Gender Dysphoria

AO1:
- Suggests it may be a mental illness caused by childhood trauma or some maladaptive upbringing. I.e. Coates described a boy with gender identity disorder and said it could be explained as a defensive reaction to mother’s depression during critical period (3 yrs). Had cross gender fantasy to deal with it.
- Stoller- Explained due to distorted parental attitudes with some mother and son relationships being too close. Sons identify better with females.
- Conditioning – parents of dysphoric children giving them attention when they cross dress. Seen as a reward. Explain why more children than adults identify as dysphoric, with early life dominated by family influence then change as they develop a closer bond to own circle of peers who may frown upon that behaviour.
- SLT- lack of role models to follow or influence from appropriate role model whos behaviour they can mimic.
- Biological- Hormones and genetic sex of individuals don’t match. Androgen insensitivity syndrome and Congenital adrenal hyperplasia, prenatal surges of hormones can result in intersex individual so external genitalia doesn’t match. Mislabeled wrong gender, as biological identity conflicts socially assigned gender.
- Genetics- Hare found male to female transsexuals have longer versions of the androgen receptor gene compared to control group. Cause testosterone to have reduced efficacy on affecting prenatal development.
- Brain sex theory- transsexual brains might not match genetically. Bed nucleus of stria terminalis in heterosexual men is twice as large as in intersex sexual women containing double the neurons. Size of bed nucleus of stria terminalis correlates with the individuals preferred sex rather than biological sex.

AO2:
- Correlational – cannot be certain of cause and effect. May well be a symptom of gender dysphoria rather than a cause so may lack external validity as not measuring cause for gender dysphoria.
- Undermining Coate’s theory as it couldn’t be related to mental illness relating to trauma and maladaptive upbringing. Cole analysed those experiencing gender dysphoria and found range of psychiatric conditions were no more than expected in the normal population.
- Rekkers- 70 gender dysphoric boys analysed and found no evidence of biological cause but instead they lacked a male role model. Adds strength to concept of nurture such as social learning theory’s attempt to explain gender dysphoria through modelled behaviour and learning.
- Real world applications- How people assigned the wrong sex can be helped. Those born with no clear sex should be allowed to choose own gender when of age without having one assigned. Raises implications as society will place less emphasis on sex differences whilst recognising social constructions rather than biologically determined. Research into disorder helps gather evidence to support or discredit such claims so shape societies attitudes through education.
- Socially sensitive research- social implications that findings may present. If a biological cause is found, transsexuals can be accepted in society rather than stigmatised as it is not their choice. If a psychological cause then further discrimination as its down to nurture and their environment to choose to deviate from ‘social norms’.