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REVIEW ARTICLE

The dilemma of Pakistan transgender persons (protection of rights) act, 2018: a clinical psychologist's review

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ABSTRACT

This article is a criticism of the psychological and psychiatric diagnoses associated with transgender people according to DSM-5 criteria of Gender dysphoria. It will also create awareness regarding the flaws and inappropriateness of Transgender persons Act 2018 bill according to the ethics, norms and cultural values of Islamic state. The development of medical classifications related to gender identity and disorders took off in the nineteenth century in western society, driven by the flourishing of natural sciences. In the nineteenth century, most authors assembled the answer of the questions of sexual orientation and gender. The psychiatrist Krafft-Ebing evaluated cases of transgender people reported as paranoia the extreme degree of severity in a dimension of sexual inversion. The early 1900s, doctors such as Magnus Hirschfeld first identified and distinguished homosexual and transgender behavior at that time the usual term for transgender people was transvestite . There are few details for transgender people and gender dysphoria are mentioned below from DSM-III and ICD-10 to DSM-5 and ICD-11.

Keywords: Gender Dysphoria; Transsexualism; Transgender Persons; Transvestism.

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INTRODUCTION

Now a days the Transgender persons (protection of rights) Act, (2018)[1] is a major civil strife and conflict for the Pakistani society. It should be reviewed under the protection of Islamic family system and Islamic civilization. It seems like that the new law clearly bans any discrimination against transgender citizens by employers, educational institutions, healthcare providers, transportation service providers and any private business or service provider. It also calls for the establishment of government-run protection center for transgender citizens who feel at risk. It also guarantees transgender citizens their right to inheritance, but it needs to be reconsidered for the salvation of the Islamic states' protection of human rights with mental health criteria.

The dilemma is foremost the security of mental health issues with gender identity and disorders are associated with transgender phenomena inculcates in western society and it evolved in different forms of psychological, social and criminal complications in the society. The American Psychiatric & Psychological Association worked in different dimension for mental health perspective.[2,3] The biggest and most sensitive point is the associations first identified the mental health issues associated with gender identity and highlight them for mental health rehabilitation, but after the transformation of western societal norms and values the association switches the dimension according to the cultural irrational evolution. To understand the transgender person's act and flaws of the law to save the sovereignty of Islamic law, it is needed to understand the actual psychological mental illnesses prevailed under transgender transition.

Literature Review

Gender Identity Disorders entered the DSM diagnostic system with the publication of DSM-III.[3] In DSM-III, there were three relevant diagnostic entities as mentioned below in detail to understand the shift of perspective dimension about trangenderism:

1. Gender Identity Disorder of Childhood (GIDC)
2. Transvestism, Transsexualism (for adolescents and adults)
3. Psychosexual Disorder Not Elsewhere Classified

Gender Identity Disorder of Childhood DSM-III (302.60)[3]

The essential features are a persistent feeling of discomfort and inappropriateness in a child about his or her anatomic sex and the desire to be, or insistence that he or she is, of the other sex. In addition, there is a persistent repudiation of the individual's own anatomic attributes. This is not merely the rejection of stereotypical sex role behavior as, for example, in "tomboyishness" in girls or "sissyish"' behavior in boys, but rather a profound disturbance of the normal sense of maleness or femaleness.[3]

Diagnostic Criteria for Gender Identity Disorder of Childhood

For females

A. Strongly and persistently stated desire to be a boy, or insistence that she is a boy (not merely a desire for any perceived cultural advantages from being a boy).
B. Persistent repudiation of female anatomic structures, as manifested by at least one of the following repeated assertions:
(1) that she will grow up to become a man (not merely in role)
(2) that she is biologically unable to become pregnant
(3) that she will not develop breasts
(4) that she has no vagina
(5) that she has, or will grow, a penis
C Onset of the disturbance before puberty. (For adults and adolescents, see Atypical Gender Identity Disorder.)[3]

For males

A. Strongly and persistently stated desire to be a girl, or insistence that he is a girl.
B. Either (1) or (2):
(1) persistent repudiation of male anatomic structures, as manifested by at least one of the following repeated assertions:
(a) that he will grow up to become a woman, (not merely in role).
(b) that his penis or testes are disgusting or will disappear.
(c) that it would be better not to have a penis or testes.
(2) Preoccupation with female stereotypical activities as manifested by a preference for either cross-dressing or simulating female attire, or by a compelling desire to participate in the games and pastimes of girls.
C. Onset of the disturbance before puberty. (For adults and adolescents, see Atypical Gender Identity Disorder.)[3]

Transvestism DSM-III (302.30)[3]

The essential feature is recurrent and persistent cross-dressing by a heterosexual male that during at least the initial phase of the illness is for the purpose of sexual excitement. Interference with the cross-dressing results in intense frustration. The degree to which the cross-dressed individual appears as a woman varies, depending on mannerisms, body habitus, and cross-dressing skill. When not cross-dressed, he is usually unremarkably masculine. Although the basic preference is heterosexual, rarely has the individual had sexual experience with several women, and occasional homosexual acts may occur.

