

GENDER IDENTITY DISORDER

DSM-IV

GENDER IDENTITY DISORDERS

302.6 Gender identity disorder in children

302.85 Gender identity disorder in adolescents and adults (specify: sexually attracted to males/females/both/neither)

302.6 Gender identity disorder not otherwise specified (intersex conditions, androgen insensitivity syndrome, or congenital adrenal hyperplasia and gender dysphoria)

313.82 Identity problem (specific to sexual orientation and behavior)

Sexuality is a product of one's genetic identity, gender identity, gender role and sexual orientation. As all of these are independent components, there is a 4 3 4 interaction that can result in 16 distinct possibilities of sexual identity. In a society in which clear differences between the sexes is the expected norm, any individual challenging this dichotomy is deemed problematic. However, in the mental health arena, sexual orientation is a concern only when the individual experiences persistent and marked distress regarding uncertainty about issues relating to personal identity—in this case, sexual orientation and behavior.

Consensual homosexuality in adults is no longer viewed as a mental disturbance. Homosexual individuals in general have no more psychopathology than heterosexuals, and when they do seek treatment it is for the same reasons as heterosexuals—psychiatric disorders (e.g., bipolar disorder, borderline personality), relationship problems, and stress. Therefore, it is important to avoid mistakenly attributing psychiatric symptoms to the individual's sexual orientation.

In gender identity disorder, the individual does not view himself or herself as homosexual; rather, there is a strong and persistent cross-gender identification and discomfort with one's gender or a sense of inappropriateness in the assigned gender role exists (e.g., a male "trapped" in a female's body). This perception results in clinically significant distress/functional impairments (e.g., social, occupational).

In addition, this plan of care also addresses the diagnosis of Identity Problem for homosexuals who are uncertain about multiple issues relating to their identity, such as sexual orientation and behavior, moral values, friendship patterns, and group loyalties.

ETIOLOGICAL THEORIES

Psychodynamics

The libido is seen as the force that expresses sexual instinct and develops gradually during the oral stage, which focuses on the mouth and lips. The central concern of the anal stage is the anus and the elimination/retention of feces. During the phallic stage, the male is concerned with love of his mother, is jealous of his father, and has castration anxiety (Oedipus complex). The female has penis envy, loves her father, and rejects her mother (Electra complex). This theory focuses on the biological inferiority of women because they do not have penises, with subsequent envy of the male.

Developmental theories suggest that sexuality develops throughout life and especially during the formative years. Confusion about one's individual personality and sexual identity affects the ability to be intimate, interfering with sexual development.

Biological

Although adult endocrine levels are usually normal in individuals who are homosexual, a “hormonal wash” may have occurred at a critical time of embryonic development, sensitizing brain cells in as yet immeasurable ways. Androgen is necessary for masculinization in the fetal male, with the fetus developing as female without the addition of this hormone. When androgenic influences in the fetal hypothalamus are decreased in the male or increased in the female, homosexuality may occur. Some research sources report that there is a neuroendocrine factor (e.g., that the fetus was exposed to large amounts of androgenic hormones or that the mother may have received synthetic hormones at a crucial fetal developmental period, preventing adequate stimulation for neural differentiation).

Current research allows monitoring of normal fetal exposure to testosterone in utero. When subsequent behavior is linked to this information, we will understand more than has been previously available from studies of abnormal exposure of the fetus to high levels of androgen, overdoses due to drugs, or adrenal malfunction. Research continues into the effect of prenatal brain-sexing on homosexual development. We know that lack of male hormone at a crucial state of male fetal development can lead to a feminine brain in a male body. It is clear that, as with other aspects of behavior, sexual orientation is crucially mediated by hormonal influences on the developing brain in utero. It is believed that abnormal hormones interact with neurotransmitters, the chemicals that direct the construction of the brain, affecting the sex centers, mating centers, and the so-called gender-role centers, which assume their structure at different times of brain development (Moir & Jessel, 1991).

Family Dynamics

Role-modeling of gender-specific behaviors is believed to play a part in the development of these disorders as well as the negative effect of a disturbed relationship with one or both parents. Imprinting and classic conditioning may affect the development of gender identity.

In males with gender identity disorders, a symbiotic relationship appears to exist between mother and child. The father is usually absent, ineffectual, or hostile and is perceived as weak and distant, with the mother seen as strong and protective.

