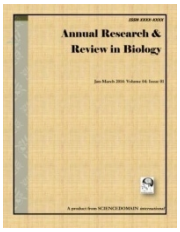

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The Psychological Distress and Coping Mechanisms among Intersexed Individuals

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Author's contribution

This whole work was carried out by author Baqutayan SMSB.

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ABSTRACT

Mental and physical wellbeing always determine the individuals' ability to live meaningful and satisfying lives. Based on this fact we can declare that the birth of the intersexed/hermaphrodite child presents great clinical difficulties, psychological distress, and ethical issues for the clients and their families. As a matter of fact, the basic problem that intersexed individual faces is the socio-cultural perception; the society always reject this group of people without clear understanding of what the hermaphrodite is all about. As a result, the person's emotions and feelings are all disturbed. Thus the aim of this paper is to report on the psychological distress and coping mechanisms among hermaphrodite individuals. In attempting to this debate the emphasis is more on the literature that focuses on the current status of intersexed group, their emotions, and the ways they manage the trauma associated with their feelings. Eventually, the results indicated that people with intersex conditions are mostly a hidden population, and little is known about their level of stress and coping mechanisms. For that reason further research is needed to overcome this barrier regarding the emotional well-being of intersex patients and families. Congruently, researchers and psychologists need to assist more cases, discuss with more families, manage the feelings of this group of people, and finally, cultivate a public education program to adjust the perception of different societies towards this issue.

Keywords: Hermaphrodite issues; stress among intersexed group; coping with intersex issue.

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1. INTRODUCTION

Over the past decade there has been a rise in interdisciplinary literature around issues concerning intersexuality. This marks a shift from medical literature on intersexuality to writings within a variety of interdisciplinary contexts [1]. However, even with today's medical advancements, the exact determinant of gender identity still remains relatively unknown [2]. Children identify themselves as either male or female at a very early age. The issue of the intersexuality causes confusion on how to classify the child; therefore, there is a need to have more and more studies and researches. More recently, within a psychological setting a great issue was dedicated to the topic of intersexuality [3]. Intersexuality in very simple terms refers to a number of conditions such as Androgen Insensitivity Syndrome and Congenital Adrenal Hyperplasia, "that lead the bodies having a mixture of male and female parts" [4].

The birth of a child with an intersex condition is almost always an unexpected occurrence. Approximately, the case has occurred throughout the history and across many different societies. In fact, a more common term you may have heard for intersexed individuals is a hermaphrodite, which comes from the Greek name for a mythical figure formed from the fusion of a man and a woman [5]. Evidence from different sources reveals that hermaphrodite refers to condition in which a child is born holding "male" and "female" organs that both are maybe working in term of output or sexual performance [6]. This is almost similar to the above intersex definition, and to be more clear addition information is needed on this subject.

According to Bowley [7], the "Hermaphrodite" was a term that was commonly used in the past to describe and consequently oppress intersexed people. Illustrations of hermaphrodites usually depicted people that were born half female and half male however intersexed people are not born with two complete sets of genitalia. Many intersexed people are born with ambiguous genitalia, or sex organs that are not clearly female or male. Intersexed is a general term that can relate to various conditions and is now used as the non-discriminatory alternative to "hermaphrodite".

Indeed, in almost all societies the biological difference between men and women is the only way that is used to justify them with different social roles, which restrict and mould their attitudes and behavior [8]. Likewise, gender identity is the sense of being male or female. Significantly supported by Nevid, Rathus & Greene [9], as in the normal run of things, the gender identity is consistent with anatomic gender. However, in gender identity disorder there is a conflict between one's anatomic gender and one's gender identity. While the definition of gender and gender identity are beyond that, it should not only be focused on the biological differences, but it should focus more on the behavioral, cultural, or psychological traits that are typically associated with one sex [10]. Therefore, to be more precise, more detail is needed on gender identity and intersex condition.

1.1 Gender Identity and Intersex Identities

Different sources viewed "Gender" as the state of being male or female, however, in 1990, "Judith Butler" viewed gender, as "something that one does" not as a representation of "what one is" [11]. Gendered action was seen as "an "act," which is both intentional and performativity" [12]. The fact is that gender act is one that is repeated over time, furthermore, gender acts are the most routine day-to-day behaviors [13], and then because gendered

practices are repeated in every major institution including school, family, work, religion, the gendered practices become habitual [14]. According to Archer [15], the acts of gender are rehearsed, and have a ritualistic public dimension, because there are consequences when the person do not comply with the given gender identity.