Cross-dressing typically begins in childhood or early adolescence. In some cases, the cross-dressing is not done in public until adulthood. As the years pass, a small number of individuals with Transvestism want to dress and live permanently as women and men.[3]

Differential Diagnosis for Transvestism according to DSM-III[3]

The individual with Transvestism considers himself to be basically male, whereas the anatomically male Transsexual has a female sexual identity. In those rare instances when Transvestism evolves into Transsexualism, the diagnosis of Transvestism is changed to Transsexualism.[3]

Diagnostic Criteria for Transvestism

A. Recurrent and persistent cross-dressing by a heterosexual male.
B. Use of cross-dressing for the purpose of sexual excitement, at least initially in the course of the disorder.
C Intense frustration when the cross-dressing is interfered with.
D. Does not meet the criteria for Transsexualism.

Transsexualism (302.5x)

The essential features of this heterogeneous disorder are a persistent sense of discomfort and inappropriateness about one's anatomic sex and a persistent wish to be rid of one's genitals and to live as a member of the other sex. The diagnosis is made only if the disturbance has been continuous (not limited to periods of stress) for at least two years, is not due to another mental disorder, such as Schizophrenia, and is not associated with physical intersex or genetic abnormality. Individuals with this disorder usually complain that they are uncomfortable wearing the clothes of their own anatomic sex; frequently this discomfort leads to cross-dressing (dressing in clothes of the other sex). Often they choose to engage in activities that in our culture tend to be associated with the other sex.[2,3]

These individuals often find their genitals unacceptable, which may lead to persistent requests for sex reassignment by surgical or hormonal means. To varying degrees, the behavior, dress, and mannerisms are those of the other sex. With cross-dressing, hormonal treatment, and electrolysis, a few males with the disorder will appear relatively indistinguishable from members of the other sex.[4] However, the anatomic sex of most males and females with the disorder is quite apparent to the alert observer. Differential diagnosis. In effeminate homosexuality the individual displays behaviors characteristic of the opposite sex.[5] However, such individuals have no desire to be of the other anatomic sex. In physical intersex the individual may have a disturbance in gender identity. However, the presence of abnormal sexual structures rules out the diagnosis of Transsexualism.[2,5]

Diagnostic criteria for Transsexualism

A. Sense of discomfort and inappropriateness about one's anatomic sex.

B. Wish to be rid of one's own genitals and to live as a member of the other sex.
C. The disturbance has been continuous (not limited to periods of stress) for at least two years.
D. Absence of physical intersex or genetic abnormality.
E. Not due to another mental disorder, such as Schizophrenia.

Psychosexual Disorder Not Elsewhere Classified (302.89)

This is a residual category for disorders whose chief manifestations are psychological disturbances related to sexuality not covered by any of the other specific categories in the diagnostic class of Psychosexual Disorders. In rare instances this category may be used concurrently with one of the specific diagnoses when both diagnoses are necessary to explain or describe the clinical disturbance.

Examples include the following:

(1) Marked feelings of inadequacy related to self-imposed standards of masculinity or femininity, such as body habitus, size and shape of sex organs, or sexual performance;[6]
(2) impaired pleasure during the normal physiological pelvic responses of orgasm;
(3) Distress about a pattern of repeated sexual conquests with a succession of individuals who exist only as things to be used (Don Juanism and nymphomania);
(4) Confusion about preferred sexual orientation.

The mentioned DSM-3 Criteria diagnosed the genders confusions, psychological issue, and inadequacy related to self-imposed standards of masculinity or femininity as Psychopathologies.[7] The DSM classification journey is all about cultural diversity and ethical transition. The western societal norms and values are so easy to mold and change according to majority of self-governing societal likes and dislikes. In this context the Islamic democratic state is not that much independent to mold laws and rules easily. It has inflexible laws and ethical values which should not conflict with the Quran and Sunnah. Today this is the basic need of psychiatric and psychological associations of Islamic states to establish and work on their own Classification of Islamic Societal Mental Disorders according to the Quran and Sunnah and Islamic norms and values. Despite the fact that time and values changed in some societies, these were changes for the worse.

