Psychological factors of gender dysphoria in adolescents:  
A systematic review

Factores psicológicos de la disforia de género en adolescentes:  
Una revisión sistemática

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SUMMARY

The objective of this research work was to analyze the psychological factors that are present in gender dysphoria in adolescents, due to the importance of approaching psychological clinical practice through intervention strategies.

Method: A systematic review was carried out through digital searches in scientific databases such as ProQuest, Elsevier, and PubMed, by structuring a bibliometric type design, the collection of information was based on three crossings in the three databases selected, including the primary studies and extracting the data to later be interpreted.

Results: Psychological alterations are presented due to the dissonance of sex and gender identity, finding symptomatology associated with depression, anxiety, and structuring of suicidal ideation.

Conclusions: It was identified that the research reports indicate that there is psychological discomfort and deterioration in the social functioning of relationships.

Keywords: Dysphoria, intervention, hormones, incongruity, sex.

RESUMEN

El objetivo de este trabajo investigativo consistió en analizar los factores psicológicos que se encuentran presentes en la disforia de género en adolescentes, debido a la importancia de abordaje en la práctica clínica psicológica mediante las estrategias de intervención.

Método: Se realizó una revisión sistemática a través de búsquedas digitales en bases de datos científicas como ProQuest, Elsevier y PubMed, mediante la estructuración de un diseño de tipo bibliométrico, la recopilación de la información se basó en tres cruces en las tres bases de datos seleccionadas, incluyendo los estudios primarios y realizando la extracción de los datos para posteriormente ser interpretados.

Resultados: Se presentan alteraciones psicológicas debido a la disonancia de sexo y la identidad de género, encontrándose sintomatología asociada a la depresión, ansiedad y estructuración de ideación suicida.

Conclusiones: Se identificó que los reportes las investigaciones indican que se presenta malestar psicológico y deterioro en el funcionamiento social de las relaciones.

Palabras clave: Disforia, intervención, hormonas, incongruencia, sexo.
INTRODUCTION

To refer to gender dysphoria, it is necessary to understand the human being as a subject of law, which needs to be recognized and valued socially. In the adolescent population, there is a discrepancy between the established sex and the preference that is felt or expressed (1). It is also necessary to take into account the time of manifestation, the characteristics present, where they stand out, and aspects such as; pretending to belong to the other sex, cross-dressing tendencies in men, or wearing visible masculine attire in women (2). Likewise, interaction with people of the opposite sex and participation in games and social activities that do not correspond to their role, to the point of observing affectations in interpersonal, school, and family relationships. It is also possible, that the appearance of clinical discomfort, as well as, the convictions marked by detaching from the culturally assigned patterns for each sex (3).

Now, adolescence is considered the phase, where physical changes reflected in their body are evident. (4). It should be noted that these, too, show alterations of an emotional nature and in their capacity for acceptance. Which can trigger states of vulnerability and the presence of disorders when feeling misunderstood by their reality. For this reason, the present study aims to analyse the psychological factors that affect the presence of gender dysphoria in the adolescent population through a systematic review (5).

It should be noted that the theme mentioned throughout history has focused on pathology with a biological tendency, supported by medication, interested in maintaining the alignment of sex and socially established patterns. In addition, for its treatment, the participation of expert professionals required, who are involved during the proposed phases, which can be hormonal, psychological, and surgical (6). However, gender dysphoria can arise in varying degrees and intensities according to each subject and life cycle. Also, a high number of reported cases may present at an early age, showing intense discomfort (1). However, during the 20th century, this population began to become visible, through experiences and claim processes, where respect for the dignity of the other was promoted, through gender struggles and the right to individual freedom, to finally decide on his own body (7).

Meanwhile, as support for the present study, the postmodern paradigm is considered, interested in the relationship between the individual and the world. In that order, it refers to the construction of reality from a new vision of the person and the world (8). Along the same lines, social constructionism focuses its theory on self-knowledge and what surrounds us. It is based on the relationships of human beings and communication and language processes. This is considered a movement based on the discussion of relational politics and ethics, where the importance of social relations as a space for building the world is emphasized. In this sense, the social origin of the behaviors that we manifest, of how we live our sexualities and our bodies is considered (9).

