Family and health Quarterly, vol11, Issue 4, winter 2021, ISSN: 2322-3065
http://journals.iau-astara.ac.ir, D.O.R. 20.1001.1.23223065.1400.11.4.11.0

Qualitative evaluation of family problems of trans people before and after surgery

Moradi N.,[1] Arab S.,[2] Heydarnia A.,[3] Mehdinasab M.,[4] Samadi F.*[5]

Abstract

Introduction: Each person's gender is an important part of his / her identity and contains the image that each person has of himself / herself as a man or a woman. The aim of this study was to qualitatively evaluate the family problems of trans people before and after surgery.

Methods: The method of this study was qualitative and by a psychologist with semi-structured interview tools. The statistical population of the study included all men and women who were identified as trans through the supervised institutions such as universities of medical sciences، welfare and the Red Crescent. Statistical sample was selected by purposive sampling method and questionnaires were distributed among them. In order to analyze qualitative data and extract the desired categories from it، Klaizi method was used.

Results: The results showed that trans family problems before surgery included family opposition with physical and psychological harm، family rejection, deprivation of rights، negative family thinking about surgery and their family problems after surgery. It included the family not accepting a new identity and leaving home.

Conclusion: Therefore, it can be concluded that the prevailing cultural، social، political and economic perspectives in the family and lack of proper recognition of sexual identity disorder cause many problems for people with this disorder.

Keywords: Identity acceptance, Mental Health, Surgery, Trans

Received: 1/June/2021 **Accepted: 15/September/2021**

Citation: Moradi N., Arab S., Heydarnia A., Mehdinasab M., Samadi F.. Qualitative evaluation of family problems of trans people before and after surgery, Family and Health, 2022; 12(4): 132-143

[1] - Master of General Psychology, Islamic Azad University, Qeshm Branch, Qeshm, Iran.
[2] - Master of Clinical Psychology, Islamic Azad University, Science and Research Branch, Tehran, Iran
[3] - PhD in Clinical Psychology, Qeshm Non-Profit University, Qeshm, Iran
[4] - Master of Clinical Psychology, Islamic Azad University, Roodehen Branch, Roodehen, Iran.
[5] - PhD in Health Psychology, Islamic Azad University, Roodehen Branch, Roodehen, Iran.
farshadsamdi.com@gmail.com, ORCID: 000000025997485x

Introduction:

Gender dysphoria was included in the "sexual disorders and gender identity disorders" in DSM-IV, but in DSM-5, it is considered a separate classification (1). Gender dysphoria refers to those who have a strong discrepancy between their experienced gender (the gender they experience) or expressed gender (the gender they present) with the gender they were assigned at birth (2). It should be noted that sex is different from gender. When a baby is born, it is immediately known what its gender is, a boy or a girl. But his gender is defined by the society and later by the individual himself together with the society (3). The first step to create a gender identity is to give boys a boy's name and girls a girl's name, and dress them in clothes specific to one of these two sexes. When a person's penis does not match their gender identity, gender dysphoria may occur (1). Dysphoria is a Greek word: dis means bad, and phoria means to carry, carry, bring. Dysphoria means to endure (carry) a lot of suffering, to be accompanied by discomfort, or in short severe discomfort) (1).

For most people, gender identity is a normal and established fact. They do not question the gender they were born with and find it natural and easy to behave in a male or female way. Gender identity seems to be fixed for life, as long as humans think, act and dress accordingly; But some people suffer from gender dysphoria (gender dysphoria or dissatisfaction with their gender) and feel that their gender identity is contrary to their biological sex, the gender they were born with. In such a situation, people realize that they physically grow into a man or a woman (for example, they grow a beard or their breasts get bigger), but they cannot discard the belief that behind this physical appearance, they belong to the opposite sex. When this type of dissatisfaction with one's gender becomes problematic and interferes with a person's social and occupational functioning, a person may be officially declared to have gender dysphoria (4). The term transgender is a general term used to refer to those who identify with the opposite gender of the gender they were born with. The gender that individuals are assigned at birth is sometimes called assigned or assigned gender. Transgender people are a diverse group:

1) Transsexuals, transgenders: they tend to have the body of the opposite sex.

2) Queer-gendered, gender indeterminate: There are those who feel that they are between two genders, both genders, or neither gender.