As a matter of fact, a person's identity is a "combination of the major recognized statuses of race, ethnicity, religion, and social class, as well as the individual's achieved statuses of educational level, occupation, marital status, parenthood, prestige, authority, and wealth" [16]. For this reason the author raises few questions as how performance defines gender identity, how the individual performs identity, and what are the consequences of identity disorder. From Encyclopedia Britannica [17] "Gender Identity" refers to an individual's self-conception as being male or female, according to his/her actual biological sex. In another word, how individuals classify themselves and how do they act in accordance to that classification is a very important factor in shaping the identity. According to "Judith Butler", "there are ten gender identities, as: the women's category lines, men straights, lesbians, gays, women duplications (Alkhnat), men Alazdoajeon, Shemale who wear men's clothes, and bisexual individuals who wear their and Letzion dressed men and their adornment, and women variables (i.e. men who are turning to the process of surgery, men and transgender women who are turning to surgery" [18]. And now is the question of whether there is any difference between intersex identity and gender identity. The answer might be no, because some use the term gender identity to refer the gender and sex categories [19], and other scholars additionally use the term to refer the sexual identity categories [20]. So both are almost judging to the same group.

The ongoing work of the Subcommittee on Gender Identity Disorders of the Task Force on DSM-IV included a thorough review of the existing diagnostic criteria of GIDs and a proposal for a revision [21]. In this context, the question was reopened whether intersex patients who have a gender identity problem should be diagnosed by the same GID criteria as non-intersex patients or whether they should be exempted. The issue has repeatedly been the subject of informal debate over at least the past two decades but a formal study of this question was never undertaken.

Gender identity disorder (GID) is the formal diagnosis used by psychologists and physicians to describe people who experience significant discontent with the sex they were assigned at birth and/or the gender roles associated with that sex. Evidence suggests that people who identify with a gender different than the one they were assigned at birth may do so not just due to psychological or behavioral causes, but also biological ones related to their genetics, the makeup of their brains, or prenatal exposure to hormones [22].

As a matter of fact, the intersexed individuals have ambiguous genitalia, currently defined as disorders of sex development (DSD). They constitute a complex, major social and medical emergency. In 2006, the medical community replaced the term intersex by "disorders of sexual development" (DSD). Indeed, the DSD itself is problematic, because it reinforces the idea that intersex is a medical condition that in needs correction procedures. Furthermore, using DSD, individuals that identify as intersex have no choice but to identify as "disordered," even though their natural bodies are most often healthy [23]. According to Saenger [24], Several forms of DSD can lead to significant emotional difficulties, which, if not appropriately treated, may lead to shock. However, the historical structure of sex and gender certainly inform the current "optimal gender" paradigm of treatment, deconstructing this paradigm will not make intersexuality disappear any more than it will erase the categories of sex and gender. No amount of theorizing about intersex or its cultural impact on gender theory will

eliminate the physical pain, infertility, and emotional distress that burden many people with intersex conditions. However, the critical study of intersexed can help better scientific research and clinical management. The definition of gender and intersex relation is summarized in the folowing diagram Fig. 1 as follow:

