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Analytical Reading of Gender Identity Disorder: From the Medical Scientific Perspective to the Psycho-Dynamic Interpretation

Habi kheira[1*], Belal Lina[2]

[1*]Djilali Liabes University – Sidi Bel Abbes (Algeria), Kheira.habi@univ-sba.dz
[2]Abdelhamid ibn Badis University–Mostaganem (Algeria), lina.belal@univ-mosta.dz

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Abstract:
The discussion of gender identity has become crucial due to the social and psychological transformations occurring globally. However, this topic faces significant challenges in research and debate due to its sensitive nature, often being considered taboo. Thus, it is essential to explore the nature of gender identity, define the related terms, and understand how disruptions occur within it, from the medical scientific interpretation to the psychological explanation. To understand and interpret these disorders, this paper will discuss the development of gender identity starting from the moment of fertilization, continuing through the stages of psychosexual development, and how disruptions in this process can lead to disturbances in gender identity. The paper will also consider how these disturbances are classified in the global diagnostic statistical classifications of mental disorders.

Keywords: Gender identity; gender identity disorder; medical interpretation; psycho-dynamic interpretation.

Introduction:

From the moment of birth, a child's gender can be determined based on anatomical characteristics as male or female. However, gender identity does not solely depend on these biological data; it is later shaped through a complex interaction between biological, social, cultural, and psychological factors. The way an individual expresses their gender identity in interactions with others goes beyond innate characteristics to also include the influences of their surrounding environment.
An individual's gender identity is determined through three main aspects: self-gender identity, sexual orientation towards others, and sexual preferences, which are shaped by desire and attraction, whether towards the opposite sex or the same sex. When these stages proceed normally, a congruence occurs between biological and self-gender identity, allowing the individual to express their gender identity in a consistent manner.
However, when a disruption occurs in this process, a contradiction may arise between biological sex and the individual's internal tendencies and desires towards the opposite sex. This is known as gender identity disorder. This disorder significantly impacts the individual's psychological alignment with themselves and their social relationships. Hence, this paper focuses on studying the development of gender identity from childhood, with an analysis of both medical and psychological interpretations, including the role of biological and hormonal factors in this process.
There exists a disorder within this identity that affects the individual, either in terms of biological chromosomal aspects or psychological behavioral aspects. This leads to the following question: How have proponents of the biological (chromosomal) side and the psychological side explained this disorder?

1. Theoretical Framework of the Study:
The discussion of terminology requires us to address a set of definitions to delineate the verbal and conceptual boundaries. Therefore, we need to explore the following:
We begin by defining "gender" and "sex" as presented in a booklet published by the American Psychological Association (APA). **Sex** is determined at birth based on biological traits such as chromosomes, hormones, and both internal and external physical structure, indicating whether a person is male or female. **Gender**, on the other hand, refers to the social roles, behaviors, activities, and traits that society considers appropriate for boys and men or girls and women. These social roles are influenced by how people behave and interact with each other, as well as their feelings about themselves. While the biological aspects of sex are similar across cultures, gender roles can vary significantly from one culture to another.
This definition highlights the fact that there are distinct social definitions for males and females, which differ across cultures. Gender is not only determined by biology; it is a social construct influenced by cultural and psychological factors.
We now seek to clarify the concept of **identity** through the following definitions provided by various disciplines:

1.1. Linguistic Definition:
According to the Larousse Encyclopedia (2010), identity is defined as "a set of circumstances or conditions that make a person distinct and unique." (p 406), On the other hand, Bloch et al. (1992) describe identity as "a state of absolute congruence of judgments, or complete similarity," (p 259), where being refers to the essence of something, whether material or personal. This view implies alignment between the inner and outer aspects without separation or discrepancy.

1.2. Psychological Definition:
In psychological research, the term **self** is used to refer to identity (self-concept). According to Tap et al. (1985), identity is a system of perceptions and feelings that continuously evolves through an individual's interactions with their emotions and feelings. This identity includes a person's sense of unity, harmony, and belonging.
Identity is also defined as the internal psychological system that integrates the individual's inner self with the external social world. There are multiple aspects of identity, one of which is **gender identity**. So, what is gender identity? Gender identity is defined as a collection of behaviors, actions, and attitudes that develop throughout an individual's psychosexual development stages. This identity is formed through a prolonged process involving imitation, upbringing, and education, during which the child develops their gender identity based on the intellectual principles instilled in them or towards which they are guided. These principles determine the way the child thinks and acts as a sexual being.
Gender identity continuously evolves throughout life, influenced by an ongoing interplay of biological, social, cultural, and psychological factors.
Gender identity represents a complex process that begins during pregnancy and continues through the stages of psychological and physical development. It is a combination of biological sex, determined by reproductive organs and chromosomal and hormonal structure, along with various social, cultural, and psychological dimensions that interact with each other to form our gender identity.