In females with these disorders, the child may not be valued as a girl, or the mother may be absent, depressed, or suffer from other illness, resulting in inadequate mothering. The father may treat the daughter as his little boy, expecting “masculine” behavior.

CLIENT ASSESSMENT DATA BASE

Ego Integrity

Believes feelings/reactions are typical of other sex

May report considerable anxiety and depression, attributable to difficulty of living in role of assigned gender

Hygiene

Exhibits a persistent, marked aversion to wearing gender-appropriate clothing

Neurosensory

Moderate to severe coexisting personality disturbance may be noted

Mental Status: May reveal intense distress (e.g., ego-dystonic homosexuality) about general identity or coexisting psychiatric disorders

Mood and affect may reveal evidence of increased anxiety and depression

Safety

May have been victim of assault
History of suicide attempts

Sexuality

Higher incidence in males than females (may be owing to narrow study base)
Incongruence between assigned gender and the sense of knowing to which gender one belongs
May report a persistent and intense distress about his or her assigned gender and the desire to be/insistence that he or she is of the other gender; belief by males that penis /testes are disgusting/will disappear, or by females that they will not develop breasts/menstruate; or desires medical/surgical intervention to alter sexual characteristics to simulate the other gender
Possible preoccupation with stereotypic activities/toys designed for the opposite gender, and/or repudiation of anatomical structures noted/reported in childhood
Sexual responsiveness/romantic attraction to individual of same gender

Social Interactions

Impairment in social/occupational functioning, often experiencing peer isolation, bullying
May report family alienation

Teaching/Learning

May present at any age; can be identified in childhood but most often in late adolescence or early adulthood, although possibly later
Substance use/abuse

DIAGNOSTIC STUDIES

Psychological testing to rule out concomitant psychiatric conditions.
Screens for sexually transmitted diseases (STDs), including HIV/AIDS.

NURSING PRIORITIES

1. Help client reduce level of anxiety.
2. Promote sense of self-worth.
3. Encourage development of social skills/comfort level with own sexual identity/preference.
4. Provide opportunities for client/family to participate in group therapy/other support systems.

DISCHARGE GOALS

1. Anxiety reduced/managed effectively.
2. Self-esteem/image enhanced.
3. Accepts and is comfortable with identity as established.
4. Client/family are participating in ongoing treatment/support programs.
5. Plan in place to meet needs after discharge.

NURSING DIAGNOSIS**May Be Related to:****Possibly Evidenced by:****Desired Outcomes/Evaluation Criteria—
Client Will:****ANXIETY [severe]**

Ego-dystonic gender identification

Unconscious conflicts about essential values/beliefs

Threat to self-concept; unmet needs

Increased tension/helplessness (hopelessness)

Feelings of inadequacy, apprehension, uncertainty

Increased wariness; insomnia

Focus on self; impaired daily functioning

Verbalize awareness of feelings of anxiety and healthy ways to deal with them.

Appear relaxed and report anxiety is reduced to a manageable level.

Demonstrate problem-solving skills and use resources effectively.

ACTIONS/INTERVENTIONS

RATIONALE**Independent**

Assess level of anxiety and degree of interference with daily activities/life.

Review drug/substance use history (e.g., prescription/illicit), familial/physiological factors (e.g., mental/physical illness, family disorganization).

Help client identify feelings, conveying empathy and unconditional positive regard. Encourage free expression of feelings in appropriate ways.

Acknowledge reality of anxiety/fear. (Do not deny or reassure client that everything will be all right.)

Provide accurate information to assist client to clarify reality base, reframe sexuality, and delineate boundaries.

Necessary information to identify the extent of problem for the individual and plan appropriate interventions.

Drugs (including alcohol) may have been used to handle anxious feelings in the past. Other factors contribute to anxiety and may affect individual's ability to handle stress of dealing with own identity problems.

Identification of feelings within a safe, therapeutic environment can help the client begin to explore causes of anxiety and begin to move toward acceptance of self as a worthwhile person.

Helps client accept own feeling(s) and learn trust in self. Denial of these feelings contributes to increased anxiety. Platitudes lack factual basis, and providing false reassurance can damage trust and may increase client's anxiety.

Anxiety may be the result of misinterpretation or lack of knowledge about sexuality/gender identity, and client may fantasize unrealistic ideation.

