SPIRITUAL PSYCHOTHERAPY FOR A CLIENT WITH GENDER DYSPHORIA

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Abstract

Gender dysphoria refers to the noticeable incongruence between gender identity and biological sex along with clinically significant distress or impairment in important domains of functioning. We presented a case study to illustrate the effective use of spiritual psychotherapy in a female with gender dysphoria. For this case, a total of 30, ninety-minute sessions were held with a spiritual therapist up to 8 months. A psychiatrist assessed the symptoms of gender dysphoria and life functioning at pre-intervention, 4 months after starting the intervention, post-intervention, 1-year and 2-year follow-up using the psychiatric interviews based on Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5). She showed no symptoms of gender dysphoria at post-intervention and did not experience any relapse in the 1-year and 2-year follow-up. She could resolve her gender identity conflicts, improve life functioning and continue her life as a female. Overall, spiritual psychotherapy can offer a potential new therapeutic approach to treat the clients with gender dysphoria**.** It is suggested to conduct clinical trials to evaluate the effectiveness of this method.

Keywords: case study, gender dysphoria, spiritual therapies

1. Introduction

People with gender dysphoria experience clinically significant distress for a noticeable incongruence between the expressed gender and biological sex. They have an intense desire to have the sex characteristics of the other gender and transform into another gender. Also, they experience clinically significant distress or impairment in the important domains of functioning [1].

The prevalence rate of gender dysphoria was reported between 0.005% to 0.014% for males and 0.002% to 0.003% for females [2]. Most of individuals diagnosed with gender dysphoria showed the first obvious symptoms of disorder during childhood [3]. To date, no exact aetiology or neurobiological pathway has

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been known for gender dysphoria and developmental processes leading to it are indeterminate [3-10].

Although sex reassignment surgery has been applied for individuals with gender dysphoria for more than 70 years, previous studies demonstrated that quality of life, satisfaction and health decreased over time following the surgery [11-16]. Most studies used psychological interventions for individuals with gender dysphoria without methodological accuracy [3, 17].

Spirituality is the experience of closeness, intimacy, and connection to the sacred. Halkitis et al found that more than three-fourths of participants, including lesbians, gays, bisexuals and transgenders, were raised in religious households, and the majority of them were committed to their religious and spiritual life. However, they considered themselves as more spiritual than religious and gave priority to spirituality [18].

Spiritual psychotherapy incorporates the spiritual and transcendent aspects of the human experience, including belief in the sacred, belief in unity, belief in transformation, love of others, love of work, and love to belongings [19, 20]. Spiritual psychotherapy may be a sufficient intervention for individuals with gender dysphoria. A case study revealed that a 20-year-old man with gender dysphoria was treated by spiritually oriented cognitive-behavioural therapy**.** As the result of the treatment, he gave up the attempt to undergo sex reassignment surgery, and the follow-up showed that he could continue his life as a man [21].

Since spiritual identity is a significant aspect of human life [22] and spiritual struggle plays an important role in the lives of individuals with gender dysphoria [23], we presented the following case to illustrate the effective use of spiritual psychotherapy. The case was a female university student whose gender identity conflicts were resolved and her life functioning improved. Also, she continued her life as a female after spiritual psychotherapy.

2. Case report

The patient was a 21-year-old Iranian female diagnosed with gender dysphoria. She was a university student with high socioeconomic status who lived with her religious family, including parents, elder brother and twin sister. She and her sister were dizygotic twins. Her mother experienced a difficult twin pregnancy and was very strict, worried and too busy with her job. The patient did not get along well with her brother, because her brother's demands were usually prioritized by the parents. As a result, she kept thinking that being a male was a credit.

In childhood, she preferred to wear simple outfits, and wore her brother's clothes. Moreover, she preferred to play boyish roles when she played with peers. According to her, ever since she had experienced puberty at the age of 13, she clearly recognized her differences with other girls. During high school, she was deeply uncomfortable with her assigned sex and had intense desire to have the sexual characteristics of a man. Therefore, she strongly liked to dress and behave as a male. Since she was religious, she felt guilty to have sex with

women. Accordingly, she suffered from a conflict between a sexual attraction to women and feeling guilty.