3) Cross-dressers: there are those who wear the clothes of the opposite sex and use their accessories (such as bags, shoes, hats, bracelets, necklaces, perfumes and colognes, belts, watches, men's watches) but have the same gender identity as The birth assigned to them preserves (2).

Primary sexual characteristics are the sex organs that are directly needed for reproduction. Secondary sexual characteristics are characteristics that distinguish the two sexes of an organism (males and females) but are not directly part of the reproductive system. For example, male lion's mane, male peacock's long feathers, male goat's horns are secondary sex characteristics. In

Family and health Quarterly, vol11, Issue 4, winter 2021, ISSN: 2322-3065
http://journals.iau-astara.ac.ir, D.O.R. 20.1001.1.23223065.1400.11.4.11.0

humans, secondary sex characteristics include developed breasts in females, beards and mustaches, and throat folds in males (5).

People with gender dysphoria have a strong desire to live as a member of the opposite sex so that they can wear the clothes of the opposite sex or adopt their behavior and thereby achieve the physical appearance of people of the opposite sex; For example, men may undergo electrolysis to remove body hair or use hormones to gain female organs, such as breast growth. Those who are extremely dissatisfied with their gender may have a disturbed sex life; For example, when married men with gender dysphoria make love with their wives, they may imagine themselves as a lesbian who is doing this with their lover. People with same-sex lovers may not allow them to look at or touch their genitals. In many cases of gender dysphoria, the feeling of dissatisfaction with gender is so strong that the person is driven to undergo gender reassignment surgery, thereby physically becoming the opposite sex. Gender dysphoria can also be diagnosed in children (6). In boys, this is seen in the form of taking on feminine roles (such as playing with dolls, playing the role of mother in role-playing games, avoiding participating in violent boys' games), showing disgust for their penis, and adopting girlish behaviors. Girls also resent their parents' gender role expectations, avoid wearing girls' clothes, keep their hair short, prefer male teammates, and turn to more masculine sports, such as soccer. As children, about 3 percent of girls and 1 percent of boys openly say they like the opposite sex, but most do not become adults with gender dysphoria when they grow up. However, a formal diagnosis of gender dysphoria in childhood may predict future sexual problems, as many who are diagnosed with gender dysphoria in childhood develop homosexual tendencies; Therefore, gender dysphoria in childhood is not a good predictor of having gender dysphoria in adulthood, but it is a good predictor of becoming homosexual in adulthood, especially in men (7).

This phenomenon was called gender identity disorder (GID) in DSM-IV, but after years of protest from people belonging to the transgender community, the American Psychiatric Association decided to change its name to gender dysphoria in DSM-5. Members of this community believe that the term "gender identity disorder" is derogatory. Instead, it is better to choose another medical diagnosis that carries less stigma. Placing a "medical label" allows insurance companies and other third parties and institutions to bear the cost of gender reassignment treatment and surgery, and this medical label shows people that the psychosocial problems associated with this disorder are not related to mental illness, but They are simply related to a person's dissatisfaction with their physical appearance. People belonging to the transgender community have discussed for years that DSM-IV and its previous editions have, without reason and inappropriately, classified physical body dissatisfaction as a kind of "disorder" and this misnomer affects the health, character, sanctity, dignity and safety of the members of this group. has endangered the group (8).

There are several other reasons why this condition cannot be a mental disorder. New medical research on the brain structures of transgender people has shown that some of them have physical structures in their brains similar to the physical structures of the brains of people of the opposite

sex (even before hormone therapy). In addition, it has recently become clear that gender dysphoria may have other causes, such as genetic causes and the exposure of the fetus to certain hormones (most importantly androgens) or the lack of exposure of the fetus to certain hormones (again, most importantly androgens).) and some psychological and behavioral reasons (for example, classical conditioning or shaping) may also play a role in it. For this reason and other reasons, this condition has been renamed to gender dysphoria (gender dissatisfaction) in DSM-5 (9).

No distinction is made in the DSM-5 for the important and diagnostic term gender dysphoria as a function of age. However, the criteria required to diagnose this disorder in children and adolescents are somewhat different. In children, gender dysphoria may be inferred from children's words or actions. Some children may say they like to be of the opposite sex or may exhibit many of the behaviors traditionally seen in children of the opposite sex (10). In Iran, one of the ways in front of these people is surgery, which is done according to the diagnosis and confirmation, and the sufferers of this disorder face many problems in this way. Transgender people in Iran experience various personal, family, and social problems, and considering that their family issues are less addressed in Iran, the purpose of this study is to qualitatively investigate the problems of trans people before and after surgery.

