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Satisfaction with life and psychological well-being in people with gender dysphoria

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Introduction. Satisfaction with life and psychological well-being have been extensively studied as measures of mental health, which has led to the development of two major traditions, the hedonic and eudaimonic. A difference has been found between subjective emotional well-being, which is often called psychological well-being, and cognitive well-being, or satisfaction with life. The aim of this study was to explore satisfaction with life and psychological well-being in people diagnosed with gender dysphoria (GD), and compare their results to those of the general population. We also looked for gender-related differences.

Methods. The Fordyce Happiness Measures (or Fordyce Emotions Questionnaire) and the adaptation to Castilian Spanish of the Likert-type 5-item Satisfaction with Life Scale were applied to a control sample of 40 students and a group of 61 people with GD. Descriptive statistics and the t test for independent samples were calculated. The data were analyzed with SPSS v. 15.

Results. The results indicated that the GD group had lower scores on the satisfaction with life and psychological well-being scales than the control group. No gender differences were found in satisfaction with life or psychological well-being.

Key words: Psychological well-being, Life satisfaction, Gender dysphoria, Hedonism

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Satisfacción con la vida y bienestar psicológico en personas con Disforia de Género

Introducción. La satisfacción con la vida y el bienestar psicológico han sido ampliamente estudiados como medida de salud mental y su transcurso ha dado lugar a dos grandes tradiciones: la hedónica y la eudaimónica. En la actualidad se establece una diferencia entre el bienestar subjetivo emocional, que se suele denominar bienestar psicológico y el cognitivo o satisfacción con la vida. El objetivo de nuestro estudio es explorar la satisfacción con la vida y el bienestar psicológico en personas con diagnóstico de Disforia de Género (DG) y comparar los resultados con la población general, así como ver las diferencias por géneros.

Metodología. La escala de bienestar psicológico de Fordyce y la adaptación al castellano de la versión de ítems tipo Likert de 1 a 5 de la Escala de Satisfacción con la Vida se aplicaron a una muestra de 40 estudiantes como grupo control y a 61 personas con DG. Se calculó estadística descriptiva y prueba T para muestras independientes, los datos se analizaron con SPSS v. 15.

Resultados. Los resultados obtenidos indican que las personas con DG tienen una satisfacción con la vida y un bienestar psicológico menor que el grupo control. No se encontraron diferencias por géneros en satisfacción con la vida ni en bienestar psicológico.

Palabras clave: Bienestar psicológico, Satisfacción con la vida, Disforia de Género, Hedonismo

INTRODUCTION

Psychology as a scientific discipline has traditionally focused on studying constructs such as depression, anxiety, self-esteem, and others. However, in recent times studies have been focusing on issues related to well-being and happiness, in a field that authors such as Seligman¹ have called positive psychology.

Positive psychology is defined as the scientific study of positive experiences, positive individual traits, institutions that facilitate their development, and programs that help improve the quality of life of individuals and prevent or reduce the incidence of psychopathology.^{1,2}

From this perspective, psychology should act to promote the well-being or health of individuals and communities, thus making it necessary to explore the variables that may contribute to well-being in the different areas in which they develop.

Studies on well-being started about 50 years ago and have resulted in two major traditions: the hedonic and eudaimonic traditions. The hedonic approach studies subjective well-being (how and why people experience life in a positive way), whereas the eudaimonic approach focuses

on psychological well-being, where personal development, coping, effort, and the desire to achieve goals³ are relevant. The eudaimonic tradition integrates not only psychological aspects, but also takes into consideration the individual and social dimension. It is thus understood that the hedonic tradition, as an indicator of quality of life, is based on the characteristics of the environment and degree of satisfaction experienced by people. In contrast, the eudaimonic tradition is understood as an approach that focuses on the development of skills and personal growth as indicators of positive functioning.⁴

Ryan and Deci (2001)⁵ reformulated the division between hedonic and eudaimonic well-being in terms of how the hedonic model is focused on personal gratification and the eudaimonic model on the processes of maturation and personal development.

