

GENDER DYSPHORIA: THE PREDICTING ROLE OF EMOTIONAL NEGLECT AND PATERNAL REJECTION

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Abstract

The present study examined parental rejection and emotional neglect as predictors of Gender Dysphoria in Pakistani Adolescents. Study was carried on adolescents studying in the Government and Private colleges of Lahore. The EMBU-C scale, Emotional Neglect scale (ENS), and Gender Dysphoria tendency scale (GDTS) were used. Data was evaluated through the Correlation and Linear regression analysis (stepwise). Results showed that father rejection and emotional neglect lead to the Gender Dysphoria in adolescents. Boys facing emotional neglect have more tendencies of GD than

girls. Overall, the Gender Dysphoria tendencies were significantly higher in girls than boys in context of Pakistani culture.

INTRODUCTION

Humans are the heavenly creatures created by the God in two categories, i.e., male and female which are described as a gender. The concept of gender is not evident in the newborn as the child who is born begins to learn with the time that to which category he or she belongs according to the norms and values that parents and the society inculcates in them. Gender identity is a very important aspect

and by the age of 3 years, children began to classify themselves as boy or girl (Witerick, 2013). Cognitive development gender theory on the other hand says that until the child reaches middle childhood i.e., concrete operational thought, he does not consider gender as an invariant aspect of self.

Gender differences appear in children in the preschool years where children engage in gender role behaviors which are defined by the cultures and norms based on societal expectations. Gender roles are given on the basis of sex, i.e., traditionally as male or female (Ullrich et al., 2022). Later sexual orientation shows that the males are attracted towards the females and females are attracted toward the males (Zucker, 2005).

Literature showed that the children exhibit the marked gender variant behavior i.e. showing the strong desire to be the other gender which was then named as gender identity disorder GID and by following the trends throughout the years it was found that the GD behaviors remain hidden until the pubertal changes emerge (Ghiasi et al., 2024) Gender variant behaviors in childhood were associated with sexual orientation. i.e., androphilia which means sexual attraction to men and gynephilia which means sexual attraction to women. This sexual attraction was more or less likely a co-morbid occurrence of Gender Dysphoria which was defined as psychological distress that results from an in-congruence between one's sex assigned at birth and one's gender identity (DSM-V) The person has a strong desire to get rid of his sex characteristics and want to be the member of another gender (APA, 2013). It begins to start in childhood but sometimes people do not experience it until after puberty or much later (APA, 2013). In males, the prevalence of GD is 0.005- 0.014% and in females it is 0.002-0.003% worldwide (DSM, 2016). The in-congruence between the genders produces the marked anxiety, distress and depression. The exact cause of GD is not known however Genetics, hormonal influences in mothers during pregnancy and environmental factors are the reasons. Exposure to some chemicals during the prenatal development can cause problems in normal development of sex determination before birth (Cherry, 2022). Gender dysphoria can be due to the multiple reasons which can be explained through the complex bio-psycho-social link i.e., due to

congenital adrenal hyperplasia or androgen insensitivity syndrome, utero exposure to phthalates in plastics. Parents reported the sudden onset of GD in their children during the times of puberty and the reasons associated with it included having a company or a peer group where many peers also have GD. Moreover, excessive use of social media and the internet plays a crucial role in the development of GD (Littman, 2019).

However, there is rising evidence linking childhood maltreatment, physical or sexual abuse to gender dysphoria (Mandal, 2022). Adolescents who are highly dissatisfied with their bodies and have GD tend to have the high rates of depression, suicidal ideation and substance use (Cherry, 2022). Parent-child relationship and family plays an important role in social-psychological factors, and it is significant in developing gender dysphoria in children. Parental rejection by parents often predicts the onset of GD in children. A parent's preference to have a female or male child has a huge effect on child development and worth in the family. Studies show that in cases where mothers of boys with gender dysphoria are not satisfied to give birth to a boy instead of girl, they could negatively affect the relationship between mother and her son. Mothers of sons with GD are more likely to support their children when they show feminine behavior rather than masculine manners (Mitchell, 2015).

It is seen that parental rejection is common in about 25% of societies across the world and it is seeming to be culturally appropriate according to Rohner. Almost 7-10% of US adults have faced parental rejection (Krieger, 2021). With these prevalence rates across genders, it was found that along with the other negative consequences of parental rejection the most prominent is emotional neglect. Children who face rejection experience highly neglected by the parent and this neglect leads to the emotional instability in the children (Rothenberg, 2022). Often the parental rejection involves the element of emotional neglect (Malik, 2010). It can be due to the reason that the parent when they were child did not get the enough attention or love due to which they are unable to understand their children's needs for "love, affection, closeness, and support, or they may feel too overwhelmed or powerless to meet these needs on a consistent basis" (Tarar et al., 2020; Karamat et al., 2021).