Method:

The current research is a descriptive phenomenological qualitative research that was conducted by a psychologist with a semi-structured interview tool. The statistical population of the research included all women and men who were diagnosed as trans through institutions such as universities of medical sciences, welfare and Red Crescent. The statistical sample was selected by the purposeful sampling method and the sample size was determined according to the sufficiency and saturation of information. After interviewing 10 people, saturation of information was achieved by the researcher. Due to the adequacy of the sample size and information saturation, the sample size was determined between 15 and 20 people in a targeted manner. The common method in this sampling is that the researcher continues to select until saturation, after which no new information is obtained, then the questionnaires were distributed among them. In order to analyze the qualitative data and extract the desired categories from it, Claizi method was used.

Research tool: The data and information related to this research was through library-field. The data collection tool was a semi-structured interview, which is presented in the following steps:

Compilation of preliminary questions:The researcher first started designing the initial questions. At this stage, it was tried that each interview question covers only one axis, and questions were designed from almost all individual, family, interpersonal and social axes, following the points of question design, and a selection was made from among the proposed questions.

Experimental implementation and getting feedback from the participant's understanding: After the final confirmation of the questions to measure the level of understanding of the questions by the participants, the questions were given to the participants and they were asked about their

Family and health Quarterly, vol11, Issue 4, winter 2021, ISSN: 2322-3065
http://journals.iau-astara.ac.ir, D.O.R. 20.1001.1.23223065.1400.11.4.11.0

possible answers. Also, a test interview was conducted so that the researcher realized the alignment of the participant's perception and what the researcher's goal was with the questions, and if needed, the questions were modified, and finally, the researcher changed the questions that were general to more detailed questions to understand the interviewee more.

Developing a semi-structured interview questionnaire: What we talked about in the previous stages were all the steps that the researcher took to get the necessary preparation in order to compile the research tools and start. Now that the questions were decided, it was necessary to develop a questionnaire to start the implementation. At this stage, the interview form and questions were given to three experts and finally the final form of questions was compiled.

Conducting an interview: During the interview, after establishing communication and initial and general conversations, based on the answers of the participants, the main question of the research from the participant's point of view was addressed clearly and accurately. The interviews were recorded with a tape recorder, and after the interview was completed, it was carefully implemented and the text of the interviews was used for coding and analysis.

Results:

After transcribing the interviews, biographies, comments, notes, etc., the resulting texts were read several times to understand the meaning of the entire text. In the second step, important phrases and sentences related to the experience of the desired phenomenon are extracted. Examples of important phrases are mentioned in Table 1.

Table 1. Examples of important phrases

Interviewee code	Important sentences
Interviewee number 1	I was busy with myself. I was constantly comparing myself that if I were in their place, I would do such and such, I wish I had been a girl from the beginning, I wish I could act sooner, if I went to a wedding, I would always be in the middle and dance. After the surgery, my sister moved to Tehran, I feel that it is still heavy for my father. My younger sister does not call my name and does not talk about my identity.
Interviewee number 2	I would act anywhere, even if I had a year left to live. I had a lot of verbal fights, I was beaten once, my father threw me out of the house, he said that I don't have children either, he has no right to enter my house, I was not approved at all, I had to work because I had no money, my mother said what should I answer at the door of the neighbors, the son-in-law Our elder did not accept it, he said that your

	way is wrong, because he was religious, he said that this is what you have in your body.
Interviewee number 3	I really wanted to take off my clothes during sexual relations, but I was holding back and I didn't want anyone to see, I used sterile gas to make a penis for myself so that I wouldn't touch my own body. When I went out dressed as a girl, there was a fight, they asked if you were a girl or a boy, they said you wear a headscarf on purpose and they complained about me and the officer took me to the police station. They did not believe that I should have called the family to come.
Interviewee number 4	After the operation of one of my sisters, her vein is blocked, which prevents me from going home. She is afraid that her husband will find out and lose her reputation. I visit my parents every six months. I didn't have a good operation at all, I'm getting annoyed, neither my upper body nor my lower body is good, I got a severe back disc, I have to rest all the time and I can't go to work.
Interviewee number 5	I was a loner, I wanted to sleep at night and be a girl in the morning, I took a razor to cut my penis, all the kids told me that you are not a boy, I had a genetic background of gender identity disorder, and my grandmother and aunt were also trans. Thinking that I am acting because of having a relationship, saying it is like a whore
Interviewee number 6	After the surgery, they look at me in a different way, everywhere I went to work, I came out of it within a month.
Interviewee number 7	I had an intimate relationship with boys. When I used to go to the bathroom, I used to go in clothes, I didn't want anyone to see that I was a girl on the top and a boy on the bottom.

