

A Comparison of Life Quality and Social Adjustment among Normal People and Those with Gender Identity Disorder (Transsexual)

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ABSTRACT

Introduction: Gender identity disorder (GID) and life quality among people with this disorder are among issues that are paid less attention in our country. **Objective:** The present study was aimed at comparing life quality and social adjustment among normal people and those with GID (transsexual). **Method:** Data collection was carried out using questionnaires relevant to each variable. SF-36 Questionnaire and Bell Adjustment Inventory (BAI) were used for life quality and social adjustment variables, respectively. The statistical population consisted of all individuals who were diagnosed with GID by Welfare Organization, Forensic Medicine, and Society for the Protection of Transsexual Individuals in 2013. Sampling was conducted using a complete method. The collected data were analyzed through one-way ANOVA and MANOVA using SPSS Software. **Results:** The results of the present study indicated that there was a significant difference between the normal group and the one with GID in terms of life quality and its eight indices and social adjustment and its five indices. **Conclusion:** The results of the present study indicated that individuals of the normal group compared with those with GID have higher level of physical and mental health, and that the normal group was different from the one with GID in regard with social adjustment and its indices. Although the difference was not significant in some cases, the results indicated that the group with GID had problems in terms of social adjustment and life quality.

KEYWORDS: gender identity disorder; social adjustment; life quality

INTRODUCTION

Life quality is a feeling that anyone possesses toward social, emotional, and physical welfare. This feeling originates from this reality that to what extent human reaches satisfaction in different circumstances of life [1]. Socialization is process of mutual relationship between the society and the individual; therefore, it is a complicated process that has various dimensions and aspects. Acquisition of social skills, how to communicate, and social adjustment are among these dimensions. Numerous definitions are proposed for social adjustment. Slaby and Goora consider social adjustment to be equal to social skill. In their view, social skill is the ability to establish mutual relationship with others in a specific social context in a special way that is acceptable and valuable in the community norms. Slomowski and Dunn; however, have defined social skill as a process that enables individuals to understand and predict behavior of others, control their behavior, and regulate their social interactions [3]. On the one hand, gender identity is one of the most important aspects of human identity. Whether a human is called a woman or a man is the most important dimension of identification and valuation of any individual by themselves and their surrounding environment. Disorder in accepting the role of gender or gender identity is one of the disorders that confuse the individuals and deprive them from accepting and offering social responsibility, rights, and advantages because people often refuse to accept effeminate men or mannish women. This phenomenon is not a disease but a mental and physical disharmony that can be named transsexualism which is a complete reversal of sexual identity. That is, awareness and assurance that the individual has gained about his/her gender is exactly opposite to his/her genetic, anatomic, and physiologic realities. According to professor Mir Jalali, such an individual does not consider his/her body to be his/hers and is sure that nature has made a mistake about him/her; therefore, there is a complete disharmony among his/her spirit, mind, and body. However, some of these disharmonies have always been present in all communities such that statistically 2 to 6 out of 100,000 people experience it [4]. Gender identity disorder revolutionizes the path of the individual's life, causes numerous problems in all physical, mental, social, economic, and family aspects, and results in an increase in feeling of dependence, a decrease in self-confidence, a reduction in social asset, and an increase in sense of vulnerability among patients. It causes problems to daily functions, social