This emotional neglect for children produces devastating effects in the form of depression, anxiety, emotional unavailability, eating disorders, avoiding intimacy, feeling to have a flawed personality and emptiness, guilt, shame, being angry and showing aggressive behaviors, having trust issues or relying on others (Ludwig & Rostain, 2009).

All the populations are vulnerable to the neglect but the adolescents as they already are in a transition phase seemed to be affected more by it. Adolescence being the transitional period is highly influenced by the changes, behaviors and emotions. Parental rejection produces the emotional instability and vulnerability in the child which is increased when the emotional neglect happens on the behalf of parents and both these factors combined create dissatisfaction in the individuals related to their self and their bodies and the child tries to be the other gender to gain the love and assurance of their parents. The current study aimed to study the predicting role of parental rejection and emotional neglect in gender dysphoria in adolescents. It was hypothesized that:

- 1-There would be a significant positive correlation between neglectful parenting, emotional neglect and gender dysphoria tendency in adolescents.
- 2-Parental rejection and neglectful parenting would significantly predict gender dysphoria in adolescents.
- 3- Girls experience more gender dysphoria tendencies as compared to boys.

### Method

Cross-sectional correlational research design was used in the study by employing purposive sampling technique. A sample size of (N=350) was selected which included the equal participants i.e., boys and girls, studying in the first year and second year in an equal ratio from government and private colleges of Lahore. Participants included both the boys and girls of age 15-19 years (M=17.34, SD=1.26)

## Measures

### *Early Minisota Childhood Memory (EMBU-C) Scale (Muris et al., 2003)*

The adapted and translated version of EMBU-C (Muris et al., 2003) for youth's perception of their rearing practices was used. Scale consisted of 40 items which measured four types of parental rearing practices. These were named as emotional warmth, rejection, over-protection and anxious rearing. In the current study only the items relating to one domain i.e rejection was used. Items were rated on a four-point Likert scale (0-3) for assessing the father's and mother's rearing behaviors independently. The response options included 0 (*not at all*), 1 (*rarely*), 2 (*to some extent*) and 3 (*very much*).

### *Emotional Neglect Scale (ENS) (Karamat, 2020)*

A 24 items self-report measure was used to assess the emotional neglect. It consisted of two sub-scales: *dominance* and *control* (16 items,  $\alpha=.91$ ) and *lack of attention* (8 items,  $\alpha=.77$ ). The response options were 0 (*not at all*), 1 (*seldom*), 2 (*often*) and 3 (*more often*). Possible scores ranged from 0 to 72 and a higher score meant more emotional neglect of an individual experience (Karamat et al., 2022).

### *Gender Dysphoria Tendency Scale (GDTS) (Habib & Karamat, 2022)*

A 15- items self-report measure designed to assess the tendencies of the adolescents towards gender dysphoria. GD consisted of 15 items having two sub-scales named as *gender dissatisfaction* and *body image*. The response options were 0 (*never*), 1 (*sometimes*), 2 (*often*) and 3 (*most of the times*) (Habib & Karamat, 2022).

## *Procedure*

First of all, Institutional permission was granted for conducting the research. After that, the permission was granted from the authors of respective scales to use their scale for the research purpose. Then the researcher advanced to different colleges of Lahore and permission from administrative authorities was sought after providing debriefing about the aims and objectives of the research. The informed consent was taken from the participants of the study, and the participants were ensured of the confidentiality of the procedure. Participants were chosen from the first year

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and second year and they were made to sit in a group. Instructions and relevant information related to the scales and the research was given to them. It took about 15-20 minutes to fill the forms. The participants were informed about their right to withdraw and right to know the results.

### *Statistical Analyses*

The Statistical Package for Social Sciences SPSS-21 was used for the data analysis. Correlation and linear regression stepwise analysis was done to predict the relation of Gender Dysphoria with other variables.