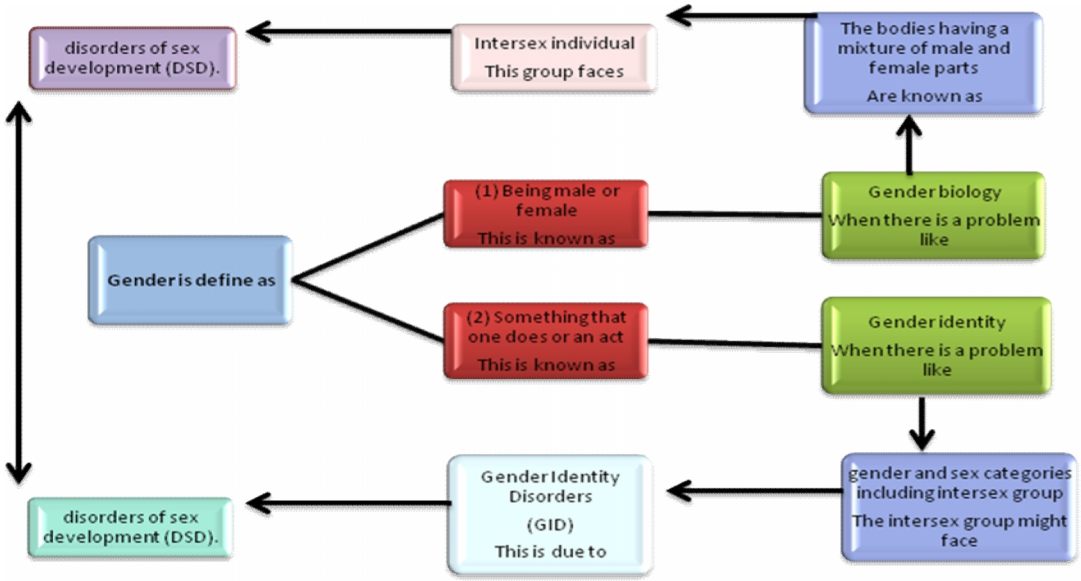

Fig. 1. Gender identity and intersex individual

1.2 Stress Among Intersexed Individuals

Since this paper is focused on the interxed individuals, now is the time to associate intersexed status with stress as outcome. According to department of communities [25], the common challenge for intersexed individuals is high rates of mental health issues including stress, depression and anxiety. Stress is always associated with intersexed condition, according to Leidolf et al. [26], as an intersex child matures, he or she is likely to experience psychological stress, regardless of medical condition or sex of rearing. Confusion about gender roles and interventions related to the condition can be overwhelming.

After all, the intersexed/hermaphrodite condition is merely about being a disease, which is not much different from any other disease that results from genetic factors or hormonal imbalance. Nevertheless, it is proved that a family with a child of intersexed condition has a psychological burden that distress the individual, the family, and the society. According to Rosario [27], the realities faced by intersexed individuals and their families are extremely challenging. Whether discovered at birth or later in life, the condition can be very challenging for affected persons and their families. Understanding the situation and digesting the medical information about intersex conditions and their implications is not always easy [28]. Today's doctors are more likely to hold off on performing genital surgery (correction Process) and take more information into account than just physical appearance when assigning gender. But there is no research on the long-term psychological consequences of growing up with genital ambiguity. Also, the minimal research on gender and sexual identities of intersex individuals is mostly limited to case studies and it is difficult to generalize to the over 15 different types of intersexuality [29].

In the first place, the affected persons face identity crisis that influence their personality adjustment in the future, and in many conditions, the family try to cover the case as it is considered as shameful or disgraceful to whole family [30]. Thus, the birth of an intersex child is emotionally traumatizing: Parents are traumatized because the birth of a child with sexual ambiguity violates a deeply held world view, and because it elicits parental feelings of shame and guilt [31]. Similarly stated is that the family of persons with intersex condition may experience feelings of shame, isolation, anger, or depression [28]. In study done by Gallacher [32], most of the parents didn't talk or disclose their child's status to anyone either within the family or to close friends. They either felt embarrassed or ashamed or they were doing something wrong. Overall, the intersexed/hermaphrodite individuals and their families feel ashamed and embarrassed.

Furthermore, people with intersexed conditions have higher levels of psychological distress than nonpatients [33]. According to Gallacher [32], the general feelings of the hermaphrodite individual that arise from the medical treatment are of negative emotions. An important distinction here is that most of the hermaphrodite individuals believe these feelings arise as a direct result of their medical management and not simply of their intersex condition. Some of the feelings experienced were emotions such as: anger, feelings of abuse and butchery, low self-esteem, feelings of uncertainty and confusion and both physical and psychological pain and sadness.