1.3.. The Difference Between Sex and Gender:
In Anglo-Saxon literature, the term sex refers to the biological concept, while the term **gender** refers to the cultural, social, and self-perceived concept. However, in Arabic translation, the term **"Gender Identity Disorder"** is used, which we will adopt in this study. John Money, a psychologist at the Department of Pediatric Endocrinology, introduced the concept of **"gender identity"** after observing a conflict between the biological traits and the gender role assumed by the child, where there was a mismatch between the two.
Later, Stoller expanded this concept through the term **"gender identity,"** referring to the process of constructing masculinity and femininity based on three main factors: the biological traits with which the child is born, the sex assigned by the family or parents, and the biological forces that develop throughout life, originating from the genetic organization of the brain. Laplanche also critiqued and developed Stoller's theory, adding six etiological foundations to determine an individual's gender identity. These include biological power, sex assignment at birth, gender-specific roles assigned to the child based on their biological sex, psycho-biological phenomena, physical development, and psychological development. (abdel jabri, 1976).
These foundations determine an individual's sex or gender. Gender identity is considered socially as a set of stereotyped behaviors that are lived in a natural and specific way.
However, a disruption can occur in this identity, affecting the individual either from a biological chromosomal standpoint or a behavioral-psychological one. This leads to the following question: How have proponents of the biological (chromosomal) side and the psychological side explained this disorder?

2. The Medical Scientific Interpretation of Gender Identity Disorder:
An individual's sex is determined through the binary relationship between male and female from the moment of fertilization, which leads us to address the precise concept of sex associated with genetic traits, specifically through chromosomes and inheritance, to determine sex in general. The difference in the formation of sex and the determination of its type occurs from the very moment of fertilization when the male sperm meets the female egg, where the sex chromosomes mix. If the combination is **(XX)**, it is female, and if it is **(XY)**, it is male. The genetic development of the embryo then begins, leading to the growth of reproductive organs for both sexes until birth. Any disturbance at this stage results in the formation of a disorder at the level of the reproductive organs. So, how does sexual disorder occur during the fertilization process according to the medical-scientific perspective?
Before discussing how the disorder occurs in the fertilization process, which is responsible for determining and differentiating sex, we must first explore the concept of **genes**. In human cells, excluding sperm and egg cells, there are 23 pairs of chromosomes, totaling 46 chromosomes. Sperm and egg cells each contain half the number of chromosomes, each having only 23 chromosomes. Among these chromosomes, there are sex chromosomes that are critical in determining biological sex. The sex chromosomes consist of two types: **X** and **Y**. In females, there is a pair of sex chromosomes of type **X** (XX), while in males; there is one **X** chromosome and one **Y** chromosome (XY).

Table 1 *Sexual Chromosome Characteristics*

Characteristic	Male Sex Chromosomes (XY)	Female Sex Chromosomes (XX)
Sex Chromosomes	Males have one **X** chromosome and one **Y** chromosome in their somatic cells	Females have two **X** chromosomes in their somatic cells
Chromosome Responsible for Sex Determination	The **Y** chromosome is responsible for determining male sex	The absence of the **Y** chromosome in females determines female sex
Sex Chromosomes in Gametes	Sperm carries either an **X** or a **Y** chromosome	Eggs always carry an **X** chromosome
Sex-Related Genes	The **Y** chromosome contains the **SRY** gene responsible for initiating the development of male traits	The **X** chromosome does not contain the **SRY** gene; female traits develop naturally
Main Hormones	**Testosterone** is the main hormone responsible for the growth of male reproductive organs and the development of secondary sexual characteristics	**Estrogen** and **Progesterone** are the main hormones controlling the development of female reproductive organs and secondary sexual characteristics
Secondary Sexual Characteristics	Increased muscle mass, facial and body hair, deepening voice, prostate enlargement	Breast development, fat distribution particularly in hips and abdomen, voice changes
Reproductive Organs	Males have male reproductive organs like testes and penis	Females have female reproductive organs like ovaries and uterus
Reproduction	Males produce sperm carrying either **X** or **Y**, determining the sex of the embryo	Females contribute eggs with only **X** chromosomes, determining the embryo's sex when fertilized by sperm
Genetic Makeup	The **Y** chromosome contains important genes like **SRY**, which leads to testosterone production and male characteristics	The **X** chromosome contains over 1,000 genes that control many necessary biological processes
Inheritance	Males pass their **X** chromosome to daughters and **Y** chromosome to sons	Females pass **X** chromosomes to all offspring, whether male or female
Chromosomal Composition in Cells	46 chromosomes (22 pairs of autosomes + 1 pair of sex chromosomes, **XY**)	46 chromosomes (22 pairs of autosomes + 1 pair of sex chromosomes, **XX**)
Differences in Fertility Genes	The **Y** chromosome contains genes responsible for sperm production	The **X** chromosome contains genes responsible for the development of ovaries and eggs

