

Cognitive-Behavior Therapy with Emphasis on Spirituality in Treating Transsexualism: Case Study

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Abstract

Transsexualism is a psychiatric disorder. According to DSM-IV reports, it is estimated that about 1 in 100,000 women and 1 in 30,000 men ask for a surgical operation to be sex-transformed. Previous research findings indicate that different modalities of therapy including individual psychotherapy and family therapy with different approaches such as psychoanalysis or behavioral modification, nor a combination of them has been effective in treating transsexual disorder. Although in research literature so much emphasis is laid on the effective role of ethical and religious treatments in curing transsexualism, little research work has ever been done to identify the role of Cognitive-Behavioral techniques in treating the above disorder. The **purpose** of this research was to case study a 20-year-old university student, who had been diagnosed with transsexualism, to be treated using cognitive-behavioral therapy with emphasis on a spiritual **method**. Throughout 30 therapeutic sessions (once a week) different methods of self-monitoring, problem solving, positivism, (individually and among the family), and moral-spiritual therapy were applied. The **results** of pre-tests, post-tests and also a one-year follow-up confirmed the efficiency of this treatment. It can be concluded that applying cognitive-behavioral techniques with emphasis on spirituality can be effective in treating transsexualism

Key Works: transsexualism, spirituality, cognitive-behavioral therapy, case study.

Introduction

According to classifications in Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, 1994), the Gender Identity Disorder (GID) is a heterogeneous group of disorders whose common features could be an intense preference and continuous desire in a person to acquire the functions and status of the opposite sex. This may be expressed in words with the insistence on belonging to the opposite sex, in action or in conduct. He or she may take on the behaviors of the other, which is called Gender Identity Disorder whose main sign manifests as Gender Dysphoria. GID may result from lack of biological sex balance or harmony in an individual or from a desire to belong to the other sex. And finally it may result from a complication called Transsexualism in DSM-III-R, which mainly involves the struggle of an individual to become a member of the opposite sex in the society. In doing so, the person turns to hormonal treatments or surgical operations to acquire the probable figure of the opposite sex (Sadock & Sadock, 2000).

Diagnostic criteria of Gender Identity Disorder according to DSM-IV are said to be as follows:

- 1- Progressive identification to the opposite sex in children which includes 4 or more of the following cases.
 - a- Repeated expressed desire to be the opposite sex or insistence on belonging to that.
 - b- In boys, there is an inclination to wearing and imitating ladies' dresses and using make-up. In girls, there is an urge to putting on stereotyped boys' clothes .
 - c- Intense continued preference to play parts of the opposite sex, e.g. playings, games etc. or continued imagination of being the opposite sex.
 - d- Great desire to take part in stereotyped playings, games and recreations of the opposite sex.
 - e- Strong preference to partnership with and being among the opposite sex playmates.

In adolescents and adults, the disturbance appears with signs such as the above desires, one's repeated pretending to be a member of the opposite sex. Tending to to live with or expecting to be behaved like an opposite sex, or believing that he or she has the feelings and emotions of the opposite sex members.

2- To have continued aversion to one's sexuality and feel that one is inappropriate for one's sexual functions. In children, the disturbance appears with one of the following conditions:

As for boys, they believe their genital organs or testicles will disappear or suggest that they had better not have genital organs like those, or express their disgust against manly rough games or plays. They put away the boys' toys and give up stereotyped boys' activities. As for girls, they refuse to urinate in a sitting posture and deny they have girls' genital organ. They do not like their

breasts to grow or their monthly periods to start and they show disgust against wearing usual ladies' dresses.

In adolescents and adults, the disorder manifests itself with symptoms such as obsession about getting released from primary or secondary sexual traits (e.g. demand for prescription of hormones, surgical operation or other methods to possibly change the sexuality via physical actions to become similar to the opposite sex) believing that one was born in a wrong sexual state.

3- The disorder is not concurrent with the physical state of cross-gender.

4- The disorder gets clinically acute and causes worry and care, or serious damage to one's social and vocational activities or to other important areas.

On the basis of DSM-IV reports, it is known that, on the whole, one in 30,000 male adults and one in a 100,000 female adults consult the doctors for surgical operation to change their sex. Also in samples of clinical children, there can be seen the ratio of five boys against one girl that turn to get therapy.

