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Original Article

Descriptive Study of Gender Dysphoria in Japanese Individuals with Male-to-Female Gender Identity Disorder

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We focus on Japanese individuals with gender identity disorder (GID), especially male-to-female (MTF) GID, who have experienced difficulty in adapting to social life. We clarify what gender dysphoria is, and we examine methods of intervention. Semi-structured interviews were conducted with 11 individuals with MTF-GID from August 2015 to April 2017. We categorized the subjects' experiences regarding dysphoria into the 'Onset of gender dysphoria,' 'Experience of feeling gender dysphoria,' and 'Changes due to receiving medical care.' The subjects reported experiencing great pain and distress because they did not fully understand that they were experiencing dysphoria and could not align their gender identity and their self-identity. All subjects described their experiences of dysphoria as negative. Additionally, all said that the dysphoria was alleviated by a medical intervention such as visiting a gender clinic, receiving a diagnosis and treatment, and changing their physical sex to the sex congruent with their gender identity. The provision of information at the gender clinic and the physical changes achieved by medical intervention exerted a positive effect both mentally and socially on the subjects, who suffered various physical, mental and social problems.

Key words: gender identity disorder, gender dysphoria, gender identity, male to female

A gender identity disorder (GID) diagnosis involves a marked incongruence between an individual's experienced/expressed gender and primary and/or secondary sex characteristics, a strong desire to be rid of the primary and/or secondary sex characteristics, a strong desire for the primary and/or secondary sex characteristics of the other gender, a strong desire to be of the other gender, a strong desire to be treated as the other gender, and/or a strong conviction that one has the typical feelings and reactions of the other gender [1].

According to the guidelines of The Japanese Society of Psychiatry and Neurology (JSPN), the current diagnosis and treatment of GID in Japan are as follows [2]. A psychiatrist with sufficient understanding and experience concerning GID performs a consultation, and the diagnosis is confirmed by two psychiatrists. If the 2 psychiatrists do not agree, further examination by a psychiatrist is required. The individual's upbringing, life history, and sexual behavior are inquired about during counseling, and the status of gender dysphoria is used to determine the gender identity. Subsequently, the individual's physical sex is determined by a urologist or gynecologist and is confirmed in writing by the psychiatrist responsible for the diagnosis. Following a diagnosis by exclusion, GID is diagnosed when it is clear that the individual's physical sex and gender identity do not match. In addition to psychiatric support, physical treatment such as hormone therapy and sex

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reassignment surgery (SRS) can then be performed.

In 2013, amid an increasing awareness of GID in society, the Diagnostic and Statistical Manual (DSM) of Mental Disorders of the American Psychiatric Association [1] adopted the diagnostic name "Gender dysphoria," which corresponds to the previous diagnostic name of GID. Previously, in the DSM-IV-TR (*i.e.*, the fifth edition, text revision), the term "Cross-gender identification" was used; however, the DSM-IV emphasized the inconsistency of the term "incongruence." The basis of the diagnostic concept is to avoid conventionally used names such as "disorder" and the pathologization of the condition and to understand gender as being diverse and not limited to the dualistic concepts of "male" and "female." As the term GID continues to be used in Japan, in the present study we use this term to refer to the transitional stage.

Many individuals with GID experience gender dysphoria from childhood [3]. Based on the results of a survey report of consultees of gender clinics which has provided a GID clinical base in Japan, many individuals with GID began to feel gender dysphoria before entering elementary school, and most felt gender dysphoria before puberty [4]. They reported feeling gender dysphoria with respect to their own bodies and felt that they were different from others, commenting, for example, "Am I strange?" "What would my parents think if I told them?" or "I wish I had never been born" as a result of decreased self-esteem [5]. Thus, many had lived with a great deal of unease since childhood.

Children with male-to-female (MTF) gender dysphoria, in which the gender identity is female and the physical sex is male, believe that they "definitely" do not want their family members, their teacher, or school nurse to know about their condition, and it is well known that in many cases, such children are unable to reveal the condition to anyone [6]. In addition, as secondary sexual characteristics develop, undesirable physical characteristics related to sex become visible, and individuals with gender dysphoria go through puberty with even greater distress. For individuals with MTF gender dysphoria, changes in the body during puberty present difficulties in the social acceptance of the voice and appearance of the desired gender, [7] and the changes create major problems in their adult social lives. Moreover, among individuals with MTF gender dysphoria in Japan, there are many cases in which the person worries about public perception or the succession of the family business and ends up marrying and having children [4]. For this reason, there are many individuals who receive medical treatment to approach their desired gender while experiencing isolation in society, difficulty in living, and various stigmas [8].

