The Relationship between the Disconnection and Rejection Domain of Early Maladaptive Schemas with Defense Mechanisms in Individuals with Gender Identity Disorder

Eshagh Samkhaniyani[1], Javad Khalatbari[2], Farzaneh Arkiyan[3]

[1]Department of Psychology, Tonekabon Branch, Islamic Azad University ,Tonekabon,Iran
[2]Department of Psychology, Ramsar Branch, Islamic Azad University , Ramsar, Iran
[3] Department of Psychology, Saveh Branch, Islamic Azad University , Saveh, Iran

Abstract: Gender Identity Disorder, meant cross- gender identification and intense desire in the characteristics of the opposite sex and discontent with assigned birth gender, is a complex disorder whose complete correction is rarely successful. The psychological evaluation of the individuals with the disorder can be very effective in its prevention, diagnosis and treatment. In this study from among those with gender identity disorder, 100 individuals were chosen as the sample of the study using purposeful sampling. They filled out Yang Early Maladaptive Schemas Questionnaire-Short Form (1998, YSQ-SF) and Defense Mechanisms Questionnaire (1993, DSQ-40). Data analysis was done through descriptive statistics and Pearson correlation test and canonical correlation. Results showed there is a relationship between defense mechanisms and early maladaptive schemas in individuals with gender identity disorder. It was found that there is a positive significant relationship between the disconnection and rejection domain and early maladaptive schemas and immature style of the defense mechanisms; there is a negative significant relationship between them and mature style, and there is no statistically significant relationship between them and neurotic style. [Eshagh Samkhaniyani, Javad Khalatbari, Farzaneh Arkiyan. **The Relationship between the Disconnection and Rejection Domain of Early Maladaptive Schemas with Defense Mechanisms in Individuals with Gender Identity Disorder.** *Life Sci J* 2013;10(1s):436-440](ISSN:1097-8135). http://www.lifesciencesite.com.

Keywords: Gender Identity Disorder, Early maladaptive schemas, Defense mechanisms.

Introduction

In primitive societies, in which the patterns of identification and social roles were limited, finding identity for kids was simple. Children simply accepted new roles and their behaviors were satisfactory. In today's complex society in the twenty-first century with rapid changes, gender identification is difficult for children and adolescents. While behaviors and preferences of most of children suit their physical gender, the others disassociate their biological gender and their sexual preferences and have an intense desire to associate with the opposite gender and do the activities which greatly contradict their own gender (Khodayarifard et al, 2003). Development of a sense of self, as a male or a female, and being a valuable member of a given gender, i.e. gender identity, start from birth. Parents, families, peers and other adults are involved in the development of gender identity in children. Prioritizing which is related to their own gender or gender role behavior (e.g. selection of toys, games and clothing), starts in about two years, and these stereotype- based behaviors, enormously grow up to four and a half years. But it is not clear if first gender identity is formed or gender related behaviors (for example, I'm a girl, so I want girlish things) or vice versa (Zucker & Green, 1992).Anyway, most of children behave and prefer in a way that adapt their physical gender, however biological identity and the preferred identity of some of children are not matched. These children tend to be a member of the opposite sex and have a strong inclination to join in activities that are usually strongly related with the opposite sex. These are children with gender identity disorder. In the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), gender identity disorder has two components: "a strong and persistent cross-gender identification" and "evidence of persistent discomfort about one's assigned sex and a sense of inappropriateness in gender role of that sex". The diagnosis is not made if the individual has a concurrent physical intersex condition. To make the diagnosis, there must be evidence of clinically significant distress or impairment in social, occupational, or other important areas of functioning. The number of individuals with the disorder is less than the number of individuals with other mental disorders. Most estimates of the prevalence of this disorder are based on the number of individuals who have gender reassignment surgery (Nourian et al, 2008). The prevalence of this disorder, on the basis of the global norm and the tenth edition of psychology synapsis (2007), is one out of every thirty thousand men and one out of every hundred thousand women. About the