activities, and mental peace and makes the patients be dependent on others and their support. Furthermore, they cannot participate in usual social activities. These problems, different medicines, complications, and high cost of treatment are followed by a reduction in their life quality and social adjustment [5]. Compared to other types of disorder, GID has a relatively low prevalence such that according to the report by American Psychiatric Association (2000), out of 30,000 men and 200,000 women, one seeks gender reassignment surgery. Sometimes this disorder is so extensive and prevalent that all mental life of these individuals rotates around activities that reduce their depression [6]. In western communities, individuals who are suffering from this disorder can express their conditions easily and seek therapeutic strategies [7]. Presence of hidden homosexual tendencies in the parent of the same gender and instilling of these tendencies to children directly or indirectly are among important factors causing gender dysphoria [8]. Incompatible family structure, family breakdown, antisocial families, mental and emotional instability of parents especially mother, pressures of new industrial life like unsafe competitions, job and educational demands, complexities of new life, genetic and hereditary factors such as physical, mental, and emotional disorders create conditions for prevalence of such social disorder and incompatibility [9]. One should know that the disease first affects the individual's performance and then mental effects will be created, followed by influencing public health and social performance of the individual. The results of a study conducted by Momeni Javid aimed at investigating and comparing the personal characteristics of those suffering from GID and normal ones indicated that there is a significant difference between healthy individuals and patients in terms of neuroticism component, such that individuals with GID have a higher level of tension and neuroticism although they try to hide this quality [10]. Kuhn et al (11) studied transsexual patients from Switzerland in order to evaluate and compare their life quality and satisfaction after gender reassignment surgery. The results of this study indicated that patients' satisfaction was significantly lower than that of the control group, and that life quality in the fields of public health, role restriction, and physical and personal limitation was lower 15 years after the surgery. Gender reassignment changes the scope of the individual's social roles [11]. The abovementioned points and issues indicate that gender dissatisfaction affects various social and personal dimensions of the individual's health. In general, it can be stated that these conditions reduce the individuals' capacity of social asset. All consequences available among patients reveal the necessity and importance of studying these group of individuals [10]. Moreover, the community's support of these individuals is so weak, and according to the cultural properties of our country, it is likely that those with GID are not considered as patients and their behavior is interpreted as delinquency and corruption. The present study is an attempt to reveal one of the unknown aspects of the social problems of the individuals with GID by describing and comparing their social adjustment and life quality with normal individuals of the community. Therefore, it is aimed at comparing the life quality and social adjustment in individuals with GID (transsexual) and normal individuals. Since due to cultural issues in our country gender problems have been less dealt with from psychological and psychiatric perspectives and there is a lack of scientific research on the issue, there is not much information on this disorder in our country. A major change that has occurred in treatment of transsexual patient is allowing gender reassignment surgery. Community should consider transsexuality (gender dysphoria) as a disease and not perversion and a transsexual individual as a patient who needs treatment. Since transsexual individuals are faced with many problems in the community and family and these problems affect the patients' life quality and social adjustment and this issue is important due to lack of extensive related research, it is necessary to study their social adjustment and life quality in order to help with their easier and quicker adaptation to their new identity and help to reduce mental and spiritual problems such as depression and low self-confidence, and if significant difference is observed between them and normal individuals, suggestions should be made and actions should be taken in order to resolve the problems, help the patients, and create appropriate cultural contexts in the community to deal with such individuals [9].

METHOD

The present study was conducted in a causal-comparative method in which 31 individuals who were diagnosed as transsexual patients by Welfare Organization and Forensic Medicine in 2013 participated, and 41 normal individuals were selected through a comprehensive sampling method. The participants' age ranged from 20 to 60. Questionnaire was used as the data collection instrument. For both groups, SF-36 Questionnaire and Bell Adjustment Inventory (BAI) were used for life quality and social adjustment variables, respectively. The 36-item form of the questionnaire was designed in 1992 by Varosherbon in the USA. This questionnaire has 8 subscales including emotional (mental) health, public health, physical performance, body pain, restrictions in role playing due to physical reasons, social performance, restrictions in role playing due to mental (emotional) reasons, and fatigue or vitality. The lowest and the highest scores in this questionnaire are 0 and 100, respectively. The reliability and the validity of the Persian version of the questionnaire is confirmed in Iran ($r=0.7-0.9$). The calculated Cronbach's alpha of 0.868 for the SF-36 life quality questionnaire indicates its high reliability [12]. Bell Adjustment Inventory was