Moyano et al,⁶ in 2007, proposed a model that related the concepts of quality of life, subjective well-being, satisfaction with life, and happiness (see Figure 1). Although there is empirical evidence that the cognitive and affective aspects of well-being are related, it is difficult to assess this relation by separating the positions of those who hold that they are independent components from those who claim that they are related.⁷

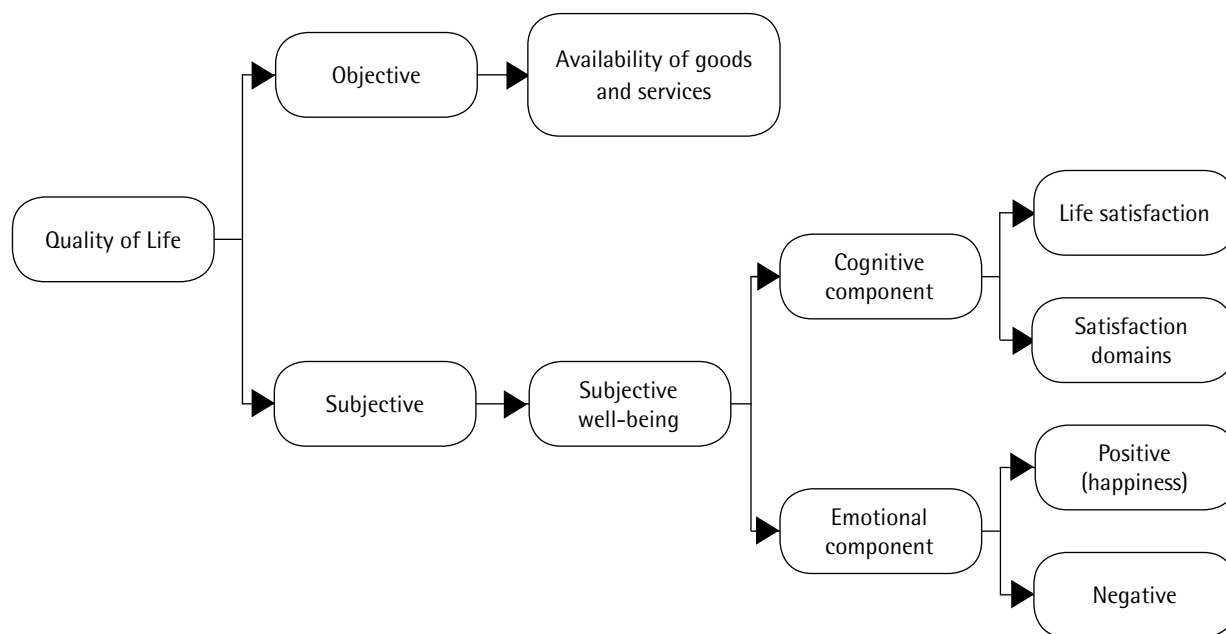


Figure 1 | Relation between the concepts of quality of life, subjective well-being, life satisfaction and happiness (Source: Moyano y Ramos, 2007)⁶

Positive Psychology UK states⁸: "There is one more caveat to the story of hedonic and eudaimonic well-being. The concept of satisfaction with life has been firmly allocated into the hedonic camp by the proponents of the eudaimonic paradigm, but it is actually questionable whether this needs to be the case. One can be satisfied with one's life if one wants to pursue happiness and is pursuing happiness successfully, or if one chooses to live a more eudaimonically oriented life and this is exactly what one is doing. Remember, life satisfaction is nothing more than a congruence between the present and an ideal situation, both of which are a reflection of the person's own subjective appreciation of life. Therefore, life satisfaction can be conceived as an independent, subjective evaluation of the current status of one's life, which can be either hedonically or eudaimonically oriented." Briefly, what Positive Psychology UK tells us is that even though satisfaction with life has been traditionally allocated to the hedonic well-being concept, its object can be viewed from both the hedonic and the eudaimonic vantage points.