Accept the client as he or she is.

Lack of self-acceptance is the basis of much anxiety, and other's unacceptance increases anxiety.

Identify things client has done previously when feeling nervous/anxious.

Helps client see which previous actions have been beneficial and can be used in this situation, increasing sense of control/capability and allaying anxiety.

Assist with developing program of exercise (e.g., brisk walking, aerobic class).

Strenuous activity releases opiate-like endorphins, which create sense of well-being and decrease anxiety. However, exercise therapy need not be aerobic or intensive to achieve the desired effect.

NURSING DIAGNOSIS

ROLE PERFORMANCE, altered/PERSONAL IDENTITY disturbance**May Be Related to:**

Crisis in development, in which person has difficulty knowing/accepting to which gender he or she belongs or to which he or she is attracted

Sense of discomfort and inappropriateness about anatomical sex characteristics

Possible Evidenced by:

Confusion about sense of self, purpose or direction in life, sexual identification/preference

Verbalization of desire to be/insistence that person is the opposite gender

Change in self-perception of role; conflict in roles

**Desired Outcomes/Evaluation Criteria—
Client Will:**

Talk with family/significant other(s) about situation and changes that are occurring/have occurred.

Develop realistic plans for adapting to new role/role changes as appropriate.

Verbalize realistic perception and acceptance of self.

ACTIONS/INTERVENTIONS

RATIONALE**Independent**

Show acceptance of the client as he or she is presented.

These clients are sensitive to others' beliefs and will pick up on prejudicial feelings. The client needs to be free to express any views/feelings to begin to solve the problems being faced.

Determine type of role dysfunction/distress client is expressing (e.g., ego-dystonic heterosexual/homosexual feelings, gender dysphoria).

Lack of self-acceptance and conflicting feelings regarding sexual expression requires therapeutic intervention. Lack of public and religious acceptance, few legal protections for same-sex couples along with lack of role clarity/boundaries can create significant stressors for the client. **Note:** When the individual views sexual expression/feelings/behavior as adaptive, a healthy attitude exists, and intervention is unnecessary when behavior is within legal boundaries.

Identify beliefs and values of the individual about hetero/homo/transsexuality. Discuss client's beliefs and ideas in detail, providing information as appropriate.

Client may be ignorant of the facts and base fears on hearsay, prejudice, and religious beliefs. Learning the facts and discussing them with an unbiased person provides an opportunity to make informed decisions. **Note:** Transsexuals who are attracted to members of their own biological gender do not view themselves to be homosexual and may consider the term "gay" or "lesbian" to be an insult.

Explore client's feelings about gender identity (transsexuality) and review options for change (e.g., hormonal therapy, psychotherapy, surgical reassignment).

The client who feels strongly that he or she is in a body of the "wrong" gender needs to have complete information about available choices to help begin to accept self and feel comfortable with the decision. **Note:** Not all transsexuals choose to have surgery.

Ascertain degree of openness client feels about sexual orientation concerns.

Degree to which client previously shared individual situation has an impact on one's level of concern/comfort and degree of conflict present. The process of sharing or withholding one's situation requires much emotional energy.

Determine presence of support system (e.g., family, social, work).

May feel "different" and isolate self from usual support systems. May be pressured by family/friends to be heterosexual, which creates conflict within self.

Role-play sexual disclosure encounters.

Once the decision to disclose sexuality is made, open discussion and practice of responses is necessary to the success of disclosure.

Assist client to develop strategies to cope with threat to identity.

Provides protection and gives client a sense of control to have thought about/decided on actions that can be taken when feeling threatened.

Assess response of family/SO. (Refer to NDs: Family Coping, ineffective; compromised; Family Coping: potential for growth.)

May be in shock when first learning of client's concerns and then may either reject or rally to support client.

Encourage client to deal with situation in small steps.

Helps client cope with the "larger picture" when in stress overload.

Provide accurate information about threat to and potential consequences for the individual.

Be aware of one's own biases. Seek assistance/terminate therapeutic role as appropriate.

Collaborative

Identify available resources/support groups.

Refer to professionals who are expert in the field of human sexuality and gender reassignment.

Refer to a therapist who is an expert in the field of gender reassignment for a second opinion when surgery is contemplated.

Knowledge about gender identity issues helps client assess own situation and make decisions based on fact.