On the other hand, in this population, episodes of stress may arise, caused by personal and social conflict, triggering mental health effects. the above can be correlated with low self-esteem, anxiety, stress, depression, and avoidance when requiring support (10). In the same way, discrimination can cause a state of victimization, accompanied by emotional suffering and affectations in adequate integral functioning (8).

Research question

What associated psychological factors influence gender dysphoria in the adolescent population reported in the scientific literature?

METHOD

The methodology used in this article is a quantitative approach, of a bibliometric type associated with the scientific production carried out in the last five years in the indexed journals (11). The Boolean equations that perform the search for information with precision were used, taking into account the study variables in which the contributions were analyzed through three categories of analysis (12): Hormonization therapy and cognitive alterations; acceptance of gender identity and psychological disorders.
The sample unit is made up of 39 investigations of which, taken from primary and secondary sources, having as observation window the last five years in a period from 2018 to 2022.

The PRISMA 2020 method was used (13) where the aspects related to the intervention aspects are evaluated, taking into account medical or social aspects, being the one used in the systematic reviews that are constantly updating the scientific advances in the subject of study.

Inclusion criteria

For the inclusion of the selected data, it was taken into account that they were published in the last five years (14), additionally that the studies complied with the variables studied and adjusted to the categories of analysis which are: Hormonization therapy and cognitive alterations; acceptance of gender identity and psychological symptoms focused on the population with gender dysphoria.

Exclusion criteria

The investigations that were not in the observation window, and those that included the medical-surgical elements within the variables, were excluded because they did not correspond to the selected variables (15).

Search strategies

In the first place, the information search was carried out in the selected databases taking into account the last five years of publications, and contemplating the scientific production in Spanish and English (16). The publications were included that, within the contributions, analysis, keywords, and title, taking into account that the information on the psychological factors associated with gender dysphoria was specified (Table 1).

Information was searched in three ProQuest, Elsevier, and PubMed databases, using the search equations (Table 2) using Boolean operators that served to subsequently select the information.

<table>
<thead>
<tr>
<th>Databases</th>
<th>Search equations in databases</th>
</tr>
</thead>
<tbody>
<tr>
<td>ProQuest</td>
<td>&quot;Psychological factors&quot; and &quot;dysphoria&quot; or = &quot;gender&quot; or &quot;adolescents&quot; not = &quot;adults&quot; &quot;Job stress&quot; and &quot;identity&quot; or = &quot;gender or disorder&quot; not = &quot;Disease&quot; “assignment&quot; and “sex” or = “depression&quot; or “irritability&quot; not = “discrimination and “hormonal therapy” and “masculinization” or “feminization” “adolescents” and “sexual preference” or “gender stereotypes” “Psychological factors” and “dysphoria&quot; or = &quot;gender&quot; or &quot;adolescents&quot; not = &quot;adults&quot; &quot;Job stress&quot; and &quot;identity&quot; or = &quot;gender or disorder&quot; not = &quot;Disease&quot; “assignment&quot; and “sex” or = “depression&quot; or “irritability&quot; not = “discrimination and “hormonal therapy” and “masculinization” or “feminization” “adolescents” and “sexual preference” or “gender stereotypes”</td>
</tr>
<tr>
<td>Elsevier</td>
<td>“identity&quot; or = “gender or disorder&quot; Not = “Disease” “assignment&quot; and “sex” or = “depression&quot; or “irritability&quot; assignment” and “sex” Or = “depression&quot; or “irritability” not = “discrimination and “hormonal therapy” and “masculinization” or “feminization” “adolescents” and “sexual preference” or “gender stereotypes”</td>
</tr>
<tr>
<td>PubMed</td>
<td>Psychological factors” and “dysphoria”Or = “gender” or “adolescents” “assignment&quot; and “sex” or = “depression&quot; or “irritability” not = “discrimination and “hormonal therapy” and “masculinization” or “feminization” “adolescents” and “sexual preference” or “gender stereotypes”</td>
</tr>
</tbody>
</table>
Data collection process

The research analysed was selected following the guidelines of the PRISMA 2020 guide (17) in which the study variables were taken into account, work was done on the registration of information, taking into account the categories of analysis psychological factors and gender dysphoria in adolescents. Specifying the study population in which the interest is focused, the registration of the information was carried out in a documentary matrix that facilitated the compilation of the information (Table 3).