Studies of life satisfaction have overwhelmingly taken place within the general context of investigations of subjective well-being. This concept of subjective well-being includes two clearly differentiated components that have been the object of parallel lines of research: firstly, cognitive judgments about life satisfaction and, secondly, affective assessments of mood and emotions.⁹ A difference has been found recently between subjective emotional well-being, which is often called psychological well-being, and cognitive well-being, or satisfaction with life. Taking into account the way that the hedonic/eudaimonic approaches have evolved, it seems that both traditions are contemplated in life satisfaction, which is also divided into two major components, cognitive and emotional.

Psychological well-being

Psychological well-being has been extensively studied as a measure of mental health. Happiness began as a philosophical theme that later came to be considered a sociological issue linked to the quality of life of nations. Sociologists found that an objective improvement in the material conditions of people's lives (health, education, economy) did not bring a similar advance in the levels of happiness. More money, more intelligence and more attractive physique account for only 10% of people's well-being.^{10,11} In this way the reasons why people were happier entered the terrain of psychology in the mid-1970s because the answer was thought to reside in more internal causes. However, empirical studies of happiness, satisfaction, and well-being began to emerge, most notably in the 1980s, although their number was still well below that of studies whose object is unhappiness. Therefore, with regard to the

concept of psychological well-being/happiness, it can be said to be a psychological state of emotional and cognitive type of people that can be found distributed among the populations of countries with relative independence from the level of development those countries have attained. Happy people thus are found in both very rich and very poor countries, and among them are people who are happy regardless of educational level and income.⁶

Satisfaction with life

Satisfaction with life is a relevant construct in the analysis of the quality of life of people. This concept has awakened interest in many investigations of diverse populations.¹² High satisfaction with life is associated with fewer physical and mental illnesses, greater happiness, and, in general, other favorable quality of life measures.^{7,13}

Diener, Emmons, Larsen and Griffin in 1985 created the Satisfaction With Life Scale (SWLS),¹⁴ a five-item scale for measuring satisfaction with life in the general population. Each item is answered using a Likert scale from 1 to 7 to rank the degree of agreement.

In 2000,¹⁵ an adaptation to Spanish was made in which the number of options was reduced to a Likert scale of values from 1 to 5. This version (with items rated from 1 to 5) was subsequently used in a sample of university students,¹⁶ which yielded a reliability measure of 0.83, as estimated with the Cronbach alpha coefficient. Another study conducted with this version in a sample of pregnant women and new mothers¹⁷ also yielded results consistent with adequate psychometric properties and had an internal consistency of 0.82, demonstrating that the removal of any of the five items did not increase the internal consistency of the scale. More recently, in 2010, Garrido et al¹² studied the validity of the adaptation to Spanish of the satisfaction with life scale in a sample of university students and concluded that SWLS is a valid instrument for measuring satisfaction with life in Spanish university students.

Satisfaction with life and psychological well-being in people with gender dysphoria

Gender dysphoria (GD), commonly referred to as transsexualism, is defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)¹⁸ as a marked incongruence between gender as it is experienced/expressed and the sex or gender assigned at birth for period of at least six months. In order for gender dysphoria to be diagnosed in a person, the DSM-5 requires the presence of specific criteria:

- A marked difference between an individual's expressed/

experienced gender and an individual's primary and/or secondary sexual characteristics.

- A strong desire to be rid of one's primary and/or secondary sex characteristics due to a marked difference between one's experienced/expressed gender and the assigned gender.
- A strong desire to have the primary and/or secondary sex characteristics of the other gender.
- A strong desire to be of the other gender (or some other gender alternative different from the one assigned).
- A strong desire to be treated as the other gender (or some other gender alternative different from the one assigned).
- A strong conviction that one has feelings and reactions typical of the other gender (or some other gender alternative different from the one assigned).