Personal values/beliefs and conflicts or biases can have a negative impact on the therapeutic relationship and effectiveness of interventions.

Can provide positive role models, opportunity to discuss shared concerns, and facilitate problem-solving. Group therapy/peer support can be especially helpful to adolescent/early adult homosexuals who are struggling with their identity and need support for future life choices.

Client needs to be known to the therapist for a period of at least 3–6 months and demonstrate a sense of discomfort with self and a desire to live in the opposite gender role before a major life-changing decision is finalized.

Because these procedures are not reversible, the client needs to be sure the correct decision has been made and demonstrate success in living in the opposite role for a period of 1–2 years.

NURSING DIAGNOSIS

May Be Related to:

Possibly Evidenced by:

Desired Outcomes/Evaluation Criteria— Client Will:

SEXUALITY PATTERNS, altered

Ineffective or absent role models

Conflicts with sexual orientation and/or preferences

Impaired relationship with a significant other

Verbalizations of discomfort with sexual orientation and/or role

Lack of information about human sexuality

Verbalize understanding of sexuality and acceptance of self.

Demonstrate behaviors directed at lifestyle changes necessary to achieve desired effects.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Have client describe problem in own terms, noting comments of client/SO that may reveal discounting by overt/covert sexual expressions.

Take sexual history, including perception of normal function, use of vocabulary, and concerns about identities/clarifies concerns to be dealt with by the client/nurse.

Note cultural and religious/value factors and conflicts that may exist.

Explore knowledge of alternative sexual responses and expressions.

Inquire about drug use, including OTC/prescription drugs, illicit drugs, and alcohol.

Provide atmosphere in which discussion of sexual problems is encouraged, promoting free expression of feelings.

Encourage discussion of possibilities and alternatives for client situation. (Refer to ND: Role Performance, altered/Personal Identity disturbance.)

Review hormonal therapy as indicated.

It may be difficult for client to talk about situation/express feelings, and client may joke, make oblique remarks, or use sarcasm to convey/cover concerns.

Provides information about level of knowledge about anatomy/physiology of human sexuality and gender identity.

Provides opportunity to give information/discuss resources available to client who may believe thoughts and feelings are sinful, and feel guilty.

May have knowledge gained only in discussions with friends, from myths, and from misconceptions.

Drug use can affect sexual functioning. Additionally, client may use substances to dull pain of indecision/anxiety of identity.

Essential to identification and resolution of problems. Client may have concerns about sexual behavior and diseases, such as AIDS.

Full range of discussion can help client reach a decision about the identity that is comfortable and the course to pursue.

Transsexuals who elect to undergo surgical reassignment, and those who for economic or other reasons choose to live in the transsexual role, usually receive long-term, high-dose estrogen or testosterone therapy. Client needs to understand the implications of hormone therapy before making the decision to pursue this course of therapy.

Collaborative

Refer to resources as indicated (e.g., homosexual/lesbian support group; LAMBDA, AA, Gay and Lesbian; Common Bond; gender identity clinics, Exodus International).

These organizations are reference groups that provide information/support for homosexuals and families. Information from these groups can help client reach a decision about sexual preference and/or provide support once decision has been made. Exodus International is a Christian-based group that directs efforts to assist the client toward a decision to become heterosexual.

NURSING DIAGNOSIS**FAMILY COPING, ineffective: compromised****May Be Related to:**

Inadequate/incorrect information or understanding

Temporary preoccupation by a significant person who is trying to manage emotional conflicts and personal suffering and is unable to perceive or to act effectively in regard to client's needs

Temporary family disorganization and role changes

Client providing little support in turn for the primary person

Possibly Evidenced by:

Client expressing/confirming a concern or complaint about family/SO(s) response to client's gender/sexual concerns

SO describing preoccupation with own personal reactions to client's situation

Family attempting supportive behaviors with less than satisfactory results/withdraw support when needed

**Desired Outcomes/Evaluation Criteria—
Family Will:**

Identify resources within itself to deal with situation

Interact appropriately with client and staff, providing support and assistance as indicated.

ACTIONS/INTERVENTIONS**RATIONALE**

Independent

Determine individual situation and identify factors that may contribute to difficulty family is having in providing needed assistance/support for the client.

Individuals may have problems of their own that interfere with ability to extend themselves to the client. Problems of prejudice, myth/misinformation, values may also cause separation between/among family members.