Table 3
Crossing of search terms in the databases

<table>
<thead>
<tr>
<th>Crosses/ databases</th>
<th>ProQuest</th>
<th>Elservier</th>
<th>PubMed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Psychological factors” and “Gender dysphoria” or “Adolescents”</td>
<td>1 986</td>
<td>144</td>
<td>2 108</td>
<td>4 238</td>
</tr>
<tr>
<td>“Gender disorder” and “identity” or = “assignment or preference”</td>
<td>370</td>
<td>3 495</td>
<td>231</td>
<td>4 096</td>
</tr>
<tr>
<td>“Psychological factors” and “Hormonal therapy” Or “dysphoria gender”</td>
<td>70</td>
<td>2 872</td>
<td>285</td>
<td>3 227</td>
</tr>
<tr>
<td>Total</td>
<td>2 426</td>
<td>6 511</td>
<td>2 624</td>
<td>11 561</td>
</tr>
</tbody>
</table>

Selection of studies

The selection of the articles was carried out taking into account the observation window of the last five years, taking into account the fulfilment of the variables studied, later the studies that were duplicates or that did not meet the criteria were eliminated, additionally, it was had taking into account the publications that were available in full text, eliminating abstracts and research notes (18) (Table 4).

Table 4
Process of identification, elimination, and selection of articles

<table>
<thead>
<tr>
<th>Equation</th>
<th>Databases</th>
<th>Unfiltered</th>
<th>No access</th>
<th>Reviews/ incomplete/ duplicates</th>
<th>do not comply Criteria</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Psychological factors” and “Gender dysphoria” or “Adolescents”</td>
<td>ProQuest</td>
<td>7 035</td>
<td>6 294</td>
<td>4 347</td>
<td>4 215</td>
<td>fifteen</td>
</tr>
<tr>
<td></td>
<td>Ebsco</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elservier</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Gender disorder” and “identity” or = “assignment or preference”</td>
<td>ProQuest</td>
<td>3 873</td>
<td>3 297</td>
<td>2 765</td>
<td>2 453</td>
<td>eleven</td>
</tr>
<tr>
<td></td>
<td>Ebsco</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elservier</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Psychological factors” and “Hormonal therapy” Or “dysphoria gender”</td>
<td>ProQuest</td>
<td>653</td>
<td>953</td>
<td>3 865</td>
<td>3 762</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Ebsco</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elservier</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>11 561</td>
<td>10 544</td>
<td>10 977</td>
<td>10 430</td>
<td>3. 4</td>
<td></td>
</tr>
</tbody>
</table>
Data extraction

The data extraction was carried out, taking into account the authors, the year of publication, selected databases, taking into account the filters, and the articles that were found in full text and eliminating those that did not meet the criteria (19).

RESULTS

The results were obtained from the crossing of data from three Boolean equations where the search was carried out in the selected databases, obtaining a total of 11,561 results. For the crosses in ProQuest, 2,426 were obtained, likewise in Elsevier 6,511 investigations were found, and later in PubMed 2,624. In relation to the documents against which access was not had, a total of 10,544 articles were identified, in the following filter identified the documentation that was incomplete or that in turn was duplicated in the other databases. In the analysis of compliance with the criteria, 10,430 investigations were obtained, finally, the selection of the studies resulted in 39 references that were used for processing the information. Given the obtaining of the results, these are presented in Table 5.

![Flowchart of the study selection process.](image)
Table 5. Results obtained.