However, it also requires that the problem be associated with clinically significant distress or impairment in the social, occupational or other important areas of functioning. Therefore, fulfilling the diagnostic criteria for GD involves the presence of clinically significant distress or serious impairment.

There are two types of subjects with GD: male to female (MtFs) and female to male (FtMs). MtFs are subjects born biologically as men, but whose sexual identity corresponds to that of a woman, and the opposite for FtMs.

People with GD from birth experience continual conflict between their feelings and their bodies, which can cause many social, legal, and personal problems (or have many implications),¹⁹ that may affect their satisfaction with life and subjective well-being. Traditionally, the treatment of individuals with gender dysphoria has been viewed with skepticism by people in the medical field. The classical conception considered GD to be cognitive and emotional, and that it affected the conception that subjects had of self, causing them to erroneously perceive that they belong to the sex to which they do not actually belong.²⁰ A more acceptable concept²¹ maintains that gender dysphoria originates during the earliest stages of embryonic and fetal development. An abnormality causes the brain to be impregnated hormonally with a sexuality different from the genital sexuality.²² The temporal gap between the assignment of genital sex (eighth week of gestation) and cerebral sex (the twentieth week of pregnancy) is what is thought to make the sex disorder possible.

The demand for social, medical and legal recognition of transsexuality was initiated by associations in Spain in the 1960s. In 1987, the Supreme Court of Spain set legal

precedent by allowing the change of legal gender and name in the civil register of a person who had been surgically reassigned. However, until 1989 the right to marry someone of the same original legal sex was denied (same-sex marriage did not yet exist). In 1999, the Spanish Senate passed a bill regulating the effective right of transgender people to change their gender in the civil register and also added the diagnosis and treatment of gender dysphoria to the catalog of services of the national health system.²³

Also, in 1999 the first Gender Identity Disorder Unit was created in Málaga to adequately address the problems of these people through counseling, hormone therapy, and sex reassignment surgery. After this first unit, similar units were opened in Barcelona (2006) and Madrid (2007), among other cities.

Studies of life satisfaction and psychological well-being have been carried out in other populations, such as college students.^{12,16,17} However, there have been few studies on the subject in people with GD, since most studies of this population have focused on the causes/consequences of GD. Davey et al.²⁴ studied social support and well-being in people with GD in relation to the general population and found the people with GD had less social support, which affected their well-being. Another study on the psychological profile of transgender people under treatment concluded that there were no significant differences in their psychological well-being compared to the general population.²⁵

It is also important to note that one's personal assessment of health is more important than health per se (expert perception) with regard to well-being (Diener, 1994).⁷ Thus, the impact of health depends on a person's perception of his or her particular situation, in which poor health could adversely affect well-being if it interferes with being able to achieve personal goals.⁶

People with GD have the same potential problems as the general population, in addition to the problems of violence against them for being transgender, more unemployment than the general population,²⁶ social harassment,¹⁹ often a breakup with a partner if they begin the process of transsexualization with a heterosexual partner, and greater difficulty in finding a new partner, among others.²⁷ Therefore, it could be postulated that transgender people may be more unhappy or are less satisfied with their lives than the general population.

Objectives and hypotheses

The aim of this study was to explore satisfaction with life and psychological well-being in transgender people and compare their results to those of the general population, as well as examine possible differences associated with gender.

To this end, we proposed the following hypotheses:

- People with GD are expected to have a lower satisfaction with life than people in the general population.
- People with GD are expected to have a lower psychological well-being than people in the general population.
- No gender-related differences were expected in the sample as a whole and among people with GD.

METHOD

The sample consisted of 101 people, 61 diagnosed with GD (with no other comorbid conditions) and 40 college students as the control group. Of the 61 people with GD, 30 were men and 31 were women. All were in the process of pre-surgery evaluation. The control group had 19 men and 21 women. The mean age of the people with GD was 27.28 years and that of the college students was 21.85 years.