### **Results**

#### Table 1

#### *Mean and Standard Deviation of the Demographic Characteristics of Adolescents (N=350)*

Demographic	M	SD
Age	17.34	1.26

Note. M= Mean, SD= Standard Deviation

The above table showed the mean and standard deviation of the age of the participants. The total participants of the study were 350 which included both the boys and the girls. Descriptive statistics showed that the mean age of study participants is around 17(SD=12.34)

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Table 2

*Frequency and Percentage of the Demographic Characteristics of Adolescents (N=350)*

Demographics	n	%
Gender		
Boys	174	50.00
Girls	176	50.00
Education		
First Year	175	50.00
Second Year	175	50.00
Institute		
Government	180	51.00
Private	170	49.00
Marital Status		
Married	335	96.00
Separation	8	2.30
Divorced	2	.60
One Parent Alive	5	1.40
Father Education		
No Education	31	9.00
Primary	20	6.00
Middle	21	6.00
Matric	130	37.00
Inter	44	13.00
Bachelors	75	21.40
Masters	22	6.30
Postgraduate	7	2.00

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Father's Occupation		
Unemployed	23	7.00
Skilled Labor	167	48.00
Business	67	19.10
Job	90	26
Retired	3	.90
Mother's Education		
No Education	53	15.10
Primary	46	13.10
Middle	19	5.40
Matric	109	31.10
Inter	46	13.10
Bachelor	47	13.40
Masters	27	8.00
Postgraduate	3	.90
Mother's Occupation		
Housewife	315	90.00
Skilled Labor	10	3.00
Business	1	.30
Job	24	7.00
Retired	0	0.00
Family System		
Nuclear	234	67.00
Joint	116	33.10
Education System		
Coeducation	3	.90

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Separate

347

99.10

Note. n= Frequency, %= Percentage

The above table shows the frequency and the percentage of the demographics of the study participants. Analysis shows that the ratio of female (50%) participants was higher than the male participants (49%). The study participants were the college students studying in the first year and second year and they were equal in ratio. Participants were selected from both the sectors i.e., public and private with more percentage i.e., 51% from the Government sector. The marital status of most of the parents were married (96%) with separated parents (2.3%), divorced (.6%) and (1.4%) with one parent alive. The fathers of a high ratio of the participants were educated up to the matric (31%). Others include the graduated (21%) and inter (13%). The ratio of uneducated (9%), primary (6%), middle (6%), masters (6.3%) and postgraduate (2%) were low. In terms of the mothers' education a high ratio of the mothers was matric pass (31%) and graduated (13.4%) while very few were educated up to the higher-level studies. The result of mother's occupation was completely opposite to the father's occupation as most of the mothers were housewives (90%) having only 24% of the proportion doing some job. Overall, a high ratio of the participants belonged to the nuclear family system (67%) while the other living in the joint family (33%). In terms of the education system a high proportion almost all the participants belonged to the separate education system (99%) as compared to the co-education

Table 3

*Inter-factor Correlations, Means and Standard Deviation of Parental Rejection and its factors, Emotional Neglect and its factors and Gender Dysphoria Tendency and its factors in Adolescents (N=350)*

Variable	M	SD	1	2	3	4	5	6	7	8	9
GD	1.90	2.82	-	-	-	-	-	-	-	-	-
BI	3.99	3.24	.33**	-	-	-	-	-	-	-	-
GDT	5.8	4.96	.78**	.84***	-	-	-	-	-	-	-
DC	9.16	6.87	.22**	.34***	.35***	-	-	-	-	-	-
LA	3.14	3.51	.27**	.25***	.32***	.64***	-	-	-	-	-
ENST	12.3	9.52	.25**	.34***	.37***	.96***	.83***	-	-	-	-
PRF	21.1	5.91	-.15**	-.18**	-.21**	-.37**	-.23**	-.35**	-	-	-
PRM	22.8	5.09	-.12**	-.14**	-.16**	-.33**	-.21**	-.31**	.67**	-	-
PRT	43.9	10.0	-.15**	-.18**	-.20**	-.38**	-.24**	-.36**	.92**	.90**	-

Note. M=Mean; SD=Standard Deviation; GD=Gender Dissatisfaction; BI=Body Image; GDT=Gender Dysphoria Total; DC=Dominance and Control; LA=Lack of Attention; ENST= Emotional Neglect Scale Total;

PRF= Parental Rejection Father; PRM=Parental Rejection Mother; PRT= Parental Rejection Total; \* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$

The above table showed the correlation of parental rejection, emotional neglect and gender dysphoria tendencies in adolescents. Pearson product moment correlation was used to find out this association. According to the correlational analysis, there was a significant positive relationship of gender dysphoria with gender dissatisfaction and body image. As both of them will be more, there will be more chances of gender dysphoria. Emotional neglect was positively correlated with gender dysphoria. Parental rejection on the other hand was negatively associated with gender dysphoria along with the dominance and control, lack of attention and emotional neglect. A significant negative relationship was found between parental rejection and gender dysphoria with a negative relation of it with emotional neglect.