Perhaps, one of the reasons to take counsel for the disorder is the parents' worry about their sons' feminine behaviors, which is more evident than their daughters' masculine behaviors. Furthermore, from the age peers' viewpoint, boys who show feminine behaviors are more suspected than girls showing masculine behaviors. However, there is the possibility that the prevalence of the disorder be equal among boys and girls but the percentage of patients seeking consultation be different. Children affected with transsexualism also suffer from anxiety disorder, collective anxiety disorder and depression symptoms. Adolescents affected with this disorder are also exposed to the threat of depression. They have great demand for death and attempt suicide. In adults with the disorder, the symptoms of depression or anxiety become evident soon. Certain men having the disorder might get involved in prostitution, which exposes them to the great danger of affection to AIDS and HIV. Moreover, there may arise the problems of attempting suicide, substance abuse, alcoholic drinking, etc.

Although relevant studies reveal the role of biological and genetic agents that cause the disorder of transsexualism (Gelder et al, 1996, quoted from Walker & Roberts, 2001), there is not yet any medical treatment for the disorder and the only remedy remains with prescription of hormones, surgical operation via psychiatric therapies for transsexuality; and none of these have ever been so much effective.

The results of the studies on the follow-ups of such treatments in those who have been sexually transformed show that no significant change in compatibility range has ever been seen after the surgical operation; %31 of those having undertaken the operation wish they had not so. This has made clinical experts hesitant toward sex transformation as an effective, useful cure

strategy (Lindmalm, Korlin & Uddenberg 1986; Meyer & Reter 1979, quoted from Walker & Roberts, 2001).

Lothstein (1980) has also pointed to this and introduced his case study of one subject about whom the attempt to transform sexuality has been premature and incorrect. He has observed one adolescent boy with GID to ask for transsexuality. He had been advised to undergo hormonal treatment for two years during which time he had lived as a girl. After that, he had refused to continue the treatment and wanted to live as a man and get married. Thus, whereas the surgical operation cannot be considered as an effective, decisive treatment for the disorder, it is very important for the clinical specialists to deal with their young patients prudently and refrain from making untimely decisions about surgical operation for sex transformation. Rather, they should first try to treat the patient psychotherapeutically at least over one-year period (Meyenburg 1999).

On the evidence of some recent investigations, ethical therapy and some approaches to religious, spiritual therapy have been very successful in treating the transsexualism disorder in the youth (Bradeley et al. 1978; Rekers 1995; Reckers, Kilgus and Rosen 1990). Spiritual therapy, as one of the efficient interventions for GID, enjoys a great deal the empirical support. Walters & Whitehead (1999) showed in a case study that a 12-year old boy having transsexualistic disorder began to be treated by spiritual therapy and, after a while, was able to continue life as a man. Chase (1999) also mentions some other examples for transsexualism among individuals between the range of 4 to 27 years of age. He asserts that these people were cured through family therapy in this way and managed to continue living according to their own physiological sexuality.

Although interventions of religious and spiritual therapies and family therapy too have been introduced as effective techniques to cure Gender Identity Disorders (Rekres 1997; Barlow, Abel & Blanchard 1979), few investigations have ever started to study and examine the functions of cognitive-behavioral therapy techniques in the treatment and curing of GID. On this basis and with regard to cultural characteristics of our country, and by looking into this problem from the viewpoint of the majority of our people in the society, not only are those affected with transsexualism considered as being sick, but they are also taken as individuals whose behaviors are kind of socially deviated and whose manners must be called misdemeanors. On the other hand, performing surgical operation for sex transformation is not so easy in our country.

The purpose of this research was to case study one university student who suffered from transsexualism, by using cognitive-behavioral therapy with emphasis on spiritual method. people suffering from transsexualistic disorder.

The method of the researeh

In this research, a 20-year-old university student with the disorder of transsexualism went through cognitive-behavioral treatment on the basis of spiritual therapy. After a clinical interview, with regard to diagnostic criteria in DSM-IV, he was proved to have transsexualism by the clinical psychologist whose name is given at the beginning of this article. Also in order to diagnose other lateral disorders co-existing with transsexualism SCL-90-R and MMPI tests were used. It is worth mentioning that all of these tests were given twice to the client: they were performed and interpreted once before and once after the treatment. Then we turned to check his medical file and his family history in order to assure the correctness of the job. After the treatment, the patient was also sent to a specialist psychiatrist and was followed up for a year after his cure.