Furthermore, it is stated in different sources that some hermaphrodite individuals will be in state of mental distress, before the correction process is being made, which might influences their social and the psychological well being. Moreover, some will be living in state of emotional and behavioral disorder, due to identity crisis and inferiority resulting from oneself as well as society's perception about the third gender. Thus, the psychological distress, anxiety, shock, trauma, anger, guilt, and shame those hermaphrodite individuals and their families live in are due to their believes and perceptions toward the term hermaphrodite or third gender. Essentially, the trauma related symptomatology can include insomnia, isolation, depression, high anxiety, dissociation, suicidal ideation, flashbacks, sexual dysfunctions, sexual numbings, substance abuse, mood instability, self- mutilation, weight loss or gain, and work or school difficulties [34]. This traumatic symptomatology is evident in the stories of those who have been subjected to intersex surgeries during infancy and childhood. The children may be angry with their parents for withholding information; parents may be angry with physicians for not offering them alternatives; and parents also may feel guilty for unwittingly hurting their children or getting angry at their children for the burdens imposed by having a disorder involving sex developments [35].

1.3 Coping with Intersex Condition

According to Pant [36], the intersexed/hermaphrodite individuals are considered as a minority group on the basis of gender identity disorder. A general belief is that the issue to establish the gender identity of this group of individuals is not the problem of our country only. It has been an issue of intense debate all over the world. Definitely, the intersexed people cannot easily be established in the society with their natural characteristics. Of course, problems arise if an individual's perception of their own identity does not match those shared by their parents, siblings and friends. Therefore, managing their feeling, identity, and behavior needs urgent action. As stated by Fausto-Sterling [37], therefore, the treatment of the intersexuality should be more therapy than surgery, emotional adjustment needs to be taken into account.

Surgery is only one part of a complex process of gender reassignment and correction process, psychological adjustment is the other important part that needs to be considered. As can be seen, the psychological distress of the intersexed individuals creates the need to look for ways to manage their feelings. However, the coping mechanisms for this group have not been mentioned in psychology books, this is because the people with intersexed conditions are mostly a hidden population, and receive “little psychological support” for either themselves or their families [38]. Therefore, issues of trauma inherent for the families of children born with intersex conditions often go untreated. According to Lev [39], there are three areas where psychosocial support has been absent, or in some cases, misdirected. These include (1) parents of newborn babies with disorders of sex development; (2) children and adolescents with intersex conditions; and (3) adults who are beginning to recognize that they were born with intersex conditions and were surgically altered as children.

Patients and their parents must be supported in expressing a full range of emotions regarding the condition that they are facing. For some parents coping with the birth of an intersex child can be an emotionally devastating experience, particularly in a culture that is silent on this topic and where sex, sexuality, and genitalia are not common topics of discussion [40]. Therefore, according to Lev [39], thes families are entitled to have time to understand what they are facing, information to make educated decisions, and resources to develop a support that can nurture them through the range of emotions they experience. Moreover, the patients are encouraged to have support, because the support received from friends and family following genital surgery played a role in adjustment [41].

According to Al-Ghamdi [42], “the possibility of treating the phenomenon have occurred “intersexed individual” is through the patch Organic surgery, as well as the intervention of psychotherapy behavioral adjustment on that. The aim is to create a person before and after the surgery, so that he can adapt to the members of the community, especially when there are lots of societies do not accept the transformation of the young man for example into girl”. Moreover, the most important thing that needs to be taken into account is that, the “gender identity disorder management strategies” can also be used with “intersexed” case management. Since “gender identity disorder” (GID) is expressed by the diagnosis of psychologists on people who suffer from a state of anxiety about the type of sex they were born with, and the current topic is part of (GID).

Indeed, researchers cannot ignore the needs for psychological support, both for the intersexed individuals and their families. In Gallacher’s research [32], both the adults and parents highlight the overwhelming need for psychological support to be included within the medical management of intersexed individuals. Similarly, in another study, Minto, Liao, Conway, & Creighton [43] indicated that one area where both activists and medical professionals agree is that more psychosocial support is necessary, in the form of counselling or psychotherapy, for parents of children born with a disorder of sex development, and intersexed children and adults throughout their lifespan. However, few guidelines are currently available to assist the therapist working with intersexed children and their families [39].

Significantly, Rekers [44], indicated that several general management strategies have been found to be effective for treating gender identity disorder people. According to Richard [45], gender Identity Disorder in children is a highly treatable condition. The majority of children treated by those with expertise in this area are able to embrace the goodness of their masculinity or femininity. Moreover, according to Zucker and Bradley [46], "parental

ambivalence is, in most cases part of the problem." Parents, particularly mothers, who might rationalize that it is "cute" to have a boy wear female clothing, often ignore or excuse obvious appearances of effeminacy in males. These psychologists encourage early intervention to prevent the suffering of isolation, unhappiness and low self-esteem that children with GID experience. This also helps to avoid a later poorly understood desire some may have for sex change surgery. In conclusion, the psychological therapy can help the course of gender identity disorder and can encourage the person to adjust.

