made the term ''transsexual'' popular, and in 1969, John Money coined the concept ''Gender Reassignment'', with the intention of including different states where the basic characteristic is an alteration of sexual identity and gender. Money suggested the concept of gendermaps or gender schemes which encompass masculinity, femininity and androgenic codes in the brain. These maps would be established early in life and would be highly influenced by hormones during pregnancy. Finally, in 1989, Ray Blanchard suggested the term ''autogynephilia'' as the propensity to be sexually active thinking of oneself (a man) as a woman. This definition suggests, from a psychopathological perspective, a possible alteration or deep psychological variation of the sense of identity, in body identification (genital) as well as mental identity (the idea of one's gender).[10]

American endocrinologist Harry Benjamin compiled observations about transsexualism and the results of medical interventions in his book ''The transsexual phenomenon''.[11] The term ''gender dysphoria syndrome'' was proposed in 1973, which includes transsexualism in addition to other gender identity disorders. Gender dysphoria is used to describe the resulting dissatisfaction of the conflict between gender identity and assigned sex. In 1980, transsexualism appeared as a diagnosis in the DSM III (Diagnostic and Statistical Manual of Mental Disorders, third edition). In the following revision of this manual (DSM IV) in 1994, the term transsexualism was abandoned, being replaced by the term gender identity disorder (GID) to describe those subjects who show a strong identification to the opposite gender and a constant dissatisfaction with their anatomical sex. In the DSM-V, the term gender identity disorder has been replaced by the term gender dysphoria. The International Classification of Diseases, tenth edition (ICD 10) mentions five different forms of GID, using, once again, the term transsexualism to refer to one of these forms. In 1979 the Harry Benjamin International Gender Dysphoria Association (HBIGDA) was founded, approving guidelines which are reviewed periodically and work as guidance for GIDs. The last review was in 2001.

Epidemiology

Studies of the epidemiology of transsexualism are scarce or null in most countries.[12,13] The best estimate of the prevalence of GID or transsexualism comes from Europe, with a prevalence of 1 in 30,000 men and 1 in 100,000 women. The majority of clinical centers report three to five male patients for every female patient.[14]

In Mexico there is limited epidemiological data on transsexualism. There is evidence, unsupported by scientific research, suggesting the possibility of an even higher prevalence: (1) sometimes previously unknown gender problem diagnoses are made when treating patients with anxiety, depression, bipolar affective disorder, conduct disorders, drug abuse, identity dissociative disorders, borderline personality disorders, diverse sexual disorders, and intersexual conditions; (2) it is possible that some male transvestites, cross-dressers, transgender, and male and female homosexuals, who do not show up for treatment, have some form of gender identity disorder; (3) the intensity of the gender identity disorder in some people varies; (4) gender variation among people with feminine bodies is usually comparatively invisible to society, especially professionals and scientists.

Etiology

There are several biological proposals that attempt to explain gender dysphoria conditions and homosexuality, ranging from genetic levels and prenatal alterations, to high hormone levels and external factors like stress.[15]

In regard to cerebral differences, it has been known for some time now that some structures are different between men and women, thus special attention has been placed on these structures in people with gender dysphoria. Different studies have been conducted to observe the central bed nucleus of the stria terminalis, which is involved in sexual dimorphism functions, including aggressive conduct, sexual conduct, and the secretion of gonadotropins, which are also affected by gonadal steroids.[2]

In regards to the neuronal density of the central bed nucleus of the stria terminalis, Kruijver et al. (2000) found that men (heterosexual and homosexual) have twice as many neurons as women; trans M–W are in the women's neuronal