Cognitive-behavioral therapy includes several methods the common features of which emphasize the impact of cognitive-behavioral processes in shaping and continuing psychological disorders. In this therapeutic approach, empirical methods based on behavioralism and cognitivism have been employed to control and treat improper responsive patterns. In addition, in cognitive-behavioral therapy the emphasis is on intervention, via reducing the frequency and intensity of maladaptive responses of the patients to teach new cognitive-behavioral skills to bring about a significant reduction in undesirable conducts and an increase in more adaptive behaviors (Zarb, 1992).

After the kind of disorder was diagnosed by the given tests, the researcher, with the cooperation of the clinical psychologist and the specialist psychiatrist, used the following techniques.

1- Self-monitoring by using a self-reporting table for daily activities. The subject is to write down the days of the week and the dates respectively so as to make out the table and then record different actions of his in the list (Zarb, 1992).

2- Positive thinking or recognition of the person's strengths. In this method, the subject is encouraged to distinguish his good, positive experiences and recount their parts in his life to increase his self-esteem and promote his self-respect.

This technique can be implemented in two ways: individually and in the family. It consists of these phases:

a- The client is asked to name his/her own strong points.

- b- In the second phase, the client, in the course of some sessions, is asked to name at least ten to fifteen pleasant experiences he has enjoyed and in which he takes pride.
 - c- In the third phase the client is wanted to point to some strong reliable points from which he has benefited in his pleasant experiences.
 - d- In the fourth phase the client is requested to indicate his strong points again and count them according to their priorities and then pick out five to eight of his potencies which are called strong reliable points.
 - e- And in the last phase the client is demanded to give evidence and reasons related to his strong points to be powerful and reliable (Khodayarifard, 2000).
- 3- **Problem-solving method.** one of the techniques in the cognitive-behavioral approaches for the treatment of individuals' disorders is "the problem-solving method". The main purpose of the method is to provide necessary training, education and help for the people so that they can make sure of their own abilities and get informed of their insight to stand firmly against difficulties and powerfully struggle to solve their daily problems. The problem-solving method includes five phases too, which are presented as follows:
- a-The subject is helped to deliberate over the difficulties of daily life, which all of us have to cope with; and everybody ought to tackle these problems and control them.
 - b-The subject has to define his problems practically, recognize and perceive them.
 - c-The subject is asked to find all other alternative ways that might help solve his main problems. In this phase, no judgements are ever given about the solutions that the client has suggested.
 - d-In the fourth phase, the subject would assess each one of the solutions separately and then would choose the most parcticable and the most appropriate ones.
 - e-In the last phase, the subject can use the chosen solution effectively (D Zrilla & Goldfried 1971, reported from Kendall 2000).
- 4- **Family Therapy.** Family therapy is a kind of treating for the whole members of the family as a group. In this kind of remedy, the disease or illness in one of the members would be considered as a deeper disorder reflected in the pathology of a household relations. Thus the family is taken as a unit for the treatment. And making a change in the family intreraction would be received as a way to change the member who is now a patient (G. Hey Lee 1976). Family therapy consists of 4 phases:
- 1-Planning 2- Assessing 3- Treating 4- Following up(Carr 2000).
- 5- **Making changes in the beliefs and views.** In Cognitive-behavioral therapy, it is believed that different views and approaches of the people are the real causes of mental and emotional disorders, not the

events of life. So we can help the patient to recognize his thinking errors and replace them with more realistic views. Four important principles form the foundation of this method as follows:

- a- While talking about false and illogical daily beliefs, less psychological resistance would be made by the patient. Therefore the therapist should start discussing these beliefs and then move gradually towards the stronger ones (organized desensitization).
- b- The therapist should not openly ask the client to give up his beliefs and replace them with the beliefs that the therapist has suggested. So, the client should be made to understand first that the therapist wants only to discuss some alternative beliefs that might be better.
- c- In order to facilitate the indirect order of this approach, we should introduce and discuss criteria on which beliefs can be based and we should not argue that such and such opinions are right or wrong.
- d- The therapist would encourage the patient to use his own reasons, and not the therapist's reasons, to abandon his earlier opinions (Haddock & Slade 1996).

6-Spiritual and Ethical therapy. Byramkarasu (1999) believes spiritual and ethical therapy is a style of psychotherapy which necessitates to take apart the two concepts of "soul" and "spirit" to get into transpersonal (beyond individual) concepts.