Note behaviors of family members (e.g., withdrawn, rejecting, supportive, willing to learn). (Refer to ND: Family Coping: potential for growth.)

Identifies individual needs and steps to be taken to resolve family disorganization/assist the family in moving toward growth.

Discuss underlying reasons for behaviors client is expressing/exhibiting.

Helps family understand and accept the person as having different beliefs/values.

Encourage each individual to be responsible for own self, not taking on problem(s) of others.

The concept of "who owns the problem" can help clarify issues of who has responsibility for solution of specific problems.

Encourage free expression of feelings and ideas about homosexuality/gender identity issues.

Promotes an atmosphere in which individual can reveal feelings of self-blame, revulsion, confusion and anger, or blaming of other(s). Once these have been expressed, members can move on to resolution.

Provide information as appropriate.

Discuss options for individuals in regard to client's decision about sexual partner, gender identity/surgical reassignment (e.g., separation/divorce for spouses, resolution of parent/child issues).

Provide time to talk with family to discuss views/concerns about situation, feelings toward client's sexual partner.

Assist members to develop effective communication skills (e.g., Active-listening, I-messages, problem-solving process). Provide role model with which the family may identify. Include SO as appropriate.

Collaborative

Identify/refer to support groups/classes that deal with similar problems, (e.g., Parents/Friends of Lesbians and Gays [PFLAG], gender identity clinics).

Refer for marriage counseling as appropriate.

Because much of the problem may center around lack of knowledge, information can help individuals make informed decisions/choices about what is happening.

Family members may have difficulty accepting client's alternative sexual expression/sexual reassignment. Individual needs to make decision about willingness to accept other person in altered role. Children of transsexuals have questions such as "Who am I, as the daughter of a father who is now a woman?"

Opportunity to ventilate feelings, ask questions, and express ideas helps resolve problems.

Helpful in dealing with current situation as well as providing skills that will assist with resolution of future problems. Role-modeling shows individuals that the skills can be helpful to them. Including partner provides opportunity for resolution of conflict, incorporation into family.

Talking with others who have been through similar experiences can provide opportunity for members to learn/accept client.

May be needed to help couple decide whether separation/divorce is in the best interests of each person, or whether they want to work out their problems and stay together.

NURSING DIAGNOSIS

May Be Related to:

Possibly Evidenced by:

**Desired Outcomes/Evaluation Criteria—
Family Will:**

FAMILY COPING: potential for growth

Individual's basic needs are sufficiently gratified and adaptive tasks effectively addressed to enable goals of self-actualization to surface

Family members attempt to describe growth impact of crisis on their own values, priorities, goals, or relationships

Family members are moving in direction of health-promoting and enriching lifestyle that supports client's search for self

Family members choosing experiences that optimize wellness

Express willingness to look at its own role in the family's growth.

Verbalize knowledge and understanding of client's gender/sexual orientation.

Express desire to understand tasks leading to change.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Listen to family's expressions of hope, planning, and effect on relationships/life.

Provides clues to opportunities that exist to help family move toward growth and positive relationships. When family members are doing this, client is free to move toward a positive resolution of own life.

Help the family in supporting the client in meeting own needs/making own decision.

Significant other(s) may not have skills/know-how to give support even when desired, and giving information and providing support enables them to learn and grow.

Note expressions of change of values (e.g., "He/she is still my son/daughter even though homosexual/lesbian, or contemplating sex-change surgery.").

Indicators of beginning of acceptance of the situation as it is and willingness to learn and support child.

Provide a role model with which the family may identify.

Modeling of accepting behaviors/communication skills enables family members to learn new ways of interacting with the client.

Discuss importance of open communication and harm secretive behavior produces.

Open communication allows all participants to have access to all information, enhancing resolution of problems/understanding of what is happening.

Encourage open discussions of concerns about lifestyle changes, fear of AIDS and other sexually transmitted diseases.

Individuals may have unexpressed fears, and this provides the opportunity to ask questions and get accurate answers; make informed decisions.

Provide experiences for the family (e.g., involvement with other families facing similar decisions).

Helps them learn ways of assisting/supporting client.

Collaborative

Refer to community resources (e.g., same-gender, transsexual groups).

Provides ongoing support as client/family make necessary lifestyle changes, go on with their lives.