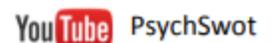
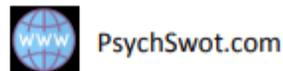
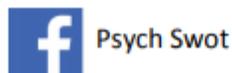


Gender disorder identity

This unit, requires an understanding and analysis of biological and psychological theories of gender disorders.



Gender Identity Disorder (G.I.D)

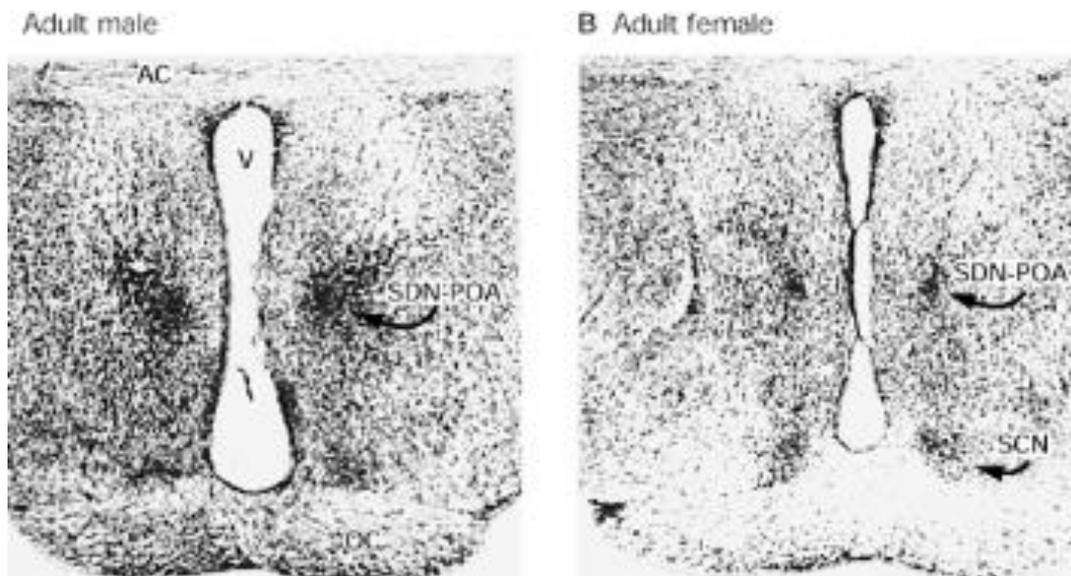
This condition is characterised by a 'mismatch' between biological sex and psychological gender identity. It is recognised as a medical condition in the DSM 5, and many with the condition refer to themselves as 'transgender' and will seek gender reassignment treatment in order to change physical characteristics and genitalia.



Biological explanations

Brain sex theory

This theory proposes that the biological root of G.I.D can be found in the brain of people with the condition. A part of the brain called the 'Sexual dimorphic nucleus' which is located near the hypothalamus, is responsible for our psychological feelings of masculinity and femininity. It is called 'dimorphic' because of the differences between males and females - in males, the SDN is 40% bigger than it is in females, and it is developed by the age of 5 years old.



This was revealed in post mortems of male to female transgender individuals - their SDN (in particular the region called the BSTc) was similar size to a typical female.

The 6 male to female transgender individuals were also researched by Kruijver (2000) who looked at the number of neurons in this region of the brain. He found that they also had the typical number of neurons that would be expected to be found in a typical female brain.

Biological explanations

Genetic factors

Frederick Coolidge assessed 157 twin pairs (96 MZ, 61 DZ) for evidence of GID using clinical diagnosis of criteria in DSM-4.

2.3% - the prevalence of GID in the twins.
62% of these cases were accounted for by genetics.

As a result of this study, it is believed that there is a role for genetics in the development of GID. This has also been demonstrated in other research by Heylens (2012).

Heylens compared 23 MZ twins and 21 DZ twins where one was already diagnosed with DZ (these twins are often referred to as a 'proband'). They found that:

39% of the MZ twins were concordant for GID
0% of the DZ twins were concordant for GID.

This also indicates a role for genetics in GID.