Gender dysphoria is the root of the difficulties in the social lives of these individuals, but this can change following medical intervention. However, after hormone therapy or SRS, gender dysphoria is not alleviated in all individuals even after changes in the body have occurred. Kuiper and Cohen-Kettenis [9] reported that some individuals experience a collapse of their previous self-image and body image as a result of undergoing hasty surgical treatment after being diagnosed with GID. In addition, among individuals who have undergone SRS, there can be a sense of physical loss, and many experience continued problems such as a lack of understanding from family members, partners, and other people in their environment, and a sense of isolation. Simon *et al.* [10] indicated that individuals with MTF gender dysphoria may face more difficulties adapting than do individuals with female-to-male gender dysphoria, in which the gender identity is male but the physical sex is female.

Cases of gender dysphoria are not uniform; the feelings of each individual and the experiences associated with gender dysphoria are diverse. There may also be differences depending on culture, religion, and other factors. The status of "gender dysphoria and accompanying experiences" of individuals with GID in Japan has not been elucidated to date. In the present study, we focus on Japanese individuals with GID, especially MTF, who experienced difficulty in adapting to social life. We discuss the definition of gender dysphoria, and we examine the methods of intervention.

Subjects and Methods

Materials and methods. Semi-structured interviews were conducted with 11 individuals with MTF gender dysphoria from August 2015 to April 2017. The subjects had already received a diagnosis of GID and were receiving treatment (Table 1). An approx. 60-min interview was held with each subject and we obtained consent from each subject to record the interviews and take field notes. We inquired about age, occupation, birthplace/environment, family background, education, and religion as background factors. We also asked

Table 1 Background of Respondents

Respondent	Age	History of the Treatment	Married	Child/Children	Interview Length
1	Early 20's	Hormone therapy	No	None	55 min
2	Late 30's	Horsmone therapy	No	None	63 min
3	Late 30's	Hormone therapy, Phallectomy, Orchiectomy, Colpoplasty	No	None	85 min
4	Early 30's	Hormone therapy	No	None	48 min
5	Early 30's	Hormone therapy	No	None	43 min
6	Late 40's	Hormone therapy	No	None	58 min
7	Early 50's	Hormone therapy	No	None	50 min
8	Early 50's	Hormone therapy	No	None	62 min
9	Late 50's	Hormone therapy, Phallectomy, Orchiectomy, Colpoplasty	No	None	39 min
10	Late 50's	Hormone therapy, Phallectomy, Orchiectomy, Colpoplasty	Yes	1	42 min
11	Late 60's	Hormone therapy, Phallectomy, Orchiectomy, Colpoplasty	Yes	3	36 min

about 'gender dysphoria' and 'experiences concerning their gender' and encouraged the subjects to give free responses.

The interviews were recorded verbatim, and significant information was extracted while keeping the context in mind.

1. Data compression: We extracted a summary of the significant points from the interviews, classified and organized these points by comparing differences/common points using target words. We extracted subcategories, and further categorized the interview contents by increasing the degree of abstraction.

2. Display of data: Concerning the relationships between the categories obtained by the compression of data, we carefully considered the chronology of the narratives related to gender dysphoria and performed a qualitative descriptive analysis.

Ethical considerations. We explained the purpose and methods of the study to the subjects and provided a written description of the freedom to withdraw from the study at any time, the subjects' anonymity and the protection of their personal information, the disclosure of data, and the data management. Written consent was obtained from all subjects. The study was approved by the Institutional Review Board of the Department of Nursing, Graduate School of Health Sciences, Okayama University (Review no. D15-02).

Results

The subjects' backgrounds. The mean ± standard deviation [range] age of the 11 subjects was 39.9 ± 13.7 [21-65] years (Table 1). Their occupations included unemployed, office worker, association staff member, medical welfare worker, part-time worker, and consultant sales representative. The interview duration was 49.5 ± 14.0 [36-85] min.

Category extraction and analysis results. Our interpretation of the subjects' comments regarding dysphoria in light of the time sequence revealed 3 categories: 'Onset of gender dysphoria,' 'Experience of feeling gender dysphoria' and 'Changes due to receiving medical care' (Table 2).

Hereafter, each category is shown in square brackets [ ], subcategories are shown in angle brackets < >, and some of the subjects' statements are presented in "Arial font" inside quotation marks.