Table 4

*Hierarchal Regression Analysis of Predictors of Gender Dysphoria Tendencies in Adolescents (N=350)*

Variable	B	95% CI for B		SEB	$\beta$	R <sup>2</sup>	$\Delta R^2$
		LL	UL				
Step 1						.01	.01
Constant	-.452	-7.82	6.91	3.74			
Gender	1.23	.19	2.27	.52	.12**		
Age	.25	-.15	.67	.20	.06		
Step II						.03	.01
FEDU	.26	-.13	.65	.20	.08		
FPRO	.03	-.37	.44	.20	.00		
MEDU	-.05	-.39	.28	.17	-.21		
MPRO	.44	-.09	.97	.27	.09		
Birth order	-.16	-.58	.26	.21	-.05		

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No of Sibs	.07	-.37	.51	.22	.02		
Family sys	-.17	-1.31	.96	.58	-.01		
Step 3						.01	4.92
Education	-.91	-1.45	.66	.53	-.09		
College	-.39	-.19	.14	.53	-.04		
Step 4						.06	4.81
PRF	-.17	-.28	-.05	.06	-.20**		
PRM	-.03	-.16	.10	.06	-.03		
Step 5						.17	4.52
DC	.14	.04	.23	.04	.19**		
LA	.28	.10	.46	.09	.20**		

Note.  $\beta$ = Standardized Coefficient Beta;  $\Delta R^2$ = Adjusted R Square; \* $p < .05$ , FEDU= Father Education; FPRO= Father Profession; MEDU= Mother Education; MPRO= Mother Profession; PRF= Parental Rejection Father; PRM=Parental Rejection Mother; DC=Dominance and Control; LA= Lack of Attention.

The above table showed the significant predictors of gender dysphoria tendencies in the adolescents i.e., college students. All the variables were categorized into five models. Hierarchical regression was used to find the significant predictor of Gender Dysphoria. The results showed that in step I gender is the significant positive predictor of gender dysphoria in college students. The positive coefficient indicates that girls adolescents reported higher levels of gender dysphoria than boys adolescents ( $B = 1.23$ ,  $SE = .19$ ,  $\beta = .27$ ,  $p < .01$ ).

In step II father education, father profession, mother education, mother profession, birth order, no. of siblings and family system, none of them predict any significant relationship to gender dysphoria. In step III, college type i.e., govt or private and the education of the participants i.e., first year or second year didn't significantly predict the relationship to the Gender Dysphoria tendency. In step IV, the factors i.e., parental rejection by father and parental rejection from mother were the

significant predictors. Parental rejection by father was the positive predictor of GD in college students. In step V, the relationship of Emotional neglect scale and its factors i.e., dominance and control and lack of attention was seen with the GD. It was found that both the factors i.e., Dominance and Control and lack of attention along with emotional neglect were a significant positive predictor of gender dysphoria tendencies in adolescents.

Table 5

*Differences of Parental Rejection, Emotional Neglect and Gender Dysphoria Tendency in Adolescents in two Categories of Gender (N= 350)*

Factors	Boys (N=174)		Girls (N=176)		t	p	95% of CI		Cohen's d
	M	SD	M	SD			LL	UL	
	GD	1.79	3.14	2.00			2.46	-.68	
BI	3.48	3.31	4.49	3.10	-2.93	.004	-1.68	-.33	.31
GDT	5.28	5.43	6.50	4.39	-2.29	.02	-2.25	-.17	.24
DC	9.69	7.34	8.64	6.34	1.42	.15	-.39	2.49	.15
LA	3.65	3.96	2.64	2.92	2.70	.00	.27	1.7	.29
ENST	13.35	10.53	11.29	8.30	2.02	.04	.06	4.04	.21
PRF	20.39	6.19	21.80	5.55	-2.25	.02	-2.65	-.17	.23
PRM	22.80	5.10	22.85	5.10	-.09	.92	-1.12	1.01	.00
PRT	43.19	10.40	44.66	9.70	-1.36	.17	-3.58	.64	.14

Note. M= Mean; SD= Standard Deviation; GD= Gender Dysphoria; BI= Body Image; GDT= Gender Dysphoria Total; DC= Dominance and Control; LA= Lack of Attention; ENST= Emotional Neglect Scale Total; PRF= Parental Rejection Father; PRM= Parental Rejection Mother; PRT= Parental Rejection Total.