etiology of gender identity disorder, there has been no clear explanation yet. Although doctors, psychiatrists and biologists have proposed some speculations, this has remained complicated and mysterious. From among the most important factors in shaping the disorder, biological and psychological factors such as prenatal stress, genetic and hormonal disorders, neurological and central nervous system problems could be mentioned (Nourian et al, 2008). The main form of gender identity disorder (Transsexualism), more encompasses efforts for being a member of the opposite sex in public, as well as applying hormonal and surgical treatment to obtain the apparent similarities with the opposite sex (Sadock&Sadock, 2000). While investigations show the role of biologic and genetic factors in this disorder (Gelder, 1996 as cited by Walker & Roberts, 2001), there is no drug treatment available for it and treatment with hormonal prescription and sex change surgery are the only known psychiatric treatment that none of them have been completely successful(Khodayarifard et al,2003). These individuals tend to psychotherapy, often due to depression or anxiety. Adult ones enter psychotherapy to cope with the disorder and not to change themselves. Regarding the negative consequences of psychological and social problems of these people, especially the undesirable and negative consequences that engaging in sexual relations with individuals of the same sex causes them, special attention has been paid recently to treatment of this disorder. Schemas defined as a structure or frame that is formed based on fact or experience to help people explain their experiences. The early maladaptive schemas are emotional and cognitive self – harming patterns that form early in the evolution of the mind and in the life course may be repeated .Based on this description, the behavior of an individual is not considered part of the schema. Since Yang believes that maladaptive behaviors arise in response to the schema thus, behaviors are derived from the schemas, but are not part of them (Shahamat et al, 2010). The emotional and cognitive patterns form behavior. The early maladaptive schemas consists of five areas. Disconnection and rejection domain (domain I) contains the schema of abandonment / instability, mistrust / abuse, emotional deprivation, defectiveness / shame and social isolation / alienation. Defense mechanisms are automatic psychiatric processes that support people against stress, risk perception and stressors and are the medium between conflicting emotional reactions and internal and external stressors. These mechanisms through socially acceptable ways externalize instinct motivators and reduce this type of stress or completely ignore it. Defense mechanisms are divided into three styles of immature, mature and neurotic. Immature mechanisms include mechanisms of rationalism, projection, denial, dissociation, devaluation, acting out, somatization, autistic fantasy, splitting, passive aggression, displacement and isolation. Mature mechanisms includes mechanisms of suppression, sublimation, humor, anticipation. Neurotic mechanisms include those of altruism, reaction formation, idealization, and repression (Dadsetan et al, 2008). Researchers found that individuals with gender identity disorder, have certain characteristics and subscales of personality disorders in them are more than normal people and some degrees of personality disorder are more notable (Nourian et al, 2008). The prevalence of different types of trauma in individuals with gender identity disorder is approximately 20% (Asgari et al, 2007). Also family functioning and functional aspects of emotional blend, behavior control, and emotional responses in individuals with the disorder comparing to the comparison group had a significant difference in the performance and lower functionality (Rezaei et al, 2007). Research results showed that there is a significant relationship between severity of personality disorder and early maladaptive schemas (Ball &Cecero, 2001). Bendo (2001) in a research, determining the role of gender in dimensions of schemas, showed that in some maladaptive schemas women achieved higher scores. Swab (2004) suggested that structural differences in the brains of individuals with gender identity disorder, affects gender identity. Levey and Curfman (2004) believe that though gender change surgery is possible, it leads in some short time consequences in adolescents with gender identity disorder and later after the surgery they face problems such as desire to suicide, lack of satisfactory social functionality and interrelationships, loss of job and family support, negative attitude to treatment in general and mental treatment in specific and consistent resistance to gender change. Greene (2005) suggests that the etiology of gender identity disorder is not fully understood. Various factors, including genetic factors, hormonal effects and involvement of the brain, have been investigated as contributing factors. Recent findings have showed some differences in the brain of individuals with gender identity disorder. In fact some parts of the brain that are responsible for gender differences are different from normal people. According to DSM-IV, Hepp et al (2005) using Structured Clinical Interview for Disorders of Axis II (SCID-II) on 31 individuals with gender identity disorder, reported that 42% of them received, the diagnosis of one disorder or more. In 5 individuals (16/1%) a personality disorder category A, in 7 individuals (22/6%) a disorder of the category B, in 6

individuals (19/4%) a disorder of the category C, and in 2 individuals (6/5%) a personality disorder, not classified, was diagnosed. Crammer et al (2007) in a study investigated individual differences in personality change direction in a sample of men and women in the intergenerational studies of the Institute for Human Development, hypothesizing that using defense mechanisms is related differently to changes of self-esteem and self- control.Results showed that in individuals with increased self-esteem, ignorance defense mechanism had less decrease and in individuals with increased self-control using identification had less increase. Barranof and Tian (2007) in their study on early maladaptive schemas found that inefficient interaction of parents is a very good prediction for early maladaptive schemas and low interaction of children in interpersonal relationships in future.

Method

This study is a descriptive and correlational research. From among all those with gender identity disorder who were approved by Iranian Legal Medicine Organization and referred to Rasht Welfare Centers, Navab Safavi Emergency Center in Tehran, and Mirdamad Surgery D-Clinic, 100 individuals with gender identity disorder (63 men and 37 women), aged 18-35 years old were targeted for sampling. The subjects were asked to fill in the 40-question defense mechanisms questionnaire (DSQ-40) and the 75-item questionnaire of early maladaptive schemas (short form). Short version of the Young Schema Questionnaire, with 75 items and 15 primary non-adaptive schemas is evaluated in five areas. This questionnaire was designed by Young and Brown in 1994. In the study of Velbron et al (2002) all subscales had enough internal consistency. Cronbach's alpha of all Schemas was 76% to 93% and the reliability of the short form of the questionnaire was calculated 64% using test-retest method (Fatehizadeh&Abbasian, 2003). Defense Style Questionnaire (Andrews, Singh, & Bond, 1993) is a9-point Likert scale questionnaire containing 40 statements that evaluate twenty defense mechanisms in terms of three defense styles of mature, immature and neurotic. Cronbach's alpha coefficient of each of these styles in the Persian form of the scale was: a typical student sample for all subjects 0.75, 0.73, 0.74 ; for male students 0.74, 0.74 and 0.72; and for female students 0.75, 0.74, 0.74, respectively. Test-retest coefficients are also equal for all subjects (0.82) within four weeks and for male and female subjects, respectively, 0.81 and 0.84 (Besharat, Iravani, &Sharifi, 2000). The current research study used regression to analyze the dependent variable based on the predictor variables so, after data gathering to analyze the data, Pearson correlation and Canonical correlation were applied to predict the extend of defense mechanisms use. Data were analyzed using SPSS software.