In the third stage, the meanings of important phrases and sentences are formulated. Formulated meaning is the same meaning that the researcher infers from the content of an expression. Then the formulated meanings were converted into shorter expressions which are the same concepts. Table 2 shows examples of converting important sentences and phrases into formulated meanings and converting formulated meanings into concepts.

Table 2. Examples of converting important phrases into formulated meanings

Important phrases	formulated meaning	concepts
I wish I could act quickly	A person's biological sex is not pleasant for him.	Gender dissatisfaction

Family and health Quarterly, vol11, Issue 4, winter 2021, ISSN: 2322-3065
http://journals.iau-astara.ac.ir, D.O.R. 20.1001.1.23223065.1400.11.4.11.0

After the surgery, my sister completely moved to Tehran	Family members are not receptive to the new identity of the person	Lack of family support during the surgery process

In the fourth step, all formulated meanings are grouped into subcategories. That is, each subcategory will be coded in a way that includes all the formulated meanings of that semantic group. These groups of sub-categories, each reflecting a specific concept, were then merged to form a single category. Therefore, at this stage, the formulated meanings were placed in the form of concepts, sub-categories and main categories. This process did not happen all at once. That is, it was not clear from the beginning which concepts are placed in which sub-categories, or which of the sub-categories are placed in a main category. The process of moving concepts between sub-categories and moving sub-categories between main categories were repeated many times.

Table 3. Main and subcategories extracted around family problems

The type of problems and its location	question	Subcategory	Main article
Family problems - before surgery	What problems did you face in your family before surgery?	• Family opposition with physical and mental damage • Exclusion from the family • Deprivation of rights • Negative thinking of the family towards the action	Coercive behavior and deprivation
Family problems - after surgery	What problems did you face in your family after surgery?	• Failure to accept the new identity from the family • leaving home	Exclusion from family

As reported in the table above, from the interviews conducted regarding family problems, before and after surgery, six sub-categories and two main categories including coercive behavior and deprivation and exclusion from the family were obtained.