The participants were administered the Diener^{14,15} Satisfaction with Life Scale and the Fordyce²⁸ Happiness Measure.

The Satisfaction with Life Scale (SwLS) of Diener et al is one of the instruments most often used to measure subjective well-being.⁵ The version in Castilian Spanish of the SwLS of Diener, Emmons, Larsen and Griffin (1985),¹⁴ adapted by Atienza, Pons, Balaguer and García-Merita (2000),¹⁵ evaluates the overall judgment that people make regarding their satisfaction with their own lives. It consists of five Likert-type items with scores ranging from 1, "strongly disagree", to 5, "strongly agree". The minimum score is 5 and the maximum that can be achieved in the questionnaire is 25 points.

Fordyce Happiness Measure. This scale is used to rate levels of happiness. The mean value in Western adult

populations is 7. Scores of 8 and more indicate a high level of happiness. Scores of 5 and less indicate a state of discomfort - though not a situation of serious mental health problems.²

All the questionnaires were inserted into a single document. The Gender Dysphoria Units of Hospital Clinic de Barcelona and the Centro de Salud Fuente de San Luis in Valencia and participated voluntarily in collecting the sample of subjects with GD. The sample of university students came from the Universidad Autónoma de Madrid.

Participants were administered the above mentioned instrument with the assistance of researchers trained to use it, provided the participating subjects had signed the informed consent. The data obtained were analyzed with SPSS 17.0 statistical software.

RESULTS

The correlations between the sociodemographic variables and well-being variables were not statistically significant except age and life satisfaction.

The control group obtained a mean score of 17.6 on the satisfaction with life scale, whereas the GD group had a mean score of 12.37 for the same questionnaire. Compared to the mean score on the psychological well-being scale, the control group achieved 7.1 and the GD group obtained 5.6. The descriptive statistics for each item of the questionnaire on satisfaction with life for each group are shown in Table 1.

The *Student t-test* for independent samples was used to analyze whether there were differences between the groups in terms of life satisfaction and psychological well-being. The result for the satisfaction with life scale was $t(93.35)=5.83; P=0.000$. The result was $t(98)=3.047; P=0.003$ for the psychological well-being scale. There were statistically significant differences between groups in both life satisfaction and psychological well-being. People with GD

Table 1	Descriptive statistics of the Satisfaction With Life Scale	Control		GD	
		Mean	SD	Mean	SD
	Items				
	In most ways, my life is close to my ideal.	3.25	0.87	2.52	1.25
	The conditions of my life are excellent.	3.52	1.01	2.7	1.2
	I am completely satisfied with my life.	3.8	0.99	2.61	1.26
	So far, I have gotten the most important things I want in life.	3.82	0.92	2.62	1.23
	If I could live my life over, I would change nothing.	3.2	1.11	1.88	1.23

seemed to have a less life satisfaction and less psychological well-being than the general population, thus confirming our first two hypotheses.

The descriptive statistics of all the questionnaires, differentiated by gender, are summarized in Table 2.

Gender-related differences in life satisfaction and psychological well-being were examined using a T test for independent samples, which yielded $t(97)=2.766, P=0.007$ for life satisfaction and $t(95.55)=2.336, P=0.022$ for psychological well-being; no significant differences were found in relation to gender for either variable.

No gender-related differences were found in the GD sample: $t(57)=1.83, P=0.072$ for life satisfaction and $t(58)=1.48, P=0.144$ for psychological well-being, thus confirming our third hypothesis.

In the control group, the nonparametric Mann-Whitney U test revealed gender-related differences in life satisfaction (higher in males) (Sig=0.004), but not in psychological well-being (Sig=0.007).