Soul moves in the direction of uncovering the secrets of intimacy and belonging in our daily life, but spirit seeks to find divinity in our secular activities. On this basis, spiritual therapy has been stabilized on the two important principles: Man's arriving at soulfulness, which requires him to love others, love working and love all of his belongings; and man's arriving at spirituality, which requires him to believe in religion, to have faith in the unity of God and belief in Transformation. Byramkarasu (1999) says that the requirements for spiritual therapy are:

- 1- **Love of other people.** This necessitates one to distinguish himself from other people. In this way the lover and the loved are taken apart, and the individual goes to devotion and self-sacrifice. Then he goes to forgiveness. Forgiving releases one from anger, hate, humiliation, and shamefulness. It requires man to think of others as perfect or flawless.
- 2- **Love of working.** When a person loves his job, his work or whatever activity he has, he would do it devotedly and when doing so, he would be directed toward his liveliness and happiness. According to this, God is present not only in one's worshiping but also in every part of one's daily activities. So an individual who has faith in God, can progress higher and higher to reach the highest position of exaltedness.
- 3- **Love to belong to others.** Belonging to the society is to cooperate with others and participate in people's activities. This is the cause of good-will, sincerity and spirituality. This requires an individual to free himself from selfishness, self-interest and egotism.

- 4- **Belief in holiness and spirituality.** To believe in spirituality means to respect the sanctity of everything around us. In this way, ordinary objects are experienced as unusual beings. We need to reject all material things of life to reach spirituality. Choosing to live in private is to coordinate the body and soul which eventually leads to belong to Exaltedness.
- 5- **Belief in the Unity.** The belief in divinity means to feel that one is not distinctive from the outside world (natural and supernatural are together). This brings man peace and quiet of life. Belief in unity is the belief of responsibility towards everyone, to feel a multilateral commitment and to feel an equal policy to establish friendly relations with the world around us and get mutually impressed by the integrity of soul, body and mind, which all produce kindness, compassion and purity.
- 6- **Belief in resurrection and life after death.** This kind of belief means spiritual union being born for the second time. Death, in this way, would be the last phase to start a new phase. In fact, we will be born in another world.
In spiritual therapy, however, the therapist will be able to transfer the patient to his real self by rearing his soul and mind to render him lively and, at the same time continue his clinical treatment, on the basis of the above-mentioned 6 principles (Willam, 2000).

The Procedures and Findings of This Research

Qualification of the patient: Mr. A. M., age: 20, student, father's age was 54 years old, age of mother: 52, having 4 brothers and 5 sisters, and the client being the 6th son in the family.

Duration of the treatment: 30 sessions, once a week .

The client, on his first turning to the counsellor, stated: " Since the time when I was five years old, I have always thought of myself to be a girl. I liked to be as my sisters are and told myself I was a girl. It is the same now and I feel I am a girl ; and in whatever way possible, I want to be a girl. I used to have sex relations with one of the relatives since I was seven years old. I was always a passive homosexual; i.e, I was acted upon and never wanted to be an active partner although my eldest brother and one of my cousins had sex relations with me, and I had even informed my parents of the affairs. "Right now, I would like to marry a man and start a family life. I have always been dissatisfied with having a masculine genital organ. In my dreams I think and feel I am a woman, have sex relation with a man and I am going to marry him. I always get clean-shaven and use a razor to cut all the hair off my body. I often use a lot of cosmetics to have a girl's make-up but they still call me a boy. However, I'm sure I can be girl. Recently. I've come to the conclusion that my wish won't be realized and my life will come to an end. That's why I've attempted to commit suicide several times but they have saved my life."

In a session with the boy's father, he declared: "After this boy was born I went to the war-front and was there for 7 years. I couldn't be at his side; so he grew up with his mother and sisters. I have never been on good terms with my wife because she is a rustic, illiterate woman, she has not been able to bring my children up well. And I always feel contemptuous of living with her, but in order to save my face, I have to stand her. We have lived separately for many years without any contacts. Now this problem makes me worried. My family has broken up. One of my daughters also suffers from emotional disorder. When this boy was a third-year student in highschool, the headmaster let me know that my son had homosexuality desires; his way of dressing is not fit for a boy. I took him to some psychiatrists and all of them told me my son is transsexual. On the advice of one psychiatrist, we went through different examinations but no abnormality was diagnosed in his physical sexual organs. Then we took him to a specialist to inquire whether he could be sexually transformed, and the doctor said it was impossible to do so. One month ago, my son had six injections of feminine hormones".