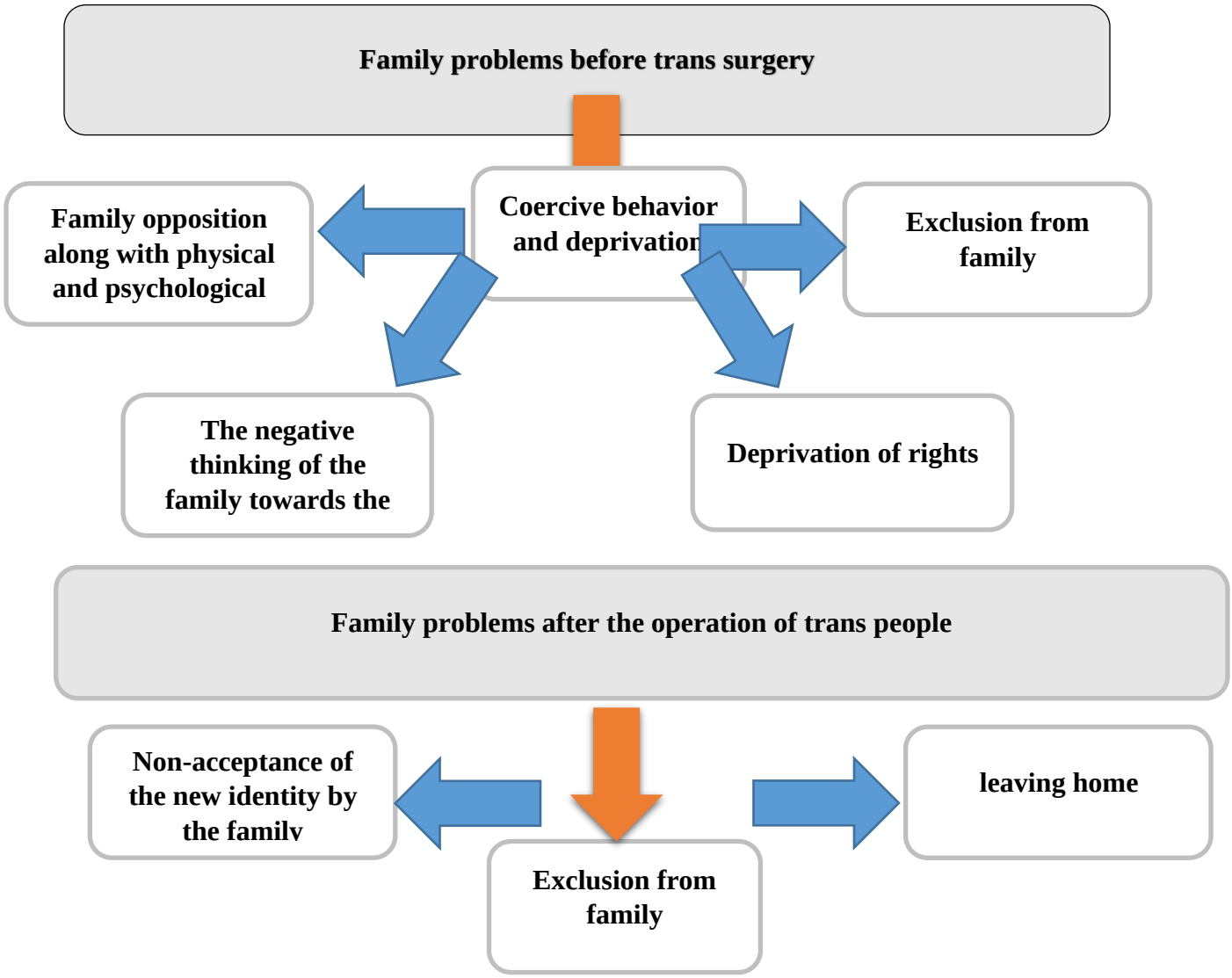

Figure 1. The inherent structure of the phenomenon resulting from coding the findings

As seen in the figure above, the family problems of people with gender identity disorder before the operation include coercive behavior and deprivation, and after the operation include rejection from the family. In the seventh and last stage, the researcher sought to validate the results. Therefore, he informed them about the findings of the research through a phone call or a written conversation with the participants and informed them of what he had extracted from their conversations. Finally, they confirmed the accuracy of the results and it was found that the results of this research fully reflected their feelings and experiences. Also, in order to measure the reliability or trustworthiness of the results of this research, the review and feedback of research colleagues were used.

Family and health Quarterly, vol11, Issue 4, winter 2021, ISSN: 2322-3065
http://journals.iau-astara.ac.ir, D.O.R. 20.1001.1.23223065.1400.11.4.11.0

Discussion and conclusion:

In the current study, the researcher interviewed people with this disorder with the aim of phenomenology of the lived experience of people with gender identity disorder, and in this regard, questions were asked to analyze the experiences of these people in relation to family problems. The findings of the research showed that in the family problems section, these people experience coercive behavior and deprivation before the surgery because the ambiguity of the gender disorder causes the non-acceptance of these people and their concerns in the family. The lack of proper recognition of gender disorder by the family of people with this disorder sometimes causes the families to reject these people or stigmatize them as indecent. Sometimes the resistance of the family in accepting the existence of this type of disorder in their child and also accepting the surgical operation becomes so intense that they subject the person with the disorder to serious psychological harm and even beating. In this regard, Momeni Javaid and Shua Kazemi (11) state that the first problem in the family is that they are not willing to accept such a problem due to cultural, social, political and economic views. The fear of being famous, dishonoring in the family and the neighborhood, causes a loss of trust and acceptance. The family resists the children's wishes and the result in some cases is arguments, fights, beatings and driving them away from home and family. In most cases, Walden treats these people differently. According to a report, the treatment of parents with these children in Iran is supportive in 30% of cases. It means that parents support their children and try to improve their children's problems under the shadow of this support. In 10% of cases, parents are inattentive, but in 70% of cases, parents have an attitude of anger and oppression, or they are sad to hear their child's request to change gender (11).