<table>
<thead>
<tr>
<th>Nº</th>
<th>VARIABLE/KEY WORD MATCHES</th>
<th>TITLE</th>
<th>DOI</th>
<th>CONTRIBUTIONS</th>
<th>DATABASE</th>
<th>AUTHORS</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hormone therapy and cognitive alterations</td>
<td>Gender dysphoria in children and controversies in its treatment: two different conceptions about gender identity</td>
<td>10.55294/pebi.2020.24.1.5</td>
<td>Gender dysphoria, approach in children, ways of understanding, raising awareness, and providing importance of gender identity are analysed.</td>
<td>ProQuest</td>
<td>(20)</td>
<td>2020</td>
</tr>
<tr>
<td>3</td>
<td>Acceptance of gender identity</td>
<td>Sex/gender ratio of adolescents with gender dysphoria in the Gender Identity Treatment Unit of Asturias</td>
<td>DOI: 10.1016/j.androl.2020.05.003</td>
<td>It is possible to determine a transformation of the sex/gender ratio, and an increase in the demands on trans men in the period of adolescence.</td>
<td>Elsevier</td>
<td>(22)</td>
<td>2020</td>
</tr>
<tr>
<td>4</td>
<td>Hormone therapy and cognitive alterations</td>
<td>Gender dysphoria/gender incongruence: transition and detransition, persistence and desistance</td>
<td>DOI: 10.1016/j.endinu.2020.03.011</td>
<td>Transexuality is the motivation to live and have acceptance as a subject of the opposite sex, hormonally intervening their body to the desired gender.</td>
<td>Elsevier</td>
<td>(23)</td>
<td>2020</td>
</tr>
<tr>
<td>5</td>
<td>Hormone therapy and cognitive alterations</td>
<td>Psychosocial evaluation in transgender adolescents</td>
<td>DOI: 10.1016/j.anpedi.2020.01.019</td>
<td>The psychosocial status of subjects in pediatric endocrine case due to gender incongruence and the impact of hormonal intervention are highlighted.</td>
<td>Elsevier</td>
<td>(24)</td>
<td>2020</td>
</tr>
<tr>
<td>6</td>
<td>Hormone therapy and cognitive alterations</td>
<td>A study on transsexuality at the Forensic Medical Clinic of Madrid</td>
<td>DOI: 10.1016/j.emile.2018.04.001</td>
<td>Comparison of cases of transsexuality, the appearance of the transsexual sensation, and the approach with the hormonal intervention.</td>
<td>PubMed</td>
<td>(25)</td>
<td>2018</td>
</tr>
<tr>
<td>7</td>
<td>Hormone therapy and cognitive alterations</td>
<td>The &quot;best interest&quot; of the transsexual minor</td>
<td><a href="https://doi.org/10.1016/j.bioc.2018.02.001">https://doi.org/10.1016/j.bioc.2018.02.001</a></td>
<td>When children present with gender dysphoria, they intervene with their parents, they recommend intervention in crossed hormones or surgical intervention.</td>
<td>Elsevier</td>
<td>(26)</td>
<td>2018</td>
</tr>
<tr>
<td>8</td>
<td>Hormone therapy and cognitive alterations</td>
<td>Psychomedical care in gender identity dysphoria during adolescence</td>
<td>DOI: 10.1016/j.rpsm.2015.04.002</td>
<td>DIG can be the consequence of a disturbed interaction between genetic factors, the constitution of the CNS, and the operation of sexual hormones; the hormonal process reduces anxiety and depression.</td>
<td>Elsevier</td>
<td>(27)</td>
<td>2018</td>
</tr>
<tr>
<td>9</td>
<td>Hormone therapy and cognitive alterations</td>
<td>Gender dysphoria, presentation of a male-to-female (MTF) case at the Hospital de San José</td>
<td>DOI: 10.1016/j.sper.2016.11.008</td>
<td>Analysis of the evolution of transsexuality or (TIG) where intervention and evaluation by psychiatry are carried out, endocrinology initiates hormonal therapy for sex change.</td>
<td>Elsevier</td>
<td>(28)</td>
<td>2018</td>
</tr>
<tr>
<td>10</td>
<td>Psychological disorders</td>
<td>Gender Dysphoria: An Overview</td>
<td><a href="https://doi.org/10.1016/j.ru.2014.06.001">https://doi.org/10.1016/j.ru.2014.06.001</a></td>
<td>Gender dysphoria is a common diagnosis in the professional and social area, a review of the meaning of transsexuality is elaborated, and more and more treatments are requested for this.</td>
<td>Elsevier</td>
<td>(29)</td>
<td>2018</td>
</tr>
<tr>
<td>11</td>
<td>Psychological disorders</td>
<td>Sex reassignment treatment in transsexual patients</td>
<td><a href="https://doi.org/10.1016/S0025-775X(07)1691-4">https://doi.org/10.1016/S0025-775X(07)1691-4</a></td>
<td>Transsexualism is a disorder based on the rejection of anatomical sex, it presents a feeling of rejection.</td>
<td>Elsevier</td>
<td>(30)</td>
<td>2020</td>
</tr>
<tr>
<td>12</td>
<td>Hormone therapy and cognitive alterations</td>
<td>Hormonal sex reassignment treatment in Spain: our experience in 236 cases</td>
<td>DOI: 10.1016/S1699-051X(07)74099-1</td>
<td>It is evident that the demand for sex reassignment treatment (psychological, hormonal, and surgical) has increased.</td>
<td>Elsevier</td>
<td>(31)</td>
<td>2018</td>
</tr>
<tr>
<td>13</td>
<td>Psychological disorders</td>
<td>Suicidal ideation and suicide attempt in people with gender dysphoria</td>
<td>DOI: 10.7334/psychothema2017.438</td>
<td>Little research on suicidal behavior in people with gender dysphoria, a higher risk of death by suicide and suicidal behavior than the general population.</td>
<td>Elsevier</td>
<td>(32)</td>
<td>2018</td>
</tr>
</tbody>
</table>