1. Onset of gender dysphoria

Regarding the onset of gender dysphoria among the subjects, our analysis revealed one category with three subcategories, as follows.

[Uncertainty, confusion and disgust for one's own gender identity]

The subjects experienced a strange feeling along with incompatibility between their physical gender and their gender identity. They made statements such as <I'm different from the norm and am strange>, or had ques-

Table 2 Our classification of the subjects' statements about their discomfort regarding gender

Classification	Categories	Subcategories
Onset of gender dysphoria	Uncertainty, confusion and disgust for own gender identity	I'm different from the norm and am strange
		Is that really my gender?
		Disgust for being categorized based on physical gender
Experience of realizing dysphoria	Pain and distressre: physical gender	Distress or shock
		Adolescent pains
	Social experiences occurring as a result of dysphoria	Dysphoria felt through behavior or events
		Negatively viewed by others
		Feeling attraction to uniforms
		Feeling uncomfortable when wearing swimwear or changing clothes
	Sense of conviction toward one's own gender identity arising from dysphoria	Being on the opposite side
		Wanting to live as another gender
	Experiences of not being able to admit ones dysphoria	Cannot tell anyone
		Cannot tell parents
Changes due to receiving medical care	Avoidance of restriction gained by collecting information	Obtaining information
		Feeling of stability
	Mental stability after treatment	Softened the dysphoria
		Regaining one's true self

tions such as <Is that really my gender?>, and reported harboring anxiety as children.

"I already felt discomfort with my gender when I was in elementary school, feeling something different from normal people. When I was in a junior high school I realized that my body shape was stranger than normal."

In contrast, the subjects reported that in puberty they asked themselves "Who am I?" in the process of establishing their identity rather than feeling dysphoria. After beginning their careers, some worried <Is this really my gender?>.

"In my case, I really didn't know who I was. I had no room in mind to think about that."

"I led a normal school life as a male, but I found it awkward after starting work, I mean I felt awkward within myself."

In addition, disgust at being forced to be a boy or girl was expressed as <Disgust for being categorized based on physical gender>.

"When I was in a kindergarten, my very first memory was when I was maybe 3 or 4 years old."

"I felt extremely uncomfortable being categorized as a male in elementary school, junior high school and high school."

The beginning of dysphoria was recognized as the subjects noticed that their physical characteristics were incompatible with their gender identity. This led to [Uncertainty, confusion and disgust for own gender identity].

2. Experiences of feeling gender dysphoria

Our analysis showed four categories with 10 subcategories regarding the subjects' experiences of feeling gender dysphoria.

1) Pain and distressre: physical gender.

The feelings of suffering and worrying that one's body is incompatible with one's gender identity are described as Pain and Distress. The experience of dysphoria greatly affects an individual mentally in the form

of <Distress or shock>. This experience is not limited to a certain period during childhood, puberty or adolescence, but rather can continue even after the individual is married and has a family, as was the case for some of our subjects.

"It was just giving up, rather than feeling painful. There was no choice. Society never thinks about another possibility, so I can only say that I gave up."

"I totally didn't know how to have a sex. There was no honeymoon night. I had to be taught. Months later, our baby was born. It was a shock to acknowledge that I was a man."

We also observed a correlation with <Adolescent pain> regarding the stage at which the person who has gender dysphoria does not know what measures should be taken.

"About the time I entered junior high school, I started to grow very tall. And boys' voices change, right? As I heard the voices of my friends changing, I became scared. I kept resisting it, trying to make my voice higher. I was convinced about my dysphoria."

"I think my position and the atmosphere at school was a little different than my friends and others around me, it was close to be bullying."

"At that time, a man was expected to be masculine, and a woman feminine, and there was no other idea. When changes as secondary sexual characteristics started to appear…while facing the dilemma and inner conflict, I felt a gap developing between myself and other men at the same time."

2) Social experiences occurring as a result of dysphoria.

Dysphoria was observed not only from the mental aspect but also from many life experiences. <Dysphoria felt through behavior or events> and <Negatively viewed by others> were described by the subjects. Regarding <Dysphoria felt through behavior or events>, one's own gender identity could be reconfirmed by the gender of the object of one's affection, and strongly influenced dysphoria. One of the subjects described her dysphoria from the experience of holding a woman's hand, and another subject described her dysphoria from experiencing confusion when her object of affection was a woman.

"I feel dysphoria when seeing documents such as election or prescription forms. On my hospital card they allowed me to write female (F), but the computer displays M, I think payment is made with a male name, as well as at elections."