DISCUSSION

Positive psychology is an attempt to scientifically understand human strengths and potential, in contrast to the predominant emphasis on behavioral alterations and disorders.²⁹ It is a challenge to undertake the scientific study of happiness, optimism, hopefulness, wisdom, excellence, and creativity, which is achieved by investigating certain human strengths and virtues, and their effect on people and on the environment in which they live.³⁰

Considering how the hedonic/eudaimonic approaches have evolved, it seems that both traditions are pertinent to life satisfaction, which is also divided into two major components, a cognitive component that we assessed with the Fordyce scale and an emotional component assessed with the Diener scale.

People with GD had psychological well-being scores situated between the "neutral (not particularly happy or unhappy)" and "slightly happy (just a bit above neutral)" values, while the control group had scores hovering slightly above "mildly happy (feeling fairly good and somewhat cheerful)". The men in the control group obtained the highest psychological well-being score, very close to the "pretty happy" value. On the other hand, MtF persons had the lowest psychological well-being score (near "neutral"), but not reaching the level of "unhappy" scores. These results were consistent with the life satisfaction scores: the people who obtained the highest scores on life satisfaction were the men in the control group and those who were most dissatisfied with their lives were the MtFs. In a similar study,^{71,30} no statistically significant differences in well-being were found between people with GD and the general population. These results may differ depending on the phase of treatment in which the subjects find themselves, so it would be important to consider treatment phase in further studies. Thus, when subjects reach a gender dysphoria unit where they will receive free high-quality treatment, for which they sometimes have waited years, it is possible that feelings of well-being increase rapidly and then spontaneously decrease.

People with GD scored highest on the item "The conditions of my life are excellent". For the control group,

Items	Control-Men		Control- Women		GD- Men		GD- Women	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
In most ways, my life is close to my ideal.	3.52	0.96	3	0.70	2.60	1.16	2.45	1.34
The conditions of my life are excellent.	4.05	0.77	3.04	0.97	3.10	1.06	2.32	1.22
I am completely satisfied with my life.	4.15	0.96	3.47	0.92	3.03	1.13	2.22	1.25
So far, I have gotten the most important things I want in life.	4	0.88	3.67	0.91	3.07	1.11	2.22	1.20
If I could live my life over, I would change nothing.	3.74	0.87	2.71	1.10	1.75	1.07	2	1.36
Satisfaction with life	19.47	3.50	15.9	3.72	13.57	4.14	11.29	5.28
Psychological well-being	7.78	1.35	6.47	1.91	6.13	2.31	5.09	3.05

the item with the highest score was "So far, I have gotten the most important things I want in my life".

The item "If I could live my life again I would like everything to be the same, I would change nothing" obtained the lowest scores of all (1.88 in people with GD), which indicated a certain dissatisfaction with the way in which their lives had developed up to the time of the study. This finding is understandable considering that people with GD encounter numerous problems and difficulties in different settings: educational, familial, occupational, health, etc. A study addressing this question by Clements-Nolle, Mark and Katz (2006)³¹ of 392 transgender women and 123 transgender men in San Francisco showed a prevalence of 32% of attempted suicides, with the associated variables of depression, gender discrimination, and victimization.

Regarding satisfaction with life and psychological well-being, no significant gender-related differences were found, as had been expected and is consistent with the findings of other studies.^{6,8}

CONCLUSIONS

The psychological well-being of people with GD seems to depend heavily on certain socio-demographic, psychological, and personality factors, as well as medical factors (hormone therapy phase). Several studies indicate that the most important factors seem to be conscience-responsibility and age at step one, having a partner, the phase of hormone therapy, and traits of neuroticism (inversely correlated) and extraversion for the second and narcissistic, histrionic, and compulsive (inversely correlated) traits for the third.³⁰

Finally, we can conclude that, although people with GD are not extremely happy, they do not have low levels of psychological well-being or life satisfaction. The results show that transgender people have a somewhat lower level of life satisfaction and psychological well-being than the control group, but their scores were above the cutoff point for unhappiness. No gender-related differences were found in satisfaction with life or psychological well-being.

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