(continue on page S749).
Table 5. Results obtained. (continue from page S748).

<table>
<thead>
<tr>
<th>Nº</th>
<th>VARIABLE/KEYWORD MATCHES</th>
<th>TITLE</th>
<th>DOI</th>
<th>CONTRIBUTIONS</th>
<th>DATABASE</th>
<th>AUTHORS</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Psychological disorders</td>
<td>Body dysmorphic disorder and gender dysphoria: therapeutic implications</td>
<td><a href="https://doi.org/10.34810/PsicosomPsiquiatrnum0205">https://doi.org/10.34810/PsicosomPsiquiatrnum0205</a></td>
<td>Body dysmorphism is excessive distress due to imaginary imperfections in physical appearance. Gender dysphoria is the incongruity felt between the gender assigned at birth.</td>
<td>PubMed</td>
<td>(33)</td>
<td>2018</td>
</tr>
<tr>
<td>15</td>
<td>Acceptance of gender identity</td>
<td>Satisfaction with life and psychological well-being in people with Gender Dysphoria.</td>
<td><a href="https://dialnet.unirioja.es/servlet/articulo?codigo=5430517">https://dialnet.unirioja.es/servlet/articulo?codigo=5430517</a></td>
<td>The study was conducted to investigate the psychological well-being and satisfaction with life in individuals diagnosed with Gender Dysphoria (GD).</td>
<td>PubMed</td>
<td>(34)</td>
<td>2018</td>
</tr>
<tr>
<td>16</td>
<td>Hormone therapy and cognitive alterations</td>
<td>Live in the wrong body. About a case</td>
<td><a href="https://doi.org/10.34810/PsicosomPsiquiatrnum0106">https://doi.org/10.34810/PsicosomPsiquiatrnum0106</a></td>
<td>The inclusive criteria of hormonal treatment and surgical operation that reassigned sex in gender dysphoria are highlighted.</td>
<td>PubMed</td>
<td>(35)</td>
<td>2018</td>
</tr>
<tr>
<td>17</td>
<td>Acceptance of gender identity</td>
<td>Gender dysphoria: care reality in child and adolescent psychiatry.</td>
<td><a href="https://doi.org/10.34810/PsicosomPsiquiatrnum0702">https://doi.org/10.34810/PsicosomPsiquiatrnum0702</a></td>
<td>It is about specifying the situation of the health care demand for children and adolescents with GD, personal particularities, and families' perspectives on care.</td>
<td>PubMed</td>
<td>(36)</td>
<td>2018</td>
</tr>
<tr>
<td>18</td>
<td>Acceptance of gender identity</td>
<td>Video games and gender dysphoria: case study evidence</td>
<td>10.51698/aloma.2016.34.2.59-66</td>
<td>Video games have helped people with GD or other identity disorders, they are a practical way of managing and accepting gender identity problems.</td>
<td>PubMed</td>
<td>(37)</td>
<td>2020</td>
</tr>
<tr>
<td>19</td>
<td>Psychological disorders</td>
<td>Male-to-female gender dysphoria: gender-specific differences in resting-state networks.</td>
<td>10.1002/bib3.691</td>
<td>This study suggests a starting point when proceeding with research designed to clarify whether the brains of people with GD are more equivalent to their assigned or de-sired gender.</td>