"I tried to have a girlfriend just like everyone around me… a woman's hand is soft, right? When I feel that softness, I got irritated. Why is her hand so soft?"

"My sexual orientation is only toward women. I don't like men, so it might be dysphoria."

"I was told my way of speaking or gestures were girly and disgusting."

"Well, I thought that I may have been viewed as disgusting. Even if I said that I was female, maybe I would be refuted. I didn't have confidence in myself. I couldn't say that."

High school experiences related to uniforms and changing clothes were also mentioned. The experience of attraction to the girls' uniforms was common, but no one related the same experience regarding the boys' uniforms.

3) Feeling attraction to uniforms.

"There was a female senior with a black blazer. I was attracted and even envied those clothes, it is a very strong memory of my junior high school days."

"I was very attracted to women's uniforms and wanted to wear one in junior high school and high school."

4) Feeling uncomfortable when wearing swimwear or changing clothes.

"When I entered the high school, the pool pump was broken and it wasn't repaired for the three years I was in high school. So there was no swimming class, I was very glad about that."

"The most embarrassing time was physical education, especially swimming. I really didn't like it, so I skipped school most of the time. Once I went swimming wearing girl's swimwear and was scolded by a male teacher."

5) Sense of conviction toward one's own gender identity arising from dysphoria.

When speaking about dysphoria, the subjects described the feeling of <Being on the opposite side> and made statements such as, 'I know my own physical gender well, but I definitely don't feel that way'. Daily occurrences strengthened dysphoria due to feelings of <Being on the opposite side>. The subjects were convinced that they were different from their physical body and that this did not need to be pointed out by others or by a diagnosis. They were <Wanting to live as another gender>.

"I didn't like the ***randoseru*** (Japanese school bag), its use of colors. And elementary schools separate boys

from girls, right? I didn't like that either, like this side is for boys, the other side is for girls. I thought I should be on the other side."

"Maybe I felt something wrong when I was in an upper grade of elementary school, at the health and physical education class. Learning about the characteristics of the male and female bodies, I felt something, like umm…, a discomfort. Like, I'm on the wrong side."

"I wondered about the differences in my body. But in my case, I was thinking why was such a strange object added to me, because I was still a child. It never happened but I kept wondering when it would be removed or disappear. That period of time was from elementary school to the beginning of junior high school or so. Those feelings were especially strong when I was in fifth grade, I often felt like I wanted to cut it off when taking a bath, or something like that."

"It was a feeling that I wanted to be… a woman."

6) Experiences of not being able to admit one's dysphoria.

Dysphoria is not a common experience, and anxiety and uneasiness regarding how people the subjects considered important (such as family and friends) viewed them, and feelings of guilt for making them worry, were listed as <Cannot tell anyone> and <Cannot tell parents>.

"I thought that I may look like a man. I didn't have the confidence in me, and I didn't tell anyone."

"My father always told me 'you' re a man and the eldest son, behave like a man.' I thought maybe I was wrong and that I should be like the man my father said, always correcting myself."

3. Changes due to receiving medical care.

Regarding the changes due to receiving medical care reported by the subjects, our analysis resulted in two categories with four subcategories (Table 2).

1) Avoidance of restriction gained by collecting information.

Since the 1990s, the accumulation of a wide range of information from the mass media and Internet and knowledge gained through interviews of other individuals with gender dysphoria has led to a decrease in dysphoria and sexual problems and pain, listed as <Obtaining information> and <Feeling of stability>.

"When I was a university student, I often noticed when the topic was discussed on TV, or a transsexual or gay bar was featured as a kind of a show. I could get to know people in such positions, and became really interested in them. I felt envy rather than disgust… I think I was envious of their high degree of freedom, not fitting into the mold, not taking a side but staying in the middle."

"A famous mental clinic was shown on TV. It was famous to some extent, but I still didn't know which clinic I should go to."

"I buy clothes by mail order, change clothes in secret at night and go to secluded places by car. I can ease my mind, for example, by wearing a skirt under my work clothes."

2) Mental stability after treatment.

By visiting a clinic, obtaining a diagnosis and undergoing a treatment course, our subjects' sense of dysphoria decreased and they reported that they could 'regain their true selves.'

(1) Softened the dysphoria.

"In one word, I feel relieved. I always felt very uncomfortable in elementary school, junior high school and high school."

"I had only hormone therapy. I don't feel dysphoria, not since I started this life, maybe. My current workplace has accepted me as a female, but I haven't come out."

"When considering one person, my mind and body are more balanced since the surgery has been completed. There is a little incompatibility, but it is stable."