According to Bockting [47], The psychiatric and medical communities must work hard to enforce the gender normality among hermaphrodite individuals. Treatment issues must not only center on assisting “gender identity disorder”, but include the possibility of supporting a unique trans identity. At this point the focus is not only on transforming gender variant, but also transforming the cultural context in which individual live. Thus, an important role for counsellors who work with hermaphrodite persons is to prepare the hermaphrodite persons’ mind to live in a more positive social environment with regard to personal safety, health care, employment, education, and housing.

The matter cannot only be solved by counsellors, because the society and the family also play an important role in managing the feelings of hermaphrodite individuals. In fact, several studies have indicated that sources of resilience such as family acceptance, supportive social networks, and participation in social activism help to moderate the negative impact of social discrimination on the mental health of intersexed individauals [48]. In conclusion, coping with intersex condition is summarized in the folowing diagram Fig. 2 as follow:

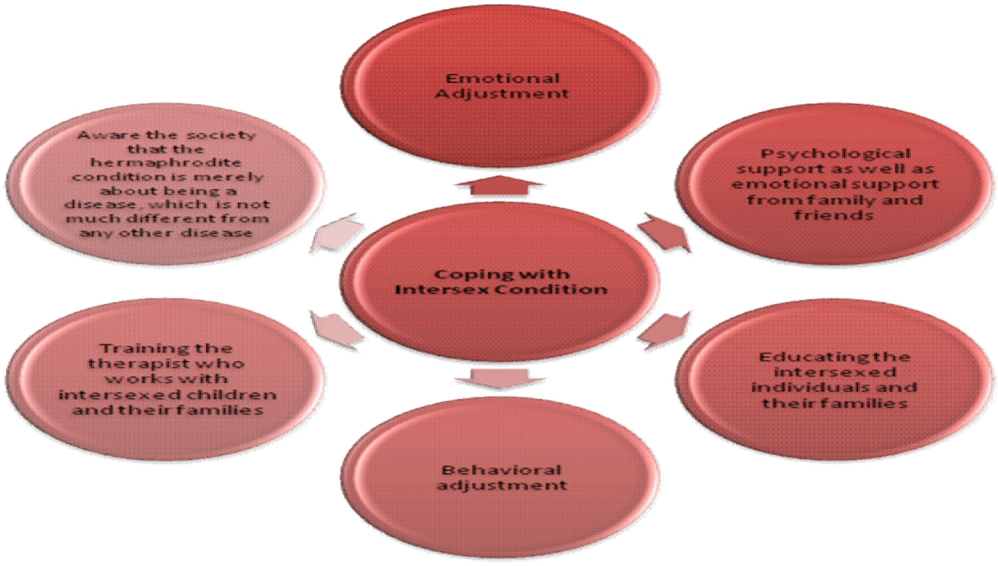

Fig. 2. Coping with intersex condition

2. CONCLUSION

Some intersexed individuals face significant health issues that require treatment, however, all experience a range of challenges and problems that require psychiatric treatments, and the big challenge begins with the requirement that a newborn child be identified and

registered as either a boy or a girl. Based on this fact, there is a strong relationship between gender issues as well as the stressors, traumas, and depressions faced by the intersex individuals. Moreover, the ways to handle these stressors are depending on the individuals' abilities, cultural traits, and societal acceptances to the hermaphrodite individuals. Moreover, psychological interventions and supports need to be given to the hermaphrodite individuals and their families. In addition, training programs should be provided for mental health professionals regarding the needs of intersex patients and their families. Inaddition to effective coping mechanisms, supportive family, and well cultivated societies that have the ability to support the the hermaphrodite individuals. Therefore, interdisciplinary treatment teams must include counsellors, psychologists and social workers experts to serve as supporters, addressing continuing issues in the lives of families and children living with intersex conditions. In conclusion, appropriate genetic and psychosocial counselling should be made available to the families, and when the patients are old enough, they need to understand all available information that should be progressively disclosed.

COMPETING INTERESTS

Author has declared that no competing interests exist.

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