Source: Hughes, I. A, & Davies, J, 2003, pp 21-26

In cases of **disorder**, abnormalities in genetic chromosomes can lead to conditions like **Turner Syndrome** (**Syndrome de Turner**) in females. In this condition, the female loses one **X** chromosome and is left with **(XO)**. This condition, also known as **Monosomy X**, leads to a typical female appearance at birth with no obvious sexual dysfunction. However, as the individual reaches puberty, growth halts, and primary and secondary female sexual characteristics do not develop. Symptoms of this chromosomal disorder (**XO**) include short stature (around 1.40 meters), ovarian dysfunction, heart and kidney abnormalities, as well as unique facial features, a wide chest, and widely spaced breasts. Additionally, there is a complete absence of the second **X** chromosome, resulting in a permanent absence of menstruation. The incidence rate of this condition is about **1 in 1,500 to 2,500 live female births**. Treatment, such as estrogen hormone replacement therapy, can alleviate symptoms and promote the development of female sexual characteristics, but the individual will remain infertile with a female psychological identity due to the lack of a **Y** chromosome, with only the female **X** chromosome present.

On the other hand, for disorders affecting male sex chromosomes (**XY**), we have **Klinefelter Syndrome**. This genetic disorder results from an extra **X** chromosome (47, XXY instead of the normal 46, XY). This condition causes a range of issues, including fertility problems and distinct physical characteristics. Klinefelter Syndrome is a rare genetic condition in males where an additional **X** chromosome is present, resulting in a total chromosome count of **47, XXY**. Symptoms

of this syndrome include fertility issues, breast enlargement (gynecomastia), small testes, a small penis, and increased height, along with permanent infertility.
After presenting the medical-scientific perspective on gender identity and the chromosomal genetic disorders affecting both male and female chromosomes, we will now move to discuss the **psycho-dynamic perspective** and the psychological interpretation of this topic.

3. Psycho-Dynamic Explanation of Gender Identity Disorder:
Gender identity in children is shaped through identification processes during psychosexual development. Initially, a child does not distinguish between genders and shows no interest in gender identity. At this stage, the child follows a childhood theory involving a singular gender. However, when the child discovers anatomical differences between genders, they encounter the **castration anxiety**—believing the world consists of a single gender possessing a penis. This idea is articulated by Freud in his **castration complex theory**, which is an essential part of his theory of sexual development in children (Freud, 1983, p.69). The child becomes fixated on this organ, which turns into a libidinal object of desire. Initially, the child cannot imagine the existence of another gender that lacks this organ. This belief begins to unravel when the child realizes the existence of a different being with distinct anatomy. The idea of male priority emerges, and the child experiences anxiety over the loss of this organ, termed **castration anxiety**, as described in Freud's work (1923). Freud proposes the basic Oedipal model in both its positive and negative forms, highlighting positive and negative identifications that arise from the interactive dual-gender system, through which gender identity is constructed. Freud suggests that an innate anatomical predisposition aids the child in identifying with the mother and father within the context of the simple Oedipus complex. However, there is also what Freud calls the **full Oedipus complex**, which manifests as both a positive and a negative phase, linked to the binary conception of gender in children. According to Freud, a child not only experiences emotional conflict with the father and emotional attachment to the mother, but also develops female-like behaviors. The child exhibits an emotional feminine inclination towards the father while expressing hostility towards the mother (Freud, 1982, pp. 55–58).
At this point, the child becomes entangled in an emotional relational triangle represented in the Oedipus complex, where their desires conflict with one parent of the opposite gender, whom they wish to eliminate. Under the pressure of castration anxiety, the child identifies with the father and integrates the father's authority into their own psyche, forming the earliest nucleus of the **superego**. "Identification comes to repair the narcissistic injury the child faces when their libidinal desires related to the prohibited are thwarted; this prohibition is what threatens them with castration" (Perron, & Perron-Borelli, 1994, p.97).
The way in which the Oedipus complex is resolved later determines the individual's psychological life, either leading to a healthy personality or psychological disturbances. If resolved correctly, it contributes to the structure and development of the adult personality. Failure to resolve this complex results in mental disorders that may influence the person's growth. "The resolution of this conflict in a proper way contributes to the building of a stable adult personality, while unresolved conflict may lead to psychological issues later in life" (Perron, & Perron-Borelli, 1994, p.20).
Through the process of identification, the child comes to recognize their gender and establish their gender identity. Femininity manifests through characteristics such as activity, sadism, and positivity, while masculinity appears through traits such as submission, masochism, and negativity. These traits reflect how the child forms their gender identity during development (Cournot, 1998, p.397).
The threat of castration confuses the child, presenting two choices: either maintain their narcissistic investment in the organ or preserve their libidinal attachment to the mother. If things proceed normally, the child identifies with the father, relinquishes their libidinal attachment to the mother, and their relationship with her becomes non-sexual. Through sublimation, this attachment transforms into love and affection. The child keeps their organ intact, maintaining its narcissistic weight after its forbidden function is inhibited. This eliminates the need for castration anxiety, as the child has given up their libidinal attachment to the mother and redirected their desires. The child then enters a latent phase until puberty, where libidinal drives emerge again and are directed toward new external objects (Hoballah, 2004, p.117).