The above table showed the gender difference in parental rejection, emotional neglect and gender dysphoria tendency in adolescents. Hypotheses suggested that the significant gender difference exists,

but the independent t test showed that the girls have the higher tendencies of gender dysphoria than the boys. The table reflected that the body image scores are high for the girls and the overall gender dysphoria tendencies are found to be higher in girls than the boys. Lack of attention which is a factor of emotional neglect tends to be higher in boys as compared to girls. Overall emotional neglect tends to be more significant in boys than in girls. Furthermore, parental rejection on behalf of fathers tends to be significantly higher in girls than in boys.

### Discussion

The current study explored the relationship between parental rejection, Emotional neglect and gender dysphoria. The results indicated several key findings and significant associations. One of the key findings showed a significant positive relationship between gender dissatisfaction, body image and gender dysphoria. Literature suggested that the increase in body image concerns and gender dissatisfaction leads to the increase in gender dysphoria which is associated with physical and psychological distress (American Psychiatric Association, 2013). Other findings suggested a significant positive relationship between emotional neglect and gender dysphoria that individuals who experience emotional neglect are more prone to develop gender dysphoria. Emotional neglect can significantly impact an individual's self-concept and identity development (Mikulincer & Shaver, 2016). Parental rejection is negatively associated with gender dysphoria as previous studies suggest that parental rejection intensifies gender identity struggles (Ryan et al., 2010).

Hierarchical regression analysis was also performed to identify the predictors of gender dysphoria among Pakistani Adolescents. Girls emerged as a positive predictor in the first step which is aligned to the literature as it has identified that identity issues are more common during adolescence highlighting the impact of social and cultural factors in navigating gender roles among boys and girls (Steensma & Cohen-Kettenis, 2018). In the next steps, settings and level of education found insignificant predictors of gender dysphoria tendencies. These findings suggested that there might not be a direct impact of educational level and settings but can indirectly influence gender identity issues in terms of peer relationship and self-esteem (Lev, 2013). In the fourth step, parental rejection

was found to be a strong predictor of gender dysphoria in adolescents. Literature also highlighted the critical role of parental rejection in development of an individual, shaping gender identity and psychological well-being (Ryan et al., 2010). Parental rejection particularly from father has a significant impact on adolescent's gender identity as father is often a key figure in reinforcing traditional gender roles (Grossman et al., 2005). The final step of hierarchical regression highlighted the emotional neglect and its related factors including lack of attention, dominance and control as significant positive predictors of gender dysphoria. Adolescents who experience emotional neglect, particularly in the form of parental dominance and lack of attention, may struggle with internalized conflicts about their gender identity, leading to increased dysphoria (Bockting et al., 2013).

Findings of *t* test analysis disclosed that females exhibit higher tendencies of gender dysphoria than males. Results of a study also showed different manifestations of gender dysphoria across gender with girls experiencing more distress related to body image concerns (Vocks et al., 2009). Another study revealed that girls face more societal pressures related to appearance and gender norms, contributing to increased dysphoria (Blashill & Powlishta, 2009). On the other hand, the findings also indicated that boys faced greater emotional neglect, specifically in terms of being ignored, in comparison to girls. This finding is significant because neglecting emotions can cause lasting impacts on teenagers' psychological growth, such as their capacity to establish a clear identity (Mikulincer & Shaver, 2016). Boys face emotional neglect more often because society expects them to be emotionally independent and self-sufficient, resulting in less emotional support and attention from caregivers (Pollack, 2022). The current study findings also revealed that girls experienced more parental rejection, especially from fathers, compared to boys. Studies indicate that girls encounter stricter expectations from their fathers when it comes to traditional gender norms (Grossman et al., 2005). This can worsen gender dysphoria feelings, as girls may face difficulties related to their gender identity and the disapproval from significant individuals in their lives (Ryan et al., 2010).

### Limitations and Suggestions

The study results are limited for generalization on the population of the gender dysphoria with childhood trauma. Future studies can focus on the cultural differences in Pakistani society that can lead to the gender dissatisfaction. Moreover, the data was collected

### Conclusion

Overall, these findings provide valuable insights into the experiences of gender dysphoria, parental rejection, and emotional neglect. The significant gender differences in these areas highlight the importance of considering gender-specific interventions when addressing gender dysphoria and emotional neglect in adolescents.

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