<td>ProQuest</td>
<td>(38)</td>
<td>2018</td>
</tr>
<tr>
<td>21</td>
<td>Hormone therapy and cognitive alterations</td>
<td>Evidence for a Change in the Sex Ratio of Children Referred for Gender Dysphoria: Data from the Center of Expertise on Gender Dysphoria in Amsterdam (1988–2016)</td>
<td>10.1080/0092623X.2018.1437580</td>
<td>The transition from man to woman is one of the most requested interventions, considering that there are two specialized clinics, one in Toronto and the other in Amsterdam, presenting a higher prevalence of hormonal interventions</td>
<td>ProQuest</td>
<td>(40)</td>
<td>2018</td>
</tr>
<tr>
<td>22</td>
<td>Acceptance of gender identity</td>
<td>Re Imogen: the role of the Family Court of Australia in disputes over gender dysphoria treatment</td>
<td>DOI:10.1007/s40592-020-00138-0</td>
<td>By petition to the Australian Family Court, there is a debate about the autonomy of a parent or a doctor of a minor diagnosed with gender dysphoria, and the ability to accept or not the proposed treatment.</td>
<td>ProQuest</td>
<td>(41)</td>
<td>2021</td>
</tr>
<tr>
<td>23</td>
<td>Acceptance of gender identity</td>
<td>Gender corrective surgery promoting mental health in people with gender dysphoria is not supported by the data presented in the article</td>
<td>DOI:10.1176/appi.ajp.2020.1911170</td>
<td>It cannot be established whether the decrease in mental health is directly related to surgery in relation to gender dysphoria, however, the scientific background shows that surgical procedures are beneficial for mental health in people with gender dysphoria.</td>
<td>ProQuest</td>
<td>(42)</td>
<td>2020</td>
</tr>
<tr>
<td>24</td>
<td>Psychological disorders</td>
<td>Gender Dysphoria, Mental Health, and Poor Sleep Quality Among Transgender and Gender Non-Conforming Individuals: A Qualitative Study in New York City</td>
<td>DOI:10.1093/sleep/zsz067.690</td>
<td>Sexual minority populations (lesbian, gay, and bisexual) experience inadequate sleep patterns, which impacts their mental health.</td>
<td>PubMed</td>
<td>(43)</td>
<td>2019</td>
</tr>
<tr>
<td>25</td>
<td>Acceptance of gender identity</td>
<td>One hundred twelve cases of 46, XY DSD patients after initial gender assignment: a short-term survey of gender role and gender dysphoria</td>
<td>DOI:10.1186/s13023-021-00203-9</td>
<td>There is concern among parents and doctors about gender assignment, however, there is still no uniform pattern of care in cases of dysphoria and gender role.</td>
<td>ProQuest</td>
<td>(44)</td>
<td>2021</td>
</tr>
</tbody>
</table>
An increase in the population with gender dysphoria, who present high levels of emotional stress; Recognizing this type of diagnosis makes it possible to contribute to the development of public policy in mental health.