designed by Bell and Altos and contains 160 questions each of which has 3 options of “Yes”, “No”, and “I don’t know”. The calculated Cronbach’s alpha of this inventory is 0.953 which is an appropriate index for its reliability. The reliability of this inventory was calculated in two ways. First, items of each section of the questionnaire were selected from a scope whose difference between the upper and lower percentage was observable in distribution of the adults’ scores. Second, the questionnaire has been designed as a result of expert adult consultants based on selection of groups of individuals that place win very good and very weak scope of adjustment and the scope in which the questionnaire can differentiate between them. This questionnaire includes 5 dimensions of adjustment. Questions related to different aspects of adjustment (home adjustment, health adjustment, social adjustment, emotional adjustment, and occupational adjustment) are sporadically considered in the questionnaire, and each question is answered by selecting one of the options of “Yes”, “No”, and “I don’t know”. Grading each question was done according to the normalized table. In this inventory, only answers “Yes” or “No” is given a score. According to the normalized table, the selected option is given 0 or 1. The individual’s adjustment score is equal to the sum of the scores obtained from all questions. In addition to the total score, the individual’s adjustment scores in each dimension of home adjustment and health, social, emotional, and occupational adjustments can be calculated. It should be noted that scores of each dimension are divided into scores relate to women and men samples. Scores of these two groups are somewhat different. Collected data were analyzed using SPSS Software through T-student-test, one-way ANOVA, and MANOVA. Data were first collected through the questionnaires, then fed into the computer, and finally analyzed.

RESULTS

In this study, 41 normal individuals aging 20-30 (12%), 30-40 (17%), and over 40 (10%) were studied. Sixty-one percent of them did not answer the age question. In regard with job, 34% of them were government employees, 10% were self-employed, and 56% of them did not answer the question. Regarding education, 7% of them had a diploma, 19% had a bachelor’s, 17% had a master’s, and 4% had a PhD, which indicates that the study sample had a high level of education. However, 53% of the participant did not answer the question related to job. Among the individuals with GID and had completed the questionnaire, 32% were 30-40 years old, 52% were over 40, and 16% did not answer the question. In regard with their job, 38% were university students, 38% were housekeeper, 16% were government employees, and 2% did not answer the question. Regarding their education, 42% had a diploma, 19% had a bachelor’s, 20% had a master’s, and 19% did not answer the question. Analyzing the life quality and social adjustment questionnaires completed by the normal individuals indicates that T coefficient was significant in all health indices, and the reliability coefficient in life quality indices indicate that the table indices have an appropriate reliability. T-test coefficient was proposed for 5 fields of adjustment, and the mean difference, maximum, and minimum were specified for any of the 5 adjustment indices. Mean and standard deviation of Bell inventory indicated that the highest and the lowest mean coefficients were related to home adjustment and social adjustment, respectively. Moreover, standard deviation of family adjustment was more than other types of adjustment. Analyzing the life quality questionnaire and Bell adjustment inventory showed that T coefficient of public health and mental health was higher than that of other indices. According to the reliability coefficient of the indices, it can be stated that the life quality is reliable in all its indices for the study sample. Moreover, social performance is the field of life quality with the highest level and energy and viability field is the lowest. And, standard deviation of body pain is higher than that of any other indices, and the lowest standard deviation is related to restriction of role due to physical reasons. The five indices of adjustment were also considered in the study sample. The reliability coefficient indicates high reliability of the questionnaire. Home adjustment was in the highest level. Table 1 presents the mean scores of health indices in the normal group and the one with gender identity disorder. As the data of the table indicate, there is a significant difference between the normal group and the one with GID in terms of all indices. This difference is significant in most of the indices. T-test index in the two groups indicates there is a big difference between the two groups in regard with all indices of life quality. For instance, T coefficient in public health in the normal group is 22.5 while in the group with GID it is 38.5. Table 2 presents mean and standard deviation of the normal group and the one with GID in terms of social adjustment. In both groups, the mean score of family adjustment is more than other types of adjustment, and there is a significant difference between the two groups in regard with all kinds of adjustment. There is also a significant difference between the two groups in terms of T coefficient. As the coefficient obtained from the test results ($t=2.48$, $Sig=0.005$) shows at a level of 95% that there is a significant difference between the two groups in terms of social adjustment. In fact, the indices gained through the 160 questions of the questionnaire and included 5 main groups of adjustment showed that there is a significant difference between the two groups. And it seems that the second group has a lower level of adjustment. The coefficient obtained from the test results ($t=3.33$, $Sig=0.000$) shows at a level of 95% that there is a significant difference between the two groups in terms of physical and mental health. MANOVA was employed to