4. Conditions for Building Sexual Identity According to the Psychological Perspective:
To achieve a balanced and clear psychological sexual identity, there are several conditions that contribute to organizing this identity. These include:

4.1. Distinguishing Between the Genders:
The child begins at an early age to recognize the differences between the mother and the father, understanding that each belongs to a different gender. The father, in turn, represents the opposite gender and plays a role in separating the child from the close, integrated relationship with the mother. However, initially, the child continues to perceive the existence of only one gender. Over time, though, the child becomes aware of both genders, a realization furthered by the **oedipal complex**. The child enters a stage where they begin to internalize the behaviors and characteristics of both parents. The

child finds themselves in a **triangular relationship** (the Oedipus triangle), where their attraction is directed toward the same-sex parent (a homosexual relationship). However, this gradually shifts to a heterosexual relationship with the opposite-sex parent, who represents the object of love in this case. Through this process, sexual identity is formed. After passing through these stages, the individual starts to adopt specific gender roles: the male imitates the father's model, while the female mirrors the mother's behavior.

4.2. Abandoning Gender Binarism:

At this stage, the individual chooses their object of attraction based on the differences between the sexes. They naturally gravitate toward the opposite sex. At the same time, due to natural curiosity, the individual may feel attraction toward both genders. However, societal pressures can inhibit these desires, especially when social norms suppress the expression of such urges or encourage certain preferences for the opposite gender. Social life helps direct these desires, as society influences individuals' sexual inclinations. In adolescence, the individual begins to define their sexual identity more clearly by aligning themselves with the gender they feel reinforces their identity and directs their desires. This process leads to the clearer development of sexual identity in accordance with prevailing social norms.

4.3. Abandoning the Sexual Nature of Primary Love Objects:

This requires the individual, starting from childhood and continuing through adolescence, to undergo an important psychological process involving mourning the sexualized perceptions associated with primary Oedipal relationships and removing the sexual element from them. After this process, it becomes necessary for the individual to invest in new objects of love that align with their sexual and physical identity. During adolescence, these objects may still take the form of fantasies due to the immaturity of the sexual life at this stage. The individual must also transcend forbidden fantasies through a painful psychological process. This transformation enhances the harmony between the individual's sexual identity and their emotional and social relationships, contributing to the development of a coherent and healthy sexual identity. (Anatrella, 1988, pp. 51-55)

After reviewing the scientific and psychodynamic perspective on gender identity disorder, we now turn to examine the diagnostic evidence for this disorder according to westren descriptive view.

In the Diagnostic and Statistical Manual of Mental Disorders (4th Edition, DSM-IV), gender identity disorder is defined by specific symptoms, which include a deep and persistent identification with the opposite gender without any significant gain from this identification. In children, this disorder manifests through a preference for games, clothes, and roles typically associated with the opposite gender. In adolescents, it is reflected in a clear desire to be of the opposite gender or a desire to be treated as though they are of the opposite gender, along with the belief that their feelings and behaviors align with the opposite gender.

In the International Classification of Diseases (ICD-10), gender identity disorder is defined as a general desire in the child to transition to the opposite gender or a commitment to identifying with the opposite gender. This is accompanied by a complete rejection of behaviors, traits, or needs associated with the child's original gender, or all of them collectively. (Akasha, 1999, p.228).