Adolescents with gender dysphoria frequent social and emotional difficulties and psychological problems constitute a risk factor in this population.

Gender dysphoria from the medical point of view is identified as body dissatisfaction, which is perceived as a negative experience in relation to one's body and appearance.

Rising numbers against gender dysphoria in adolescents seeking treatment at gender identity services such as unhappiness with the assigned gender and the desire to be the opposite gender, the desire to seek a surgical procedure for sex reassignment is identified. The profiles of the Multiphasic Personality Inventory were evaluated.

Gender dysphoria is characterized by dissatisfaction between anatomical appearance and gender identity; in this sense, sex reassignment surgery generates high levels of satisfaction and a decrease in suicide attempts.

Transsexual people intend to modify their gender role from childhood, where they experience a dichotomy, and become transgender in adulthood, which has an impact on mental health.

Minors who present a variety of gender and the incidence of the family should not allow hormonal treatment, known as 'blockers', which prevent the development of puberty for a period of time.

The preservation of fertility in Israeli children and adolescents with gender dysphoria together with the need for medical care and the high degree of protection of their fertility, given the culture in which they are immersed.
Categories Analysis

Hormone therapy and cognitive alterations

Clinical evidence in the process of hormonalization towards the feminine or masculine of individuals present some cognitive alterations associated with learning, thinking, language, disorientation, and confusion (54). The inadequate functioning of mental health is mainly related to the biological and psychosocial bases that prevent them from facing the internalization of both positive and negative emotions (55). Having repercussions in a search for a hormonal therapy that in many cases does not have the accompaniment of health professionals, but is referred by people who have had similar experiences, and through word of mouth, the information is conveyed, generating elements that are harmful to overall health (56).

Acceptance of gender identity

An important aspect in the formation of the self-concept is the process of acceptance, in the face of which they usually find rejection from family and friends, as well as hostile and demeaning behaviors in which self-esteem is compromised (57). Therefore, they manifest negative feelings, which affect the way they internalize thoughts. On the contrary, when the adolescent has a support network, acceptance is carried out fluidly and accompanied by family members who lay the foundations for the free development of the personality in the different areas of adjustment and functioning of life (58).

Psychological disorders

People with gender dysphoria do not present pathologies properly described, but they do show clinical indicators, associated with symptoms that alter cognitive, emotional, and social functioning (59), this is because in the stage of adolescence changes are generated in psychophysiological development that affects behavior, however, the anguish and psychological discomfort generated through dissonance in which they do not identify with the assigned biological sex, but they express well-being by having a gender identity (60). It is worth mentioning that at this stage of the life cycle where there is a marked rejection and thus present symptoms of anxious and depressive symptoms, structuring of suicidal ideation, as well as irritability and aggressiveness that prevent them from adequate cognitive functioning (61).

DISCUSSION

Historical evolution has involved an important journey in the study of the different edges that make up the personal structure, mention has been made especially of all the factors that influence the human characteristics that constitute the human being (4). Sexuality has not been excluded from scientific interest, since the different variables that have modified it are the ones that have currently allowed the inclusion of concepts that were never contemplated for being within pathological categories or contrary to the nature of gender; without leaving aside, course, the legal framework that allows these people to be recognized as subjects of law (4,5).

Within the different investigations carried out in relation to gender dysphoria, a series of inconsistencies and little acceptance were found between the biological sex with which one is born and the identification that is constituted over time (36). Therefore, this generates a difficulty at the symptomatic level such as discomforts that produce changes in the subject's ability to adapt, in addition to this it can constitute some disorders related to anxiety, and irritability, among other cognitive affectations (8).