Diagnostic Plans

In addition to a clinical interview and DSM-IV diagnostic standards checked by the psychologist whose name was given at the beginning of this article, we went through a few more testings to find out if other disorders (comorbidities) co-existed with transsexualism. So, the SCL-90-R and MMPI were performed, and Medical file and family history were checked. The results showed that the client, in addition to transsexualism, suffered from anxiety, depression and inferiority disorders. He also had physical ailments, mistrust and pessimism towards other people. Diagrams 1 and 2 reveal the client's mental profile obtained from MMPI and SCL-90-R tests before any treatments had been handled. In order to ensure that the diagnoses are accurate, we sent the client to the psychiatrist again, and he confirmed the existence of the disorders in the subject too.

Therapeutical procedures

Throughout the therapeutical sessions, first of all, the results of tests were explained and interpreted for the client. Also, he was informed that the sessions were going to be both individual and with the family. And some of the sessions ought to be held with the participation of the two colleagues: psychologist and psychiatrist in the form of team-work.

Then, the results of the tests were explained to the parents in a family session like this.

The client's problems have partly originated from family problems and improper conducts among the members. Therefore, cooperation and contribution of the parents would be necessary in the treatment. It is the parents who can facilitate the remedy by creating a healthy, affectionate family environment.

Then, the parents admitted that their home atmosphere had not been fit and suitable. Instead, it had been disturbed and broken up since their son was born. Besides, the client pointed out in an individual session that he had always hated his father and had not had good relations with him.

The therapist then explained the method he was going to follow to solve the problem in a family session and asked the parents to create and develop positive, friendly good relationships with each other and continue conducting well in their daily activities. After that, during an individual session, the therapist made the client understand that a surgical operation, which could be completely successful and change the boy to a girl, that could be a complete transsexuality, is impossible. So, the client has to try to accept his own sex and practice doing activities appropriate to this sex.

In the following sessions, the client said. "Although I like to be a girl, I am not very keen to establish sex relations with anyone, whether a boy or a girl." It seemed that the client had acquired the view that a complete sex transformation was impossible and he had to try to accept his real physiological sexuality and put up with it.

Next, the therapist, while illustrating illogical, unreasonable beliefs and the way the client could replace them with proper, right and logical ones, asked the boy to concentrate on his manly, masculine aspects. Still, in other sessions, the client asserted that although he had known the reality and was not interested in attracting men's attention toward him, he was not inclined to any girls either; and the girls were the same as boys for him: Afterwards, some more family and individual sessions were held, and during one individual session, the client said his relations had become much better with his family and he had taken a better liking in them. The therapist, too, while confirming the client's ideas and encouraging his logical thoughts, made every effort to promote the therapeutical cycles. He asked the client to practice more and more upon masculine roles and avoid doing girls' actions.

In another session, the client stated that he uses less make-up and for this reason, fewer men would be drawn to him to cause him inconvenience. Again, the client said to the therapist in one individual session:

"Once, I used too much make-up and went out with one of my friends who was also a bisexual and was wearing a girl's garment (sleeved cloak¹). The police arrested us both, took to the police station and made us prisoners for two nights. Inside the prison, some men wanted to start sex relation with me. After that time, I became involved in nightmares; then, I used a lot of make-up and had my eyebrows done like girls. I was the center of attraction, which I enjoyed it very much to play the part of a girl. But now I dislike that and I don't want a man to touch me anymore. Sometimes I hate myself and feel contemptuous...."

At this time, the therapist came together with the parents alone, and made them aware of all the proceeding affairs. He asked them To be more careful of behaving the client as a "boy ", pay more attention to him, encourage, confirm and reinforce his real sex which may mostly extinguish his improper desires. After that, a family session was held and the therapist began to elaborate the role of positivism to increase self-respect and reduce inferiority in the individuals, create a kind, desirable family atmosphere. While doing this, the therapist taught the family members how to put different phases of positivism into action and asked them to hold a weekly session for this job.

In the next session, the client said: "In all my dreams I see myself a girl and also I spend my time daydreaming, but when I sit with my classmates, I try to behave as a boy. I have almost admitted that I am a boy, I do my best to control my false attitude, but every night in my dreams, I am a beautiful girl who is singing and the boys around me are amused. They come to embrace me and I enjoy that and get satisfied ".

Up to here, all the sessions were handled merely by the clinical psychologist. It was only he who worked with the client. From now on, the team work started with the cooperation of the clinical psychologist and the psychiatrist. This time, the spiritual therapy of Byramkarasu (1999) was emphasized and continued. Different processes of human evolutionary life were explained to the client like this: "Human life has three periods: embryonic, worldly and the other worldly. Man grows and develops throughout these periods until he reaches his main and final goal. Which is the very 'spiritual life' in the course of perfection".