(2) Regaining one's true self.

"Dysphoria after the surgery… I feel like the real me rather than a changed person. I am myself, after all."

"I have been told that my hands are like a woman's, so I was happy to become more feminine. I have become more myself. I haven't done hair removal, nothing. In the end, I thought my body is blessed."

Discussion

Characteristics of the subjective experience of gender dysphoria.

1. Onset of gender dysphoria

Consistent with previous studies, the majority of subjects in the present study began to have gender dysphoria from early childhood or from elementary/junior high school [6, 11]. We compared the onset of gender dysphoria by the age groups of the subjects, but noted no differences.

During development from early childhood to ado-

lescence, individuals acquire various physical and mental abilities as a result of interactions with their environment and society, and they form their own identity and basic trust in others. During this period, individuals with GID are often unable to talk about their sex or gender identity, and if they are able to talk about these topics, they are characteristically unable to explain themselves sufficiently. Children live with feelings such as "I do not want to cause problems for my parents," "I do not want to be hated by my parents," or "I do not want to be looked at strangely by neighbors and friends." "Being in a situation where my sex is ambiguous" and "expressing gender dysphoria" led to fear and anxiety about the reactions of others, including family members.

As a result of having gender dysphoria, individuals feel different from their peers, and being unable to express this feeling decreases their self-esteem. This status during the years from childhood to adolescence, which form the foundation of personality, has a major influence on the establishment of gender identity. As a result, it appears that individuals with GID have "doubts, confusion, or loathing concerning sexual identity" and cannot integrate their own sexual identity into their ego identity, which increases the extreme distress and difficulties that they feel.

2. The experience of feeling gender dysphoria

The experience of feeling gender dysphoria was explained as a negative experience by all 11 of our subjects, although a difference in degree was noted. 'Social experiences arising from gender dysphoria' were always observed in 'pain and suffering regarding physical sex' and performing activities of daily living. There were also conflicts between what the original self is in society and in relationships with others. The World Professional Association for Transgender Health indicates that stigmas related to gender dysphoria can be found in many societies around the world [12], but events involving interactions between people, which are essential for the formation of human relationships, are said to vary from person to person.

Similar results were obtained in the present study; according to their narratives, the subjects did not particularly feel gender dysphoria on a daily basis, but they reported that they felt it for example when seeing the letters "M" and "F" in election-related documents, prescriptions, and so on. The subjects also had many negative experiences in terms of performing activities of daily living, such as being on the receiving end of uncomfortable looks or behaviors from others, and internal pain or suffering related to their appearance (e.g., school uniforms). The stigma concerning gender dysphoria has also spread to Japanese society. Gender roles are highly normative in Japan [13], and those who do not conform to gender have no choice but to conceal themselves, leading to a lack of opportunity to receive appropriate care [14].

In the above-mentioned category 'onset of gender dysphoria,' some of our subjects described experiencing a time of exploration in which they were unable to solve sex-related problems by themselves. Such experiences led to 'instinctive beliefs on gender identity arising from gender dysphoria.' This is because GID can be self-diagnosed, and it is the only disease for which treatment methods can be selected [15].

Most individuals do not suffer confusion or doubt about their own gender in activities of daily living. Meanwhile, those with gender dysphoria feel that they are not normal and consequently have "experiences of being unable to reveal their gender dysphoria." As shown through the narratives of our subjects, individuals with gender dysphoria are constantly troubled about their gender and experience unbearably strong helplessness, anger, and frustration. There were cases in which the experience of feeling gender dysphoria was left undealt with and suffering became intense as a result. The subjects were unable to clearly explain this pain to others, and a background factor for this was feelings of reservation and regret of possibly bothering others, especially their parents, by informing them about their gender dysphoria, its influence on clothing and romantic relationships, and difficulties that they faced.

From the narratives of the subjects concerning their personal history, diagnosis, and the treatment of gender dysphoria, it is clear that social changes at the present time period have had a great influence. If medical institutions had existed decades ago to treat subjects with strong gender dysphoria who are now in their 40s and 50s, the recognition and understanding of family members and society may have taken a different form. Moreover, it can be inferred that children who grew up in the period when the societal awareness of GID was poor have experienced serious pain and suffering. The conflict felt by not being able to fulfill the required social roles, *i.e.*, "boys should act like boys and girls should act like girls" was great. In addition, as noted in

the subjects' narratives, while having gender dysphoria, the subjects with MTF GID were expected to play a masculine role in the "family system" of Japan. The pain and suffering associated with gender dysphoria cannot be directly or easily removed; however, at present, society as a whole is forming a foundation to accept individuals with GID.