People who go through gender dysphoria at a certain point in the development process come to experience at some point the desire to transform their bodies to achieve real coherence to their gender identity. Regarding the adaptation to their needs, there are fundamental aspects in the development of psychological and emotional disorders that manage to reduce or increase cognitive and behavioral difficulties (38). On the other hand, it is important to point out that gender dysphoria can appear in childhood, generating changes in the child's behavior. It maintains that the intervention that is elaborated on children through different perspectives can allow an ability
to understand gender. The gender identity that is constituted, however, has been very complex when the variables between sex-gender in the subject and the awareness of gender identity are articulated (51).

It is emphasized that the treatment assigned to the diagnosis of gender dysphoria is hormone therapy and surgical interventions to reassign sex (53). In general, all human beings can from childhood to adulthood possibility of being able to experience a dichotomy related to transgender conversion. Likewise, it is pointed out that transsexual people have the intention of modifying their sexual characteristics through surgeries and aesthetic procedures that lead them to adopt changes in their behavior and their cognitive sphere, this produces an indestructible change in the gender role (3). Likewise, it is stated that sex reassignment has a positive impact, in this way, it allows individuals to obtain well-being and quality of life, thanks to this high levels of satisfaction are reflected, although many times emotional states related to depression may appear due to not having sex biologically, mood swings can appear in most cases and even cause suicidal ideation (60).

In the same way, it is evident that some male subjects who have an identification with the female gender, feel comfortable managing female skills and thus being able to obtain public documents as female subjects, trying to seek recognition that allows them to live in any scenario like women (62). It is pointed out that other subjects have difficulties related to the way of seeing the world, fractures that are associated with states of social and family stress, accompanied by little acceptance of behaviors outside the gender discourse (54).

At present, science is trying to provide solutions to the different problems related to gender dysphoria, for this reason, there are cognitive behavioral therapeutic accompaniments and hormone management therapies, these therapies have had a good acceptance and a great impact, but on the other hand, the difficulties at the level of acceptance and elaboration of gender changes generate cognitive problems on maladaptive schemes that directly affect the subject who is going through these situations (33).

CONCLUSIONS

It can be concluded that one of the problems that are most prevalent in people with gender dysphoria is initially anxiety, which manifests itself with constant fear at the social level where they can become victims of people who are on stage, for this sometimes has a series of anguish in relation to the social because they do not want to be discriminated against or violated, at a certain moment, this can become a paranoid element of being constantly persecuted, all these anxieties and anguish also generate eating disorders due to the desire for image and body care to improve physical appearance, leading to thus to physical decompensation due to the lack of nutrients and abuse of physical training.

Other disorders that may occur in this process are sleep disturbances due to difficulty falling asleep or suffering from constant sleep during the day, clinical problems that appear due to discrimination and acceptance of others. On the other hand, People with gender dysphoria tend to struggle to be accepted as a subject opposite to the sex with which they were born or biologically assigned; for this reason they are always with the desire to be able to make significant changes to their body, this through hormonal interventions or specialized surgeries, seeking with this to have greater coherence with the felt and desired gender.

Other difficulties that appear are depressive crises, mood disorders, and post-traumatic stress. Due to all the problems of self-acceptance and that of others, for this reason, the risk of alcohol and drug consumption is always latent to reduce the sensation of emotional pain, we also find reckless behavior when they enter a crisis due to their self-acceptance problems, another of the difficulties that fractures and affects subjects suffering from gender dysphoria is related to the acceptance of family, friends, co-workers, and the context in general. Another difficulty is being used in intimidation and not being able to achieve the goals and desires due to the different prejudices that many people still have in relation to this topic.

All these rejections at the family and social level lead to damage to people's self-concept,
thus highlighting problems with the management of emotions and the ability to adapt socially. The latter is one of the triggers so that suicidal ideations can be generated.

This is due to the feeling of shame, not being accepted, and being exposed to physical and psychological abuse from others, they are forced to face difficulties such as stress generated by society. The degree of acceptance is related to the conflict about their sexual orientation. The environment and the family establish how people will present themselves and represent themselves within the family and in other places of social interaction.

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