At this time the client was asked to count his principal purposes and move step by step towards them, struggle to approach them. After a few sessions he said: "Since I am sure there is no successful surgical operation for me to get transformed completely, I am destined to be a boy. So I will try to acquire masculine habits and male attitude. I have to adapt my feelings with my sexuality; specially when I haven't had any sex relation or homosexuality with anyone since seven months ago. But I feel, if I can take an opportunity, I would like to submit to it again. "

In this session, the client was asked to arrange a timetable writing down all his daily activities, and take down positive or negative things he does and profess his major and minor goals with the regard that he is a girl.

In the next session, the subject handed in his notes which read like this:

"Last week I used a lot of make-up again; had my hair and eyebrows done like girls; dreamed many times that I was a girl. Then, when I was walking along the streets, I saw some women. I also liked to be one of them. I went out with make-up on my face and even had dates with a few

1. This outer garment, which is worn by women in today's Iran, is called "manteau," its French word.

boys, but never had any sex relation with them. I enjoyed very much being with them, attracting their attention“ .

Next, the client was asked to write down again his daily activities but this time he was supposed to try to play his real sex part that was ” a boy“ , and then, make clear his aims and future programs. The next week, the client reported that he had made some phone calls with a few girls, had dates with them while going out, dressed up in appearance of a complete boy. Inside the college too, he had most talks with girls rather than boys, thought he didn't have any interest in boys. Then the client was asked to do his best to focus on spiritual purposes and principal goals, and then mention some of his worldly and some of his spiritual future aims. He said: "I want to get a higher degree, make a lot of money and become famous. Of course, these are my secondary goals. Although I like to be transformed to a girl, my wisdom and logic forbid me from that; because the main objective of life is spirituality and the cause of perfection. I have made my mind up to approach this important goal“ .

After that, with regard to the relative improvement brought about in the client, the clinical psychologist again asked for a family session to be held in presence of the parents. He let them know of the client's improvement and they said:

”The boy does not use make-up any longer, wears men's clothes and doesn't talk about transsexuality at all. Bul his hair is still longer than usual and he doesn't want to get a haircut.“

Next, in an individual session, the client was asked to report his last week's daily activities and he said:

”During last week's time , I was mentally comfortable. For term-project, I made a group with girls to do the job. My appearance was quite similar to the boys'. No trouble was there from the side of wandering boys in the streets. I felt my job was both God-approved and public-approved. What I did was conducive to both God's satisfaction and my family's satisfaction.“

In this session the patient was asked to struggle more so as to reach his spiritual goals and continue increasing his communications with girls and socialize with them as far as possible in daily class affairs or recreational activities. Then he was supposed to go on writing his reports about his daily jobs and future aims.

In another session again, the client said that he admitted he had wasted many years of his lifetime and been after a futile attempt and an illogical wish to be a girl. And now he wanted to lead a normal, natural life like a man wished to, and establish a family of his own. One thing, however, worried him much: What if his future spouse knows about his love affairs with boys and what if she gets aware of his previous homosexuality? Here, the therapist, while persuading

him to accept his sex features and masculine gender, told him to emphasize more on the purification of his soul and relying on his self. The client said:

”I am not dissatisfied with having physical and sexual qualities of a man. Rather, I think I have become more useful in my life. By my acting positively and logically, I have been able now to satisfy my God as well as arrive at my spiritual goals.“

Next, in another session, it was explained to the client that he did not need any more to write down his daily activities in a timetable because he had promoted his position to a higher level of improvement. However, it was still necessary for him to raise the rank of his demeanor to be fit for his sex. In the following session, which was held in presence of the whole family, all the members were expected to encourage and reinforce all the positive activities of the client. to support him more and to create a peaceful emotive atmosphere at home and, hereby, facilitate his treatment and help him to get married soon.

In the following session, the client professed that he did not have any more tendency for transsexuality, he was very happy about his being a boy, and was going to get married as soon as possible so that the marriage could control him from any future errors. If he finds the girl desired by him, he will marry her at once.

The clinical psychologist, in regard to the client’s improvement, used the tests MMPI and SCL-90-R again and announced the results to the client. As it is revealed from graph 1 and 2, the mental profile of the client shows to be normal. Without any symptoms of physical ailment, anxiety, inferiority, depression, obsession, distress or pessimism.

