Gender Identity Disorder

Continuum

- Children with GID can be thought of as occupying one extreme of a continuum of gender identification:
  - Same sex → “tomboyishness/sissyishness” → gender dysphoria → gender identity disorder

It is unusual for children (especially male children) who meet many of the DSM diagnostic criteria to not be impaired or feel distressed by their symptoms due to societal norms concerning appropriate gender behavior.
Boys are 5 times more likely to be diagnosed with gender identity disorder. Why?

Why?
1. Parents are more likely to bring boys to clinical attention because of their own discomfort.
2. Boys may become more distressed by their feelings due to more rigid standards of acceptable male behavior.

Girls are much less likely to be ostracized as a result of their cross-sex behavior.
A gender identity disorder can be diagnosed at any time during development. It is often hidden or dismissed as “simply a phase” by parents of younger children.

Adolescents may themselves be very guarded about disclosure of cross-gender feelings because of social stigma.

Among clinically referred children, the onset of cross-gender interests and activities is usually between 2 and 4 years of age.
Referral usually occurs around the time of school entry because of parental concerns about reactions to their child's behaviors.

There is not any reliable data regarding the prevalence of gender identity disorder since most cases are probably never diagnosed.

Why is gender identity disorder of clinical concern?
- Social isolation
- Low self-esteem
- School aversion or drop-out as a result of teasing
- Impaired parent-child relationships
- Anxiety and depression
Approximately 75% of boys diagnosed with a gender identity disorder will eventually become homosexual (girls have not been well studied).

Risk factors associated with a homosexual orientation:
- Greater risk of suicide
- Depression and anxiety
- Low self worth
- Greater risk of HIV infection

What causes cross-sex-typed behavior and a homosexual orientation?
Genetic (non-biological)

- There is very little evidence for a genetic link.

Psychoanalytic perspective

- Focusing on men, suggests that homosexuality results from an excessively close mother-son relationship and/or a distant, antagonistic father-son relationship.

Social-learning perspective

- Substantial evidence that parent tolerance of cross-sex-typed behavior seems to allow the behavior to continue.
- No evidence that tolerance either produces the behavior or increases the likelihood that a homosexual orientation will eventually develop.
Biological theories

- Biological theories are the strongest.
- Recent evidence has suggested that early prenatal exposure affects both sexual differentiation and sex-typed behavior.

Most Overwhelming Evidence for Biological Perspective:

- Even when therapy is 100% successful at eliminating cross-sex-typed behavior in those diagnosed with GID, 75% will still become homosexual (i.e., same as if there had been no treatment).

Treatment: Behavior Therapy

- Consists of punishing cross-sex-typed behavior and reinforcing conventional behavior.