She has been thinking about sex reassignment surgery in the past 4 years while the family strongly opposed the idea. Thus, she was evaluated by different psychiatrists and clinical psychologists. We visited her at the Gender Identity Department at the Psychiatry and Psychology Research Centre and confirmed the gender dysphoria diagnosis for her. Also, she had problems in life functioning, including impairments in her social, educational and familial life. The initial assessments were conducted by a senior psychiatrist and a clinical psychologist.

The patient received spiritual psychotherapy in 30 sessions. After 15 sessions, her thoughts, feelings, behaviours and relationships gradually changed in favour of her assigned sex. At the end of the sessions, her gender identity conflicts were resolved and her life functioning was improved. Additionally, she gave up following the sex reassignment surgery and continued her life as a female after the spiritual psychotherapy sessions.

This study was approved by the Research Ethics Committee at the Psychiatry and Psychology Research Centre, Tehran University of Medical Sciences. We maintained confidentiality of the data and obtained an informed consent for her participation in the study.

Table 1. A number of spiritual psychotherapy interventions for the clients with gender dysphoria.

Spiritual psychotherapy interventions	**Therapeutic goals**
Clarification	Clarifying ambiguous thoughts, feelings, behaviours and relationships of the client in life, especially those irrelevant to the assigned sex
Accepting the reality	Helping the client to accept the reality and adjust her identity and mind according to her biological sex
Responsibility	Encouraging the client to accept the responsibility for things that are under her control, power, and management, especially those relevant to her assigned sex
Forgiveness	Facilitating the process for her to release the emotions of hate and revenge and decrease the avoidance motivations to transgressive individuals, especially those who played a key role in the client`s gender identity problems
Flexibility	Helping the client to alter the cognitions, emotions, behaviours, and relationships which were irrelevant to her assigned sex
Love of self	Helping the client to resolve her problem with her biological sex and express the positive emotions to her sexual anatomy
Love of work	Improving her function at work or education and engaging in effective activities to develop self-perceived usefulness
Love of belongings	Respecting and appreciating the blessings, health, people, family, creatures, nature, etc.
Belief in the sacred	Improving the relationship with God, Universe, or nature, and reconsidering the role of the sacred to form the gender identity problem
Belief in transformation	Helping the client to identify different types of transformation in life and to transform her thoughts, feelings, behaviours and relationships according to her assigned sex

3. Spiritual psychotherapy interventions

We present a new spiritual model of gender dysphoria, which includes the connections between cognition, emotions, behaviours and environments in the context of spirituality. A total of 30, ninety-minute sessions with the spiritual therapist were held up to 8 months for the case. The stages of therapy included developing therapeutic rapport, clarification, body and mind analysis, acceptance of the reality, investigation of sex reassignment surgery, goals setting, meaning construction, responsibility, flexibility, changing lifestyle, self-control, acceptance and commitment, love of self, love of others, love of work, love of belongings, forgiveness, belief in the sacred, belief in unity, belief in transformation, self-awareness and relapse prevention. Table 1 shows some of the spiritual interventions and therapeutic goals in delivering these interventions. The therapist assigned activities as practical plans to be done between therapy appointments. At the beginning of each session, the patient reported about the activities and the therapist encouraged her to explain and analyse them.

In total, the therapist helped the client to alter her cognitions, emotions, behaviours, and environments in the context of spirituality to modify her identity and mind according to the biological sex and adjust them with each other.

4. Discussion

The patient was a 21-year-old female who was diagnosed with gender dysphoria. We observed her mother as a strict woman who was preoccupied with her job and assumed that the patient could not have enough opportunity to learn femininity. Since the requests of her elder brother were usually prioritized, she thought that being a male was a privilege. However, her twin sister did not experience any gender identity problems.

It seems that the reinforcement or punishment of thoughts, feelings, behaviours and relationships that were irrelevant to the assigned sex played a role in forming gender identity problems of the client. Gradually, the therapist helped her to change irrelevant cognitions, emotions, behaviours and environments according to the assigned sex and to adjust gender identity with her biological sex.