compare the dimensions or components of the indices (dimensions of life quality and adjustment), and the results indicated that since P-value obtained for F test was lower than 0.05 (0.002), there is a significant difference between at least one of the dimensions of life quality of the normal group and the one with GID. To find out which index of life quality is different in the two groups, the indices were examined. P-value of public health, physical performance, and energy and viability was lower than 0.05; therefore, with a confidence level of 95% it can be said that there is a significant difference between the two groups in terms of public health, physical performance, and energy and viability. And other indices are the same in the two groups (See Table 3). The results of comparing different dimensions of social adjustment in the normal group and the one with GID indicated that since P-value for F test is less than 0.05 (0.000), at least one dimension of social adjustment is significantly different between the two groups. To find out which index of life quality is different in the two groups, the indices were examined (See Table 4). As indicated in Table 4, P-value of home, health, and social types of adjustment is lower than 0.05, it can be concluded that there is a significant difference between the two groups in terms of these three dimensions. Moreover, with a confidence level of 90%, there is a significant difference between the two groups in terms of education.

Table 1. Frequency distribution of comparing the two groups in terms of life quality indices

Indices	Normal Group		GID Group		Sig
	Mean	SD	Mean	SD	
Public Health	1.31	0.342	1.50	0.218	0.000
Physical Performance	1.49	0.435	1.33	0.251	0.000
Restrictions in Role Play due to Physical Reasons	1.39	0.356	1.47	0.214	0.000
Restrictions in Role Play due to Emotional Reasons	1.40	0.374	1.35	0.412	0.000
Body Pain	1.41	0.523	1.48	0.447	0.000
Social Performance	1.59	0.473	1.65	0.391	0.000
Energy and Viability	1.42	0.373	1.15	0.383	0.000
Mental Health	1.47	0.362	1.40	0.230	0.000

Table 2. Frequency distribution of mean and standard deviation obtained from Bell questionnaire

Adjustment Fields	Normal Group		GID Group	
	Mean	SD	Mean	SD
Home	2.15	0.314	1.98	0.302
Health	1.75	0.270	1.58	0.245
Social	1.57	0.274	1.35	0.215
Emotional	1.66	0.213	1.64	0.221
Educational	1.95	0.276	1.85	0.243

Table 3. Test between the groups

Fields of Life Quality	F Statistics	P-Value
Public Health	6.548	.013
Physical Performance	4.036	.049
Restrictions in Role Play due to Physical Reasons	1.232	.271
Restrictions in Role Play due to Emotional Reasons	.261	.611
Body Pain	.296	.588
Social Performance	.394	.532
Energy and Viability	8.968	.004
Mental Health	.904	.345

Table 4. Test between the groups

Adjustment Fields	F Statistics	P-Value
Home	5.249	.025
Health	7.332	.009
Social	16.366	.000
Emotional	.125	.725
Educational	2.840	.096

DISCUSSION

As analyzing the data indicated, there is a significant difference between the normal and the GID groups in terms of life quality and its 8 indices and social adjustment and its 5 indices. Data indicate that the normal individuals compared to the GID group have a higher level of physical and emotional health. There are difference