Results

Table 1 shows the statistical characteristics of the variables.

Table1. Statistical characteristics of the variables.

Variables	Mean	Standard Deviation
First domain: Disconnection and rejection	72.05	26.625
Immature Mechanism	118.63	24.110
Mature Mechanism	45.45	10.487
Neurotic Mechanism	43.54	10.493

Results show that there is a positive significant relationship between disconnection and rejection domain and immature defense mechanisms and there is a negative relationship between disconnection and rejection domain and mature defense mechanisms. There is no relationship between this domain and neurotic mechanism. Table 2 shows correlations between the variable of early maladaptive schema disconnection and rejection domain and defense mechanism components in individuals with gender identity disorder.

Table 2. Correlations between the variable of early maladaptive schema disconnection and rejection domain and defense mechanism components in individuals with gender identity disorder.

Variables	R	n	p
Disconnection and rejection and immature	0.303**	100	0.001
Disconnection and rejection and mature	-0.197*	100	0.050
Disconnection and rejection and Neurotic	0.178	100	0.076
*P<0.05 **p<0.01			

Results shows that there is a statistically significant relationship (p=0.01, r= 0.303) between disconnection and rejection domain and immature defense mechanism and this is a direct correlation. Also there is a statistically significant relationship (p=0.05, r= -0.197) between disconnection and rejection domain and mature defense mechanism

however, this correlation is negative. Moreover, there is no significant relationship (p=0.076, r= 0.178) between disconnection and rejection domain and neurotic defense mechanisms. The results of the research confirmed the studies of Asgari et al (2007), Lotfi et al (2007), Rezai et al (2007), Stils (2004), Coates(1992) and Tsoi (1990).

Discussion and Conclusion

This study showed that there is a relationship between disconnection and rejection domain and defense mechanisms components in individuals with gender identity disorder. Those, whose schema is compatible with disconnection and rejection domain maladaptive schemas, are unable to interact safely and satisfactorily with others. They believe that their needs of stability, security, affection, love and belonging will not be met. Their specific families are usually unstable (abandonment / instability), abuser (mistrust / abuse), cold and heartless (emotional deprivation), rejecter (failure / shame) or isolated (social isolation / alienation). Many of them had shocking childhoods and in their adulthood, they tend to escape haphazardly and hurriedly from a self-harming relation to other relations or avoid intimate relationships. Immature defense mechanisms are inadaptable and inefficient confronting ways that are associated with many negative health indicators. Defense mechanisms organize mental condition through anxiety avoidance, but improper use of them can be devastating and can impair mental development. Based on research, there is a direct relationship between mature defense mechanism and lack of maternal love in childhood. Individuals with this schema, too, have experienced mental insecurity in childhood and consequently abhor intimate relationships in adulthood. According to Zucher and Bradley, and Coates, feelings of insecurity in childhood is effective in gender identity disorder. Based on a research by Greene (1987) on boys with feminine desire and on the basis of their mothers' report, it was concluded that these mothers spend less time than the control group mothers with their children. There is more separation between these mothers and their sons, and these boys are more under control than other boys are. Moreover, boys with gender identity disorder have insecure attachment to their mothers. The girls also have trouble communicating with their mothers, and their relationship is a weak and ineffective one. This is due to the high levels of psychological vulnerability of mothers including depression and personality disorders. Sherman's (1985) research on the boys with this disorder using projection patterns showed that the boys mentioned their relationship with their fathers as out of a relationship, negative and with fight. Considering the conducted research and confirming that individuals with gender identity disorder experienced low emotional support, feelings of insecurity, emotional separation of parents and lack of maternal feelings, it is clear that they will use special defense mechanisms dealing with different stimulations in adulthood and adolescence. Based on the results of this study, individuals with gender identity disorder, use more non-adaptive and mature defensive mechanisms. Investigations, following the treatment of those who changed their gender by surgery, showed that there was no meaningful change in their adaptability and 31% of them regretted what they had done. It caused clinicians doubt in gender change as an effective and useful therapeutic strategy, (Lindmalm, Korlin&Uddenburg, 1986 as cited by Walker & Roberts, 2001). So it is important that clinicians with full caution treat young people and before deciding to do the surgery motivate them, to take part in at least a one-year course of psychological treatment.

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1/7/2013