In 1997, the Japanese Society of Psychiatry and Neurology's Special Committee on Gender Identity Disorder published the "Guidelines for Diagnosis and Treatment of Gender Identity Disorder (First Edition)" in "Reports and Recommendations on Gender Identity Disorder." Under these guidelines, GID is treated as a target of medical treatment, and SRS is legally approved. In 1998, SRS was first publicly performed in Japan at Saitama Medical University. In 2004, the Act on Special Cases in Handling Gender Status for Persons with Gender Identity Disorder (partially amended in 2008) came into force, and compared to the past, the medical system has improved and legal rights are guaranteed.

Individuals with gender dysphoria are now frequently covered by the media, and it is expected that further societal and medical progress may lead to changes in individuals, families, and communities, and as a result, there may be favorable changes in the perception of sexual minorities who have been likely to face preconceptions and prejudice. An age will come when individuals with MTF gender dysphoria who have suppressed their own hopes can be saved from the distress and confusion caused by attitudes such as "men should act manly" and "I must take up the family estate because I am the eldest son."

However, in reality, individuals in Japan in certain occupations expressing these characteristics on television are still ridiculed. This carries the risk of creating a situation in which individuals with GID are unable to escape preconceptions and prejudices. However, there are also individuals with GID who are active in sports, literature, and politics, for whom the societal changes have been positive. Although they are active in a special field, they experience further exposure by the media. It is necessary that these public figures recognize that they are asserting sexual diversity in response to conventional fixed concepts of gender.

3. Changes due to receiving medical care

By obtaining medical information and/or receiving treatment, all 11 subjects said that they experienced changes such as "amelioration of gender dysphoria" and "taking back their original selves" and became both mentally and physically stable. Each subject received treatment and was moving in a better direction compared to their previous experiences in life related to gender. In our subjects with various physical, psychological, and social issues, the provision of various types of information at a gender clinic and the physical changes due to medical intervention such as hormone therapy and operative treatment had positive effects on psychological/social aspects in all cases. Negative aspects of medical intervention have been reported in previous studies, but were not observed in the present study.

Japan has a long history of not providing medical treatment for GID; at present, the extensive benefits of medical intervention have been confirmed, and individuals with GID have greater prospects. In many cases, changes due to hormone therapy and operative treatment are expressed as psychological rather than physical changes. The fact that treatment does not remove physical obstacles but allows the individual to obtain mental stability is considered to be characteristic of GID.

Through the course of consultation, diagnosis, and treatment at a gender clinic, our subjects reported that they could achieve both mental and physical balance, ameliorate gender dysphoria, and become the sex that they most identified with. These results are due not only to the subjects' ability to change their physical aspects/appearance but also to being able to integrate their gender identity into their ego identity within their social structure.

Limitations of this study and future tasks. This study focused on dysphoria in mostly subjects with male-to-female GID; however, individuals with female-to-male GID may be as numerous, and there are differences in the characteristics or symptoms that each individual displays. Further analyses and examination of the differences in experiences of individuals with FTM GID are needed. Our present findings indicate that support is necessary for individuals with GID to live with their chosen gender, considering their desire to come out and/or have children, and focusing on the thoughts of their current gender and experience.

In conclusion, as a result of the description and analysis of experiences of MTF persons with gender dysphoria, the following points have been identified. (1) The subjective experience of dysphoria could be classified into the 'Occurrence of dysphoria,' the

'Experience of realizing dysphoria' and 'Changes brought by medical treatment'. (2) The 'Occurrence of dysphoria' (in which the person does not fully understand him/herself as not normal) decreases an individual's self-affirmation and strongly influences gender identity during fundamental personality development. The person suffers great pain and anguish, being unable to integrate his/her self-identity and gender. (3) In the category 'Experience of realizing dysphoria,' all subjects related experiences of dysphoria as negative experiences. Just as a person cannot separate one's mind from his body, one's social gender is connected. Dysphoria greatly influences one's social life as well. In addition to events personally experienced by the subjects, they also experienced the glances, speech and actions of others around them and the inner pain which arises from matters such as appearance and school uniforms. (4) In 'Changes brought by medical treatments,' the subjects related that their dysphoria was alleviated and they could gain their natural gender through the process of visiting a gender clinic, getting a diagnosis and treatment. This was the result not only of a change physically or by appearance, but due to creating and obtaining their own gender identity.

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