between the two groups in terms of social adjustment and its five indices, although these differences are not significant in some fields, they show that the GID group has some problems in regard with adjustment and life quality. These results are in line with those reported by Mehravar Momeni Javid. Javid (2011) concluded that there is a significant difference between healthy individuals and patients in term of neuroticism component, such that individuals with GID have a higher level of tension and neuroticism. Individuals with GID tend to acquire gender characteristics of the opposite sex and might believe that they were born with a different gender. They are always bearing in mind dreams and imaginations about the organ of the opposite sex and focus on their inner emotional experiences [10]. Many of these individuals seek medical and surgical operations in order to change their gender, and it seems that in today's world they are looking for such experiences. Significance difference between agreement scores of the normal group and the one with GID indicates that the latter has a lower level of mental health and adjustment. Different studies like the one conducted by Levey and Curfman (2004) on prevention after treatment of individuals who had reassigned their gender through surgery indicated that after the surgery such individuals did not change significantly in terms of adjustment and reduction of psychiatric symptoms involved with the disorder and sometimes they deeply regretted their gender reassignment [13]. The results of the study conducted by Majid Movahed (2011) showed that comparing the mean total index of life quality and the dimension of mental peace indicates a significant difference between the individuals who had the surgery and those who did not. Individuals who had gender reassignment surgery had a higher level of life quality and mental peace compared to those who avoided the surgery. However, there was no significant difference between the two groups regarding the other dimensions of life quality. Analyzing the relationship between GID and life quality indicates a negative reverse correlation between the two variables. For non-operated transsexual individuals, gender identity was significantly correlated only with the total index of life quality, and its relationship with other dimensions of life quality was not significant. However, for the operated individuals, the relationship between identity disorder and all dimensions of life quality except for environment quality was significant [5]. These findings are in agreement with those of the study that indicated that individuals with GID have lower indices of life quality and adjustment than the normal individuals. The studies conducted by Parola et al (2010) and Newfield (2006) on life quality of transsexual individuals are the most similar studies to the present one. The results of their study indicated that gender reassignment and hormone replacement therapy (HRT) reduce their depression and identity disorder and give them a higher quality of life. The results of the present study are in line with these two studies. The results of the present study indicate that gender reassignment surgery highly reduces the transsexuals' identity disorder and creates a serious conformity between their mind and sex organ. Moreover, gender reassignment surgery improves mental peace as a dimension of life quality and transsexuals will have a better mental and spiritual state; however, other dimensions of life quality will not change [14 & 15]. These findings indicate that gender reassignment surgery only affects the transsexuals' mind and spirit and does not influence other dimensions of life quality like relationship with parents, social and economic base, etc. According to the results obtained from the relationship between GID and life quality, it can be concluded that due to their fear of confronting the community, the participants who had not had gender reassignment surgery try to hide their identity, behave in accordance with the expectations of the community, and show their gender identity disorder in their behavior less. In fact, instead of manifesting their dissatisfaction with their biological gender through behavior that is interpreted as abnormal by the community, they express it among their family or close friends or hide it. Therefore, through this method they can less cause sensitivity in the community to their GID and behavior so that they can live with their family and are not ostracized. Since they do not miss their family support, their real aspects of their life are less be affected by unfavorable conditions. Therefore, GID only influences the individual's mind and spirit, and his/her diet, body, and access to social services will not be affected that much. According to the results of the present study, the level of GID affects physical and mental aspects. Unfortunately, due to lack of awareness, shame, and inefficiency of medications, individuals suffering from this disorder will have a different fate in therapeutic terms, and in some cases they will be abused [5]. Moreover, the support provided by the community to these individuals is low, and due to the cultural characteristics of our country, patients seeking gender reassignment surgery are not considered as patients but their behavior is considered as a type of delinquency and corruption. And because conducting gender reassignment surgery is not easy in our country, such individuals are more stressed compared to normal ones. Transsexuals are not satisfied with their voice, appearance, sex role, and sex organ before the surgery and seek agreement between their sex organ and the gender they feel they belong to. The more they are dissatisfied with their sex organ, the less agreement between them and their sex organ will be, which cause the individual to have a behavior inappropriate to the community, be labeled, hurt, faced with other problems, and even push him/her to commit suicide [10].

CONCLUSION

Therefore, the more the gender identity disorder of the individual, the more his/her problems will remain at an elementary level and the lower his/her life quality and social adjustment will be. And the more agreement between his/her sex organ and the gender he/she thinks himself/herself to belong to, the higher the level of his/her needs and life quality will be. According to the results of the present study, accelerating the procedure of acquiring the real gender of the transsexual individual is one of the major causes of reducing GID and enhancing life quality and social adjustment. Therefore, by acquiring his/her real self, the GID patient achieves mental peace and his/her behavior will be harmonized with his/her gender. By acquiring the new gender, his/her relationship with the community and others will be repaired. By attending the community, gaining a social position, and passing the primary needs of life, he/she will achieve a normal life. In the end, it is suggested that independent studies be carried out on both life quality and its indices and social adjustment and its indices among individuals with GID.

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