Social psychological explanations

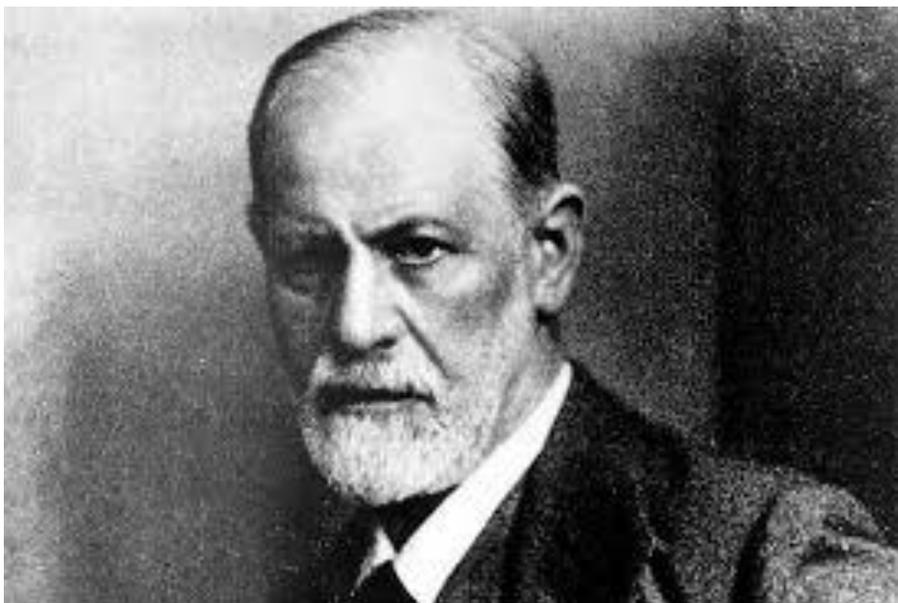
Psychoanalytic explanations

According to Ethel Person (1973) *GID* in males is caused by the child experiencing extreme separation anxiety before gender has been established.

This child fantasises about 'symbiotic fusion' with his mother to relieve the anxiety, and the danger of separation is removed.

The consequence of this (and start of *GID*) is that the child (in a real sense) becomes the mother (psychologically) and adopts the female identity.

Research to support this comes from Robert Stoller (1973) who interviewed males with *GID* and found that they displayed an overclose relationship with their mothers and concluded that this had led to a confused gender identity in the long term.



Social psychological explanations

Cognitive explanation

Liben and Bigler created an extension of the gender schema theory and proposed that there is a 'dual pathway' in which gender schema identities can develop.

They propose the first pathway is where children build complex schemas about gender and then go on to learn the behaviours and roles associated with their gender appropriate schemas.

The second pathway focuses on how a child's identity and schemas are affected by what the child does and enjoys doing. In some situations, the child's interest in what he/she is doing may become more dominant than the appropriate gender schema identity. For example, a boy who plays with dolls and enjoys it may learn that dolls can be for boys and for girls.

Whilst in most people this non-sexed schema may lead to androgyny, in some cases it may lead to the eventual formation of an opposite gender identity (GID).





Evaluating explanations of GID.

For each one, you should be able to offer counter criticism

- ☹️ The role of the SDN in GID may be considered bidirectional. Pol et al (2006) found that transgender hormone therapy did affect the size of the SDN. This suggests that GID and SDN do not have a clear cause and effect relationship with each other.
- ☹️ Chung et al claim that the structure of the SDN is and the hormones required for it's development do not occur until adulthood. This casts doubt on the idea that GID is a brain abnormality from birth.
- ☹️ Research from twins is inconclusive, especially since they never yield high concordance rates. It is also really hard to try and separate the effects of nature and nurture from each other. In addition, twins where one has GID and the other does not, are very rare so there are massive generalisation issues with this research.
- ☹️ Biological explanations are criticised for being reductionist and only focusing on biological elements at the sacrifice of considering other factors such as psychological influences. GID is not a simple disorder, and therefore requires a complex explanation, not just one. An interactionist approach is likely to be more successful.



Evaluating explanations of GID.

For each one, you should be able to offer counter criticism

- ☹️ Psychoanalytical explanations are challenged for only really explaining males who are transgender, not females.
- ☹️ Rekers challenges the psychodynamic theory by claiming that GID is more likely to be the result of absent fathers and fear of separation from mothers.
- ☹️ It is very hard to falsify the 'fantasies and fears' included in the psychodynamic theory of GID since they are unconscious and the individuals themselves may not even be aware of them!
- ☹️ The cognitive theory of GID is criticised for being too descriptive rather than explanatory. There is very little explanation about why the 'second' pathway might occur, the theory simply states that it will.
- ☹️ Biologists argue that GID must be biological because if it was psychological and a 'choice' then this would not make sense. GID is associated with distress and discomfort and therefore must be a biological necessity rather than a 'choice'.
- ☹️ Others argue that GID is more likely to be biological since not every one responds to the psychological treatment that is available!



The evaluation points you have just read are negative. Can you identify any strengths for each theory of GID? Consider research, implications for real life and other points!





Check learning!

Complete the following exam style questions to practice your literacy and exam skills.

- 1) Explain what is meant by 'gender identity disorder' (3)
- 2) Briefly evaluate one social explanation for gender identity disorder (4)
- 3) Describe one study in which GID was investigate. In your answer, explain what the researcher did and what was found (3)
- 4) Discuss biological and /or social explanations for gender identity disorder. Refer to evidence in your answer (16)