The psychologist, at this time, asked for a gathering of all the members of the family. They got together and reviewed all the phases of therapeutical sessions.

While they made sure of the health of the client, they expressed their gratitude and thanked the therapist very much. It is worth mentioning here that the client went through a follow-up period of one year but did not show any symptoms of previous disorders and did not have any relapse (Diagrm 1 & 2).

Diagram 1: The pre treatment, post treatment and follow up results of MMPI

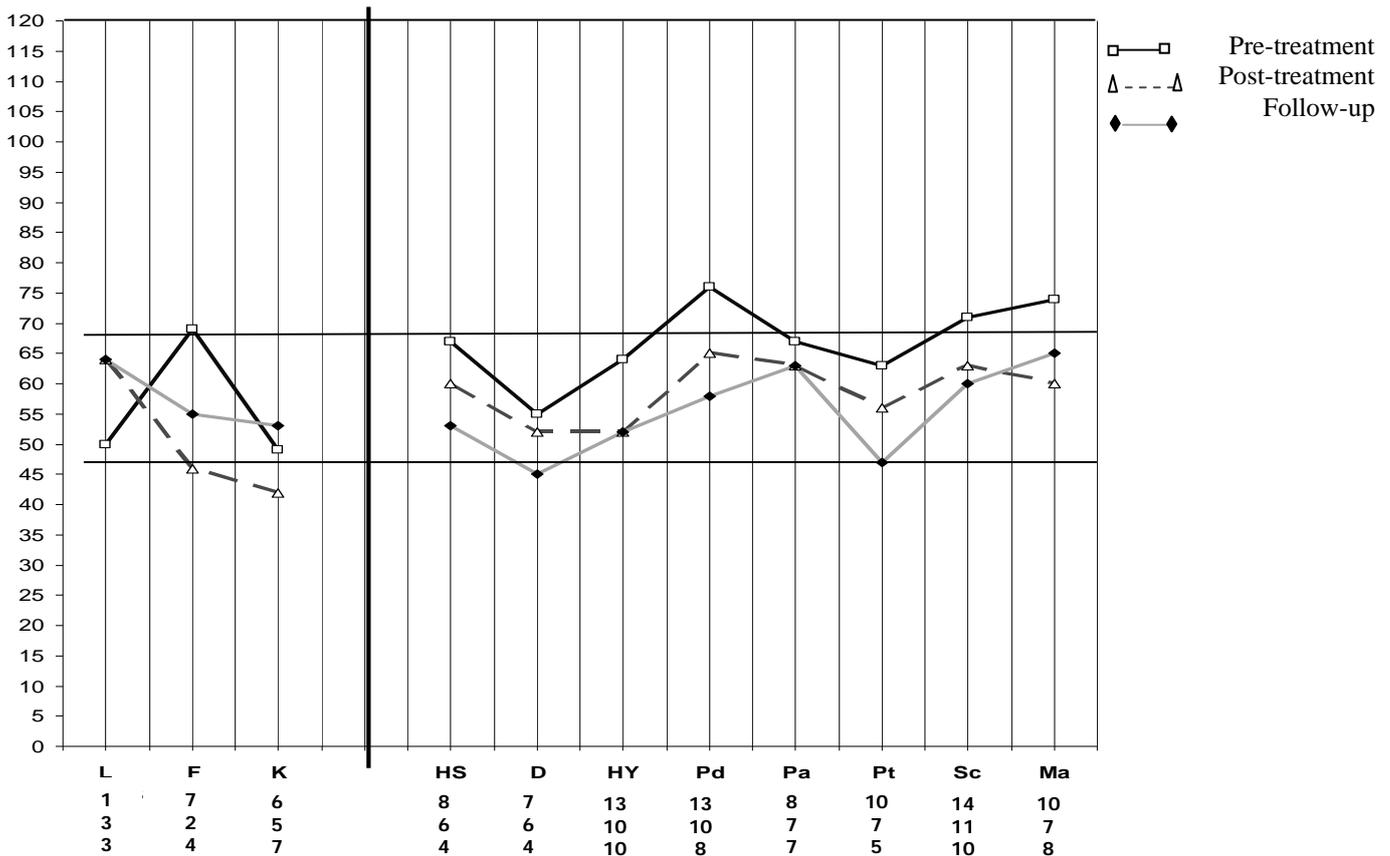
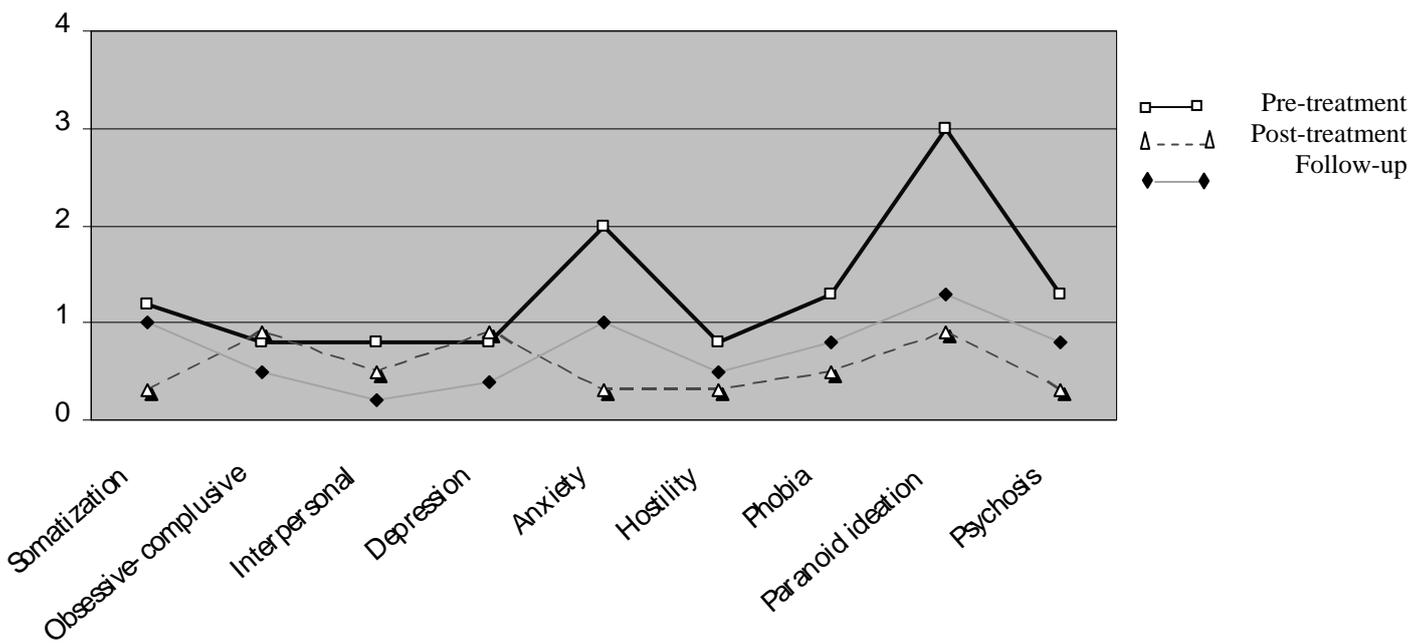