To clarify the process of improvement, we would explain her reactions to all the steps of interventions. Using the clarification intervention, she was faced with her ambiguous thoughts, feelings, behaviours and relationships, especially those that were irrelevant to the assigned sex. Initially, she became depressed to clarify the lifetime realities, but gradually she could accept the reality of her life as a female. Using the intervention of accepting the reality, she was able to adjust her identity and mind according to her biological sex. Initially, she thought that performing the sex reassignment surgery was the only intervention for those with gender dysphoria. Then, she accepted other interventions and gradually did different practices to adapt her identity and mind with her biological sex. Using the responsibility intervention, she was able to accept the

responsibility of her assigned sex. Initially, she could not accept the role of her assigned sex because she thought being a male was a credit in the society. Thus, she had low self-confidence and was afraid to take responsibility. Then, she accepted the reality that privileges were not limited to the male gender and females can also achieve them. Therefore, she gradually got familiar with her role as a female and the fear disappeared. Using the forgiveness intervention, she could forgive her parents and brother. Initially, she had avoidance behaviours toward family members, but then she could modify the relationships with them. Using the flexibility intervention, she could alter the cognitions, emotions, behaviours, and relationships that were irrelevant to the assigned sex. Initially, she insisted on irrelevant behaviours to her assigned sex. Then, she conducted specific practices and the resistance was removed. Using the intervention of love of self, she tried to be reconciled with her biological sex and expressed the positive emotions to her sexual anatomy. Initially, she hated her body and avoided sexual anatomy. Then, she gradually practiced to show positive feelings toward it and appreciate it. Using the intervention of love of work and belongings, she was actively engaged in doing refreshingly different activities and appreciating the blessings, health, people, family, creatures, nature etc. Initially, she passively resisted using alternative approaches to the work and belongings, but gradually her perspective and function were changed. Using the intervention of belief in the sacred, we improved her relationship with God and she reconsidered the role of God to shape the gender identity problem. Initially, she faced with religious and spiritual conflicts, but they were gradually resolved and she accepted the divine wisdom. Using the intervention of belief in transformation, she gradually transformed her thoughts, feelings, behaviours and relationships according to the assigned sex. Overall, after the interventions, she gave up sex reassignment surgery, accepted the role of her assigned sex among the family and society, and improved the relationships with others.

Inflexibility and resistance made the application of the interventions more difficult. At first, she strongly refused intellectual, emotional, behavioural and relational changes based on the assigned sex. However, after flexibility intervention sessions, we were able to break her rigidity and resistance.

Responsibility was the most important intervention in this case. Since requests of her brother were usually prioritized in the family, she thought that being a male had special advantages. Thus, she did not like to be a female and avoided accepting the role of her assigned sex.

The senior psychiatrist investigated the symptoms of her gender dysphoria and life functioning at pre-intervention, 4 months after the intervention, post-intervention (8-month later), and follow-ups (1 year and 2 years after the intervention) using unstructured clinical interview based on DSM-5. She showed no symptoms of gender dysphoria at post-intervention and did not experience any relapse in the 1- and 2-year follow-ups. The findings of the present case study was in line with the previous case study conducted by Khodayarifard et al in which a 20-year-old man with gender dysphoria was treated by spiritually oriented cognitive-behavioural therapy [21**]**.

Since previous studies demonstrated that quality of life, satisfaction, and health gradually decreased following sex reassignment surgery [11-16], spiritual psychotherapy may offer a potential new therapeutic approach to treat clients with gender dysphoria. However, further studies are needed to evaluate the effectiveness of this method.

5. Recommendation

It is suggested to conduct clinical trials to evaluate the effectiveness of spiritual psychotherapy to treat the clients with gender dysphoria.

6. Conclusion

We presented a female with gender dysphoria who received spiritual psychotherapy. Using the spiritual interventions, she was able to change the irrelevant cognitions, emotions, behaviours and environments according to her assigned sex and to adapt the gender identity with her biological sex. Using the clinical interview based on DSM-5, no symptoms of gender dysphoria were observed at post-intervention and the 1- and 2-year follow-up. Accordingly, she gave up the sex reassignment surgery, accepted the role of her assigned sex, and improved the relationships with others.

Although spiritual psychotherapy can be offered as a new therapeutic approach to treat the clients with gender dysphoria, it is suggested to conduct clinical trials to evaluate its effectiveness.

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This study was approved by the Research Ethics Committee at the Psychiatry and Psychology Research Centre, Tehran University of Medical Sciences. We maintained confidentiality of the client and obtained informed consent for her participation.

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