It is noteworthy that both the 4th edition of the DSM-IV and the ICD-10 classified the desire to be of the opposite gender as a disorder. However, in the 5th edition of the DSM (DSM-5), the same symptoms are now referred to as "gender dysphoria" rather than a disorder. This change in terminology remains the subject of ongoing scientific debate.

5. Indicators for Diagnosing Gender Dysphoria in Adolescents:

Here are the criteria for diagnosing gender dysphoria in adolescents, which include A noticeable and sustained incongruity between the expressed gender and the actual gender, lasting for at least six months, accompanied by clear distress and impairment in social, occupational, and academic functioning. This incongruity can manifest through one of the following symptoms: (American Psychiatric Association, 2013, p.452)

- **Discrepancy between the Expressed Gender and Primary/Secondary Sexual Characteristics**: This reflects the conflict between the person's sexual identity and the biological sexual characteristics they possess.
- **Desire to Rid Oneself of Sexual Characteristics Associated with the Current Gender**: This indicates discomfort with biological sexual traits and is related to the desire to change or hide these traits.
- **Desire to Acquire Sexual Characteristics of the Opposite Gender**: This is reflected in attempts to mimic the physical or behavioral traits of the opposite gender.
- **Desire to be of the Opposite Gender**: This shows a wish for complete transformation into the opposite gender or acknowledgment of their gender identity that does not align with their biological sex.
- **Desire to Be Treated as If they are of the Opposite Gender**: This refers to the adolescent or individual's desire to be treated according to the gender they feel internally, rather than based on their biological sex.
- **Strong Conviction That They Have Feelings and Behaviors Similar to Those of the Opposite Gender**: This reflects a deep feeling that the person acts and thinks as though they belong to the opposite gender, which reinforces their self-identified gender.

7. Conclusion :

Gender identity is constructed in a child through the process of identification, where the child assumes the role of the father and internalizes his authority, leading to the formation of the superego. The way in which the oedipal conflict is resolved later determines the nature of psychological life, between health and disturbance, as Oedipus plays a key role in shaping the adult personality. Through this identification, the child begins to realize their gender and define their sexual identity.

To build an integrated sexual identity, certain conditions must be met, beginning with the differentiation between sexes, then progressing beyond the gender binary, and conceptualizing the opposite sex. In the next phase, the child begins to adopt new objects of love outside the family. However, if this psychological task is not completed or if the Oedipal conflict is not properly resolved, it results in a disruption in the sense of gender identity.

In healthy cases, adolescence is a critical stage in the formation of the final sexual identity, where the identifications formed in childhood are revisited and the early identifications with the parents are surpassed. During this stage, a mature body image, including genital organs and new desires, is also integrated. However, gender identity disorder indicates a failure to resolve the oedipal conflict in childhood and the inability of adolescence to correct this imbalance, resulting in a contradiction between anatomical identity and internal sense, which manifests as a desire to become the opposite gender.

6.Bibliographic:

1. Abdel-Jabri, Mohamed (1976), The Arabic Philosophical Encyclopedia, Center for Arab Development, Beirut.
2. Akasha, Ahmed (1999), International Classification of Mental and Behavioral
3. American Psychiatric Association (2013), Diagnostic and Statistical Manual of Mental Disorders (5th ed), British Library, london.
4. Anatrella, Tony (1988), Interminables Adolescences: Les 12/30 ans, Cujas, Paris.
5. Bloch, H, et al (1992), Grand Dictionnaire de la Psychologie, Larousse, Paris.
6. Cournut, J (1998), Le pauvre homme ou pourquoi les hommes ont peur des femmes, Revue Française de Psychanalyse,Vol 62, Num 2.
7. Disorders ICD-10, Translated by Ahmed Akasha, National Medical Library, Egypt.
8. Freud, Sigmund (1982), The Ego and the Id, translated by Mohamed Othman Najati, (4th ed), Dar al-Shorouk, Beirut.
9. Freud, Sigmund (1983), Three Essays on the Theory of Sexuality, translated by George Tarabishi, (2nd ed), Dar al-Talia, Beirut.
10. Hoballah, Adnan (2004), Psychoanalysis of Masculinity and Femininity: From Freud to Lacan, ANEP Publications, Algiers.
11. Hughes, I. A, & Davies, J (2003), The Role of SRY in Human Sex Determination, Journal of Endocrinology, Vol 178, Num 01.
12. Perron, R, & Perron-Borelli, M (1994), Le complexe d'Œdipe, PUF, paris.
13. Poche (2010) Larousse, Larousse, Paris.
14. Tap, P, et al (1985), Masculin et Féminin chez l'Enfant, Privat, Toulouse.