Diagram 2: Pre treatment, post treatment and follow up results of SCL-90-R Test



Discussion and Conclusion

Comparing the mental profile of the client in MMPI and SCL-90-R tests before and after the treatment, we can conclude that applying cognitive-behavioral techniques with emphasis on spirituality can be effective in treating transsexualism as well as other comorbid disorders such as anxiety and depression.

One of the probable reasons for the therapeutical effects of cognitive-behavioral techniques to have treated transsexualism is due to the team work and the cooperation of a psychologist and a psychiatrist with their emphasis on the client's religious, spiritual and ethical aspects by reinforcing these features in him. Also holding family therapy sessions combined with individual sessions, coordination, cooperation and participation of all family members, particularly the client's parents in helping him to overcome the disorder, all seem to have played an important part in the above-mentioned techniques to be successful.

The results obtained from the present research are consistent with the results of the researches done by Walter and Whitehead (1999), Chase (1999) and Crownberg et al. (1981). Walters and Whitehead were able to cure an adolescent boy affected with transsexualism disorder by using the spiritual therapy.

In another research Chase (1999) found that family therapy is an efficient therapeutical method to treat those who are affected with transsexualism disorder. Also, Crownberg and his colleagues (1981), who were involved in treating such a case, reported that they had managed to cure a 15-year old girl suffering from transsexualism by using psychotherapy based on behavioral therapy.

Finally, among the limitations of this study are lack of a control group and examining of a subject. It is hereby suggested that another study be made in the future to compare different methods of psychotherapy including psychoanalysis, behavior therapy, cognitive-behavioral therapy in this respect while considering a control group, so that the results could be more valid and decisive.

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