Gender Dysphoria (GD) became a psychiatric diagnosis in the fifth edition of DSM (2013),[2] and Gender Incongruence (GI) appeared in ICD-11, the WHO classification that was approved in 2019 and should be effective in 2022.[3,7,8] GI was not included in the section on mental health but instead in a section on sexual health. The introduction of GD and GI in today's medical terminologies was welcomed as progress because it intended to facilitate the provision of hormonal therapy and surgical reassignment in the context of sexual transition. However, some critics argue that gender identity is a free choice that medical authorities should not sanction. In addition, a diagnostic category is a one-dimensional way of describing all the distinctions of gender variability that have proclaimed themselves in recent years. Simply the minds vary, so the DSM diagnostic criteria varied.

Gender Dysphoria Diagnosis DSM-III

Drescher[8] provides a thorough overview of psychiatric diagnoses related to gender identity, including the history and evolution of such conceptualizations. The medicalization of transgender identities and gender identity-related distress has been a controversial topic for decades. This is due in part to concerns about further stigmatization of transgender but with this change the identity of transgender was elaborate with the transgender conflated homosexuality with transgender male female cross identities and acquired a pathologic attitude toward actual gender conformity.[8]

Marked Sensitive Difference Between DSM- III and DSM-V

Despite increased attention to transgender people, the first two editions of DSM contained no mention of gender identity as it was evaluated for abnormal behavior. It was not until 1980 with the publication of DSM–III that the diagnosis "transsexualism" first appeared. In 1990, the World Health Organization followed suit and included this diagnosis in ICD-10. With the release of DSM–IV in 1994, "transsexualism" was replaced with "gender identity disorder in adults and adolescence" in an effort to reduce stigma. However, controversy continued with advocates and some psychiatrists pointing to ways in which this diagnostic category pathologized identity rather than a true disorder.[2,9]

With the publication of DSM–5 in 2013, "gender identity disorder" was eliminated and replaced with "gender dysphoria." This change further focused the diagnosis on the gender identity-related distress that some transgender people experience (and for which they may seek psychiatric, medical, and surgical treatments) rather than on transgender individuals or identities themselves. They further concluded that the presence of gender variance is not the pathology, but dysphoria is from the distress caused by the body and mind not aligning and/or societal marginalization of gender-variant people. The DSM–5 articulates explicitly that "gender non-conformity is not in itself a mental disorder." The 5th edition also includes a separate "gender dysphoria in children" diagnosis and for the first time allows the diagnosis to be given to individuals with disorders of sex development (DSD).[4]

DSM–5 also includes the optional "post-transition" specified to indicate when a particular individual's gender transition is complete. In this "post-transition" case, the diagnosis of gender dysphoria would no longer apply but the individual may still need ongoing medical care (e.g., hormonal treatment). Nevertheless, discussions continue among advocates and medical professionals about how best to preserve access to gender transition-related health care while also minimizing the degree to which such diagnostic categories stigmatize the very people that physicians are attempting to help. The classification is as under:

DSM–V Criteria: Gender Dysphoria in Adolescents and Adults

The DSM-V[2] stated GD as the marked incongruence between one's experienced / expressed gender and assigned gender, of at least six months' duration, as manifested by at least two or more of the following:

a. A marked incongruence between one's experienced / expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
b. A strong desire to be rid of one's primary and / or secondary sex characteristics because of a marked incongruence with one's experienced / expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
c. A strong desire for the primary and / or secondary sex characteristics of the other gender
d. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
e. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
f. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)

The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Disorders of Sex Development

Disorders of Sex Development (DSD) refers to a group of medical conditions (e.g., XXY/Klinefelter Syndrome, 45XO/Turner Syndrome, or Androgen Insensitivity Syndrome) in which anatomical, chromosomal, or gonadal sex varies in some way from what would be typically considered male or female. Some individuals with such conditions prefer the term "intersex."

Infants born with DSD are often assigned to either a male or female sex by parents and physicians. This assignment may be purely social in nature (e.g., gendered name, pronouns, and clothing) or may involve genital surgery. Surgical gender assignment in infants is controversial and opinions vary on its use.