After the surgery, the family's non-acceptance of the new identity is one of the most important problems of these people. In this regard, it can be said that the non-acceptance of people with gender disorder in the family is not only related to before the operation, but also after that people are not accepted in the family. Sometimes the severity of this non-acceptance is so great that the person is forced to leave home (12). In this regard, Momeni Javaid and Shua Kazemi (11) state that sexual dissatisfaction and gender reassignment is a complex situation that has a significant impact on people's health and social functioning. One of the consequences of this disorder is affecting the quality of parent-child interaction. . It is difficult to convince families to perform surgery. Gender change also affects people's identity. It is not enough to undergo surgery to enter the opposite sex, but it is necessary for the person to learn the specific behaviors of that gender and for others to accept him with his new identity. Sexual dissatisfaction affects various aspects of a person's health in the field of personal and social life and reduces the capacity of people's social capital (13). The results of Abedini and Sepherinia's research (14) showed that the amount of family support for the individual does not increase after the operation. In this regard, Levy and Korfman also concluded that the probability of family support reduction is higher among these people (14).

Acknowledgment:

I would like to express my sincere thanks to all the patients with gender identity disorder and the crisis intervention workers of the welfare organization who participated in this research.

Conflict of interest:

There is no conflict of interest between the authors.

Reference:

1.Ganji M. Psychopathology based on DSM-5. Tehran: Savalan, 2020.

2.Sadock B.J., Sadock V.A., Rulz P.. Kaplan &Sadock's comprehensive textbook of psychiatry. Philadelphia: Lippincott Williams & Wilkins, 2009.

3.Nikkelen S.W., Kreukels B.P.. Sexual experiences in transgender people: the role of desire for gender-confirming interventions، psychological well-being، and body satisfaction. J sex & marital therapy, 2018; 44(4): 370-381.

4.Weiselberg E., Shadianloo S.. Overview of care for transgender children and youth. Curr Probl Pediatr Adolesc Health Care, 2019; 12(10): 15

5.Sirin S., Polat A., Firdevs A.. Psychometric Evaluation of Adapted Transsexual Voice Questionnaire for Turkish Trans Male Individuals, J Voice In press, 2020

6.Valentine S.E., Shipherd J.C.. A systematic review of social stress and mental health among transgender and gender non-conforming people in the United States. Clinical Psychology Review, 2018; 66: 24-38.

7. Kerchkov M.A. et al. Prevalence of sexual dysfunction in transgender person، journal of sexual medicine, 2019: 1-12.

8. Dowers E., White C., Kingsley J., Swenson R.. Transgender experiences of occupation and the environment: A scoping review. J Occupational Science, 2019; 26(4): 496-510.

9. McFadden C.. Discrimination Against Transgender Employees and Jobseekers. Handbook of Labor, Human Resources and Population Economics, 2020: 1-14.

10. Cussino M.C., Crespicd V., Minecciacd M., Moloce G., Mottad F., Vegliaa.. State of mind of attachment and reflective function in an Italian transsexual sample. 2020; European Journal of Trauma Dissociation, 2021; 5(4):100-108. doi.org/10.1016/j.ejtd.2019.05.001

11. Shoaa Kazemi M, Momeni Javid M.. Investigating the relationship between mental health and poor sexual performance in infertile women with breast cancer in Tehran. Quarterly J Breast Diseases of Iran. 2011; 4(1 and 2): 56-48.

Family and health Quarterly, vol11, Issue 4, winter 2021, ISSN: 2322-3065
http://journals.iau-astara.ac.ir, D.O.R. 20.1001.1.23223065.1400.11.4.11.0

12. Schneider J., Page J., Van Nes F.. Now I feel much better than in my previous life: Narratives of occupational transitions in young transgender adults. J Occupational Science, 2019; 26(2): 219-232.

13. Johns M.M., Lowry R., Andrzejewski J., Barrios L.C., Demissie Z., McManus T., Underwood J.M.. Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school students-19 states and large urban school districts. 2017. Morbidity and Mortality Weekly Report, 2019; 68(3): 67.

14. Abedini S., Sepehrinia H.. Relationship between socio-cultural and family dimensions with perception of sexual identity before and after surgery in patients with gender identity disorder studied in Ardabil. Sociological studies, 2016; 8(29): 21-38.