The DSM–5 criteria for gender dysphoria were revised to allow the diagnosis to be given to individuals with DSD. The actual assessment and treatment of an individual with DSD presenting for gender-related concerns is largely the same as other transgender individuals, though there may be unique legal or cultural considerations.[2]

Diagnosis of Disorders of Sex Development

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)[2] provides for one overarching diagnosis of gender dysphoria with separate specific criteria for children and for adolescents and adults.

The DSM-5-TR defines gender dysphoria in children as a marked incongruence between one's experienced / expressed gender and assigned gender, lasting at least 6 months, as manifested by at least six of the following (one of which must be the first criterion):

a. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).
b. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
c. A strong preference for cross-gender roles in make-believe play or fantasy play.
d. A strong preference for toys, games or activities stereotypically used or engaged in by the other gender.
e. A strong preference for playmates of the other gender.
f. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.[7]
g. A strong dislike of one's sexual anatomy.
h. A strong desire for the physical sex characteristics that match one's experienced gender.
i. As with the diagnostic criteria for adolescents and adults, the condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Cautions

The Pakistan Transgender Bill (2018)[1] is very important to understand in this context that the Transgender term and Gender Dysphoria diagnosis functions as a double-edged sword. It also provides an avenue for treatment, making medical and surgical options available to people with normal gender. However, it also have no potential to categorizing them as mentally ill.

The ultimate goal would be to categorize the people who have gender identity issues related to medical problems and provide treatment under an endocrine / medical diagnosis. In the past, transgender were comparably diagnosed with psychotic/mood disorders to explain their gender variance. Because of this, many in the community are understandably skeptical of mental health and psychiatric care.

The evaluation of transgender policies[9,10,11] and bills from the perspective of Islamic values involves analyzing the balance between ensuring human dignity, justice, and the preservation of Islamic principles. While interpretations of Islamic teachings vary across scholars and communities, here are some limitations and concerns often discussed within this framework:

Recognition of Gender beyond Binary

Islamic Perspective: Traditional Islamic teachings recognize gender primarily as male or female, with some acknowledgment of khusra (intersex individuals). Policies recognizing non-binary or transitioning genders may be seen as conflicting with the binary framework rooted in Islamic jurisprudence.

Concern: Bills promoting fluid gender identities may face criticism for diverging from these foundational principles.

Surgical and Hormonal Interventions

Islamic Perspective: Altering one's body through surgical or hormonal means for gender transition might be seen as tampering with the creation of Allah (taghyeer fi khalqillah), which is

discouraged unless for medical necessity (e.g., intersex conditions).

Concern: Policies supporting medical interventions for gender transitioning may raise ethical and religious objections within Islamic frameworks.

Impact on Family Laws

Islamic Perspective: Many Islamic family laws (e.g., inheritance, marriage, mahram relationships) are predicated on clear gender distinctions. Introducing policies that allow gender transitions could complicate these laws.

Concern: Transgender policies may lead to ambiguities in marital roles, inheritance rights, and societal interactions, potentially conflicting with Shariah principles.

Public Morality and Modesty

Islamic Perspective: Islam emphasizes modesty in dress and behavior, which is often gender specific. Policies allowing individuals to use facilities or spaces (e.g., restrooms, changing rooms) based on their identified gender rather than biological sex may be perceived as conflicting with Islamic teachings on modesty.

Concern: This could raise fears about compromising public morality and the safety or comfort of others, especially in gender-segregated environments.

Protection of Vulnerable Groups

Islamic Perspective: While Islam emphasizes compassion and justice, critics may argue that transgender policies could inadvertently marginalize other vulnerable groups (e.g., women and children) by prioritizing certain rights over others.[1,12]

Concern: Bills might lack safeguards to ensure a balance between the rights of transgender individuals and broader societal harmony.[1,12]

Role of Individual Agency vs. Divine Will

Islamic Perspective: The concept of predestination and divine wisdom (qada wal qadar) underlines the acceptance of one's biological attributes as part of Allah's will. Policies enabling gender transitions might be viewed as challenging this divine determination.

Concern: Encouraging self-identification and transitioning could be seen as promoting autonomy over submission to divine decree.[5,12]

Perception of Western Influence

Islamic Perspective: Some argue that transgender rights policies are heavily influenced by Western ideologies, which might not align with Islamic values or cultural contexts.[1]

Concern: This perception may lead to resistance or rejection of such policies as alien to local Islamic traditions.

Psychotherapeutic Treatment

Support for people with gender dysphoria may include open-ended exploration of their feelings and experiences of gender identity and expression, without the therapist having any pre-defined gender identity or expression outcome defined as preferable to another.[10]

American Psychiatric Association proclaims psychological attempts to force a transgender person to be cisgender (sometimes referred to as gender identity conversion efforts or so-called "gender identity conversion therapy"). However, they are considered unethical in Islamic laws and have been linked to adverse mental health outcomes.[10]

Support may also include affirmation in various domains. Social affirmation may include an individual adopting pronouns, names, and various aspects of gender expression that match their gender identity and opens door into psychosexual disorders like same sex relationships which is totally haram.

Family and societal rejection of gender identity are the strongest predictors of mental health difficulties among people who are having psychological issues with gender identification.[13] Psychological evaluation and Family and couples' therapy can be important for creating awareness regarding gender identity dyphoria and that will allow a person's mental health to understand their issues and resolve them in best possible ethical manner with suitable Islamic law bill for Gender Medical issues.[5] Parents of children and adolescents who are having gender defects by birth need to get proper guidance from Medical and health expert and then it will benefit from support groups.[6,13]

DISCUSSION

The mentioned DSM-3 Criteria diagnosed the genders confusions, psychological issue, and inadequacy related to self-imposed standards of masculinity or femininity as Psychopathologies. The DSM-5 classification journey is all about cultural diversity and ethical transition.[2]

The western societal norms and values are so easy to mold and change according to majority of self-governing societal likes and dislikes. In this context the Islamic democratic state is not independent to frame laws and rules according to social change and shifts in personality traits. It must have inflexible laws, ethical va2ues which should not conflict with Quran and sunnah. Today this is the basic need of psychiatric and psychological association of Islamic states to establish and work on its own Classification of Islamic Societal Mental disorder according to Quran and Sunnah and Islamic norms and values.

With the passage of time, when values changes in society the mental health domain also changes to the worse. The Mental Health experts and Islamic Law makers need to work collaboratively on this very important issue related to Pakistan Transgender Act which can easily open door to so many psychological disorders and unethical codes in Pakistani society.[7]

Recommendations for Alignment with Islamic Values

To bridge the gap between modern transgender policies and Islamic values:

- Policies should recognize and protect the dignity and rights of khusra (intersex individuals) as affirmed in Islamic teachings.

- Legislation should be crafted with input from Islamic scholars to ensure compatibility with Shariah principles.
- Clear guidelines must be established to address family law, inheritance, and social interactions within an Islamic framework.
- Public education and awareness campaigns should address misconceptions about Islam's stance on dignity and compassion for all individuals.

This approach may help ensure that such policies achieve inclusivity while respecting the moral and ethical boundaries defined by Islamic teachings.

Terminology

Important terms related to Gender Dysphoria:[5]

Cisgender: Describes a person whose gender identity aligns in a traditional sense with the sex assigned to them at birth.

Gender diverse: An umbrella term describing individuals with gender identities and/or expressions and includes people who identify as multiple genders or with no gender at all.

Gender dysphoria: A concept designated in the DSM-5-TR as clinically significant distress or impairment related to gender incongruence, which may include desire to change primary and/or secondary sex characteristics. Not all transgender or gender diverse people experience gender dysphoria.

Gender expression: The outward manifestation of a person's gender, which may or may not reflect their inner gender identity based on traditional expectations. Gender expression incorporates how a person carries themselves, their dress, accessories, grooming, voice / speech patterns and conversational mannerisms, and physical characteristics.

Gender identity: A person's inner sense of being a girl/woman, boy/man, some combination of both, or something else, including having no gender at all. This may or may not correspond to one's sex assigned at birth.[13]

Nonbinary: A term used by some individuals whose gender identity is neither girl / woman nor boy / man.

Sex / gender assigned at birth: Traditional designation of a person as "female," "male," or "intersex" based on anatomy (e.g., external genitalia and/ or internal reproductive organs) and/or other biological factors (e.g., sex chromosomes). "Sex" and "gender" are often used interchangeably, but they are distinct entities. It is best to distinguish between sex, gender identity, and gender expression and to avoid making assumptions about a person regarding one of these characteristics based on knowledge of the others. This is sometimes abbreviated as AFAB (assigned female at birth) or AMAB (assigned male at birth).

Sexual orientation: Describes the types of individuals toward whom a person has emotional, physical, and/or romantic attraction.

Transgender: An umbrella term describing individuals whose gender identity does not align in a traditional sense with the gender they were assigned at birth. It may also be used to refer to a person whose gender identity is binary and not traditionally associated with that assigned at birth.

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